

# Newsletter

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## New media and suicide prevention: The good, the bad and the ugly

"It is enough for many people considering suicide to know there is someone there to believe in you."

Amid the complexities of suicide prevention, it is a simple message. And, after talking to a number of experts in the field, tuning into a myriad of personal stories on the net, and listening to people 'guarding the net', one must assume it is also a key message.

### The good - information, emotional outlet and connectedness

It is no wonder then, that new media is being given credit for decreasing social isolation and increasing connectedness for people who are at risk of killing themselves; anybody with a smart phone or a computer can reach out to the entire world - and the world can talk back!

Blogs, Twitter and social networking sites such as Facebook work in ways media have never worked before, allowing full disclosure on topics never previously discussed, in real time, with 'viral' spread.

Hypothetically all media can be a very powerful way to help prevent suicide, according to Professor Diego De Leo, Director, [Australian Institute for Suicide Research and Prevention \(AISRP\)](#) and [International Association of Suicide Prevention \(IASP\)](#) conference 2010 co-chair. But the extraordinary scope of new media has opened a window, on and for people, where previously there has been none.



Diego De Leo, Director, AISRP

# Editorial

Kia ora koutou and welcome to the second edition of our newsletter for 2010.

Our World Suicide Prevention Day Forum is only days away, but it's not too late to join us. Held on September 10, the SPINZ and [Te Pou](#)-led forum will be opened by Associate Minister of Health Peter Dunne. You can [register](#) to attend this free event in person with us at the School of Population Health at the University of Auckland's Tamaki Campus from 8:30am to 12:00pm, or join us online via [web-streaming](#).

Confirmed speakers presenting their funded suicide prevention research include Associate Professor Brian McKenna, Dr John Fitzgerald, Julian King and Michelle Moss, Dr. Peter Watson, and Dr. Emily Cooney and colleagues. For more information about the forum, visit our [website](#).

In this edition of the newsletter, we discuss the positive aspects and potential pitfalls of suicide prevention using media campaigns and new media, as well as how we can raise awareness of suicide safely. We also look at grieving in the media spotlight: examining how suicide reporting impacts on grieving families and others who have been bereaved by

suicide. Finally, we examine opportunities for suicide prevention and wellbeing promotion in older people, across Maori, Pacific, Asian and rural communities.

We also have our regular suicide prevention sector update, covering the appointment of Witeria (Witi) Ashby to the role of SPINZ Kaitakawaenga, the launch of the SPINZ webcasts, phase two of the National Depression Initiative – The Journal, and the ADHB Regional Suicide Prevention Symposium held in May.

Lastly, we profile newly published New Zealand research on suicide prevention and the media, and on the relationships between occupation, access to means of suicide, and suicide risk.

To receive the *SPINZ Newsletter* in your inbox automatically, we ask you to sign up to the newsletter through our website. You can also sign up for alerts, via RSS feeds, that will keep you up-to-date between newsletters on the latest news, research and resources in suicide prevention, both locally and internationally.

Merryn Statham  
**Director SPINZ**



## feature

... continued

"I don't know of anything in the world that can be used for 100 percent good. We all have different moral values etc, but isolated people can be part of the virtual community, so this is an advantage for them. We can use this to increase their quality of life," De Leo says.

Sean Lyons, development manager [Netsafe](#), agrees other people's experiences were previously invisible, but new media has let them say "Here I am, this is me warts and all". This opens opportunities to assist and support.

"For young people, especially, who live in this world [new media] it is very affirming; an influx of support is good," Lyons says.

Washington's Active Minds<sup>1</sup> founder and executive director Alison Malmon says online communities can build strong connections to family and community support, which is a protective factor for suicide ([Suicide Prevention Research Centre \(SPRC\)](#)<sup>2</sup>). It creates an opportunity for a sense of belonging, finding that group with which one identifies and gets people 'where they are'.

Sandra Palmer, Clinical Manager of the [Community Postvention Response Service \(CPRS\)](#) with Clinical Advisory Services Aotearoa (CASA), says some of the research in a newly-published book *The Internet and Suicide*<sup>3</sup> maintains the web can provide new possibilities for releasing emotional distress, broaden individual social networks and getting information on mental

disorders. It might encourage people to get help or professional treatment, and social support in suicide forums is rated in some research as high as support from friends and higher than support from family.

Suicide prevention organisations themselves are beginning to build their own online communities - SPINZ has a [Twitter](#) account, the beauty of which is that staff can immediately update their followers, while also



Example of a memorial website

having the ability to post safety messages in response to worrying tweets from others whom they follow.

A Facebook page would be the next challenge - it requires a much greater human resource and the need for moderation. But the opportunity exists for quality campaigning.

Palmer notes the important thing to remember with any type of campaign to raise awareness is to look at how it is done.

“What the campaign consists of, is it based on best practice guidelines or does it somehow inadvertently glamorise suicide? Does it promote help seeking behaviour clearly? Are the same suicide prevention guidelines followed in the new style media as promoted in the old style media?”

Dr Michael Dudley, Chair of Suicide Prevention Australia (SPA), and IASP conference 2010 co-chair, is positive about social media campaigns in relation to suicide prevention, saying there are examples of such campaigns that have reduced suicide rates, one from Scotland another from Germany<sup>4,5</sup>,

See other examples<sup>6</sup>.

### The bad - web will always be a doubled-edged sword

Infuriatingly, however, new media equally offers the

opportunity to negatively affect vulnerable people at risk of suicide.

There is no international law to govern what can be said and not said on the net when it comes to suicide - yet our traditional media is bound by quite restrictive guidelines.

A critical review [Suicide and the news and information media](#) by Jane Pirkis and Warwick Blood gives cautious support for a causal association between exposure to

suicide-related material on the internet and actual suicidal behaviour, although further analytical studies are required to confirm this relationship.

