

Newsletter

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SPINZ videos help break the silence

We talk to TV presenter and media personality Judy Bailey about her anchoring role in the [SPINZ video series](#), and why she saw value in the project.

By Angela McCarthy

As human beings we all struggle at some stage or other with the things life throws at us, says Judy Bailey.

“I think it is really important to acknowledge these things we go through and be open about them because that in itself is healing. Until you acknowledge you have a problem, you can’t deal with it and move on. I believe very much in that philosophy.”



Judy Bailey

For this reason, when SPINZ approached Judy to see if she could donate time to fronting a webcast series of suicide prevention clips, she didn’t hesitate to do her part to spread the message.

“My thought was that if I can help people become better informed, I will. I strongly believe that knowledge is power. The more information you can get out there to people, the better!”

Judy has not had a personal brush with suicide, but she has experienced depression and knows how difficult life can be in that state. She struggled badly as a new mother with her first child and became quite depressed.

“At the time I thought, this is ridiculous, I should pull myself together. People have babies every day and no one else is struggling. So I never said a word about my misery. Now I realise how damaging that can be for yourself and for your child and I’ve learned how important it is to seek help early.”

Editorial

Kia ora koutou and welcome to the first issue of our newsletter for 2011. I hope you have enjoyed some time with family and friends in the beautiful Aotearoa summer time.

In this issue, we look at the implementation of [Te Whakauruora](#), the Māori suicide prevention resource launched by SPINZ, Te Rau Matatini and the Ministry of Health. Kia Piki Te Ora coordinators are currently undertaking the implementation training, led by Pahia Turia and Witi Ashby.

We catch up with media personality and former newsreader Judy Bailey to discuss depression, support networks, and her anchoring role in the [SPINZ online videos](#), launched on World Suicide Prevention Day. The videos will soon be available to order on DVD through our [Resource & Information Service](#).

Our regular suicide prevention sector update covers the release of the latest suicide statistics, [Suicide Facts: Deaths and intentional self-harm hospitalisations 2008](#);

publication of the new SPINZ resource [Responding to people at risk of suicide - How can you and your organisation help?](#) (also available in hard copy), and the new Google special search results for poisoning and suicide.

We also profile newly published New Zealand research on suicidal behaviours in young people, and their perceptions of suicide and help-seeking.

This month I leave SPINZ after nine years in a role that has taught me many things and introduced me to amazing people. I am grateful for the generosity of spirit of my colleagues and inspired by the courage of those I have met through this work. You can read about some of the challenges and the highlights on our staff changes page.

Merryn Statham
Director SPINZ



SPINZ videos help break the silence

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Depression hard to admit

She says it is very hard to admit you are depressed.

"I didn't realise how depressed I was until much later when I had my second child and had much more knowledge and more friends experiencing the same things."

The videos, introduced by Judy's familiar voice, are one of many resources now available through SPINZ for people seeking help with suicide prevention.

Accessible, yet informative, the videos use a range of imagery to highlight the message that suicide can be prevented. For example, the risk factors for suicide video begins with an analogy about a building being only as strong as the beams that hold it up - a poignant description of how a person's external appearance can belie their internal fragility.

As well as risk factors, the videos cover five other

aspects of suicide prevention: warning signs of suicide, myths around suicide, caring for someone, losing someone to suicide and suicide in communities.

One suicide greatly increases risk of more

While generally familiar with most of the content covered, Judy says the information in the video on suicide in communities surprised her because she had not realised how much a suicide within a community greatly increased risk of further suicides.

"I hadn't realised that there was so often a ripple or viral effect throughout communities and how it can affect others in the worst possible way."

The video highlights how much a suicide affects a range of people who may have been helping, or could have helped, the person who died and suggests ways to avoid having others within the community identifying too closely with the dead person and copying their actions.

SPINZ videos help break the silence

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A central message throughout the videos is that silence is very unhelpful, says Judy, who strongly believes that talking and sharing is a key part of keeping well.

“The more people talk about those things, the better it is, and the better equipped we are to understand how to help.”

