A man with dark, spiky hair and a light beard is shown in profile, looking towards the left. He is wearing a light blue t-shirt. The background is a soft, hazy landscape under a sky with a gradient from light blue to white, suggesting a sunset or sunrise. The overall mood is contemplative and serene.

Responding to people at risk of suicide

How can you and your organisation help?

spinz  SUICIDE PREVENTION
INFORMATION NEW ZEALAND

www.spinz.org.nz

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Why is this resource relevant to you?

As part of its commitment to the New Zealand Suicide Prevention Strategy 2006-2016, SPINZ (Suicide Prevention Information New Zealand) has adapted this Queensland resource to assist organisations and service providers in New Zealand to identify and respond to people at risk of suicide. It is intended to provide organisations and individuals with easily accessible information concerning appropriate responses to managing suicide and self-harm.

Service providers develop relationships and contacts with large numbers of families and individuals in the community, providing them with an important opportunity to identify and respond to the signs of suicide risk.

This resource is for agencies that do not have a primary role in supporting people at risk of suicide but may have contact with people at risk of suicide as part of their core business. While suicide risk is higher among some population groups than others, suicide affects everyone in our society.

Everyone can play a useful role in identifying and responding to people at risk of suicide.

What is suicide?

Suicidal behaviours include suicide, attempted suicide and suicide ideation.

- Suicide is any self-injurious act intended to end one's life and which results in death
- Attempted suicide is any potentially self-injurious act intended to end one's life but which does not result in death
- Suicidal ideation is thinking about engaging in suicidal behaviour, with or without a specific suicide plan.

It is important to note that while most people who experience suicidal ideation do not complete suicide, some do go on to make attempts on their own lives.

Around 75 percent of people who die by suicide have contact with primary-care providers in the year prior to their death, and approximately one-third have contact with mental health services. This indicates an important opportunity for suicide prevention (Beautrais, Collings, Ehrhardt, & Henare, 2005).

What is self-harm?

Self-harming behaviour is the direct, deliberate act of harming one's body without the conscious intention to die.

Common forms of self-harm include:

- Cutting skin on wrists, arms or legs
- Biting and scratching at skin
- Head banging and punching self
- Burning of skin
- Hair or eyelash pulling
- Taking overdoses of drugs or medication
- Inhalation of a harmful substance.

Sometimes people who are trying to harm



themselves can accidentally take it too far and this is referred to as accidental suicide.

Suicide and self-harm can be interconnected issues. However, they are not the same. The following table highlights the differences in terms of intention, method and potential for fatality.

	Self-harming acts	Suicidal acts
Intention of the act	To relieve emotional distress; to live and feel better.	To end unbearable pain; to die.
Method used	Thought by the person to be non-lethal (for example, shallow cutting, burning).	Lethal or thought by the person to be lethal.
Potential for act to be fatal	Usually unlikely or perceived by the person as unlikely; however can inadvertently result in death.	Highly likely or perceived by the person as likely.

Who is most at risk of suicide?

Suicide rates in New Zealand and internationally are higher for males than those for females. However, more women than men attempt suicide, and women are more likely to be hospitalised for intentional self-harm than men.



In New Zealand the following population priority groups have been identified as having elevated rates of suicide:

- Males
- Younger male adults (20-39 years)
- Māori
- People living in the most deprived areas (Quintiles 3-5 on the New Zealand Deprivation Index 2001) (Ministry of Health, 2009).

It is important to consult with organisations targeting these population sub-groups to ensure that appropriate policies, procedures and responses are developed that meet the diverse needs of these population groups.

There is also higher risk for people who:

- Have a diagnosable mental health disorder, in particular depression, anxiety, or drug and alcohol dependence
- Intentionally self-harm
- Have made a previous suicide attempt
- Have been exposed to trauma e.g. family violence, child abuse, sexual or physical assault, or bullying
- Have experienced a major disappointment, or a humiliating or shameful event
- Have experienced loss of a loved one, job, status or relationship

- Are experiencing conflict in a relationship or are socially isolated
- Have easy access to means of suicide
- Are exposed to unsafe media reports on suicide e.g. coverage that is repetitive, provides 'how-to' descriptions, normalises suicide or oversimplifies the reasons behind it
- Have an unstable family environment e.g. lack of care and boundaries, parental relationship conflict, parental history of substance abuse or offending, or family moving frequently
- Have experienced loss of cultural identity, language, or land
- Live in a deprived area or are significantly financially disadvantaged
- Live in an institutional setting e.g. a prison or mental health facility
- Live in a society where poverty, inequality, inequity, discrimination and/or rapid urbanisation, economic restructuring and high unemployment rates are present (Beautrais et al., 2005).