Palmer, whose role it is to

support communities when there is the risk of suicide contagion, says simply exposing some already vulnerable people to suicide, via any media, can increase the likelihood that they also may think of suicide as a way of dealing with the situation they are in.

### And the ugly - bullying, harassment and contagion

Lyons says there are plenty of instances where people are harassed and bullied via the web and texting, which can be alienating and upsetting.

One paper in *Internet and Suicide* talks about ‘extreme communities’ involving chat groups and online suicide pacts, which explicitly encourage suicidal behaviour. It lists a number of suicide prevention issues using the web:

- Less regulation of internet sites than of traditional media.
- Some evidence indicating those who use the internet more than others reported to be more psychologically vulnerable.
- John Suler talks about the ‘online disinhibition effect’, where people might encourage others to suicide and help them choose a method in a freer way than they would if they were face to face with someone.
- The quality of social media campaigns (and any information about suicide on the internet) is variable and often inconsistent.

**Online memorial sites to remember the deceased**

Lyons believes online grieving sites are precarious, even if well intentioned.

“They have been shown to promote contagion. Kids see the outpouring of grief and think ‘wow that could be me [getting all that attention].”

De Leo, however, is reluctant to give a negative view:

“What impact does online grieving have? We don’t have any science to answer this, nobody does, but we can’t avoid that the net is the present and the future and these things will happen online whether we like it or not. So if the web is a way of increasing our connectedness it is offering the opportunity to people who are in need of it.”

Palmer is less rosy eyed. She says the CPRS experience is that an indicator of contagion among young people is often the presence of a memorial site on Facebook or Bebo with an excessively large number of hits over a small time period.

“We know that one of the risk factors increasing [contagion] is when the deceased is glamorized, and the way they died is celebrated.” This can often happen on an online memorial page in a way that would never be allowed to happen in mainstream media.

She says she was brought to tears by watching a memorial page set up for one young person and the song used on the site still haunts her when she hears it.

“Imagine being a vulnerable person, with a lot of seemingly unresolvable issues in your life, a history of impulsivity, some drug and alcohol use, and you start reading or watching the memorial page.

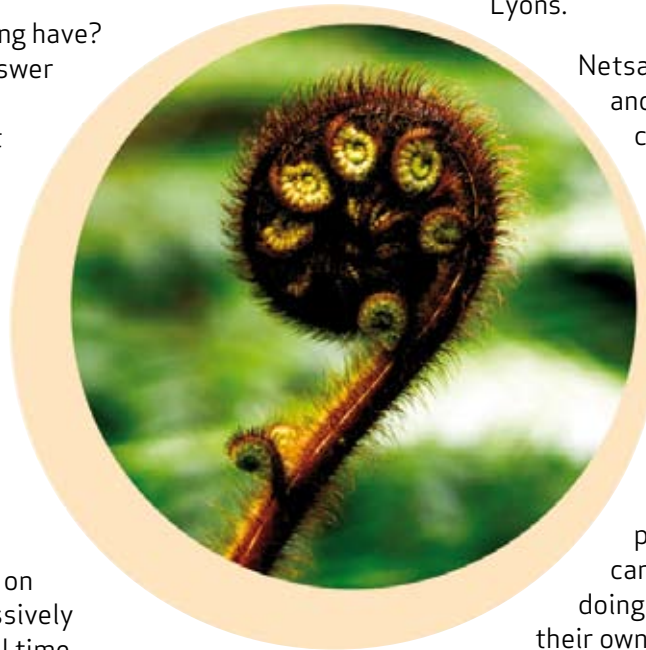
“This can influence [them] to also engage in suicidal behavior because they want some of that attention, or they see suicide as a way to resolve their own issues. They may write some of their own ideation down and another vulnerable young person reads that. This can lead to mass hysteria in the worst case scenario and a few triggered young people in the best case scenario.”

“There are some studies where, in cluster situations,

professionals have gone back and found really obvious written clues on memorial pages indicating ideation written by those who later died by suicide.”

**What can be done to combat negative impacts?**

“A common reaction is, ‘right we must destroy the site’, but a better reaction is to say ‘yes this is going on, how do we reach out to [and help] these people?’” according to Lyons.



Netsafe is available to talk to schools and others about new online campaigns and memorial sites – what to offer, what to avoid – and can work with SPINZ to counter online harassment and abuse.

“We would rather they avoid [memorial sites] completely... But they exist and there are no clear answers, it is not a one size fits all.”

“[Even if] they might hear ‘suicide prevention’ in the message, they can also hear that other people are doing it and in some way this validates their own thoughts.”

**Monitoring and counselling are important**

He says it is a case of keeping an eye on what is being said and trying to manage that. A school has to be involved to provide a counselling role in any grieving site.

“Schools should be aware of the potential risks and how it could make some people feel. We don’t have the right to tell them not to do it.”

*The Internet and Suicide* authors suggest web pages and chat rooms should be monitored and have anti-suicide statements so that if people do get to the wrong pages or talk turns to suicide there are still written messages urging them to keep safe.

CPRS advises that, within certain structured and supported settings, responsible peers who can access memorial pages, monitor them for any concerning postings and tell a specified adult (it is not up to the young person to deal with the situation). Then the person at risk can hopefully be identified and screened and referred for appropriate support.

Dudley says online memorials should adhere to guidelines, like those from [Mindframe](#), on the way stories should be portrayed and how suicide is discussed, and provide help lines.

Dudley adds Internet Service Providers and internet companies, like Google, also have a role to play in signposting sites for the public.

### *Internet giants and parents have responsibilities*

Dr Jane Pearson, Division of Services and Intervention Research, National Institute of Mental Health (NIMH), and a leading expert on suicide research, says in an [online podcast on NIMH radio](#), the net can be used to say “If you need help this is where you can go... and we’re going to walk that through with you.”

“Administrators at Facebook and Twitter should be shown how to anticipate a problem and what to do about it,” she says.