Support systems and social networks

She says the videos also emphasise the importance of support systems and social networks that provide an opportunity for people to meet and connect in real time, face to face. She believes she only pulled through her struggle as a depressed new mother because of the support of her family and friends. She isn't sure how she would have coped without them.

“I think having friends is one of the greatest preventative measures for good mental health. I know that is sometimes easier said than done and that some people find it hard to make and keep friends. But any connection is important, so becoming involved in exercise or organised activity is often a real help too.”

Over the years Judy has become involved in a range of voluntary organisations. A reluctant public figure, she decided early on to put her public profile to good use by promoting causes close to her heart.

“When you have a public profile, it just helps make sense of the ridiculousness that goes along with it if you can do something positive with it. Somehow that then makes it all worthwhile.”

Judy is committed to issues around young people, particularly with the Brainwave Trust, of which she is a founding member. The organisation brings the latest research in neuroscience to people who work with children and young families.

“This science dovetails beautifully with mental health because so many of our mental health and psychological problems come from the first primary relationship we have with our mum or caregiver.”



Three firsts for Māori suicide prevention

By Keri Welham & Susie Hill

The recently launched Māori suicide prevention strategy, *Te Whakauruora*¹, was developed to improve knowledge about safe, effective and evidence-based suicide prevention activities in Māori communities. It is currently being implemented around the country as a unique training programme, with a plan to develop it as the first community focused Diploma in Māori Suicide Prevention.

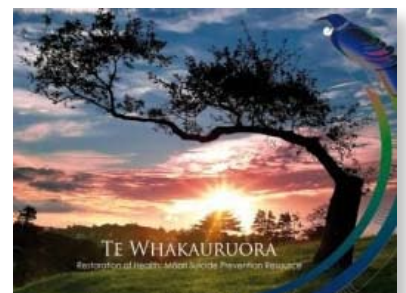
Māori mental health workforce development organisation Te Rau Matatini is delivering the Te Whakauruora Wānanga Training programme, under a Ministry of Health contract

and in partnership with the Mental Health Foundation.

Kirsty Maxwell-Crawford, Te Rau Matatini CEO, is excited by the developments.

“*Te Whakauruora* supports best practice and a community development action approach through creative ways of working,” Ms Maxwell-Crawford says.

She says the Te Whakauruora Training programme fits that bill, and it's being developed to meet the needs of staff of



¹ *Te Whakauruora Restoration of Health: Māori Suicide Prevention Resource* - the country's first and only Māori suicide prevention document - was developed by the Ministry of Health, SPINZ and Te Rau Matatini.

Three firsts for Māori suicide prevention

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Kia Piki Te Ora providers and intended to be available more broadly in future.

About the training

The Te Whakauruora Wānanga Training is a 600-hour, eight-month, marae-based training programme for Kia Piki Te Ora (Kia Piki) suicide coordinators and those working to support the wellness of whānau and communities. It aims to assist hāpu, iwi and Māori community groups to build capacity to respond to mental illness in ways that support a reduction in suicide and suicide attempts. It also provides an insight into how suicide is viewed by Māori, and the importance of Māori tikanga frameworks in suicide prevention initiatives.

It's being delivered to eight Kia Piki sites, including Te Rūnanga o Ngāti Pikiao, Nga Tai o Te Awa, Raukura Hauora o Tainui, Te Ao Hou Trust, Ngāti Hine Trust, He Oranga Pounamu, Te Kupenga Ahuriri and Te Rūnanga o Te Rarawa.

Four training wānanga were delivered in 2010 and the remaining four will be delivered from February to June this year.

Each month, one of the participating Kia Piki sites hosts a three-day training wānanga on three key areas of learning: Māori knowledge related to suicide, integration of policy and legislation with whānau health, and Māori community action and leadership.

Project Leader for Te Rau Matatini, Pahia Turia, says the training is unusual in that it aims to build resilient Māori communities, in the belief this will have a flow-on effect of fewer suicides.

"If we have strong and resilient whānau, the likelihood of suicide is much less. We are focusing on keeping people well.

"It's important that when we are developing programmes primarily targeted at Māori communities that to some degree [we] acknowledge that more mainstream-oriented training isn't necessarily going to achieve the desired results."