Additional factors that may contribute to suicidal thoughts and self-harming behaviour may be related to disempowerment (feeling out of control or overpowered by circumstances), migration and refugee experiences, homophobia, geographical isolation and challenges with aging.

These risk factors may contribute to suicidal behaviours directly, or indirectly by influencing individual susceptibility to mental disorders (Beautrais et al., 2005).



- ▶ 'If you know someone who is experiencing one or more of these warning signs it is very likely that they need support'

What are the common warning signs of suicide?

People who are at risk of suicide may display a range of behaviours and experience a range of emotions. Some of the most common warnings signs are listed below. If you know someone who is experiencing one or more of these warning signs it is very likely that they need support and assistance:

Critical signs:

- Directly threatening to suicide
- Indirectly threatening to suicide in verbal statements e.g. "I can't bear to be alive anymore", or "Life is not important and I want out"



- Accessing items to use for suicide
- Obsessions with writing, drawing, talking or listening to music about death, dying and suicide (Rudd et al., 2006).

Other signs to watch for:

- Depression
- Feelings of hopelessness, guilt, shame, or rage
- Isolating oneself from others
- Unexpected and sudden changes e.g. in behaviour, personality, eating habits, sleeping patterns, work routine, social exposure, or appearance
- Making preparations for death
- Excess intake of drugs and alcohol
- Expressed thoughts of suicide
- Expressed thoughts of self-harm
- Previous suicide attempts
- Withdrawal from family and friends
- Paying off all bills and outstanding debts
- Making a will
- Giving valuable or precious gifts away to particular people
- Deliberate self-harm



- Death or terminal illness of a relative or friend
- Gut instinct telling you that something is wrong.

The following can act as buffers against suicide and self-harm:

- Self-esteem
- Coping and problem-solving skills
- Connection with family and community
- Access to health care
- Support systems
- Clear cultural identity.

What are the common myths about suicide?

1. Myth: People who talk about suicide never attempt or follow through with suicide.

Fact: When a person talks about suicide it is probable that they are trying to seek some assistance, to minimise the risks and prevent suicide and/or self-harm.

2. Myth: If a person has attempted suicide they will never attempt again.

Fact: If a person has made an attempt at suicide it is often considered that this is a warning of additional suicide attempts in

the future. There will be greater intensity with each attempt and for this reason it is necessary to assist the person as soon as possible.

3. Myth: People who say they are going to suicide do it for attention.

Fact: If a person suggests that they might suicide it should always be considered the truth and never that the person is just an attention seeker. Threatening suicide can be a way of asking for help and the best response is to support the person – this support may help prevent the suicide.

4. Myth: Once a person is suicidal, they are suicidal forever.

Fact: A suicidal person usually only experiences this ideation for a temporary phase. It is important to remember that the risk of suicide can change throughout a person's life depending upon their life situation.

5. Myth: Improvement following a suicidal crisis means that the suicide risk is over.

Fact: The months following a suicidal crisis can be the most difficult and dangerous time as the person is in a better state of mind and has more strength to follow through with a suicide attempt.



6. Myth: All suicidal individuals are mentally ill.

Fact: Not all people experiencing suicidal thoughts or behaviours are mentally ill. Some suicidal people have been diagnosed with a mental disorder, e.g. depression, or have been informed that their mental condition has been assessed as a mental disorder.

7. Myth: If a person discloses to you that they are considering suicide you should not breach their privacy by telling others.

Fact: If you become aware that someone is experiencing serious suicidal ideation, the confidentiality of that person should be breached to protect them or prevent them taking their life. Often people experiencing suicidal ideation need to know they are cared for by others. Telling people who care that they are considering suicide may help prevent suicide attempts.

8. Myth: If you ask directly "Are you having thoughts of suicide?" you are putting the thought in their head.

Fact: By asking this question, you imply that you care about them, and worry about their safety. It allows the opportunity for the person to become open with you, and talk about any problems or issues that may help prevent suicide attempts.

9. Myth: If a person is going to suicide then nothing can stop them.

Fact: Nearly all suicides can be prevented, and often a person is not sure whether they want to be alive or not. The person needs to be supported while feeling suicidal and then assisted in gaining access to counselling and other support services to prevent suicide occurring in the future.

