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Danielle Hayes: Hope in Kawerau

By Susie Hill

You might say a happy young woman eating, sleeping and walking on the beach is a typical Kiwi - but growing up in Kawerau, a mill town close to the North Island's East Coast, isn't like that for everyone, as a number of recent high profile youth suicides have shown.

New Zealand's Next Top Model Danielle Hayes gives some insight into how she grew up happy and successful in such a troubled spot.

Mum, Dad, two brothers and two sisters are what keep *New Zealand's Next Top Model 2010* happy.

Bright as a button Kawerau woman Danielle Hayes says she is "95% happy" and her family is her rock.

"I've always got a smile on my dial and I like to help others to do that too," she says.

That includes her brothers and sisters, who all get together for the important things in life, which really brings her lots of enjoyment. Right now the 20-year-old is



Danielle Hayes & friend

Hope in Kawerau

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living in Auckland with an aunty, so it's harder to get home as often as she might like.

Growing up in rural New Zealand was a joy for her and she loves sharing the natural beauty of her hometown with her new-found modelling friends.

"Aim high, but don't set unreachable goals. Be realistic and start with small steps."

"I love camping, looking up at the mountains and doing "bombs" into the river."

Danielle agreed to tell her story so others might see how a steadfast family, kohanga, nature, setting small goals for yourself and eating lots of good food can get you a long way in life. Yes, she mentioned food.

Danielle says eating is a big part of her life and she's been a "pretty big eater" since she was a baby.

"I still love to eat tinned baby food! Or a piece of steak," she laughs.

She eats a mixture of healthy and unhealthy foods - but she knows she has to exercise a bit as well.

"I'm a living example of balance," she quips and adds that she has discovered many models love food too, contrary to what you might expect.

Although she does admit there is no routine to her exercise and she is definitely not a gym bunny.

"I'm a bit of a hippy and like being on my own and taking long walks on the beach. And I like reflecting and sleeping."

Best thinking done alone

She says she can think when she is alone. "It really helps me self evaluate."

She's done a lot of that. This now self -possessed young adult grew up a middle child, which she says brought its own set of challenges, and describes her early teens as "World War III". She was bullied at school.

"I ended up not believing in myself, I felt singled out and not a 'typical Māori'."

"I was called names... including 'ugly'... and it did affect me. I have had to work on it and learn to rise above it," Danielle says.

Her modeling success has gone a long way to help.

"Before, I was shy and not as outspoken as I am today. It

has given me confidence and it's been a brain booster. I like the new me."

Two years from now Danielle, who only recently went to the South Island for the first time, wants to be modeling full time in Europe and in the long term she would like to fly planes.

Good advice for other young Kiwis

In an interview with the *New Zealand Woman's Weekly* earlier this year, Danielle counted seven friends who had completed suicide within the last three years.

"It's hard to constantly keep going to funerals, especially when it's friends you never expected it from," she told the magazine. "But you have to be strong and keep positive. That's the only way to get through it."

Danielle has been a high profile voice for suicide prevention in her home town this year, actively teaming up with local people to help form new support networks.

She knows there are serious social problems in Kawerau, but adds it's not the only place having trouble with suicide. Her advice is applicable to young people in any community.

"Aim high, but don't set unreachable goals. Be realistic and start with small steps."

Danielle used this strategy when on Top Model.

"I wanted to make it to the Mansion - to tell my friends I slept in a Mansion! I didn't think 'oh now I will get to top 10'; I thought top five - small steps helped me evolve. Once I made top five, I thought top four. Then I thought just maybe I could actually win this!"

Danielle's next piece of advice is: "Stay at school, but do what you like doing, make new friends if you aren't in a good group."



Hope in Kawerau

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Put your hand up so people can see it

Her father, Ross, taught her not just to reach out for help when she needed it, but to “put her hand up, so people can see it”.

It helps to have a mum with a sixth sense, too, she adds. Trina Hayes is one such mother.

“If I’m not feeling so good I do all the wrong things like avoiding contact with people and not talking about what’s the matter. But mum can always spot it and she and dad step in. They sit me down and we talk and they reenergize me and I work my way back up.”

