

# **A Practical Guide To Coping With Suicide**

---

---

# Contents

## Acknowledgements

<b>Introduction</b>	4
The development process	4
Further information	5
<b>Chapter One:</b>	
<b>What is Suicide?</b>	6
Overview	7
Suicidal behaviours	8
Extent of the problem	9
Myths about suicide	10
<b>Chapter Two:</b>	
<b>How Do You Tell If Someone Is Suicidal?</b>	13
Overview	14
What are the warning signs	14
Recognition of mental health problems	17
<b>Chapter Three:</b>	
<b>What Can You Do to Help?</b>	18
Overview	19
Guiding principles for helping	19
When someone is threatening suicide	20
Strategy to assist someone who indicates thoughts of self-harm	24
Case study exercise	26
<b>Chapter Four:</b>	
<b>What Should You Do In An Emergency?</b>	27
Overview	28
How to respond to a suicide threat	28
How to respond to a suicide attempt	29
How to respond to a completed suicide	29
Safety for the at-risk person	29
Safety for the support person	30
How to respond over the phone	30

<b>Chapter Five:</b>	
<b>How Do You Cope When Someone Has Attempted Or Completed Suicide ?</b>	32
Dealing with grief and trauma	33
Coping - basic principles	33
Coping <b>after</b> a suicide	34
Coping following a suicide <b>attempt</b>	35
Other <b>things</b> to <b>think</b> about	36
<b>Chapter Six:</b>	
<b>What are the Responsibilities?</b>	37
Guilt & emotional responsibility	38
Caring for carers	39
Confidentiality	39
How to create community networks	40
<b>Chapter Seven:</b>	
<b>What Are Some Other Issues?</b>	41
Overview	42
Young persons suicide	42
Older persons suicide	44
Issues for gay and lesbian people	45
<b>Chapter Eight:</b>	
<b>What are the cultural issues?</b>	47
Overview	48
<b>Chapter Nine:</b>	
<b>Resources and Contacts</b>	50
General resources	51
Young people	52
Gay and lesbian people	53
Older people	53
Cultural resources	53
Contacts	54
Concluding thoughts	56
<b>Appendices</b>	57
Appendix One: Suicide data, 1996	58
Appendix Two: How to create community networks	59
Appendix Three: Identifying community contacts	63

## Acknowledgements

This guide could not have been made possible without the financial support of three dedicated organisations, who are deeply committed to addressing youth suicide. They are the JR McKenzie Trust, Todd Foundation and Levi Strauss.

Thanks are also due to the team of writers and reviewers who gave so much personal time to the project and particularly to the special interest group reviewers for ensuring the concerns of their communities were addressed.

### Authors

Dr Carolyn Coggan  
Pauline Dickinson  
Dr Michael Rimm  
Jane Cherrington

### Published by

The Mental Health Foundation of New Zealand,  
PO Box 10051, Dominion Road, Auckland 1003.  
First edition published in 1999

Copyright  
ISBN: 0-908727-87-9

### Disclaimer

The information provided in this guide is to be used for educational purposes only. It should not be used as a substitute for seeking professional care. The potential risks associated with improper diagnosis or treatment can only be minimised by consultations with mental health professionals.

## Introduction

This guide is for people in the community who may at some time have to deal with the issue of suicide. Although the guide has been developed in response to the needs around the area of youth suicide it has relevance for the issue of suicide at any age.

There are resources available for schools, media and primary care workers but no New Zealand based information has been developed for other groups, community health workers or lay people who may be required to deal with suicide. This guide aims to fill that gap. As such it supports the New Zealand Youth Suicide Prevention Strategy: Goals One and Two:


It is designed to be a practical, New Zealand resource. It deliberately minimises use of statistics, theoretical models and any language that might limit its use. Its aim is to resource community coping when dealing with suicide.

The objectives of the guide are to:

- provide information and understanding about suicide and its prevention
- enable someone who has read this guide to better understand and name the issues involved in identifying and referring a person at risk of suicide
- improve the ability of members of the community to personally cope with and respond to suicide and suicidal behaviours
- decrease the fear and apprehension people experience when discussing or dealing with suicide.

### The development process


A comprehensive review of resources was undertaken in order to identify any existing material that was appropriate to the guide to avoid duplication. A team of experienced writers constructed a draft guide from a framework based on community identified need for information.



The guide was **reviewed by a** team of people which **included, amongst** others, representatives of cultural groups, community groups, general public, health workers, police, the Ministries of Health and Youth Affairs, **GPs, people** experienced in working with suicide, young people and suicide **survivors. This** was done through **written**, oral, and workshop group feedback.

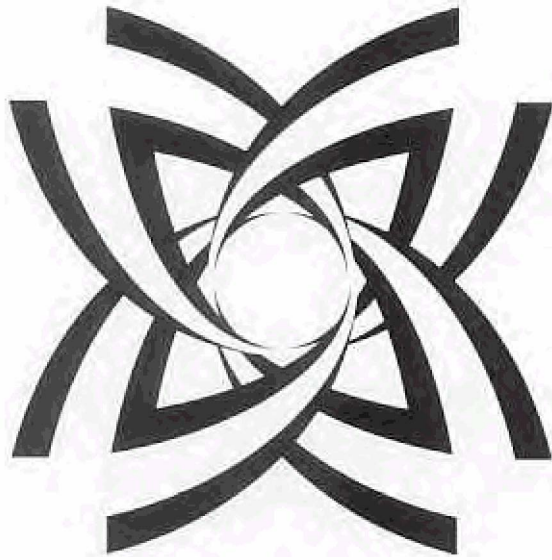
The authors recognise that use of the guide, community feedback and the passage of time will identify the need for changes and updates of the material. This is a first edition. The Foundation welcomes your feedback. We would encourage the development of culturally targeted and relevant adaptations or accompaniments to this guide.

Further Information:



For more information about the guide or other resources, contact the Mental Health Foundation Resource and Information Centre, on (09) 630 8573, or E mail us on [resource@mentalhealth.org.nz](mailto:resource@mentalhealth.org.nz) or write to PO Box 10051 Dominion Rd, Auckland.





