

In this issue

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SUICIDE RISK AFTER PRISON RELEASE

Released prisoners, particularly men, need better support for their early transition into the community, say Kariminia et al (page 387), based on a study that examined suicide deaths among over 85000 people released from New South Wales prisons between 1998 and 2002. Suicide was much more common in released prisoners than in the general population and, for men, the greatest risk appeared to be in the first 2 weeks after release (with rates almost four times greater than those at 6 months). Isolation, lack of support, mental illness and poor coping skills were seen as possible contributing factors.

YOUNG MINDS

Both a growing evidence base and some high-profile advocacy have ensured the place of mental health as a national priority. Early intervention for young people is seen as a particularly important area for investment and reform, but the sector is rather fragmented. The Supplement with this issue brings many of the stakeholders together to explore an integrated approach to adolescent mental health.

END OF LIFE: A COSTLY EXERCISE

According to a NSW study that linked hospital admissions and death registry data, inpatient hospital costs increase greatly in the last 6 months of life, but lessen with increasing age at death (Kardamanidis et al, page 383). Care of people aged 65 years and over in the year before death consumed 8.9% of inpatient costs: almost \$18000, on average, for people aged 65–74 years, and less than half this amount for those dying at or above the age of 95 years. The authors speculate that much of the cost of care in the year before death for the older group was borne by the long-term care sector, where many of these people would have resided.

GENETIC TRUTH TELLING

Recent changes to federal privacy legislation make it possible for health professionals in the private sector to share their patient's genetic information with a family member if there is a serious (although not necessarily imminent) threat to that person's life, health, or safety. Although this situation would rarely arise, it is worth reading Otlowski's explanation of the legislation (page 398) so that you won't get lost in the fine print.

PPH HISTORY REPEATS ITSELF

Women with a history of postpartum haemorrhage (PPH) should have active management of the third stage of labour and give birth in a hospital that has cross-match facilities, say Ford et al (page 391). Among 125295 women having at least two deliveries in NSW between 1994 and 2002, 5.8% had a PPH in their first pregnancy, 14.8% of whom went on to have another PPH in their second pregnancy. Women in their third pregnancy with two previous PPHs had a fivefold increased risk compared with women with no prior history (21.7% v 4.4%).

TRAIN WHISTLES STILL MOSTLY BLOWING

In the aftermath of a fatal train crash in Waterfall, NSW, in 2003, it was determined that both the driver and the guard had medical conditions that had contributed to the accident. New arrangements for medical examinations of rail workers were rolled out from 2004, and early media reports claimed they had revealed widespread unfit, precipitating workforce shortages. On page 394, Mina and Casolin report that, while more than 12% of drivers were found temporarily unfit during the first year of the new assessments, most could return to work after further assessment and treatment. Of concern, however, was that train drivers and recruits had much higher levels of obesity and hypertension than the general population.



STILL, SMALL VOICE

At the *MJA* we mostly get away with talking about sex and politics, but the recent Supplement, *Spirituality and health*, raised the ire of quite a few readers (*Matters Arising*, page 421). In his reply, our Editor makes no apologies for the Supplement's contents, citing the Journal's varied role in providing a forum for all things pertaining to health.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

I know how I do not want to die. I do not want to die in a hospital bed, hooked up to a multitude of tubes that are connected to machines that breathe for me, produce urine on my behalf, or beat in place of my heart.

Lofty L Basta, 1996