Pahia says the training gives value to traditional Māori ways, which have a positive impact on wellbeing; culture can play a large part in the revitalisation of people who have been unwell.

In the first four wānanga, participants focused on traditional Māori society, the impact of colonisation, social pressures that led to their grandparents' reluctance to speak te reo in the home, and the inter-generational deprivation in which many Māori families had found themselves.

What is Kia Piki Te Ora?

Kia Piki Te Ora (Kia Piki) is a government-funded population-based suicide prevention project aimed at delivering strategies to:

- promote mental health and wellbeing for Māori
- reduce access to means of suicide for Māori
- increase safe reporting of suicide by the media
- contribute to improved mental health services for Māori.

Kia Piki coordinators work collaboratively with whānau, hāpu, iwi and community agencies to achieve these things.

Kia Piki forms an important component of the *All Age Suicide Prevention Strategy 2006 - 2016*, providing opportunities to ensure Māori people are affirmed so that ending their life is not an option.

Kirsty Maxwell-Crawford is pleased to see the training programme being piloted with Kia Piki suicide prevention coordinators.

This is the first time a national suicide prevention strategy has been implemented in such a way and starting with Kia Piki is honouring the great work that it does, she says.

She is also pleased that the training will strengthen Kia Piki's best practice with the guidance and support of *Te Whakauruora*.

He says it is essential for coordinators to understand this landscape in order to appropriately address mental illness, depression and suicide in their communities.

The ideal is a community where people have a strong identity, feel connected and are participating in the world.

Pahia says there is research under way to prove this approach builds a community of people less likely to commit suicide, and the initiative has been developed on "the educated assumption" this approach will gain new ground in suicide prevention.

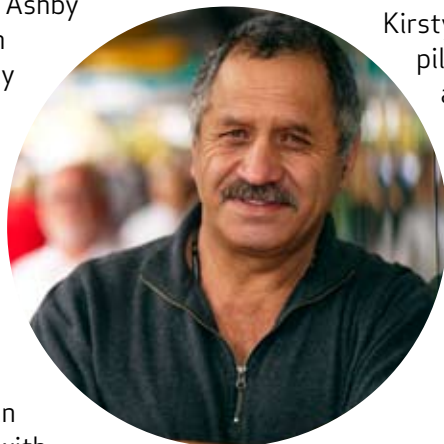
Three firsts for Māori suicide prevention

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Our Kaitakawaenga's view

SPINZ Kaitakawaenga Witeria Ashby (Witi), who has a background in youth development, is currently seconded to Te Rau Matatini to work on the Kia Piki training project alongside Pahia and the team.

Witi says *Te Whakauruora*, is a culturally-grounded approach which fully recognises the role of whānau in creating protective factors in suicide prevention, and aligns with the government's Whānau Ora focus.



Witi Ashby

He says a Māori approach to suicide prevention takes into account the Māori world view, whereby suicide renders a spirit in limbo and leaves that person's life incomplete. Māori call suicide *Mate Taurekareka* which translates to "a slave to death".

A participant's view

Mapihi Raharuhi, Kia Piki Coordinator for Te Rūnanga o Ngāti Pikiao Trust, believes the training confirms a Māori approach to healthcare is different and legitimate.

"This training reaffirms the Māori world view is just as valid as any other world view," she says.

It reflects the approach she has built over a long career in health, education and social services by understanding and implementing approaches and philosophies present in Te Ao Māori.

The wānanga provides an opportunity for Kia Piki coordinators to reaffirm the value of tikanga and te ao as tools for building resiliency in Māori communities and wider sectors.

Mapihi and colleague Mike Naera have implemented elements of *Te Whakauruora Wānanga Training* whereby they presented opportunities for a local community to develop its own strategies as a result of being touched by suicide.

Community feedback was that it was comforting and empowering to have acknowledgement that a Māori approach is considered appropriate.

Even so, Mapihi says "It's obvious the greatest advances with the training are going to be obtained through accessing approaches from the best of a Māori and Pākehā world view."

New diploma planned after pilot is complete

Kirsty Maxwell-Crawford says at the completion of the pilot training in June, subject to approval, they will be applying for the programme's NZQA accreditation.