Chapter One:  
**What is Suicide?**

## Overview

*The continuum of suicide behaviour can be pictured as a dangerous waterfall in a river running through your community. There are some warnings about the dangers of going in the river, but the riverbank is not marked all that well. Some people deliberately enter the river and take the risk of being swept over the waterfall to their harm or death.*

*As a community caregiver, your job is somewhat like that of a lifeguard. Your role is to spot people in danger as quickly as you can and get them out safely before they reach the waterfall.*

### ... River Story

Suicide is not a neutral word nor is it a neutral behaviour. Suicide is an issue which generates apprehension, disbelief, fear and anger in many people, provoking strong attitudes, beliefs and opinions. In some societies it is regarded as a taboo subject and there is a tendency to avoid or withdraw from any talk of suicide.

Suicide is self-inflicted death. Suicidal people are pre-occupied with plans for escape from the stresses in their life. The prospect of dying is seen as less threatening than ongoing torment. It is important to understand that people experiencing a suicidal crisis may not be thinking rationally.

Research has shown that over 90% of those making suicide attempts or dying by suicide may have a recognisable psychiatric disorder. However the term "psychiatric disorder" is a very strong label and the authors of this guide have chosen to use the term mental health problems. The authors of this guide recognise the role of mental health problems such as depression, substance abuse and antisocial behaviours as high risk factors for suicide and attempted suicide but have chosen to use the term mental health problems rather than psychiatric disorder. A leading New Zealand suicide researcher suggests that the elimination of mental health problems in New Zealand may reduce this country's suicide rates by 50%<sup>3</sup>.

## **Suicidal behaviours**

There are ranges of suicidal behaviours. There is also a balance between the intention to live and the intention to die, and even what may appear to someone else to be minor events may tip the balance for the suicidal person. How powerful an event feels is deeply personal.

There are five aspects of suicidal behaviour:

Suicidal thoughts

Suicidal threats

Suicidal gestures

Attempted suicides

Completed suicides

### ***Suicidal thoughts***

A person does not become actively suicidal suddenly - the process is a progressive one. A person begins by thinking, "It would be better if I weren't around." Never ignore what may be a message of a suicidal thought. In the midst of other things a person might say, "There doesn't seem to be much point in going on." When a person does express suicidal thoughts they need to be listened to and taken seriously.

### ***Suicidal threats***

A threat refers to anything that the person says or does which indicates intent to self-harm. Suicidal threats are sometimes not recognised and can be overlooked. However, it is important that all threats be taken seriously.

### ***Suicidal gestures***

Gestures are generally regarded as extreme forms of communication designed to call attention to the person's plight. Common gestures are highly visible acts such as wrist lacerations, gouging, scratching and violence towards oneself and others. Other forms of reckless behaviour include overdosing on combinations of drugs and alcohol, and dangerous driving. While not all gestures can be interpreted as suicidal, they nevertheless are indicators of emotional distress.

All gestures indicate a cry for help and the help that a person receives may save their life. Miller<sup>1</sup> points out:

*"...Even acts which are only symbolic of suicide are nevertheless clear indications that the person is calling for assistance. Many people who gesture don't know what type of help they want or need."*

#### **Attempted suicides**

Attempted suicide is a serious and potentially lethal event. Incomplete suicides can have devastating effects on the quality of the person's future life. Paraplegia, brain damage from gunshot or sharp weapon wounds and chronic kidney damage from overdosing (such as large quantities of painkillers) are some common examples. There are also people who have emotional scars from a suicide attempt. For example, those who have attempted suicide may feel that they have "failed" at suicide, and this may add to their already poor self-image.

#### **Completed suicides**

Suicide is a tragic and final event and the result is the death of a human being.

#### **Extent of the problem**

Suicidal behaviour is a significant issue in society. Suicide has ranked among the top 10 causes of death in developed countries for many years. The World Health Organisation estimates nearly one million people world-wide will die through suicide each year. International data shows New Zealand has one of the highest rates of suicide among young people aged 15-24 years in developed countries, and male rates are significantly higher than female rates.

Since the mid 1970s, in New Zealand, there has been a dramatic rise in the number of suicides for the total population. For example, between 1974 and 1994 the number of all suicides has increased by 87%. The increase in the number of suicides is particularly high in the 15 to 24-year-old age group. It is also important to note that the majority of suicide deaths are male, the ratio being one female to five male deaths. In 1996, the total number of suicides in New Zealand was 541 (more

than the number of motor vehicle crash deaths).

Information on attempted suicides is more difficult to obtain because there are neither common reporting procedures nor well-accepted definitions. The only routinely available information is data on those who are discharged from public hospitals following self-inflicted injury.

During the period 1988-93, an annual average of 2,880 hospitalisations were the result of suicidal attempts. Slightly more females (60%) than males were hospitalised for attempted suicide, with the rates being highest for Maori and Pakeha females in the 15-19-year age group.

Appended to this guide is the most recently available 1996 data on numbers of suicides and attempted suicides by age group and gender (appendix one).

### **Myths about suicide**

Myths abound about suicide and those who are suicidal. These are often held and told to others by well-meaning people who are sincerely interested in doing all they can to help but don't have their facts right. The basis for such inaccurate and sometimes dangerously misleading information is often the strong desire people have to understand and explain the highly emotive and taboo subject of suicide. Here is a list of some of the most commonly held myths, followed by the relevant factual information.

**Myth:** If you promise to keep a friend's suicidal plans "a secret" you should always keep that promise.

**Reality:** This is one secret you cannot keep. You may lose a friendship temporarily, but you may save your friend's life.

**Myth:** People who talk about killing themselves rarely complete suicide.

**Reality:** Anyone who talks about suicide needs to be taken seriously. Most people who complete suicide give clues or warning signs of

their intent. These may be spoken or they may be actions.

**Myth:** A suicidal person clearly wants to die.

**Reality:** The majority of suicidal people give clues about their intent to die. If they were intent on dying, they wouldn't communicate any intention. The overwhelming majority of people don't want to die - they want to end the intense emotional pain they are experiencing.