Google is now automatically directing troubling search engine inquiries to the US National Suicide Prevention Lifeline.

Pearson says it’s critical for parents to know what children are viewing on the internet.

“A challenge... are the memorials... and looking for people who might visit there in terms of “Gee, I’ll join you soon”... So it’s trying to track some of that.”

### *Provide help lines and promote help-seeking behaviour*

CPRS has a letter it can give to schools to pass to parents/friends, which advises on language to use on sites and says the emphasis should be that suicide is preventable, and promotes help-seeking behavior with helpline numbers on it.

“Good postvention is imperative,” Palmer says. “And yet often we don’t get called in until the situation becomes acute.

Ultimately, the goal is to harness the power of all communications tools: by building up the reasons for living, more than reasons for dying, you can save somebody’s life.

By Susie Hill

## Positive personal stories

De Leo highlights positive personal stories as another way to combat negative ones. His own and others, in a book he has edited called *Turning Points*, are cases in point.

The book contains 12 stories of people who survived suicide by a chance miracle.

“The messages are positive about society increasing in connectedness, and these people are now flourishing.”

De Leo’s own turning point was the suicide of his first registrar.

“He was brilliant, beautiful, witty and sensationally popular guy. It was such a shocking experience that it totally changed my life.”

De Leo chose to study suicide as his career path, one that has kept him challenged and fascinated for 30 years.

He is confident humanity is a very resilient organism and, after the rush to buy goods and desires for riches, we will stop for a while and start thinking about where we are going and what needs to be changed.

“It is more important to have a friend, than a lover, dog, toy and... we will get there in two or three generations. There must be something that we do to be more intimate and spiritual that will give more effective meaning to life.”

# Suicide Prevention Media Campaigns – dos and don'ts

*IASP conference 2010 co-chairs support opening up talk about suicide... while adhering to certain restrictions.*

Professor Diego De Leo says we don't know yet what the perfect campaign for preventing suicide should be, or even if we should be using the theme of suicide to prevent it.

He says it is hard to measure the impact of media campaigns: did you reach your target audience online, do the people you want to hear the news read the poster, go to the exhibitions?

"Is it better to diffuse large messages of preventing suicide or is it more effective to stimulate social connectedness?"

De Leo says there is no strong science to say that talking about suicide in general can have negative effects.

Most research and media is dedicated to the impact of personal stories of suicide, so we know promoting these can be noxious to vulnerable people. But talking about suicide generally in terms of trends, statistics, etc is ok.

[MJA InSight](#) just this month published an editorial from Professor Diego De Leo saying we need to talk about suicide.

"My view is we need to speak about suicide but without fearing any problem with that... talking about epidemiology, social influences and trends is not the same as detailed stories about people's suicide, and it raises wider debate and urges people toward being more accepting of failure and weakness in society, and how can we increase social perception of weakness and vulnerability if we don't talk about these things?"

"Talk in general about motives, risk factors, but also about the protective factors, if someone is vulnerable yet brave enough to say 'I am in fear of failure' and you accept that and talk to them, you don't increase the risk of suicide. In fact it is quite the contrary. This will decrease suicide."

Dr Michael Dudley agrees. He says there are media campaign guidelines, but we all have to take on board

that suicide and suicide prevention are both public interest issues.

"Yes there is a difference between mental illness and suicide, but stigmatisation occurs in both. In suicide you don't want to promote behaviours, but you do want people to care for and reach out to support others."

He says the Australian Senate has put this topic on the map – and it will be discussed at the upcoming IASP conference.

## **Dos and Don'ts from Suicide Prevention Research Centre, USA**

SPRC offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. These Dos and Don'ts should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.

### **The Dos: Practices that may be helpful in public awareness campaigns**

- Do emphasize help-seeking and provide information on finding help.
- Do emphasize prevention.
- Do list the warning signs, as well as risk and protective factors of suicide.
- Do highlight effective treatments for underlying mental health problems.

### **The Don'ts: Practices that may be problematic in public awareness campaigns**

- Don't glorify or romanticize suicide or people who have died by suicide.
- Don't normalize suicide by presenting it as a common event.

[Mindframe resource](#)



**4th Asia Pacific  
Regional Conference**  
of the International Association  
for Suicide Prevention  
17-20 November 2010  
Brisbane, Australia

Suicide Prevention: A Dialogue Across Disciplines and Cultures

## Suicide Prevention: A Dialogue across Disciplines & Cultures

4th Asia Pacific Regional Conference of the International Association for Suicide Prevention  
17-20 November 2010, Brisbane Auckland

### Programme

Conference Co-chair Dr Michael Dudley says the Australian Senate and recent Australasian public debates about how much to say about suicide in the media will be a hot topic at the up-coming conference.

"It will be fabulous, unlike any in Australia before in that in our area we are going to bring together peak bodies, like SPA and ASRAP and IASP, and international and Asia Pacific people from many walks of life."

A special draw card will be a lecture on the opening day from conference patron and Australian of the Year Professor Patrick McGorry. He will talk about Stigma and Suicide.

Specifically with regard to new media, there is one pre-conference workshop - Media, social marketing campaigns and the use of personal stories - and a plenary session entitled: Social determinants, social engineering and social marketing.

Dudley is hopeful the big internet players will

attend another pre-conference workshop entitled: Innovations in ICT in Suicide Prevention.

Other broad topics include: genetics, volunteers, stigma and suicide especially in refugees, evaluation of research, self-harm intervention, Asia-Pacific trends, gender and methods, link from knowledge to community, indigenous suicide, ethics of suicide and euthanasia, advocacy, best practice for suicide bereavement and suicide survivor support.

"Master classes from doctoral students talking about their work promise to be very entertaining and informative," Dudley says.