She says good parents are always there for you. As a

child she followed her mum round the Kohanga Reo, which Danielle says has had a positive impact on her life. She and her siblings are bilingual and have been brought up through kohanga schooling.

As a teen, she moved out of Kawerau College when her parents saw it was no longer conducive to her education, and sent her to Whakatane High School, where she loved studying art and music.

Danielle Hayes is a strikingly smart person with a lot of backbone; she knows others living in Kawerau can be that way, too, if they put their mind to it and their hand up when they need to.

Community care with PACT Oamaru

Mike Mathers, from PACT in Oamaru, talks about supporting people with mental illness in the community and the role of a support network as part of suicide prevention.

Available to view as a video interview online at www.spinz.org.nz. The following is a transcription of the interview.

I’m Mike Mathers, I work for PACT, North Otago. I’m Manager of the North Otago area. Quite a large area I work within – Palmerston South, right through to Twizel in the Mackenzie country, working down the Waitaki River and back through into Oamaru. It’s a large area, you can travel up to two hours in either direction from Oamaru to get to where our clients are.

I was born and raised in Oamaru, and I think for a lot of Support Workers, everyone’s got a personal connection to mental illness one way or another.

A lot of the people that we do support, we’re going into their own homes, which can be very difficult for somebody, so we need a Support Worker that’s very onboard, and at the same level [with] the person that we’re working with, so they need a full understanding of mental illness.

For a lot of our... the clients, they are coming out of acute units, or just moved out of their situation because of family

not either wanting them around, or they’ve had a marriage breakup, so they’re generally living by themselves. That’s where a lot of our referrals come through.

There’s a huge gap between where Psychiatric District Nurses are, and for where families are, and where someone is actually in a space by themselves, we step in and support people who may just be insecure of what they’re doing, have a low self-esteem. Loneliness as well.

The goals are set solely by the client themselves. For some of those it’s just to get out of their home, to go down to pay a bill, to go to the doctors, to attend a meeting. We’re not advocating there, but we’re supporting them to advocate for themselves.

It takes quite a long time for people to open up sometimes; it’s going to take two or three visits for that rapport to be built before we move into goal setting.

Someone with mental illness isn’t generally where they would like to be at that time. They have goals, they’ve got aspirations. The Support Worker’s there to help them along the way. There are going to be many hurdles which may not be able [to be] overcome, but we may be able to actually sidestep them and go around those hurdles, and it’s a team approach.

Sometimes if you haven’t got that net or that group of people around you, you know, things aren’t going to go too

well for the client at all. Family get very busy nowadays too; sometimes they do get pulled apart from their loved ones. But there are times, too, where clients are well and families are brought back together. And for families, too, to see supports put in place can actually be a getting togetherness, you know, things aren't as bad as what they seemed.

There was a committee set up about a year ago, the North Otago Suicide Prevention Committee, and we talked about the organisations within the community, and how to reduce the community's conception, or what's happening in the community around suicide.

When there was a suicide, the media would make a large thing of it in the papers to a point where it provoked general negativity. Support Workers were coming back to me and just discussing the negative impact it had on their clients. All they're wanting to talk about is suicide, so it was just bringing back a memory they may have forgotten about and it's just brought back to the front of their mind to say 'hey, you know, there's other people out there, this is the way they've fixed things or ended things, hey, this is another option' and, you know, that's a negative thing.

We are fulfilling a gap between services to support the client in acknowledging their thoughts to us, and also us

supporting them to keep busy, to keep active and to be in the community as a whole. So we have a very set schedule; we have a certain amount of hours, we'll go in on this day, this time, so it becomes a regular pattern. We're not just turning up to someone's door and going 'hey, I'm here, what's happening,' you know.

I just like seeing people achieve, strive, it doesn't matter how long they take to achieve those goals, it's about the person themselves enjoying their journey along the way. The best moment in eight years is actually seeing people transitioning from being very unwell to actually getting back out in the community, coming back to me 'hey, have you got a job', and actually wanting to support others.



Mike Mathers

Case management “absolutely” saves lives

By Susie Hill

Improving the care of people who make non-fatal suicide attempts is one of the seven goals in the New Zealand Suicide Prevention Action Plan.