**Myth:** Once a person is suicidal, they will be suicidal forever.

**Reality:** Most people who are considering suicide will only be suicidal for a limited period of their lives. Given proper assistance and support, there is every chance they will recover from their emotional pain and mental ill health and continue to lead meaningful and happy lives, unhindered by suicidal thoughts or actions.

**Myth:** Asking or talking about suicide with a suicidal person increases the risk of suicide.

**Reality:** The opposite is true. Talking about suicide provides the opportunity for communication. Asking people directly about their suicide intent will often allow them to show their level of anxiety and make it easier for them to express their thoughts and feelings, thus lowering the risk of suicide. This will also allow an initial assessment of seriousness to be made. The way in which questions are asked (directly and sensitively) and the way in which the person asking responds, both verbally and non-verbally, are of critical importance.

**Myth:** Most suicidal people never seek or ask for help with their problems.

**Reality:** Quite the reverse is true. There is evidence that people considering suicide often tell their friends of their thoughts and plans.

**Myth:** There is a typical person who commits suicide.

**Reality:** Although research has identified clear warning signs and risk factors associated with suicide and attempted suicide, these do not have to be present and there is no typical person who is likely to complete suicide.

**Myth:** People who have previously attempted suicide have

eliminated the idea from their system and are therefore less likely to attempt it again.

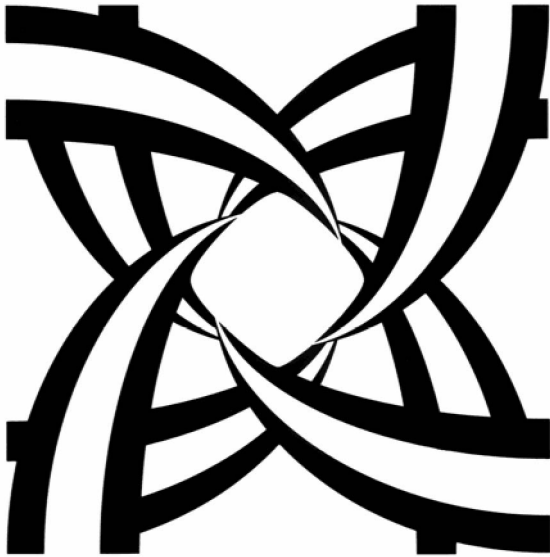
**Reality:** This is far from true. There is a proven link between past suicide attempts and subsequent completion of suicide. Having made an attempt in the past actually places people at significantly greater risk of trying again.

**Myth:** Sudden improvement following a suicidal crisis means the risk is over.

**Reality:** Though the person may appear to be "happier," the risk of suicide may actually be higher.

**Myth:** Most suicides are caused by one particular traumatic event.

**Reality:** There are many factors and situations which can contribute over time to the emotions that cause a person to feel suicidal.



Chapter Two:  
**How Do You Tell If  
Someone Is Suicidal?**

## Overview

*... If we knew why people ignore the warnings in the first place or what exactly causes them to "jump in"; we would make the necessary changes to prevent this risky situation. This might require a dam upstream or barricades erected all along the riverbank. Unfortunately, the reasons for each individual's decision can't be known, nor do we know the exact causes of suicide. There is no one perfect prevention plan. There will always be some people at risk. Our first job is to learn as much as we can about the signs - the indicators and predictors - that tell us how close they might be to "harming themselves or ending it all"...*

*...River Story*

Although suicide is a complex human behaviour that cannot easily be predicted, a range of factors has been shown to contribute to it. While these factors have been generally known for almost a century, the particular combination that leads any one individual to suicide remains unclear. From all of the evidence provided in the published literature, the conclusion reached is that there is no single reason to explain why a person ends their life. However, three conditions have been consistently identified in the literature as contributing factors for suicide.

They are:

- mental health problems, e.g., depression/antisocial behaviours
- drug and alcohol misuse/abuse
- prior suicide attempt or deliberate severe self-harm.

In addition, a range of social factors has been associated with suicide and suicidal behaviour. For example:

- disruptive family life
- major social problems
- sexual identity
- relationship problems.

### **What are the warning signs?**

Warning signs may be interpreted as cries for help. They are ways of

saying "Notice me, I'm in trouble." It is important to recognise these warning signs as an invitation for you to offer help. The more observable warning signs people have, along with the impact of stressful situations, the more at risk they are of suicidal behaviour.

There is no clearly defined relationship between the enormity of a particular event and the amount of stress a particular person experiences as a result. The event itself may appear to be the thing that triggers a suicidal behaviour, but in most cases it is a "last straw" building on many other predisposing or background circumstances.

Observable warningsigns: (Caution - this is not a checklist)

- Increased alcohol or other drug consumption
- Disinterest in possessions, e.g., giving away prized belongings
- Withdrawing from friends and social involvement
- Sleeping pattern changes, e.g., difficulties in getting off to sleep, interrupted sleep, early morning awakening, feeling tired after sleep, sleeping too much
- Self-mutilationbehaviours, e.g., **cutting/gouging**
- Sudden and striking personality changes and changes in mood
- Risk-taking and careless behaviour
- Noticeable increase in compulsive behaviour
- Sudden happiness after a prolonged period of depression
- Apathy, e.g., staying indoors, staring at the TV, loss of interest in previously pleasurable activities
- Repetitive medical conditions, e.g., feeling nauseous, frequent headaches, injuries
- Death or suicide themes dominating written, artistic or creative work
- Unrealistic expectations held of self
- Excessive promiscuousness, or loss of interest in sex
- Overly dependent, clinging behaviour
- Changes in eating patterns, e.g., not eating, overeating, change in weight
- Verbal expression of suicidal intent or depression
- Direct statements, e.g., "I wish I were **dead**","I'm going to end it all"
- Indirect statements, e.g., "No one cares if I live or die","Does it hurt to die?"