Key notes come all over the world including Australia, New Zealand, Canada, USA, Hong Kong, China, Norway, Italy, Pakistan, Sri Lanka, Japan, the UK and Ireland. Dudley's own plenary session is Suicide Prevention as a Human Rights issue.

For more information on 4th Asia Pacific Regional Conference please contact the Conference Managers: [suicideprevention2010brisbane@arinex.com.au](mailto:suicideprevention2010brisbane@arinex.com.au)

## Explanations/references:

1. Active Minds is an American organisation working to utilize the student voice to change the conversation about mental health on college campuses.
2. SPRC: Suicide Prevention Resource Centre, USA
3. The Internet and Suicide, Edited by Leo Sher (Columbia University, New York, NY) Alexander Vilens (Relational Architects Intl., Hoboken, NJ) Nova Publishers, 2009.
4. Hegerl, U., Althaus, D., Schmidtke, A., & Niklewski, G. (2006). The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. *Psychological Medicine*, 36, 1225-33.
5. Hegerl, U., Mergl, R., Havers, I., Schmidtke, A., Lehfeld, H., Niklewski, G., & Althaus, D. (2009). Sustainable effects on suicidality were found for the Nuremberg alliance against depression. *European Archives of Psychiatry and Clinical Neuroscience*, 260(5), 401-6.
6. Online communities:  
[www.halfofus.com](http://www.halfofus.com)  
[www.ulifeline.org](http://www.ulifeline.org)  
<http://au.reachout.com/>  
<http://www.inspireusafoundation.org/>  
<http://www.facebook.com/samhsa>  
<http://www.suicidepreventionlifeline.org/>

# Grieving in the media spotlight

Media commentators regularly write of the need to talk more about suicide. But how does suicide reporting impact on grieving families and others who have been bereaved by suicide?

The day Tricia Hendry's husband took his own life, and for many days to follow, Tricia was in shock. She struggled to cope with her grief and that of her three young children – then aged two, six and 11 years old.

She had to arrange the funeral and says her whole focus turned to how best to celebrate his life, rather than dwell on how he died.

As a church leader, her husband was well known in the community and Tricia had people answering her door to help her feel less overwhelmed by the community's response.

However, because it was a suicide, the media were immediately interested. Tricia says a reporter turned up in her living room after falsely claiming to those at the door that she had an appointment to see Tricia.

Tricia says she has asked herself since why she didn't say 'I don't want to speak to you.' "The lesson I have shared with others since is never speak to [reporters] without having time to think if you really want to," she says. But at the time, "I couldn't process it all properly. I could hardly move off the couch and didn't have the words to deal with it."

She would also advise bereaved people to ask to see the article in advance of publication, as when the article came out it had multiple factual errors about her husband. The journalist had also spoken to people who had never had a personal relationship with her husband and even someone of whom she knew her husband had a low opinion.

A column also appeared in a widely-read church newsletter about her husband's death, written by someone who didn't know him. "This man was speculating in detail about what he thought would have been going through my husband's mind. It was incredibly presumptuous. It went through the wider region and relatives read it," Tricia recalls.

"I remember huge rage. Feeling it was so unfair." Tricia adds that even though someone has died, their suicide came from deep hurt and vulnerability, so family members still feel protective of them. Reading inaccurate comments and speculations about their death "feels like

someone is playing with them".

## The media angle

A recent [report](#) in Social Science & Medicine discussed the media experience of suicide reporting. Researchers conducted interviews with journalists, who argued the promotion of the public good was a compelling motivation for suicide reporting. A few said professional responsibility to the readership demanded that public interest take precedence over privacy. Some positioned themselves as educators whose role was to trigger discussion.

The research also discussed the pragmatic imperatives of journalism, such as time constraints, career progression and competition for sales.

Several journalists also asserted they knew the difference between responsible and irresponsible reporting without the need for Ministry of Health guidelines. Researchers concluded that attempts to guide suicide reporting risk being reinterpreted as threats to media and community autonomy.

## Many levels of irresponsible journalism

However, in Tricia's experience, even articles that are accurate and directly quote from family and friends can be irresponsible. "In the first hours, days, weeks, you are overwhelmed first that they died, then that that they died by suicide. You are talking out of sheer grief," she says. Tricia now works with bereaved people and says people can often apportion blame following a suicide, only to later regret it. She says people who are bereaved by suicide are at a hugely increased risk of suicide themselves and media reporting can exacerbate this risk. She argues a grieving mother, for example, can blame her child's friends for not looking out for their child more. This is then reported and can have a hugely damaging effect on the friend who already feels vulnerable due to losing their friend to suicide.

Tricia points to the fact that the media is unaware of the history of those they interview and those who read the articles and says some could have depression and be vulnerable. She says journalists have a huge responsibility and sometimes have "other people's lives in their hands".

"Journalists need to be really respectful; not only of the person's life but of the unique nature of suicide grief. It's



# grieving in the media spotlight

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grief with the volume turned up,” she says. “A tragedy isn’t something you play with like a toy. It’s too big.”

Additionally, she says that it can be irresponsible to ask family to speculate on factors that may or may not be known and that other family members might see it differently.

The media works so fast, Tricia says, that the bereaved often don’t get the chance to break the news themselves to friends and wider family.

Another issue is around images. Tricia says her family took part in a television show on bereavement, and while she felt okay with the theme of the show, she was unhappy when she came to view it. Her son was filmed looking through the family album at pictures of his dad. However, when she viewed the programme she discovered they had zoomed in on photos of her husband and she was caught off guard by close ups of his face on screen.

Worse still, she says, was when the same images were used in a separate television programme and she was not warned they would be used again. She says such images are personal and to have them suddenly appear was a shock. “You give permission without realising the potential ongoing consequences,” she says.

Chris Bowden – who developed and facilitates an educational intervention programme for adults bereaved by suicide in conjunction with Skylight in Wellington – says that several participants of the programme have spoken about their concerns around suicide reporting.