One of the outcomes is to improve collaboration between mental health service providers, consumers and family advisors.

Peter Gillan is an example of that collaboration in action. He has helped support nearly 500 people in his three years as primary mental health co-ordinator in South Auckland (Manukau city, pictured above) Not one has died by suicide.

“I wouldn't say I have directly stopped someone from suicide, but we haven't had anyone complete suicide yet,” Peter is quick to add.

He describes his role as unique, working as a vital go-between: a link for patients moving between secondary and primary mental health services.

A former emergency department nurse, Peter advocates on behalf of people with mental illness. The process, he says, is pretty simple.

“If a patient overdoses, our doctors get sent an automatic discharge summary from emergency departments. They forward me this to follow up and check to see if the patient is seen by either secondary mental health services or is coming in to have a review by our GPs.

“Or, if the patient gets referred to acute mental health services, I will contact triage and just find out the plan and step back while acute services manages the patient. Then, when the patient gets discharged back to the GP, I assist in the case management and support service role.”

Peter case manages mild to moderate mental illness, in conjunction with GPs, mostly handling patients experiencing depression or bipolar disorder.

“If they have major illness, they stay in the mental health service. I will occasionally throw myself in there if I know

Case Management

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them, but [if I don't know them] the last thing they need is yet another person complicating things."

Peter feels his role supports his GPs, who commonly have patients present in a puddle of tears, but who don't make the criteria for free mental health service.

"So I case manage: I sort, listen, plan, review... I'm like a box in the middle."

He says it is very much about working proactively. "If JK can do it, so can I!"

"I will often ring the mental health crisis team and ask 'do you know about this person?' or 'have you seen this patient yet?'. It's all very much a wrap-around, integrated service approach."

Peter works across two different primary health care services in South Auckland. Both are quite different, but the issues are not very different for people who report not being well.

"It comes down to very low income, poor housing, illicit drug and alcohol usage. When all of the above issues combine, things start to get complicated," he says. "Nothing is ever impossible, it just takes time, and gaining patient trust."

When people become unwell, he refers them back to mental health services, but it works both ways.

"An acute mental health service will contact me, and discharge patients back to the primary health service knowing they are better supported by the service we are able to provide."

Mental illness has "come out of the closet" over the past ten years, Peter believes, thanks to the work of service providers and others willing to share their stories publicly, many of these through the Like Minds, Like Mine programme.

He makes special note of former All Black John Kirwan's campaign to help those with depression.

"He is a truly inspirational man; I would personally like to shake his hand one day. It's about keeping it simple and showing you care for what's going on in patients' lives."

Peter says there is only a handful of primary care mental

health coordinators across Auckland. His role is indirectly funded by Counties Manukau DHB, which has committed to the role "in earnest and gone places with it", and is bravely funded by the clinics he works for.

"I have been doing this for three years and it is fundamentally working; I believe it has absolutely saved lives," Peter says.

Liaison role gives support like no other

Paul Butler is one of Peter Gillan's clients. He is a man who knows the "black demon" that is chronic pain and depression. He has experienced both at the same time and describes it as a different beast from experiencing one or the other.

"You walk a fine line, and it's a horrible place," he says.

Paul, who has had mental health issues all his life, developed pain problems in the 90s following 15 operations to rebuild his right leg.

"At one stage of my life I couldn't get out of bed, I lost my sense of taste and stopped showering. I was on ACC and under the mental health service, I was on meds for depression and pain, and in and out of some pretty dark places," he recalls.

For three years, Paul tried his best to get back to work but his physical and mental frailty was not understood by his employers and none of the jobs worked out. It was a recipe for disaster. Over those three years, Paul had three self-described "meltdowns" and had to rely on a sickness benefit.

Things came to a head for Paul last December. "I had an utter breakdown... I had had enough and came close to checking out."

He attended a South Auckland clinic that sent him straight to a counseling programme, a mental health provider and primary mental health coordinator Peter Gillan.

"If JK can do it, so can I!"

"Peter was just brilliant. He's a very straight talker and he's been there done that so he knew where I was coming from.