10. Myth: The only successful intervention is that which comes from a psychologist or psychiatrist.

Fact: Any person who can listen and provide support to a suicidal person can provide useful intervention. Professionals regularly utilise friends and family of a suicidal person to assist with prevention.

11. Myth: Suicide is hereditary.

Fact: Suicide can sometimes be over-represented in families but it is not genetically inherited. Members of families often share the same emotional environment, and the suicide of one family member may raise the awareness of suicide as an option for other family members.

12. Myth: Every death is preventable.

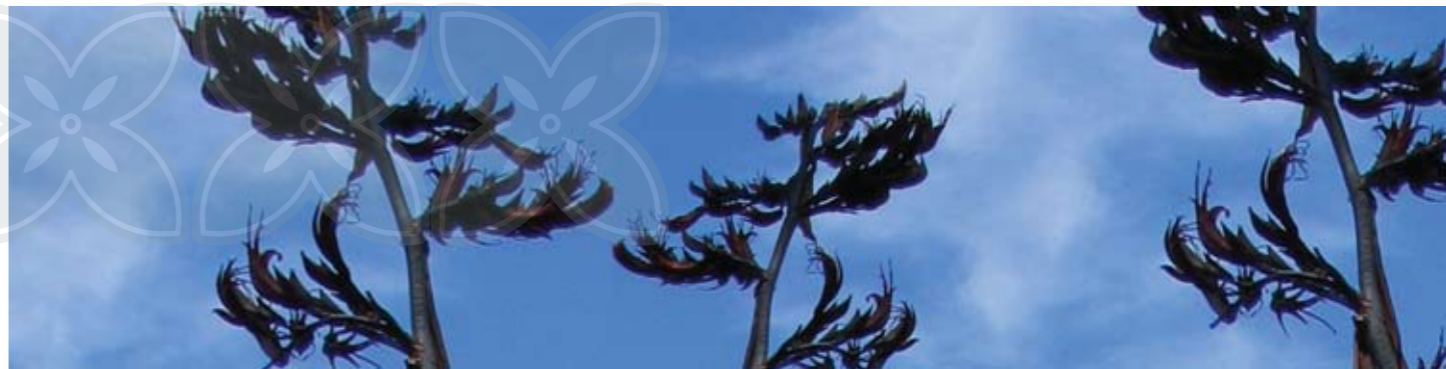
Fact: No matter how well-intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from occurring.

► 'Ask the person directly if they are considering suicide'

How can you help someone who is at risk?

- Let the person know that you care about them
- Ask the person directly if they are considering suicide
- Assure them that they are not alone
- Take them seriously
- Really listen and let them express their feelings without judging
- Discuss ways to help them, and possible warning signs
- Remove any objects that could be classified as dangerous, and therefore able to be used to cause harm
- Establish whether specific cultural supports are required
- Support them while they access professional help
- Help the person feel that there is hope of things getting better
- Identify the person's strengths that can be drawn on
- Identify protective factors - things that are positive in the person's life, contribute to their wellbeing, enhance their resilience, and give them hope.





Making a referral to professional support:

- Obtain consent from the person and involve them as much as possible in the referral process
- Collect information to make the referral
- Decide on the appropriate referral agency
- Make the referral
- Follow-up to ensure the appointment occurred.

Limited confidentiality:

- If a person is suicidal there should never be absolute confidentiality. It is important to seek permission from the client to disclose their information. However, if this is rejected you may need to breach their confidentiality to ensure their safety.

Understanding suicide across culture

Different cultures view suicide differently. In New Zealand, people may have diverse values and beliefs about suicide, depending on their cultural background. It is important to consider these cultural values when working with people at risk of suicide.

It is also important to note that although each culture has its own understanding of suicide, there may be differences between individuals in how much they identify with cultural values and beliefs, and some may identify with more than one culture.

Understanding Māori views of suicide

While Māori are very diverse, there are some general principles to keep in mind when working with Māori about suicide.

Suicide is viewed differently by Māori and among Māori. The pathway to suicide can be different to that of non-Māori, and can be viewed differently from iwi (tribe) to iwi.

Suicidal feelings, thoughts, emotions and actions for some Māori are captured within a cultural and spiritual context.

Māori suicide not only impacts on whānau, but also hapū (sub-tribe) and iwi, and therefore is a loss to the continuation of whakapapa (ancestry).