Their concerns, according to Bowden, include the glamorisation of suicide; a lack of acknowledgement that suicide affects a lot of middle-aged and older adults, as it tends to be seen as a youth issue; a lack of awareness of how suicide affects the bereaved, and the focus on suicide and circumstances leading up to it, rather than on prevention and supporting someone after the suicide of a loved one.

## Moving forward

While journalists might argue their actions are for the public good, strong [evidence](#) points to a connection between ill-considered suicide reporting and copycat suicidal behaviour, according to Merryn Statham, director of SPINZ.

Statham acknowledges that journalists can play an important role in suicide prevention. However, she would like to see journalists presenting suicide more proportionately, as frequent reporting of individual suicides can begin to normalise the act and desensitise people to the warning signs. She says normalising suicide as a common response to extreme distress can negatively impact on those people who are at high risk of suicide as they can then see it as a logical reaction. It can also impact on those who are immediately bereaved, as well as those who have lost anyone to suicide.

Journalists have shown sensitivity to risk by moving away from describing the method of suicide. However, shifting focus onto why an individual has taken their own life can be dangerous as it can contribute to family, whanau or a friend’s guilt and blame and increases risk of further suicides, says Statham.

“The challenge is to find a way to talk about the complexity of what contributes to suicide in a way that makes a good media piece without impacting negatively on vulnerable people,” Statham explains.

Statham says if a journalist’s motivation is to write an article to educate the public and to have a positive impact they need to move away from highly personal details, which are brought out in an article that delves into any individual’s suicide, to talking more generally about risk factors and suicide prevention.

Tricia adds that she would like to see more emphasis in articles on where people can receive support, rather than just a couple of tag-on lines at the end of an article.

## The bereaved, the media and suicide prevention

Chris Bowden adds that while talking to the media has not been a priority for the bereaved he has worked with, they have acknowledged they would need some support and guidance when doing so.

“In my view, if the media are interested in working more closely with the bereaved, both the media and the bereaved need better resources and education about how to work together,” he says.



## grieving in the media spotlight

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Currently bereaved people and the media can contact SPINZ for information. Skylight also has a [handbook](#) for professionals working alongside bereaved people titled *Death Without Warning: information and support after an unexpected death*, which has a section on speaking to the media.

Bowden believes that the bereaved could make a valuable contribution to such resources.

He adds that people he has spoken to told him they would need professional guidance before speaking to the media about how suicide has affected their lives.

“What they have done to manage their grief, develop resilience and prevent further suicide may also be useful,” he says.

By Carrie Briffett

# Focusing on our older people

While the media focus on suicide is almost exclusively about young people, experts say suicide prevention work is also essential for older people.

The suicide rate for people in their 80s is high compared to the general population. It is even higher than the 15 to 19 year-old age bracket, which is often perceived by the media as the high-risk age.

The overall suicide rate for the population according to the most recent Ministry of Health figures is 11 (per 100,000 people); for 15-19 year olds the rate is 13.1 and for 80 to 84 year olds it is 15.8.

“The media doesn’t focus on suicide prevention for older people because it’s believed that suicide [by older people] stems from terminal illness or chronic pain, but my work tells me that is seldom the reason,” Marie Hull-Brown, Project Manager for Older People for the [Mental Health Foundation](#), says.

The main risk factor for older people, as in the wider population, is undiagnosed and untreated depression, Hull-Brown explains, so the best strategy for preventing suicide in our older people is countering depression and maintaining wellbeing.

Hull-Brown says that such issues as grief and loss of mobility and/or independence are common contributing factors for depression in older people.

Chronic loneliness, elder abuse and an ageist society are also issues that are raised by such organisations as [Age Concern](#).

The Mental Health Foundation, Age Concern and other organisations work towards combating these issues through providing support such as resources and information and advocacy.

### Older Asians

However, older people from minority cultures can face additional issues that lead to depression.



Ivan Yeo, Mental Health Promoter, [Kai Xin Xing Dong](#), says that many Asian people who have moved to New Zealand feel it is their duty to bring their parents over but this can lead to a sense of being disconnected and lonely. “Often the parents can’t speak English, they don’t have friends here or know how to travel to different places,” he says.

Sometimes Asian people find they have to move on to Australia for work and their parents remain here because they are too old or sick to move again, says Yeo. He adds that a lot of older couples divorce after moving to New Zealand as they go from having many social connections to spending a lot of time together and becoming dependent on each other. “There seems to be a point when things between them either become very good or very bad,” he says.

Yeo adds that there is a stigma and lack of understanding around mental health in Asian communities, so there is also a problem with people delaying getting help even when they feel they might have a mental health issues.

However, Yeo says that some local Age Concern groups, especially in the Auckland area, provide specialist

# focusing on our older people

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services for older Asian migrants, and there is also a Chinese Positive Ageing Trust and [Chinese Lifeline](#).

## Maori viewpoint

Witi Ashby, Kaitakawaenga for SPINZ, says that in addition to the general issues older people face, older Maori have to deal with the cultural interpretation of mental illness, such as it being a makutu. "Mental illness is a big bogey man for the majority of Maoridom who don't understand people who experience mental illness," he says. He adds this stems from "yesteryear's lack of understanding which is transferred to today's culture, where people's thoughts are that they might catch whatever they have and this creates a wall between Maori who have mental health problems and whanau."

Ashby says that the loss of a lifetime partner can result in "Kaumatua and Kuia willing themselves to death, by not eating, refusing to take medication and so on." He says losing an older person to this method, called whakamomori meaning giving oneself up to death in despair, is spoken of by many whanau throughout Aotearoa.

Ashby also talks of the feeling of "one's tapu and mana being trampled on" and "whanau neglect" as society changes. "There is a high proportion of Maori elderly ending up in old people's homes, compared to 25 years ago," he says. He adds that the elderly people who end up there are generally unable to care for themselves and are experiencing mental health issues. This is mostly due to whanau being unable to care for them or not having access to health care.