Stressful events: (Caution - this is not a checklist)

- Loss of an important person, e.g., break-up of a relationship, death, divorce
- Recent suicide of a friend or relative
- Exposure to violence, incest or rape
- Loss of position, e.g., loss of status, loss of employment, loss of business
- Unwanted pregnancy
- Major disappointment or humiliation
- "Coming out" and associated issues concerning sexuality and identity
- In trouble with authorities or police, impending court appearance
- Refusal by significant other to provide anticipated help, support or love
- Dispute with parents/whanau/family/friends
- Serious physical illness
- Sudden loneliness/isolation/change of environment
- Anniversary of a death
- Emotionally charged festivals, e.g., Christmas, birthdays, etc.
- Major gambling loss.

The more that symptoms point toward an overall theme of hopelessness and helplessness, the greater is the likelihood that they are indicators of suicide risk.

Illustrating the theme of hopelessness, a parent comments about her 19-year-old son Joe, who committed suicide:

Joe started to get agitated over small things, little things would get on his nerves. If he walked mud into the house and I brought it to his attention, or if I asked him to take his plate to the kitchen after himself he would get very angry, tight jaw, all clenched, and just walk away, and I sat there thinking "what the hell was *that?*" I thought he was probably tired from work. I think we assume they are more mature than they actually are.. Isolating himself shutting himself in his room, not coming out to dinner. He turned down several dinner invitations, just with casual friends, because he thought he was stupid and he didn't have enough to talk about, but he *did*.

A group of young people describe what they saw as having been the warning signs of a suicidal friend. In their descriptions were three key themes :

1. Personality changes

...not their normal selves, personality is different, I mean like sometimes they don't eat for days, one minute they're crying the next minute they're laughing

2. Risk taking behaviours

Getting into cars with drunken drivers  
Using heavy alcohol and drugs

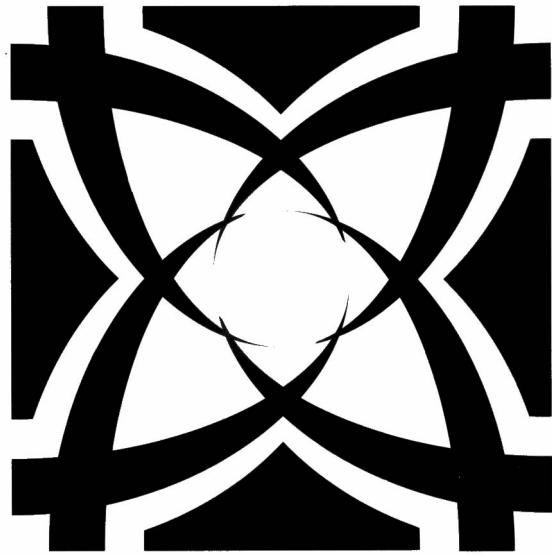
3. Unusual actions

...they give their stuff away, they have no need of it they reckon, just the way they're talking about, finalising things and winding things up...

### Recognition of mental health problems

As previously stated, mental health problems such as depression are often high risk factors for suicidal behaviour. It is therefore important for everyone to be able to identify signs of poor mental health. Unfortunately, there is no definitive checklist of these signs. We refer the readers of this guide to Young People and Depression, (1997), Mental Health Foundation of NZ, Auckland.

If you feel somebody has changed significantly in any way that indicates depression, talk to them about contacting their GP, a counselling service or a community mental health centre. You could offer to go with them in support. What is important is to enable a practitioner to identify if they are experiencing mental health problems, and if so how they can get the help they need.



**Chapter Three:  
What Can You Do to Help?**

## Overview

*... It is helpful to think of suicidal persons as being in a part of the river that runs right past your door. If they were fully determined - a rare state - they would conceal their distress, enter right to the edge of the waterfall and skilfully disguise their intentions. It is much more likely that they entered the river some distance upstream, conscious of their whereabouts, and somehow are communicating their location - calling out for help - inviting people to see them. This may seem strange. Even though they have deliberately entered the river, there is some part that wants to get out - wants to go on living. Their cries or invitations for help may not always be clear or loud, but the more we know about listening and watching for these invitations to offer help, the better we will be able to recognise and respond. Our job as a life-guard will also be much easier if we can bring the part of the person that wants to live to the surface and help a person at risk use this desire for life as a life preserver.*

*...River Story*

This chapter presents a practical framework for helping someone at risk of suicide. It will provide you with information to assist the people in your community who may be at risk of self-harm.

### *Guiding principles for helping*

All suicide threats must be taken seriously.

If contact is made with a person who is suspected of showing suicidal tendencies, it is essential to take rapid and appropriate action. Do not assume the situation will cure itself. It is far better to take action if the possibility of suicide exists, than to deal with the aftermath of a suicide. While caution is required, what you do between identifying the suicidal risk and the accessing of additional help may save a life. During this time you can help the person feel less isolated and alone.

Some people may try to swear you to secrecy, especially young people, before they make a disclosure. This should be avoided. If a person

is at risk of suicide then the helper **must do** everything in his or her power to ensure the person's safety. If the **risk to life is very high and immediate, this may mean** informing family and accessing further **professional support**, even if the person does not want such assistance.

There is no doubt that the thought of being involved is scary - or even terrifying for some. However, learning **some** straightforward ways of asking difficult questions can markedly reduce these potential feelings of inadequacy in helpers and/or carers.

How to approach a potentially suicidal person

- Ask questions
- Pursue intentions (see framing questions below)
- Provide support
- Reach out
- Offer resources
- Act quickly
- Communicate your concern
- Hold out hope.

When someone is threatening suicide

What to do

- Do build rapport and trust
- Do believe the person and take the person's claims seriously
- Do be calm and understanding
- Do tell the person you care
- Do show empathy not sympathy
- Do trust your knowledge, observations and feelings
- Do show concern, listen carefully and ask constructive questions about how the person is thinking and feeling
- Do inform the person you must act on the information and inform others
- Do be prepared to ask if the person is thinking of hurting or killing themselves
- Do use terms like "harm yourself" and "kill yourself"
- Do use mainly open-ended questions with closed questions when a definite response is needed

Do watch and listen for warning signs  
Do attend to both verbal and non-verbal messages  
Do acknowledge the person's feelings of hopelessness  
Do convey a message of hope  
Do present options  
Do point out the consequences of suicide for the person and those left behind  
Do establish a plan for what is to happen next  
Do take action and affirm that something is being done  
Do ensure no access to lethal weapons and medications  
Do give 24-hour emergency contact numbers.