"The pilot is a platform for a Māori suicide prevention diploma from a population and communities base, to be done in partnership with the Mental Health Foundation," she says.

Māori suicide rates trending down

The latest New Zealand [suicide figures](#) are from 2008 and show a trend downwards in Māori suicide rates over recent years, but they still hover above those of non-Māori.

But, due to the length of time required for coronial inquests and suicide statistics, it is difficult to reflect an accurate trend.

In 2008, there were 497 deaths from suicide and 2465 hospitalisations (of longer than 48 hours) for intentional self-harm. Data indicates a national suicide rate of 11.2 deaths per 100,000 population, although this rate is slightly higher than in 2007, it is significantly lower (25.6 %) than 1998, which was New Zealand's bleakest year in terms of recorded suicides.

The Māori suicide rate (13.3 per 100,000 Māori population) in 2008 was marginally higher than the non-Māori suicide rate (10.6 per 100,000 population).

Director of SPINZ Merryn Statham says, "It is good to see the suicide rates for the whole population and, in particular, Māori and young men trending down. It is important we do everything we can to keep those figures reducing, and we are hopeful *Te Whakauruora* will play a significant role in building more resilient Māori communities where suicide is less prevalent."

Updates

Responding to people at risk of suicide - a new SPINZ resource

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

Our new resource [Responding to people at risk of suicide - How can you and your organisation help?](#)

provides organisations and individuals with easily accessible information concerning appropriate responses to managing suicide and self harm.

The resource contains information on suicide prevention across all ages, replacing the 2005 SPINZ Youth Suicide Prevention Community Information Kit, which had a solely youth suicide prevention focus.

It will be useful for those who 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.

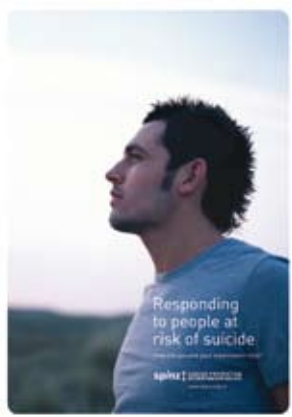
Topics covered include:

- Risk factors and warning signs of suicide
- Common myths about suicide
- Understanding suicide across cultures
- How to help someone at risk
- What to do in a crisis
- What you can do to look after yourself.

The resource can be ordered from the Mental Health Foundation's [Online Shop](#) or downloaded as a [PDF](#).

2008 suicide statistics now available

The official 2008 suicide and intentional self harm hospitalisation statistics are now available. [Suicide Facts: Deaths and intentional self-harm hospitalisations 2008](#), released by the Ministry of Health, presents and summarises suicide information received from the New Zealand Mortality Collection, and the New Zealand National Minimum Dataset.



Key facts from the publication:

- There were 497 deaths from suicide and 2465 hospitalisations (excluding where the patient was discharged from the emergency department and stayed less than 48 hours) for intentional self harm in 2008.
- The suicide rate of 11.2 deaths per 100,000 population, although slightly higher than in 2007, is significantly lower (25.6%) since the peak rate in 1998.
- Intentional self harm hospitalisations have declined significantly (32.2%) since 1996.
- Male suicide rates were almost three times female suicide rates in 2008, and female hospitalisations involving intentional self harm were almost twice those for males.
- The Māori suicide rate (13.3 per 100,000 Māori population) in 2008 was higher than the non-Māori suicide rate (10.6 per 100,000 population), but the difference was not statistically significant.
- Suicide rates for those in the most deprived socioeconomic quintile (Quintile 5) were significantly higher than for those in Quintile 1.
- In 2008, the rate of suicide among youth (aged 15-24) decreased by 35.4 % since the peak in 1995. However, the female youth suicide rate of 11.1 per 100,000 population was the highest since 1999 (Ministry of Health, 2008).

Although heartening to see the continuing downward trend of suicide rates for the whole population, and in particular for Māori and young men, the increase in rates for young women aged 15-24 years is a concern, as it is the highest since 1999.