"I have had years of counseling but Peter really listens



Manukau City

Case Management

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and gives you knowledge that works. I read a lot and I listen and I know what works... and Peter works.

"He doesn't give you sympathy, he didn't lecture, he is not patronising, there are no undertones or innuendo. He just says it like it is: "Where are you today and where are you going to be tomorrow?"

"When I was wanting to check out I rang him up, he didn't panic, he just said "ok how are you? I think we need to talk. So I popped in and I never felt dumb and stupid [for doing what I did], I felt normal and he gave me realistic scenarios."

Peter sees Paul once or twice a week now, and has written a letter for Paul to return to work through a WINZ programme where he builds his hours up gradually and no secret is made of his difficulties.

Without Peter's liaison role, Paul believes he wouldn't get that sort of support.

"I can't admire him enough for the load he takes off my GP and I have really moved forward a lot because of that."

Paul says the role takes a massive load off other

providers who either haven't got the time or don't want to hear about or deal with his problems.

"Peter puts clarity around things and doesn't go into theory.. I like that."

That sounds a lot like the John Kirwan messages that Paul also truly values. "I have taken tools out of that book to stop me falling into black holes," he says.

One of those tools is to be up front about his mental unwellness and use his own name in this article.

"If JK can do it, so can I!"



John Kirwan

Lawyer's Head: More action, less conversation

by Cate Hennessy

"One hopes that ultimately the Dunedin City Council will find a solution that will maximise public enjoyment of this spectacular area while also enhancing public safety."

- Keren Skegg

Senior lecturer and researcher,
University of Otago

A significant body of evidence exists to show that restricting access to certain means and methods of suicide will help to reduce suicides by that method. Jumping sites have been identified in the New Zealand Suicide Prevention Action Plan as a key area of action, including data surveillance on favoured jumping sites and scoping the need for guidance on managing these sites. One of these, a scenic headland in Otago is at the heart of one of the longest running debates in Dunedin City Council's history.

It's been five years since the road to the Lawyers Head lookout - John Wilson Ocean Drive - was temporarily closed in August 2006 to allow construction of the Tahuna Wastewater Treatment Plant outfall. Apart from a very brief period of time when access was restored in 2009 - it has remained closed to vehicles.

Lawyers head

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Community groups, individuals, health services and the Dunedin City Council continue to debate the pros and cons of restoring full access, partial access or limited access, while central to this issue lies one important question – of what value is a life?

Before the closure, Lawyers Head was the site of 13 suicides in 10 years. Local police inspector Dave Campbell is quoted as saying the headland “has the unenviable reputation of having the highest number of deaths by suicide in one location in New Zealand.”

After the closure, there were no further suicides until 2009. Three days after the headland was opened to traffic in 2009, there was a death, and John Wilson Ocean Drive was closed once again.

There are other headlands that have a similar outlook and views within city limits, but what makes Lawyers Head unique - and popular - is its close proximity to the city centre.

Jodie Black, Suicide Prevention Coordinator for the Southern District Health Board, says it’s because of that popularity and proximity that “our priority is to limit access so that suicides are prevented.”

She says, “What has been interesting to see as the debate has unfolded is how different parts of the community have expressed other reasons for limiting access to this area.

“People have noticed how anti-social behaviour – such as vandalism and drug-taking – has dropped; there is not so much litter in the area; there has been an increase in locals using this green space for picnics, biking and walking; and conservation groups are keen on the possibility of establishing a bird colony.”

Looking at the number and variety of submissions, Jodie believes that it’s not about completely closing the road, it’s about restricting access so more members of the community can use it more productively.

“There are some perceptions that restricting access is just about suicide, but actually there are wider benefits. The current debate should be as much focussed on health and wellness as it should be about preventing

deaths,” she says. “It’s not beneficial or helpful to keep the knowledge alive that this is a spot associated with suicides.”

It is a point of view that of University of Otago Senior Lecturer and Researcher Keren Skegg concurs with. “There is the danger that acrimonious public debate may bring the ‘hotspot’ more into the public eye - and this in itself can increase suicide risk.”