*What not to do*

- Don't allow yourself to be sworn to secrecy
- Don't interrupt with stories of your own
- Don't offer too much advice
- Don't panic
- Don't debate suicide as an option or express your own values about it. It may be more useful to accept what has been said and to suggest any action be postponed until other options have been explored
- Don't judge the person's problems
- Don't try and produce guilt in the person
- Don't leave the person at acute risk alone
- Don't leave the situation unclear or open-ended at the end of a session
- Don't leave the person with no after hours contact
- Don't say "I understand...", "I know..." or ask "why?"
- Don't try and take full control away from the person, thereby creating dependency, unless there is imminent danger
- Don't forget the role that you play could be really important.

*Framing the questions*

It is important to think carefully about the sort of questions to ask. For example, avoid a question like "What's the matter?" This may confuse the person. Are you asking them about suicide or the problems causing distress?

**You need to be direct about the questions you ask. For example:**

***"Do you mean you are thinking of killing yourself?"***

***"You say you wouldn't really kill yourself - that's reassuring - now tell me what's getting you down so much!"***

Listed below are critical questions which can elicit some very useful information in establishing how dangerous the person is to themselves. The process of asking these questions will show the person that you care and that you are acknowledging their call for help.

Five critical questions to ask

1. Are you thinking about killing yourself?

- How long have you felt this way?
- Do you have these thoughts all of the time or just some of the time?
- How long do these thoughts last?
- Have you had these thoughts and feelings at any other time in your life?

2. On a scale of 1 (low) to 10 (high), how strongly do you feel like killing yourself?

- When do you want to die?
- How much do you want to live?
- Is there anyone or anything to stop you?

3. Have you ever attempted suicide?

- How did you do it?
- Did you think you would be found?
- Have any of your friends or family attempted or completed suicide?

4. Do you currently have a plan to kill yourself?

- What do you think you might do?
- Do you have the means?

5. How do you see yourself in the future?

Exploring each of the critical questions

1) Are you thinking about killing yourself?

People sometimes cringe at asking this question. They usually think that the helper can put ideas of suicide into people's heads and they will act on them. This is not the case. Rather, if the person is thinking about suicide, they will finally have found someone who cares and is willing to talk about this "taboo" subject. The person is likely to be relieved and able to begin to explore some alternatives. If they are not suicidal, they may be greatly relieved to discover that things have not become "that bad":

This question is very useful, since it is **closed**. The person usually only responds with either "yes" or "no". It is therefore a vital question when assessing for intent.

If you get a "yes" you must get professional help, e.g., a GP or mental health practitioner.

2) On a scale of 1 (low) to 10 (high) how strongly do you feel like killing yourself?

It is important to explore how people perceive their desire to die. It has been suggested that any number greater than five is cause for added concern.

You are also wanting to assess how immediate the intention to die is, whether they want to live or not and if there is anyone or anything that might support their choosing to live.

3) Have you ever attempted suicide?

This is an essential question in establishing degree of danger or potential for suicide. People may have thought about suicide lots of times before, but never acted on their thoughts. However, people who have made previous unsuccessful gestures or attempts, should always be considered at risk for future attempts. It has been suggested that those who have made a previous attempt are at greater risk of taking their own lives. Family suicidal history is also a strong predisposing factor for suicide attempts in individuals.

4) Do you currently have a plan to kill yourself?

This is a very important question in establishing the degree of lethality. What method or plan has the person contemplated? Has the person the means to follow it through? How realistic is the plan?(i.e., is it only an idea at this stage?)

All threats, ideas, thoughts, or plans must be taken seriously.

5) How do you see yourself in the future?

The absence of future plans is a strong indicator of intent which highlights a level of helplessness and hopelessness that goes beyond the everyday "blues". It is a particularly important question when it elicits responses such as, "I have no future." "What future? I won't be here to see it."

Strategy to assist someone who indicates thoughts of self-harm

Caution must be exercised in using this strategy. Safety for the person who is expressing thoughts of suicide must be ensured.

It is important to enable a person to draw on their personal strengths and other resources available to them. Establishing a simple and short-term plan is an effective way of introducing basic problem-solving techniques to a suicidal person. It is not intended to replace the need for counselling, therapy or clinical intervention, but rather to assist lay people to support someone who may express suicidal thoughts.

1. Ask the person to identify situations that provoke suicidal thoughts. Often it is difficult to generate alternatives to highly stressful situations. The reason you are asking the question is that when a person associates a particular situation with feeling suicidal it can create a block to other ways of coping.

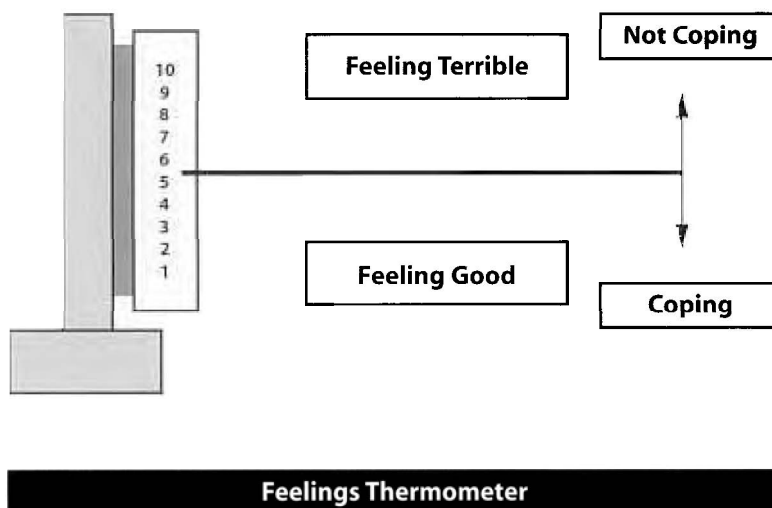
2. Ask the person to identify other stressful situations that don't make them feel suicidal so that you can help them identify the ways they have of coping with stress.