Building resilience in young people is essential to nurturing and maintaining their mental health and wellbeing and there is much work being done in this area, including the work of school counselling services, a Ministry of Education review into school guidelines, government-funded free counselling services through primary health organisations, helplines such as Lifeline and Youthline, whose text support service is more popular with young people than the phone service, and online and texting support through [The Lowdown](#) website.

Research tells us, however, that what young people need first and foremost are strong connections to people who care about them at home, in school and in their



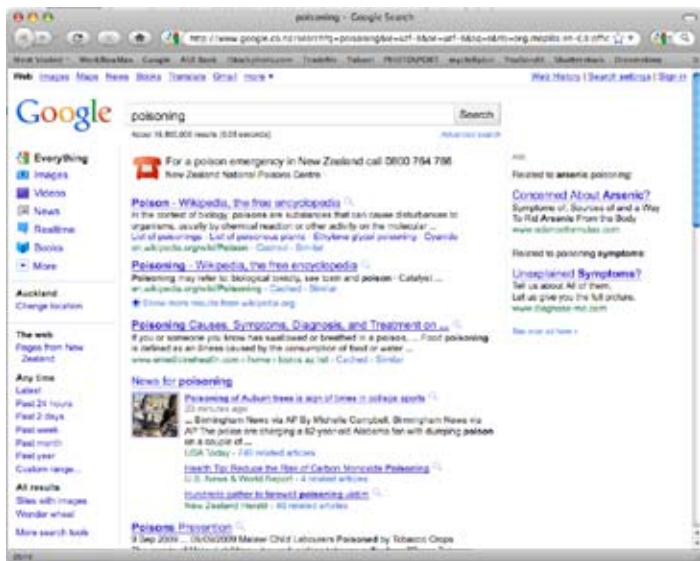
updates

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communities. Strong, supportive family relationships, especially with parents or the people closest to them, are very important to young people. More information on these findings are detailed in the [Youth '07 Survey](#).

Suicide Facts 2008 hard copies can be ordered from the Mental Health Foundation's [Online Shop](#).

Google helps people access emergency information quickly



It is now easier for people in 13 countries, including our own, to access emergency information using the Google search engine.

Google now shows special results for searches around poisoning and suicide, displaying at the top of the results list the national phone numbers for poison centres and 24/7 suicide prevention hotlines.

This development came in response to the Google Chief Health Strategist in the USA receiving an email from a mother who had trouble finding the number for the Poison Control Hotline after her daughter had accidentally taken an overdose.

After adding this number to the top of searches for 'poisoning' at [google.com](#), Google was approached by people who thought suicide prevention would be another topic warranting a special search.

The number for the National Suicide Prevention Lifeline

in the USA is now displayed when users search 'suicide' at [google.com](#). Since this initiative, Lifeline has recorded a 9% increase in legitimate calls to the hotline.

In New Zealand, searching 'poisoning' at [google.co.nz](#) brings up the following text: 'For a poison emergency in New Zealand call 0800 764 766 New Zealand National Poisons Centre'. A search for 'suicide' or similar terms brings up the number for Lifeline New Zealand, 'Need Help? In New Zealand call 0800 543 354'.

It is hoped displaying this information more prominently in Google searches will enable people to access help faster, and contribute to suicide prevention efforts around the world.

Ministerial Committee on Suicide Prevention meeting held to discuss reporting of suicide

The Ministerial Committee on Suicide Prevention, chaired by Associate Health Minister Peter Dunne, met on 28 October and discussed the reporting of suicide by the media. The Prime Minister John Key had directed the Ministerial Committee to report to him on whether the current controls around suicide reporting in the media were appropriate following comments by the Chief Coroner and renewed media interest in the issue.

You can access the Committee's report to the Prime Minister [here](#)



Peter Dunne

Staff Changes

We talk to Sarah Doddrell and Merryn Statham who both leave SPINZ this month.

Sarah Doddrell - psychology's future star

SPINZ's loss is certainly New Zealand's gain with the departure of our valued resource development officer Sarah Doddrell.

Sarah is heading off to Auckland University to embark on her Honour's Degree and Doctorate in Clinical Psychology, with the intention of doing her dissertation in eating disorders. Sarah hopes to eventually work in child and adolescent health.