Factors contributing to Māori suicide in addition to aforementioned general risk factors:

- Negative impact of colonisation
- Conflict about cultural identity
- Loss of identity, language and land.

Suicide prevention measures for Māori require the consideration of a cultural and spiritual response, incorporating the importance of a strong and positive Māori identity, cultural heritage, whakapapa and access to cultural resources (Ihimaera & MacDonald, 2009).

For more detailed information, download or request a hardcopy of [Te Whakauruora. Restoration of health: Maori suicide prevention resource](#) at www.spinz.org.nz

Understanding Samoan views of suicide

For Samoans, suicide is commonly viewed as not only a selfish act, but someone taking on a role that is not theirs to take. This is because of the belief that only God has the right to give and take away life - hence the stigma associated with suicide.

There is also stigma because the aiga (family) can feel ashamed that they failed to adequately care for and support the person who died, and because the person's conduct reflects badly on the family name.

Suicide prevention measures for Samoans need to incorporate the importance of spirituality and a strong cultural identity - knowing and understanding ones tupuaga (heritage), geographical, genealogical and cosmological connections (Faleafa, Lui, Afaaso, Tuipulotu, & Skippis-Patterson, 2007).

For more detailed information, download or request a hardcopy of [Paolo "O o'u Paolo out e malu ai" "It is my people that give me shelter": Embracing our Samoan communities. Suicide prevention for people working with Samoans in Niu Sila](#) at www.spinz.org.nz.

Understanding Chinese views of suicide

Chinese often regard mental health problems, including depression and suicidal behaviours, to be caused by social factors, such as a failure to fulfil family and societal expectations.

In Chinese culture, there is a strong stigma





► 'Realise when you are tired and exhausted and do something about it'

attached to suicide, which is often seen as shameful to both the individual and the collective esteem of the family. Completing suicide is not really seen as an individual act, but greatly impacts on families and significant others.

This stigma and shame is also present around seeking help, because of the fear that private problems will be exposed, causing them to lose face, and also the belief that persevering enough will make problems go away.

Suicide prevention measures for Chinese require a consideration of the significance of these core Chinese values and concepts, including the maintenance of family harmony, responsibility to the family transcending personal concerns, and having and losing face.

For more detailed information, visit the SPINZ Resource Finder at www.spinz.org.nz.

Creating and accessing culturally supportive services

Culturally supportive services are critical in meeting the diverse needs of people. The following are ways that you can make sure you and your service are supportive of people from all cultures:

- Encourage family, whānau and aiga participation and value their contributions
- Employ cultural advisors – people who

understand the culture and speak the language

- Refer people on to appropriate agencies that are run specifically for and by a particular culture, such as kaupapa Māori services, or agencies that have the relevant cultural advisors
- Familiarise yourself with how to organise and work with an interpreter
- Acknowledge core values and beliefs of different cultures, but do not assume all people of that culture will have the same values and beliefs.

What can you do to look after yourself?

Self-care for professionals:

- Obtain internal management support
- Obtain external professional supervision
- Seek colleague support
- Self-reflect

Personal self-care:

- Get enough sleep
- Take time to engage in recreational or physical activities
- Do something positive for someone else
- Develop a hobby



- Listen to music
- Watch a favourite movie
- Eat sensibly, healthily and regularly (breakfast, lunch, dinner)
- Do not be afraid to say "no"
- Realise when you are tired and exhausted and do something about it
- Use natural supports, such as spending time with family and friends
- Undertake relaxation exercises
- Take a vacation or a day trip
- Begin writing a journal
- Consider Te Whare Tapa Whā and where balance needs to be restored - Te Taha Tinana (physical aspects of wellbeing/person), Te Taha Wairua (spiritual aspects of wellbeing/person), Te Taha Whānau (family aspects of wellbeing/person), and Te Taha Hinengaro (emotional aspects of wellbeing/person)
- Cultivate or practice your religion or spirituality.



What can you and your organisation do to become better prepared to respond to people at risk of suicide?

Develop organisational policies and protocols that clearly outline how staff and volunteers will respond to those at risk.

Find out what role other services in your local area play in responding to people at risk of suicide. Build working relationships with key services and develop referral protocols where appropriate. Maintain a contact database of key referral services that can be accessed by staff and volunteers in your organisation and keep a supply of brochures from relevant services that you can provide to people as needed.