Fortunately there are some wellbeing-related programmes to counter some of the issues older Maori face, according to Ashby. He says Age Concern has Maori providers and there are fitness programmes available for older Maori to keep them active in body and mind.

## Pacific perspective

Older Pacific people can feel they have lost the status they had in the island when moving to New Zealand to be with family, says Pacific Clinical Advisor Mali Erick.

She says the change in environment can also be a shock, as back in the islands they often knew all their neighbours, as well as where to get help should they feel they needed it.

Erick also points to changing technology as being an issue for older people. "Most households now have a mobile and often no landline but with a landline [older people] know how to make a call when they need to," she says.

Erick says there are many performance and craft groups, as well as church groups, that older Pacific people can attend to stay connected to their community.



## The rural angle

There is also a depression risk among older people moving from their rural areas to towns later in life, says Barry Taylor, a Suicide Prevention Coordinator in the Wairarapa.

He explains that a big issue among older men in particular is boredom and lack of purpose in their lives. He says one of the men he spoke to summed up the issue perfectly. "He said he didn't know how to fill in his days because 'there's only so much weeding you can do,'" he explains.

Taylor's District Health Board has the fastest growing older population in New Zealand, with 18 percent of the total population over 65 and they also have the highest number of over 85s, he says, so older people's wellbeing is a major focus.

The [Men's Shed](#) initiative tackles boredom and a lack of purpose by providing a place for men to meet and share skills. Taylor adds that he works with the Waiararapa Organisation for Older People (WOOPS) as they work towards the wellbeing of older people by reducing elder abuse and social isolation through workshops and social events.

## The city scene

Lorraine Coelho, Auckland's suicide prevention coordinator, adds that in Auckland she has noticed an issue around people losing their retirement funds due to financial companies collapsing and that this had led to stress among older people.

## focusing on our older people

... continued

She says older Aucklanders can visit their libraries to find out about groups and events they can attend. She adds that libraries are also making their stock more accessible for older people by printing large font versions of books and getting them delivered out to older people's homes.

### Positive work

David Hough, Suicide Prevention Coordinator for Nelson-Marlborough, says there are also wellbeing initiatives and activities for older people in his area, although they aren't "specifically under the umbrella of suicide prevention".

As well as Men's Shed and a cooking group for older men, in May there was a healthy eating workshop for older people in the area, he says. Hough adds that the Nelson City and Tasman District Councils are organising an "Age To Be" positive ageing expo, to be held on October 1 to coincide with the International Day of Older Persons. "Age To Be will provide a showcase of the Nelson/Tasman recreational opportunities and social services that make

ageing a positive experience," he explains.

The Foundation's Marie Hull-Brown applauds the work that is being done but would like to see more funding for the creation and continuation of programmes that increase older people's sense of wellbeing and contribution to their community.

"Ultimately all people want to feel good and feel needed; this does not change with age," she says.

By Carrie Briffett

For more on older people and wellbeing read [Ageing Well](#) in [MindNet](#).



# Updates

## SPINZ 2010 World Suicide Prevention Day Forum

10 September 8:30am - 12:00pm

The forum, a SPINZ and [Te Pou](#)-led event, is to be held at The University of Auckland's School of Population Health at the Tamaki Campus. All those wishing to attend the event can register by email [s.grant@auckland.ac.nz](mailto:s.grant@auckland.ac.nz), and those who cannot make the event in person are invited to watch the forum's [live stream](#). The day will be opened by Peter Dunne, Associate Minister of Health, before we welcome and introduce each of the speakers.

### Presentations include:

- Reporting of Suicide in the New Zealand media by Associate Professor Brian McKenna
- Understanding Families and Suicide Risk by John Fitzgerald, Director/Consultant Clinical Psychologist (The Psychology Centre)
- Is Dialectical Behaviour Therapy an effective treatment for suicidal and self-injuring adolescents by Dr. Emily Cooney, Dr. Kirsten Davis, Ms. Pania Thompson, Ms. Julie Wharewera-Mika (all from Kari Centre, ADHB) and Ms. Joanna Stewart (University of Auckland)
- Evaluation of the NZ Guidelines Group Self-Harm and Suicide Prevention Collaborative -Whakawhanaungatanga by Julian King and Michelle Moss
- Suicide Behaviours and Mental Health Issues of Secondary School Students in New Zealand by Dr Peter Watson

We look forward to you joining with us on the day. For more information, visit our [website](#).

### Introducing Witeria Ashby

Witi Ashby joined us on 14 July as Kaitakawaenga for SPINZ. Witi has been seconded to Te Rau Matatini, the national Maori workforce development centre, to work on the implementation of Te Whakauruora, the Maori Suicide Prevention resource launched on World Suicide Prevention Day.

Witi has spent the last five years working in mental

health in various roles including as a work broker (which meant he found employment for tangata whaiora) and running a six bedroom Maori mental health respite care service in Northland. Prior to this, Witi spent 20 years working with young people in various roles including outdoor education for Maori youth.



Brian McKenna,  
Researcher

Witi has also worked with Iwi Authority Te Runanga o Whaingaroa and Te Runanga o Ngati Hine. He has also helped develop a number of NZQA courses with a particular Maori focus.

Witi has a great sense of humour and enjoys having fun, reading, computer repair and upgrading, film making, film editing and eating fine foods.

### SPINZ Webcasts

First mentioned in Issue Two of our newsletter in 2009, the SPINZ webcasts will be released on 10 September, World Suicide Prevention Day. Each of the six webcasts feature Judy Bailey interviewing suicide prevention researchers, clinicians and service providers on various aspects of suicide prevention.