She and 10 others were chosen out of over 100 applicants – after a gruelling set of interviews – for the four years of study and we can see why; Sarah is a hard-working, confident and warm person who will surely make a difference to people with experience of mental illness.

Sarah believes her two years as a Youthline phone and text counselor, coupled with her SPINZ experience, will put her in good stead for her higher studies.

"I certainly know all I ever wanted to about suicide prevention now! It's been a privilege to be working on something so important. I think [these experiences] will be a good background for going into the [career] I have chosen.

"I'm excited about the study and... I hope to become an empathetic clinician."

A highlight of her time at SPINZ was when she gave a two hour lecture at AUT on effective suicide prevention. The best thing about working at SPINZ overall was the collegiality, and the worst: the frustration that there is still so much more to do.

All at the Mental Health Foundation thank her for her valued contribution to the work of SPINZ and wish her the very best with her new endeavours.



Sarah Doddrell

Merryn Statham - seeking new horizons

After nearly nine years as Director of SPINZ, Merryn Statham is leaving to find a new life direction. As she goes, she takes wealth of knowledge about suicide prevention that will be difficult to replace.

Merryn began at the Foundation covering for Nic Mason's maternity leave, but after only a couple of months she loved it so much she said she wasn't giving the job back!



"My connection to the Foundation was through the SPINZ community reference group and I didn't know any technical details, but I was excited about the opportunities," she recalls.

As it turned out, she was offered a full time position, and Merryn says she has learnt so much in the role.

SPINZ is such a rare commodity, she says, as it provides a touchstone for people to access information around all sorts of things about suicide risk that you can't readily get from anywhere else.

She is taking her leave now after a couple of years thought, which crystallized with the recent death of her father.

She is hoping that some time out will give her more clarity about what a new role would be, but hints at feeling excited by some of the conversations she has had with people recently. Working with communications and media, or "fronting change management where there is the opportunity to promote social justice", are the most interesting considerations at the moment.

Merryn mentions three highlights from her time with SPINZ.

"A wonderful moment of thinking 'wow', was being able to host the 2009 SPINZ Symposium that focused on culture and suicide prevention. A challenge for the entirety of my time at SPINZ was how to connect with this area of suicide prevention work and this audience in a meaningful way. [So this] was a triumph."

The second was the opportunity to attend international conferences with a mandate to talk about what happens in New Zealand, and to be part of a sector that was well respected internationally.

Merryn Statham - seeking new horizons

... continued

"I'd look at the complexities of places like Durban and the states of Australia and think if anyone can get it right a small country like New Zealand can."

And third: "It was another incredible moment when I was a keynote speaker in Tasmania talking about aspects of community suicide prevention. I was right up front when the SPINZ and Mental Health Foundation logos came up on the huge screens, it was a tremendously proud

moment, because others want what we are doing and were interested in [what we had to say]."

Merryn's suicide prevention knowledge has been a valued part of the organization, and we thank her for her dedication and perseverance over the years. Farewell, Merryn!

Staff Profile

Specialist skills asset to SPINZ - and to the public

Six years ago, when Russell Tuffery took up his position with the Mental Health Foundation he had little idea what he was letting himself in for.

Russell is a full time research librarian and information specialist at the Foundation, working with the team that runs the [Resource & Information Service \(RIS\)](#), including a library that is open to the public at the Foundation's Auckland office.

Coming from a library background, he had no workplace experience in the fields of mental health and suicide prevention - but is now an information specialist in both.

Russell had to learn how to find his way quickly to the best information possible to help the people who daily ring and email their many and varied questions to the RIS. He believes it is his, now broad, knowledge of what is available, and his ability to give the right information that proves his worth, and that of his role, to the organisation.

A common misconception is that the Foundation provides counselling and access to clinicians. Russell often has to explain to callers that this is not the case.

"We do not have clinical staff, we have no patients. Rather this is the place to come for information on where to find those people or organisations who do work directly with people experiencing mental illness, and often their family and friends, either in a clinical or supporting role."

Another challenge is when people have lost faith in their doctors or health services.

"There are no easy answers, I can suggest support organisations, but I usually say 'well don't give up, try another doctor or try to explain things to your doctor. Assert your rights.' It's challenging to find solutions and often there don't seem to be any. I just try to suggest alternatives."