Attend training in suicide risk assessment and intervention. There is a range of introductory and advanced level training programmes available throughout New Zealand. Two examples are Applied Suicide Intervention Skills Training (ASIST), provided by Lifeline Aotearoa through Living Works; and Question Persuade Refer (QPR), provided by Clinical Advisory Services Aotearoa (CASA). Visit www.livingworks.org.nz and www.qpr.org.nz for more information. As the evidence base for effective suicide prevention changes with new research, it is

also important to attend refresher training to update your knowledge and skills.

Find out if there is a local suicide prevention network in your region. Think about how the network can assist you with your work and how your organisation can contribute to achieving the network's goals.

What other resources can you access?

Crisis services

If there is an emergency, and you feel you or someone else is at risk of harm, phone 111, or go to your nearest Hospital Emergency Department, or phone your local [District Health Board Mental Health Crisis Team](#). For these numbers visit www.spinz.org.nz/page/42-in-crisis.

If you need to talk to someone:

- [Lifeline](#) **0800 543 354** - Provides 24 hour telephone counselling
- [Youthline](#) **0800 376 633** or free text **234** - Provides 24 hour telephone and text counselling services for young people
- [Samaritans](#) **0800 726 666** - Provides 24 hour telephone counselling.

For an expanded list of non-crisis telephone helplines and support groups, please visit www.spinz.org.nz.

Other support services

- depression.org.nz - This website is part of a national public health campaign called the National Depression Initiative and has been created to reduce the impact of depression on the lives of New Zealanders, as well as being a component of the New Zealand Government's approach to suicide prevention. The website aims to help New Zealanders recognise and understand depression. It encourages people to seek appropriate help and offers resources for health professionals treating people experiencing depression. It also offers a national depression helpline, **0800 111 757**
- thelowdown.co.nz - Partner site to depression.org.nz, this is an interactive

website designed to help young New Zealanders understand and deal with depression. It provides information on issues such as depression, anxiety, bullying, drugs and alcohol, and suicide, as well as practical suggestions for seeking help and problem solving. The interactive components include a free text message service (text **5626**), email, and an online message board

- Skylight - Provides specialised support for New Zealand children, young people, adults and their families who are facing change, loss, trauma and grief. Skylight also provides a wide range of innovative support resources, helpful information, training, and in the Wellington area, effective counselling and support groups. Visit www.skylight.org.nz or contact them on **0800 299 100**.





Suicide postvention services

- Clinical Advisory Services Aotearoa (CASA) provides support for communities affected by suicide. Visit www.casa.org.nz or contact them on **(09) 448 3800**
- Ministry of Education - Group Special Education (GSE). For more information on developing a postvention plan, or dealing with a traumatic incident, contact Group Special Education (GSE). GSE is a group in the Ministry of Education focused on providing services - directly and indirectly - to children and young people with special education needs and is also funded to assist schools following a traumatic incident including a suicide. Phone **0800 TI TEAM** (0800 848326) for assistance, or contact their National Office **(04) 463 8910**. Local offices are also listed in your local phone book under Ministry of Education.

For published resources on a range of suicide prevention topics, please contact SPINZ on **(09) 300 7035**, info@spinz.org.nz, or visit www.spinz.org.nz.

What is the New Zealand Government doing to respond to suicide?

While suicide prevention requires a collaborative approach across multiple sectors, the Ministry of Health is the key government agency responsible for leading and coordinating the implementation of the *New Zealand Suicide Prevention Strategy 2006-2016* and the supporting *New Zealand Suicide Prevention Action Plan*.

The Strategy provides a framework for understanding how various activities across a range of sectors fit together to prevent suicide. Its overarching aim is to reduce the rate of suicidal behaviour and its effects on the lives of New Zealanders, while taking into account that suicide affects certain groups more than others (Associate Minister of Health, 2006).

The seven goals of the Strategy are to:

1. Promote mental health and wellbeing, and prevent mental health problems
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviours
3. Improve the care of people who make non-fatal suicide attempts
4. Reduce access to the means of suicide

5. Promote the safe reporting and portrayal of suicidal behaviour by the media
6. Support families, whānau, friends and others affected by a suicide or suicide attempt
7. Expand the evidence about rates, causes and effective interventions.

The Strategy and Action Plan can be accessed at www.spinz.org.nz.



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For more information

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For help in a crisis

In an emergency, call 111

Contact a doctor or your local *District Health Board* *Mental Health Crisis Team*. For these numbers visit www.spinz.org.nz/page/42-in-crisis.

Call Lifeline on **0800 543 354**

Call Youthline on **0800 376 633**