3. By distinguishing between stressful situations that make them feel suicidal and those that don't, it is possible to begin to develop an action plan to address the stressors in the person's life.

4. It is important to then assist the person to generate a list of alternative actions. You will need to encourage the person to take the lead in this search for better choices. Alternatives should be realistic, accessible, and as safe and supportive as possible. The plan should encourage the involvement of someone who is in day-to-day contact with the person.

5. The purpose of the action plan is not necessarily to resolve the stressful situation but to help the person to recognise it and to draw on alternative ways of coping with the situation.

6. A feelings thermometer is a useful tool to safely identify feelings. On a scale of 1 (feeling good) and 10 (feeling terrible), ask the person how they are feeling right now. It is important to realise that if a person rates their feelings as 5 or higher then this may indicate that they may not be coping. It is therefore important that you contact a mental health professional.



## Case study exercise

Paul has recently separated from his partner. Several months earlier he lost his job. He has limited funds and is receiving income support for the first time in his life. He is isolated from his children. He has been having trouble sleeping and has not been out socially for some time. In the last month he has been to his GP twice. He has complained of stomach pains, headaches, and generally feeling tired and run down. In the past week he was involved in a minor car accident and required treatment at the local emergency department. Paul has confided in you, his closest friend, that there doesn't seem to be much point in life at the moment.

### Questions

1. Do you think Paul may attempt suicide?
2. What would be your assessment of the level of suicide risk in this case?
3. Who should get involved/consulted?
4. How would you attempt to ensure this person's safety?
5. What needs to occur right now?

### Answers we would suggest

- We think that Paul's suicidality is probably not acute. Paul has mental health problems and needs to get help and support. It is important to note that if Paul experiences any additional stresses or does not address his current problems his level of suicidal risk could become high -this situation must not be ignored
- Encourage Paul to consult his GP honestly about his mental health problems, not just the physical problems. In addition, if you have a community mental health centre or counselling services available locally, they would also be a good point of contact
- Let Paul know that you can be there for ongoing support even though you can't stay with him 24 hours a day. Offer to go with him to the GP Also ask Paul if there is anyone else he would like to have in support
- Paul needs to be reassured that it's okay to need help. Your support needs to be ongoing.



Chapter Four

## Chapter Four: What Should You Do In An Emergency?

## Overview

If the crisis is urgent call 111 for ambulance, police or fire services.

If the situation is not urgent but needs immediate support you can call your GP, the local hospital or mental health service. They are listed in the front of your white pages. These sections include, amongst others, specialist services for Maori, Pacific Nations, youth and family.

Also in the white pages at the front you will find listings for personal help services. This section contains contact numbers for a wide range of phone lines including crisis lines, hotlines and information services. Some of these are 24-hour numbers and they can help someone in a crisis or trying to help in a crisis. For example, Youthline has experienced counsellors who can be reached on 0800 37 66 33 (11am - 11pm) or Lifeline (09) 522 2999 (24 hours).

If you haven't got access to a phone book - call directory services on 018 and they will help you find what you need.

You will also need to discover whether the emergency is:

- A threat of suicide
- An attempt at suicide
- A completed suicide.

### How to respond to a suicide threat

Check the scene for danger. Is there a knife, gun, implement or article capable of causing harm or death? (e.g., hose and car, bottles of pills)

Do not put yourself in danger

Do not grab for a weapon.

If the situation is safe:

- Establish verbal communication
- Introduce yourself and explain why you are there. You may have to ask, "What do I call you?" or "What is your name?"

### **How to respond to a suicide attempt**

Use whatever first aid skills you have to preserve life  
If others are available ask them to summon help  
Call for an ambulance  
Summon the police  
Stay with the person

It is the police responsibility to notify the next of kin. The police will also want to talk to you, as you were on the scene. Tell them what you know.

It is important to realise that a person who is interrupted during a suicide attempt may be very angry or aggressive and may not interpret your actions as positive and helpful. If the situation looks likely to be dangerous for you then go and get help - your safety is important too.

### **How to respond to a completed suicide**

Never assume the person is dead  
Check for vital signs of life. Check airway, breathing, and circulation  
Apply lifesaving technique  
If the person is dead, call the police.

Remember in emergency call 111

### **Safety for the at risk person**

Make it clear that you are concerned about the person's safety and you want to be sure that they will be all right  
Make it clear that your paramount concern is their life and you are not going to take any chances with it  
Find ways that are acceptable for both of you to achieve this  
Other support services should be identified and offered as options to the person.

## Safety for the support person

If you are giving or offering first aid you must act reasonably and responsibly with the best interests of the suicidal person in mind. Administration of first aid should follow accepted teaching and protocols and be undertaken reasonably and with caution. If you don't know what to do, then get help from someone who does

A conscious person should give their permission for you to give them care and first aid. They do have the right to refuse help. However although consent is important so is ensuring the persons safety. If a suicidal person refuses help, get someone to call an ambulance and stay nearby if you can

If there are weapons involved be careful not to endanger yourself or any other people with your actions.

How do you respond to suicide being suggested or threatened over the phone?

### Listening



Listening may be the significant lifesaving thing you can do for the suicidal person.

### Responding

The tone of your voice is very important. **Keep it calm. Establish empathy.** This means understanding the person sufficiently to be able to reflect accurately their feelings. Being non-judgmental and accepting them helps them feel understood.