Her 2009 paper, *Effect of restricting access to a suicide jumping site*, published in the Australian and New Zealand Journal of Psychiatry – specifically looked at the incidents of suicide at Lawyers Head before and after the road closure.

Her conclusion was that preventing vehicular access to a suicide jumping hotspot was an effective means of suicide prevention at the site. “There was no evidence of substitution to other jumping sites,” she says.

The findings support an extensive evidence base that clearly demonstrates that suicidal crises may be short-lived and often involve mixed feelings, so that anything that makes access to the favoured method difficult, can allow time for the crisis to pass or for the person to seek help.

For example, people who survived jumping from the Golden Gate Bridge died of natural causes - they didn’t choose to use another method.

Keren believes one of the tasks of a community is to be able to balance individual rights against the need for protection of vulnerable members. “This can be very difficult, as so many interests have to be taken into account.



Lawyers Head

“On one hand, some restriction of access to the hotspot may reduce suicide risk among those who have fixed on that particular place as part of a suicide plan. On the other hand, other citizens may regret or resent having reduced access to the area,” she says.

Keren notes that during the prolonged community debate there have been key themes expressed in letters to the editor published in the *Otago Daily Times*.

Lawyers Head

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“Writers were affronted that ratepayers were no longer able to drive the whole way along John Wilson Ocean Drive to the Head,” she says. “It was considered ludicrous that suicides could possibly be prevented in this way. Moreover, there was an undertone in some letters that the liberties of decent citizens were more important than any risk to those unfortunate souls with mental illness.

“Thankfully, as families and cyclists have enjoyed the car-free part of the road to Lawyers Head, the debate has now shifted to one about walkers versus drivers.”

Keren says the process has been a long and painful one, where the Council has repeatedly changed its mind about how it will deal with Lawyers Head.

“During the period of debate there have been two deaths at Lawyer’s Head that might perhaps not have occurred were it not for the publicity surrounding the decision-making process.

Dunedin City Councillor, Bill Acklin, who has often been quoted about this issue, says that in his view Council do have a responsibility to do what they can to prevent [suicide], and “it will definitely be part of the discussions coming up”.

However, like Jodie and Keren, he says that there are wider community interests that also need to be addressed.

“We are aware of a big drive in the community for some vehicle access at a particular time of the day, and we need to consider that shared approach.”



Dunedin

He says that a public workshop has been held in mid-October and he expects that the feedback from that will inform the Council’s Community Development meeting in November and hopefully lead to a final decision being made by the end of the year.



Lawyers Head

But don’t expect John Wilson Ocean Drive to be open for the summer crowds. “At the end of the day nothing may change - it may stay closed,” he says. “Even if the outcome is for some vehicle access to Lawyers Head, we will need time to get the road ready for joint access.

“Although plantings and barriers at the headland have already been addressed [as per the recommendations of last year’s hearings panel] - we still need to assess road coverage as well as pedestrian safety.”

Jodie says the DHB is keen to work with the council and look at ways of maximising the community’s opportunity to enjoy Lawyers Head, while reducing the risk of suicide. “The two are not mutually exclusive. There are options that take on everyone’s point of view.”

Jodie says that the DHB is keen to move this forward to resolution. “While it is unresolved, it remains in people’s ‘head space’ and the reasons for restriction are front of mind. By resolving it, there is a chance for the memory [of suicide] to disappear.

“But we shouldn’t overlook there needs to be some acknowledgment that as a society we need to protect the most vulnerable people in the community.”



Councillor Bill Acklin

Media can choose to make a positive difference

by Susie Hill

Veteran Māori broadcaster Kingi Biddle says it is important to inform the public about people who die by their own hand, but above all the sensitivities of those who loved them are paramount.

Mr Biddle works in radio and television and [was recently a panel member at the 2011 SPINZ conference](#), “How Do We Talk About Suicide”. He says the media is in the position to make a positive or negative difference to the “entire world out there listening, watching and reading”.

“We should ask ourselves what do we want to do? Do we want to help in suicide prevention? Or do we want to play with people’s lives by sensationalising the news for our own motives, whatever they might be?”