He says it's not like giving simple advice about buying a car tyre, where people are only looking for a good price - it's hard for people out there.

And the rewarding aspects of his job? Russell says he gets a real sense of satisfaction from helping someone; it gives him and the rest of the team a lot of pleasure. He says one of the best feedbacks he has had was from someone who had come into the library for help and who emailed him later to say how grateful she was, even calling him fabulous.

"It was a bit over the top, but it was great to hear it."

Negative feedback is few and far between, but can emerge when a caller is feeling hopeless. After doing all he can for them, he often just has to 'let it go' in such situations.

To sustain his own mental health and wellbeing in this role, Russell says that over the years he has learnt ways of coping that work for him.

"We talk it over with our colleagues afterwards; we each have a little desk bell, too, we can ring when a call gets tough. This means we need quiet on the floor, and possibly help. Exercise is a great cure all, it's my big 2011 resolution, I'm working on it!"

"I think as my confidence has grown in the role, this has been my saving grace - and the positive feedback is a big reward."



Russell Tuffery

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](#).



Health and well-being of young people who attend secondary school in Aotearoa, New Zealand: What has changed from 2001 to 2007?

Denny, S., Grant, S., Utter, J., Robinson, E., Fleming, T., Milfont, T., Crengle, S., Clark, T., Ameratunga, S., Dixon, R., Merry, S., Herd, R., & Watson, P. (2011). *Journal of Paediatrics and Child Health*. Epub ahead of print.

Abstract at <http://www.ncbi.nlm.nih.gov/pubmed/21244550>

Historically New Zealand has a poor record in young people's health with high rates of suicide, road accidents and teenage pregnancy, drug and alcohol abuse.

The [Youth 2000 Project](#) at the University of Auckland undertook two surveys, in 2001 and 2007, with the latter a random internet-based survey looking at just over 9000 secondary school students.

The response rate among schools and students between the two surveys was similar (62% in 2007, and 64% in 2001).

General connectedness findings were comparable (home and family factors, school and community belonging), emotional wellbeing had improved, and suicide attempts declined (7.8 to 4.7%), with some falls in smoking (cigarettes and marijuana), and a slight drop in binge drinking.

However, the authors note, "concerning proportions of students in 2007 reported: binge drinking, experience of physical and sexual abuse, increased sedentary behaviour and witnessing violence in their homes."

The surveys' analysis of suicidal behaviour reflects

the downward trend in youth suicide with rates having declined on-third since the peak in 1995-97. This trend is also seen internationally. Likewise, encouraging trends were seen in decreasing rates of depression and suicidal thoughts, indicating better adolescent mental health.

Mentally healthy schools and family environments are seen as key protective factors to improving adolescent mental health.

The authors warn that, as the surveys reflect a school population only, this health picture is poorer for those who do not attend school.

They argue for a continuing multi sectoral approach to youth health and wellbeing, with a strong emphasis on family, school and community nurturing.

For more detail see: Fortune, S., Watson, P., Robinson, E., Fleming, T., Merry, S., & Denny, S. (June 2010). [Youth'07: The health and wellbeing of secondary school students in New Zealand: Suicide behaviours and mental health in 2001 and 2007](#). Auckland: The University of Auckland.

Contact info@spinz.org.nz if you would like copies of these articles and resources.

Youth perceptions of suicide and help-seeking: 'They'd think I was weak or "mental"'

Curtis, C. (2010). *Journal of Youth Studies*, 13(6), 699-715.

Abstract at
<http://dx.doi.org/10.1080/13676261003801747>

Although youth suicide rates are falling, they remain high compared to other countries.

This research focuses on a university population that has developed specific counselling suicide prevention services. The population group is seen as a high risk group.

While international research indicates high levels of suicidal ideation among college students, as opposed to non-student populations, suicide mortality itself may be less. Research has shown contact with mental health services within a year prior to death is low. Hopelessness is seen a key factor.