Witeria Ashby,  
Kaitakawaenga, SPINZ

### Topics covered include

- Warning signs - How to recognise some visible warning signs that indicate someone may be at immediate or imminent risk for killing themselves.
- Risk factors - Looking at the bigger picture: how negative aspects of mental illness, relationships, society, culture and life events can combine to put a person at increased risk of suicide
- Postvention - How clinical and social services can work together to support communities bereaved by suicide in preventing "suicide contagion", or copycat suicides.
- Suicide myths - The truth behind the most common and dangerous assumptions about suicide and suicide attempts, and what you can do to make a difference.

- Caring for someone who is suicidal - Ways in which family members and friends can cope when people come home after treatment for a suicide attempt.
- For the suicide bereaved - Coping with grief, answering difficult questions and caring for yourself following the suicide of a loved one.

The webcasts will be available on the SPINZ website for streaming or downloading, and also on DVD from the Mental Health Foundation Online Shop.

## The Journal – a new tool for the depression campaign

In June phase two of the National Depression Initiative (NDI) begun with the launch of [The Journal](#). Fronted by John Kirwan, with support from mental health professionals Dr Simon Hatcher, Dr Lyndy Matthews and Elliot Bell, The Journal is an online self-management programme designed to help people manage depression through evidence-based techniques.

Components include staying positive, outlining the benefits of a healthy lifestyle, and using structured problem solving. These are covered in six sessions, made up of short videos and enjoyable tasks.

Participants can also sign up for text and email reminders when it's time to complete a session or task. Additional personalised support can also be accessed from the Journal Helpline team, either online by 'sharing' their Journal or by phoning 0800 420 202 or texting 4202.

As of 6 August, Ministry of Health figures indicate that 4485 people have signed up to the programme, 75 of which had completed it and 660 were halfway through. Based on depression questionnaires completed by participants at the beginning, middle and end of the programme the figures also showed that the severity of depression in 83 percent of participants was reduced.

[Join the programme](#)

[More information](#)



Contents of The Journal programme

## Sector updates: Conversations on suicide prevention in the Auckland District - ADHB regional suicide prevention symposium

On 7 May 2010, Auckland District Health Board, in collaboration with Lifeline New Zealand, hosted a Regional Suicide Prevention Symposium that was attended by 83 professionals working across a wide range of sectors.

The symposium featured presentations from researchers, investigators and regional service providers on three key perspectives of suicide prevention: culture, health, and age, combined with facilitated small group discussions. Presentations are available to view or download [here](#).

The purpose of the symposium was to share information about work and services in the region that relate to suicide prevention and self-harm, and to discuss new national and regional initiatives.

It was also an opportunity to discuss ways to implement the New Zealand Suicide Prevention Action Plan 2008-2012 at a local level. A key tool in the implementation will be the ADHB Suicide Prevention Action Plan 2010-2012, supported by the Auckland Suicide Prevention Needs Analysis Report, both prepared by Lorraine Coelho, ADHB Suicide Prevention Co-ordinator.

The ADHB Suicide Prevention Action Plan aims to:

- Reduce risk in key high risk groups
- Promote mental wellbeing in the wider population
- Reduce the availability and lethality of suicide methods
- Improve reporting of suicidal behaviour in the media
- Promote research on suicide and suicide prevention
- Improve monitoring of progress to reduce suicide

The ADHB Suicide Prevention Action Plan will be implemented with support from the Ministry of Health, the ADHB Suicide Prevention Advisory Group, and the Auckland District Inter Agency Working Group.

For further information, please contact Lorraine Coelho, Suicide and Prevention Co-ordinator, ADHB, phone 6309943 ext 26408 or email [lcoelho@adhb.govt.nz](mailto:lcoelho@adhb.govt.nz).

# Research

This section showcases recent research in the field of suicide prevention. We have chosen these projects as they support the goals of the [New Zealand Suicide Prevention Strategy 2006-2016](#).



## Death knocks, professional practice, and the public good: The media experience of suicide reporting in New Zealand.

Collings, S., & Kemp, G. (2010). *Social Science and Medicine*, 71(2), 244-8.

*This research supports Goal 5: Promote the safe reporting and portrayal of suicidal behaviour by the media, and Goal 7: Expand the evidence about rates, causes and effective interventions.*

Media, government, and suicide prevention researchers have long debated the relationship between media reporting on suicide and suicide contagion. A significant amount of research has been done internationally around this relationship and the strong evidence of connection has led many countries to develop guidelines for media reporting. However, the New Zealand Ministry of Health guidelines and their implementation has proved contentious, with most media not feeling an ownership of the guidelines given the limited opportunity for collaboration in their development. Additionally, little has been known about the media experience of reporting on suicide, and tensions between the guidelines and professional imperatives.

This study aimed to explore those tensions, interviewing fifteen newspaper, television and radio journalists on their personal experiences of reporting suicide, how they decide how to write about suicide,

and their responses to and perceptions of suicide coverage. Five themes emerged in the interviews: public responsibility, media framing of suicide, professional practice, personal experiences, and the experience of restricted reporting.

A rich collection of perspectives on suicide reporting was captured within these themes. Media saw themselves as having a “watchdog role”, educating and informing the public on suicide by not participating in a perceived ‘covering up’ of the issue, and supporting the public’s “right to know”.

Many argued against reporting overly explicit details of the suicide method, but most were also sceptical about the potential for suicide contagion as a result of the suicide coverage in the media. In fact, many saw the exclusion of suicide from reporting as having the most potential for harm.

The possibility for a new partnership between media and suicide researchers and policy makers also emerged as a possibility for the future, with media expressing the hope this would be grounded in mutual respect, with an understanding of competing media imperatives around suicide reporting, and the opportunity for collaboration if a review of the guidelines is undertaken.

## Suicide by occupation: Does access to means increase the risk?

Skegg, K., Firth, H., Gray, A., & Cox, B. (2010). *Australian and New Zealand Journal of Psychiatry*, 44, 429-34.