Safe suicide reporting to Mr Biddle means not revealing certain details, like the method used by the deceased person, or using graphic pictures or even suggestive pictures, like a tree in a park. He says even the word “suicide” brings with it a certain feeling that could be hurtful or harmful.

“Being Māori, I always think about the wairua; how will this story affect the spirit of our people?”

If these sensitivities aren’t acknowledged, he knows it will cause so much pain to so many people, and possibly play a part in giving other people who are hurting the idea to do the same thing.

Common television scenes where bodies are being stretchered into ambulances, he says, are insensitive and unnecessary.

“Imagine how you would feel if that was the person you had given your heart to.” He recalls a time when his cousin was murdered in Australia and he was subjected to footage of blood being hosed away.

“Where’s the sensitivity, were they selling soap or what?” Mr Biddle asks.

The pain comes in waves, often made worse by the media.

He says it is bad enough for whanau when someone is sick and we know they will soon pass away, but to lose someone unexpectedly to suicide hits you in a completely different way – and the pain comes in waves, often made worse by the media.

“First we find out about the death, then we read about it in the newspaper and hear it on the radio, then we see it on television. So the pain keeps coming.

“I’m not saying don’t report the death, it is news, I’m simply saying think about how we tell the story so we can protect others.”

Mr Biddle recalls the recent suicides of a young girl in Tokoroa and of two 30-year-old men in Kawerau, and pauses for thought – presumably about the recent news reports of trouble in those regions.

Not an expert in suicide prevention himself, he says he isn’t sure if Māori suicide reporting should be any different from mainstream reporting. But he has done some research into what is available for media wanting to look after family while at the same time reporting the news.

“And by family I mean everyone: people in our family, our family of community and the family of the country we live in.”

He says there are Acts that support what he is saying, and the Broadcasting Standards Authority alerted him to the Ministry of Health’s Suicide in the Media Handbook, for which he said he was very grateful.

“The media has the opportunity to inform and protect people, both those who are grieving and the vulnerable.”



Kingi Biddle

Lighting a candle with memories

by Douglas Jenkin

When someone who is loved dies, memories help us ensure that we never forget the person or their place in our lives.

Skylight is a national charitable trust supporting children, young people, adults and their families and friends affected by change, loss, trauma and grief whatever the cause – including bereavement following a suicide.

Memories Matter is a unique pack of cards that provide deeply moving but also uplifting ideas and activities for people of all ages.

Tricia Irving Hendry, who developed the new resource along with Claire Laurenson, notes that Skylight “is often asked for ideas to help people safely keep and celebrate memories of someone who has died. At first memories can be very painful to remember, but we don’t want to forget them either. People can dip into Memories Matter at any time. Those who’ve used it already have enjoyed the practical options it offers and find it gives them memory ideas that they’d never thought of before.”

Tricia says there are important things to remember about grief following a death by suicide.

“When a person has been bereaved by suicide the grief can be especially intense. Suicide is commonly something that those grieving try to understand and as they think about it they become more vulnerable to possibly having suicidal thoughts themselves.

“It’s very important that we’re honest about this. We need to make sure that our memories are focused on the life of someone and not on how they died. It helps a lot to have a family or friends plan organised for those who might need some extra grief support, or for those who think their own mental health is becoming a concern.

“Keeping ourselves safe, as we remember, is a number one priority.”

The resource is a warmly human guide with many practical suggestions and concrete ideas. As a collection, Memories Matter helps us to focus our memories of a loved one and celebrate both their lives and what they still mean to us, their voice, and ideas – the way they saw the world and helped you to see it too. It will make grief easier to bear for many.

The 49 cards cover seven rainbow coloured themes. In all the cards contain over 250 ideas and activities. The acknowledgements include special thanks to the “many children, young people and adults who contributed their ideas and feedback” which means that Memories Matter comes from lived experience, the best of teachers.

Skylight has experience in equipping, supporting and training the caregivers, relatives, friends, neighbours and workmates, community groups and professionals who care for those affected by loss. That experience shines through in the sensitivity and thoughtfulness you’ll find in these cards.