### Assessing intention

- Sometimes a person who has already begun a suicide attempt may phone. It is important to realise that they want help
- Find out if they have already taken pills or harmed themselves
- If the person tells you they have taken pills or harmed themselves call an ambulance
- If not, keep them talking
- Are they on their own? If so, if they are a close friend or family member you may want to get them to agree to let you be with them

- 
- If you are too far away or not the right person, ask them if there is someone who can be with them
  - Get their agreement that they will call you in a specified time frame to let you know that they have someone with them in support
  - Assure the person that you care and are concerned and there to support them.
- 
-



**Chapter Five:  
How Do You Cope When  
Someone Has Attempted  
Or Completed Suicide?**

**Chapter Five**

## Dealing with grief and trauma

Suicide is an extremely traumatic issue for people **to deal with**. It is the act of a person choosing **to** deliberately end their life **and** reject every aspect of what it is to **be a human** being. Anguish, despair, **helplessness** and even horror are all part of this experience. As with any trauma, the very idea of suicide will generate an entire array of emotions and thoughts that are essentially beyond the capacity of any one person to understand, accept or tolerate. By nature, people don't like to be in a position where they don't understand something so powerful. We often just don't know what to do in such situations and can become paralysed.

In order to feel able to cope with suicide we feel we must **act**, even if we don't fully understand what is the best thing to do. A practical response can be as straightforward as talking to family, whanau or friends

Talking about a traumatic event like suicide is healthier than not talking about it. It can be very supportive for any young people involved to hear adults communicating about suicide

Sometimes we feel helpless. By getting information, contacting help services or communicating with others it is possible to move beyond helplessness and resume a sense of control.

### Coping - basic principles

#### 1. Dealing with the need to understand

As in any trauma, we can be stopped in our tracks by our inability to understand or accept that a person would take action to end their lives.

#### 2. Getting support

Always get support from others. To cope, we must always include other people even if a person tries to convince you that you are the only one who can help them. The despair around suicide is huge and an individual can believe that they are capable of managing an at risk

person/situation in isolation. Don't try to go it alone.

### 3. How health professionals can help

We cannot assume all health professionals are able to help. In order to get the best from professional help:

- Make sure they explain to you how they will be helpful, what will be their **involvement**, over what time and what will be the process
- Get them to explain what is happening in language and concepts you fully understand  
Make notes before you meet with them to help you cope and to remember what you want answered
- Don't feel foolish for asking questions or for asking for things to be repeated in another way because you don't **understand**. Their job legally requires them to be clear enough for you to fully understand
- If you feel you are getting nowhere with the person you are dealing with, go to someone else
- Don't be intimidated by mental health labels. It is simply a way of describing a problem. It does not alter your ability to support and help the person involved

### **Coping** after a suicide

How do you deal with talking about it to family or friends? How do you cope when dealing with someone else's trauma, e.g., if they are very tearful:

- Don't feel compelled to talk to the person. It's okay to simply be there. If they are tearful or out of control it's okay just to sit with them while they cry, without trying to offer advice
- Don't feel the need to tell them you know how they feel. It can make someone really angry to be told "I know how you feel." What they are experiencing is very personal. You don't have to understand how they feel to help.

*If a person commits suicide is there the risk that others might try too?*

Following a suicide, more people can become at risk and the fear can become unbearable. The fear must still be managed. Protocols should

exist within help services through which actions take place, thus demonstrating **that fear can be managed**. We cannot be paralysed by the shock. **Taking** sensible well-planned action(s) will decrease the risk.

### **Coping following a suicide attempt**

#### ***How do you cope when people come home after treatment for a suicide attempt?***

Be around them

Don't leave them alone

Don't assume they know what they want, e.g., "I want to be alone"

Reassure them about their short term goals; let them know you are there to them find ways of regaining control of their life and that staying alive is a good short-term goal

Don't take what they say word for word; it's okay not to trust them entirely. This means not taking statements like "I'm okay..." at face value

Aftercare is as much supporting those involved as the victim. You need to ensure your own support is in place to enable you to offer help

Remember at risk individuals and those contemplating suicide may become angry as others take action and demonstrate hope. Conflict with loved ones may escalate. These conflicts can be managed with the help of others

It does not mean the crisis is getting worse if people express more emotion. It does mean that the problem(s) is being more appropriately expressed than through the act of self-harm

As a safety net is placed around the at risk person by others the

**message will be clear that self-harm and suicide are unacceptable. No matter how stressful the emotions or conflicts, hope and help are available**

If you are the primary caregiver for a person it is a good idea to talk to the health professional who treated them about what you can do to keep the person safe.

### **Other things to think about**

A diagnosis or a label of a mental disorder serves only to guide the professional who then guides others. A label, or diagnosis does not supply answers

The steps through which individuals take action and get others involved can be stressful and frightening. We always have the worry about whether getting involved and intervening will actually help or make the person more at risk. We must act anyway

Make as many contacts as you need until you are satisfied that adequate support is in place. **There** is no one solution

Supporting people can be very hard work. Ensure you get enough support yourself and that you have someone to talk to as well

Each situation will require a unique set of actions. Communication can occur at many levels.



**Chapter Six:  
What are the  
Responsibilities?**

## Guilt and emotional responsibility

When you are involved in trying to prevent a suicide or to cope with a suicidal event, a **broad range** of issues need **to be** dealt with. Coping with suicide **means** coping with other people's pain. We **are** often conditioned to **want** to try and take away pain, but emotional pain can't be taken away in the same **way as** with a physical **injury**. This can lead **to a** sense of failure for you as the support **person** and increase your own distress. This section is about being clear as to what you can take responsibility for and what you can't.

When attempting to cope with someone's desire to harm themselves, or when confronted with attempted or completed suicide, a lot of personal guilt and emotional responsibility can result. Guilt is about feeling personally responsible for situations or outcomes and it is important to separate out logically what you can realistically "own" in the situation you are in. To help you do this, getting your own support can be a major **benefit**. The support of an experienced person can help you be objective, to be realistic in your personal evaluation of what happened or is **happening**, and can offer you strength to build up your own coping skills.

The experienced professional dealing with suicide will always get professional support - so should you. See chapter nine on where to get help. Also there are bereavement support groups available. For information about local groups call your Citizens Advice Bureau.

### **Please remember:**

- When you are dealing with someone else's crises you cannot take responsibility for all the outcomes, nor can you control them

You cannot "rescue" someone from their problems, and you can't take on problems on their behalf. What you can do is listen, offer your time, and your ongoing support. But the ultimate responsibility for the outcome does not belong to you

The steps you can take are to try and help identify how the person can increase their ability to cope with their situation.