*This research supports Goal 4: Reduce access to the means of suicide, and Goal 7: Expand the evidence about rates, causes and effective interventions.*

This research supports Goal 4: Reduce access to the means of suicide, and Goal 7: Expand the evidence about rates, causes and effective interventions.

A crucial element of suicide prevention is an understanding of the factors that increase risk. Previous research has indicated there are occupational groups with higher risk of suicide than others, and it is thought that familiarity with and access to a particular means of suicide may be an element that incurs this higher risk.

This study aimed to investigate the relationship between suicide rates and occupation over a 30-year period, with occupations selected based on predicted high rates of suicide, given their familiarity with, and access to, particular means of suicide. Researchers examined suicide death data in all employed persons aged 15-64 from the period 1973-2004, finding a total of 940 suicide deaths in the occupations of interest, which included dentists, doctors, farmers, hunters and cullers, military personnel, nurses, pharmacists, police and veterinarians.

Findings indicated that only three occupational groups had elevated standardised mortality ratios: nurses (male and female), hunters and cullers (all male in the study), and pharmacists (female). Contrary to the researchers' predictions, doctors and farmers were not at increased risk compared with the total employed population, and in fact male doctors, males in the military and female farmers had a significantly lower risk than the total employed population.

Results also showed that ease of access to means of suicide did affect the method of suicide chosen, with health-related occupational groups significantly more likely to choose poisoning than other occupational groups. Farmers and hunters and cullers were more likely to choose firearms than other occupational groups, although the result for hunters and cullers did not reach statistical significance. By contrast, police and military personnel had a low risk of suicide by firearms despite their occupational access to them.

The surprising results of this study indicate the need for increased attention to the risk of suicide conferred by occupational access to means of suicide in nurses, female pharmacists, and hunters and cullers in New Zealand.





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### **Media enquiries**

For contact details and resources  
for journalists, [click here](#).

NB: The Mental Health Foundation library, which houses the SPINZ collection, is located at our Auckland office.  
You can contact a librarian by email: [resource@mentalhealth.org.nz](mailto:resource@mentalhealth.org.nz)

# URL references

If you are viewing this newsletter in hard copy, please find a list of relevant URLs below:

## **ADHB regional suicide prevention symposium**

<http://www.adhb.govt.nz/planningandfunding/mental%20health.htm>

## **4th Asia Pacific Regional Conference of the International Association for Suicide Prevention**

[http://www.suicideprevention2010brisbane.org/docs/IASP2010\\_Program.pdf](http://www.suicideprevention2010brisbane.org/docs/IASP2010_Program.pdf)

## **Age Concern**

[www.ageconcern.org.nz](http://www.ageconcern.org.nz)

## **Ageing Well article**

<http://www.mentalhealth.org.nz/newsletters/view/article/20/261/2010/>

## **Australian Institute for Suicide Research and Prevention (AISRP)**

<http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention>

## **Chinese Lifeline**

[www.chineselifeline.org.nz](http://www.chineselifeline.org.nz)

## **Community Postvention Response**

<http://www.casa.org.nz/current-programmes/community-postvention-response>

## **Death knocks, professional practice, and the public good: The media experience of suicide reporting in New Zealand**

[http://www.sciencedirect.com/science?\\_http://www.ncbi.nlm.nih.gov/pubmed/20398990](http://www.sciencedirect.com/science?_http://www.ncbi.nlm.nih.gov/pubmed/20398990)

## **Death without warning booklet**

<http://www.skylight.org.nz/skylight-shop/resources-for-sale/bereavement/death-without-warning---information-and-support-after-an-unexpected-death.aspx>

## **International Association of Suicide Prevention (IASP)**

<http://www.iasp.info/> Jane Pearson on Childhood Suicide and Keeping Kids Safe [http://www.nlm.nih.gov/media/audio/speaking-of-science/jane-pearson-on-childhood-suicide-and-keeping-kids-safe-online.shtml?WT.mc\\_id=rss](http://www.nlm.nih.gov/media/audio/speaking-of-science/jane-pearson-on-childhood-suicide-and-keeping-kids-safe-online.shtml?WT.mc_id=rss)

## **The Journal**

<http://www.depression.org.nz/>

## **Kai Xin Xing Dong**

<http://www.mentalhealth.org.nz/kaixinxingdong/page/5-Home>

## **Media coverage as a risk factor in suicide**

<http://jech.bmj.com/content/57/4/238.full>

## **Men's Shed Initiative**

<http://www.spinz.org.nz/file/SPINZ-Newsletter/spinz-20newsletter-20issue-203-2009-1-.pdf>

## **Mental Health Foundation**

<http://www.mentalhealth.org.nz/page/5-home>

## **MindNet**

<http://www.mentalhealth.org.nz/page/157-mindnet>

## **MJA InSight**

[http://twitter.com/mja\\_insight](http://twitter.com/mja_insight)

## **Netsafe**

[www.netsafe.org.nz](http://www.netsafe.org.nz)

## **A Resource on the Portrayal of Suicide and Mental Illness**

<http://www.mindframe-media.info/>

## **SPINZ Twitter**

<http://twitter.com/suicidenz>

## **SPRC**

[www.sprc.org](http://www.sprc.org)

## **Te Pou**

[www.tepou.org.nz](http://www.tepou.org.nz)

## **WOOPS**

[http://www.eldernet.co.nz/Facilities/Community\\_Groups/Wairarapa\\_Organisation\\_for\\_Older\\_Persons\\_WOOPS/Service/DisplayService/FaStID/9324](http://www.eldernet.co.nz/Facilities/Community_Groups/Wairarapa_Organisation_for_Older_Persons_WOOPS/Service/DisplayService/FaStID/9324)

## **World Suicide Prevention Day Forum**

<http://www.spinz.org.nz/page/134-2010-world-suicide-prevention-day-forum>