Dr Curtis used a mixed-methods approach, surveying over 10,000 students from Victoria University, Wellington. There were 22 questions on themes of awareness of help services, attitudes, personal experience of help services and suicidality, mental health awareness, and demographic questions. The response rate was low, at 18.7%. Interviews were also conducted, and findings were "similar to, but elaborated, the survey findings".

The research findings reflected the existing literature, but also produced some surprises.

One fifth of students had been suicidal and one third was aware of another's suicidality. Individuals seeking help was unlikely, especially from professionals, hindered by stigma, worrying about possible harm to relationships especially of friends they were trying to help, and self-reliance. This is despite the services being easily accessible. Family and friends were seen as more promising avenues to seek help from.

Dr Curtis recommends:

- repeated promotion of available services
- strategies to help, especially new students, cope and socialise
- more education on warning signs for depression and suicide
- reducing stigma, especially around help seeking.

For more information on Victoria University's suicide prevention programme see http://www.victoria.ac.nz/st_services/counselling/focus/suicide.aspx including Dr Curtis's programme evaluation.

Contact info@spinz.org.nz if you would like copies of these articles and resources.





Contact us

SPINZ Newsletter is published electronically three times a year by the Mental Health Foundation of New Zealand. To receive it in your inbox, [sign up](#) online. You can also sign up for RSS feeds that will keep you up-to-date between newsletters on the latest news, research and resources in suicide prevention, locally and internationally.

Auckland

81 New North Road
Eden Terrace
Auckland

PO Box 10051
Dominion Road
Auckland 1446

Phone: (09) 300 7035
Fax: (09) 300 7020
Email: info@spinz.org.nz

Wellington

Level 5
Education House
178 Willis Street
Wellington

PO Box 6563
Marion Square
Wellington 6141

Phone: (04) 384 0352
Fax: (04) 384 4003

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

URL references

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

Google.com

<http://www.google.co.nz/#hl=en&xhr=t&q=poisoning&cp=7&pf=p&sclient=psy&aq=0&aqi=&aql=&oq=poisoni&pbx=1&fp=ca088a1a6dce809b>

Health and well-being of young people who attend secondary school in Aotearoa, New Zealand: What has changed from 2001 to 2007?

<http://www.ncbi.nlm.nih.gov/pubmed/21244550>

Mental Health Foundation's Online Shop

<http://www.mentalhealth.org.nz/shop/item/view/3/315/>

Ministerial Committee on Suicide Prevention Report

[http://www.moh.govt.nz/moh.nsf/pagesmh/7245/\\$File/mcsp-review-dec2010.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/7245/$File/mcsp-review-dec2010.pdf)

NZ Suicide Prevention Strategy

<http://www.moh.govt.nz/moh.nsf/indexmh/nz-suicide-prevention-strategy-2006-2016>

Responding to people at risk of suicide – How can you and your organisation help?

<http://www.spinz.org.nz/file/Resources/PDFs/responding-to-people-at-risk.pdf>

In Touch

<http://www.mentalhealth.org.nz/file/Fundraising/In-Touch/intouch-summer-2011.pdf>

SPINZ Newsletter subscribe

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SPINZ video series

<http://www.spinz.org.nz/videos/view/listing/>

SPINZ website

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

Suicide Facts: Deaths and intentional self-harm hospitalisations 2008

<http://www.spinz.org.nz/file/downloads/pdf/suicide-facts-2008-dec2010.pdf>

Te Rau Matatini

<http://www.matatani.co.nz>

Te Whakauruora

http://www.spinz.org.nz/file/downloads/pdf/file_303.pdf

The Lowdown

<http://www.thelowdown.co.nz/>

Victoria University's suicide prevention programme

http://www.victoria.ac.nz/st_services/counselling/focus/suicide.aspx

Youth perceptions of suicide and help-seeking: "They'd think I was weak or 'mental'"

<http://dx.doi.org/10.1080/13676261003801747>

Youth 2000 Project

<http://www.youth2000.ac.nz/>

Fortune, S., Watson, P., Robinson, E., Fleming, T., Merry, S., & Denny, S. (June 2010).

<http://www.youth2000.ac.nz/publications/reports-1142.htm>

Youth '07 Survey

<http://www.mentalhealth.org.nz/file/News/PDFs/youth-07.pdf>