The first theme is about sensing memories and includes touch, pointing out how comforting touching something that belonged to your loved one can be. Things you can touch can be used to “carry, wear, sleep with, or have on a wall or shelf nearby. It might be things like clothes, a book or toy, a photo, a wallet or key-ring.” The card also suggests finding something small of theirs to keep in your pocket.

A card about “Recording Memories” brings up the idea of writing a letter to the person who has died as a way of expressing things you’d like to have said to the person, thing that might even be private or difficult. The letter can be saved or discarded. It’s the word and what they express that matters.

Lighting a candle is suggested as a comforting and simple way of remembering someone who they miss. The candle – chosen with the person in mind – can be surrounded with things such shells, flowers or leaves. There’s a section about ceremonies, wonderful events that big or small, private or public. “Building Memories” has a card about keeping the name of your loved one alive – making a wreath, naming a project or event after them or donating to the local food bank or library in their name.

An introduction that comes with the card pack which talks about remembering – how sad we feel at first but as time passes becoming easier – and how memories can make us smile or even laugh. “Taking care of your memories,” it says, “is one way to keep caring about the person, and caring about yourself as well.”

Memories Matter costs \$45 and is [available online at the Skylight shop](#).



New 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](#).

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



[Hope in action: solution-focused conversations about suicide, 2008](#)

Heather Fiske, New York: Routledge, 350 pages

Available for loan from the Mental Health Foundation Resource and Information Service.

Heather Fiske is a psychologist in private practice, and teaches at the University of Toronto. She is a past director of the Canadian Association of Suicide Prevention (CASP). This work comes highly recommended by Annette Beautrais: “serves as a very informative, practical, and constructive illustration of the types of problems that suicidal individuals bring to their therapists...”

The book is divided into two parts, with the first section focusing on foundations which provide an overview of the “practice principles for therapeutic talk about suicide” (p.5). The larger, second part of Fiske’s book, focuses on the applications of solution-focused therapy practices with suicidal patients of varying ages, severity, chronicity, diagnoses, and both family and community systems. Case examples add considerably to the worth of the book.

[Suicide in the words of suicidologists, 2010 \(E-book\)](#)

Editor Maurizio Pompili | New York: Nova Science Publishers, 299 pages

Normally a book of this size would be an expensive addition to a library, but this resource is available free online. While not a title bound to draw one to it, these 55 chapters provide a rich resource from notable suicide prevention researchers from around the world. It details the personal views and reflections of people involved in suicide research and prevention. There

are contributions by the late “father of suicidology” Edwin S. Shneidman, Jane Pirkis, Graham Martin, David Lester, David Jobes, Lanny Berman, and other respected names from the field.

[Review and update of suicide prevention guidelines for schools](#)

Funded by Te Pou. Research team: Dr Sunny Collings (University of Otago), Barry Taylor.

Due for release later this year, this will review and update the existing suicide prevention guidelines for schools. New evidence and services have emerged since the original guidelines were developed over 10 years ago.

[Child and adolescent suicidal behaviour: school-based prevention, assessment, and intervention, 2011](#)

New York: Guilford Press, 170 pages | David N. Miller (The Guilford Practical Intervention in the Schools series)

Foreword by Alan Berman. Available for loan from the Mental Health Foundation Resource and Information Service. New York: Guilford Press, 170 pages. Available for loan from the Mental Health Foundation Resource and Information Service. Reviews and contents information

[Grief after suicide: understanding the consequences and caring for the survivors, 2011](#)

New York: Routledge, 544 pages

Edited by John R. Jordan, John L. McIntosh (series in Death, Dying and Bereavement), available for loan

New research

... continued

from the Mental Health Foundation Resource and Information Service. Thirty four chapters including a New Zealand perspective on suicide bereavement by Margaret Agee, and an Australian example of support programmes by Peter Bycroft, Jill Fisher, and Susan Beaton.

This book “addresses the need for an up-to-date, professionally-oriented summary of the clinical and research literature on the impact of suicide bereavement on survivors. It is geared towards mental health professionals, grief counselors, clergy, and others who work with survivors in a professional capacity.

Topics covered include the impact of suicide on survivors, interventions to provide bereavement care for survivors, examples of promising support programs for survivors,

and developing a research, clinical, and programmatic agenda for survivors over the next 5 years and beyond”.

[Suicide, self-injury, and violence in the schools: assessment, prevention, and intervention strategies, 2011](#)

Hoboken, New Jersey, USA : Wiley, 368 pages | Gerald A. Juhnke, Darcy Haag Granello, and Paul F. Granello

Gerald A. Juhnke, Darcy Haag Granello, and Paul

F. Granello Hoboken, New Jersey, USA : Wiley, 368 pages. Available for loan from the Mental Health Foundation Resource and Information Service.

[Extracts and more information](#)

[Health Sociology Review, 20\(2\), June 2011](#)

The origins of a New Zealand suicidal cohort: 1970-2007

By Cate Curtis and Bruce Curtis | [Health Sociology Review, 20\(2\), June 2011](#)

and

Having those conversations: the politics of risk in peer support practice

by Anne Scott, Carolyn Doughty, and Hamuera Kahi | [Health Sociology Review, 20\(2\), June 2011](#)

New Zealand had the highest rate of youth suicide among OECD countries in the mid 1990s. Cate and Bruce Curtis argue that these were a suicidal cohort, whose suicidal tendencies arose from rapid socio-economic change which started around 1970. They argue that prevention needs to take in the wider focus of socio-economic causes not just individual psycho-social factors. Anne Scott and others look at the fast growing practice of peer support and how risk management has become a central element in community-based mental health services in Aotearoa New Zealand. *Health Sociology Review* is published in association with The Australian Sociological Association. The June 2011 issue focus is on: Mental Health and Illness: Practice and Service Issues.

Articles available from Mental Health Foundation Resource and Information Service. info@spinz.org.nz

[A conceptual model of suicide in rural areas, 2011](#)

C. R. Stark, V. Riordan, R. O'Connor | Rural and remote health, 11, 1622

“There is no single pattern of suicide in rural areas, but there are common themes... Reviews of rural suicide make it clear that social and cultural factors are important in suicide risk as well as individual characteristics”.

The authors use the cry of pain / entrapment model for the study of rural suicide. Social isolation is a common theme to rural health, and can add to feelings of defeat, loss, the inability to escape, and no rescue.

Economic distress, mental illness, and substance abuse are seen as common risk factors. Reducing stigma, improving coping and help-seeking skills, and mitigation of particular methods of suicide are seen as effective interventions.

[Is this normal? Assessing mental health in young people, 2011](#)

Patrick D. McGorry and Sherilyn Goldstone | Australian Family Physician, 40(3), 94-97

“Mental ill-health is by far the key health issue facing young Australians today...around one in 4 young Australians experience a diagnosable mental disorder, most commonly depression, anxiety or substance abuse, or a combination of these”.

The authors argue that far from accepting this as normal adolescent “growing pains”, the distress and disability produced can last long into their adult life. Early preventive care is advocated – a lowering of the threshold (the need for a definitive diagnosis is not so important) – much the same as early assessment of skin lesions and lumps.

Seen as important considerations for primary care: developing trust; using a stepped treatment approach; frequent monitoring; avoid initiating antipsychotic medications; involve family and friends, and refer as needed.

[Treatment of suicidal people around the world, 2011](#)

Ronny Bruffaerts and others | The British Journal of Psychiatry, 199, 64-70

Editorial: Cross-cultural attitudes to help-seeking among individuals who are suicidal: new perspective for policy-makers

[Alexandra Pitman and David Osborn](#)

Articles available from Mental Health Foundation Resource and Information Service, info@spinz.org.nz

Most people with suicide ideation, plans and attempts receive no treatment, particularly in low-income countries. This is the stark conclusion from the WHO World Mental Health Surveys. Even in high income countries, only 56% of people who were suicidal had sought treatment of any type in the previous year. Reasons given for this low help seeking were not stigma or poor access, rather the perceived usefulness of help offered. Pitman and Osborn, in their editorial, conclude that this appears to be “an apparent rejection of mainstream services”, showing the need for much improved cultural competence.





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For contact details and resources for journalists, visit our [media centre](#)

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