## Caring for carers

You might find you are in the position of supporting someone who is involved with a suicide personally through knowing the victim or about the event. They might be family, a friend or someone from the community who has been deeply affected. They also need support. How can you help?

Some of the best support you can offer is to listen to them. Here are some basic tips you can use to be a good listener.

Don't be afraid of what they are saying. When someone actually starts to talk openly about personal problems, emotional distress, self-harm or suicide it can feel very uncomfortable. Just listen openly and be calm

Don't try to solve their problems for them. Listening is something you can do without expecting to solve problems for the person. It shows that you care

Don't try to offer simple advice for serious problems. Offer to help them find out where to get help, information or resources. And remember, what may seem like a straightforward problem to you may seem very serious to them

Don't make judgements about what you are hearing, the person you are listening to, or the situation or person they are talking about

Ask open-ended questions that allow them to talk. An open-ended question is one that doesn't invite a yes/no response. Ask "so how do you feel now?" instead of "do you feel okay?"

## Confidentiality

This is a critical issue. Often someone who is feeling suicidal will ask you not to repeat any of what they tell you, asking you to promise secrecy. This should be avoided. If a person is at risk of suicide you

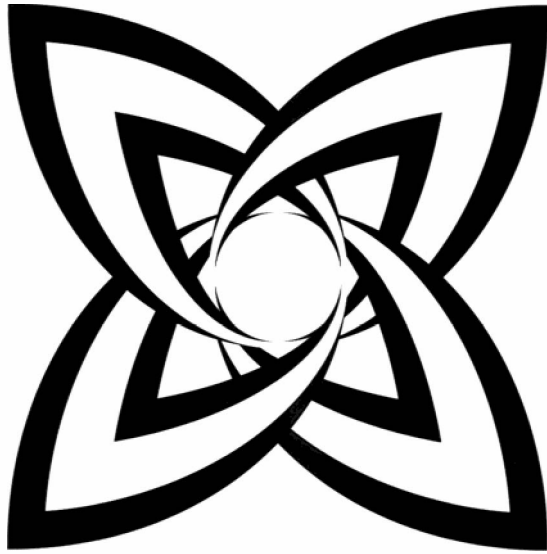
need **to be able** to **do** all you can to help; this may well mean informing **others**.

Being **asked to keep such a** secret can feel like a test of your relationship, **but** for **both** their **sake and** yours **you** need to be clear with **them** and **yourself that you may** well **need to get** help from **someone** who **has** experience **to offer**.

If someone has told you they intend to harm themselves and asked you not to tell others, then don't leave the person to get help on their own. It is far safer to support them through the process of getting help. This can mean offering to help make the appointment and perhaps going with them as their support person. Even with training in dealing with suicide it would be unrealistic to try and cope without support from others.

How to create community networks

One way that a community can respond to a suicidal crisis is to create a community network (see appendix two).



**Chapter Seven:  
What are Some  
Other Issues?**

## Overview

The previous sections of this guide address the broad issues around suicide. It is important to acknowledge that there are groups of people who may be facing specific issues that need to be additionally considered. This section focuses on three groups, young people, older people and gay and lesbian people. This is **not** an exhaustive list but it provides a framework of some key issues.

### Young persons' suicide

Suicide rates among young people in New Zealand are high by international comparison. In common with other countries around the world, youth suicide (15-24 years) rates in this country have been increasing over the last three decades. In 1996, in New Zealand, 143 young people (26% of all suicides) took their own lives. In this age group more males than females complete suicide (ratio: 3 males to 1 female) (see appendix one).

#### *Common signs of distress in young people*

Change in mood:

- Withdrawal, sudden tearfulness and remarks that indicate profound unhappiness, despair, hopelessness, and helplessness
- Anger at self, increased irritability, moodiness and aggressiveness
- Lack of interest in surroundings and activities and marked emotional instability
- New involvement in high-risk activities, e.g., increased misuse of alcohol and drugs, dangerous driving, playing with guns, practising knot tying.

Withdrawal from relationships:

- Change in relationships with friends and family
- Loss of interest in social activities with friends and family
- Spending long periods of time alone.

Physical symptoms with emotional cause:

- Eating disturbances or chronic physical complaints, such as headaches, stomach aches, fatigue, body aches, scratching or

marking the body

- Reduced personal hygiene and self-care.

Grief about a significant loss:

**Break up with a boyfriend or girlfriend.**

Ideas and themes of death and suicide:

- Collecting and discussing information on suicide methods
- Preoccupation with music and literature that contain themes of death
- Statements that they would not be missed if they were gone.

Common warning signs of *young* people at risk of suicide:

- Previous suicide attempts
- A lack of self-worth
- Severe depression
- Trouble with the police
- Abused, molested, or neglected
- Substance misusers/abusers
- Perfectionists
- Unnecessary risk-takers
- Loners.

What suicidal young people tell us about their situation'

They have a sense of having no control over things happening in their lives:

Especially after major disappointments

Fear of not being able to meet the demands made of them

Feeling of having no power to change anything

Little optimism for the future.

They feel under pressure:

- Fear/feeling that they can't cope with it all
- Peer expectations
- Parent/teacher expectations
- Self expectations
- Perfectionism as a prescription for self-defeat
- Inadequate outlets for exercise and relaxation.

There has been a break-up of important relationships:

- Ache in life where the relationship used to be
- Feel they will never get over the heartache
- Fantasy of making somebody notice
- Fantasy of revenging themselves
- Blackmailing others into showing that they care
- Need to make others understand how desperate things are.

They want to escape from depression:

- Feeling bad about being depressed
- Getting caught in the downward spiral of drugs and alcohol misuse - temporary relief, then further depression.

There is escalating family conflict:

- Expressing anger gives a temporary sense of control
- Extreme behaviours provoke more extreme responses
- Conflict escalates to the point where they feel no matter what they do, they will be wrong
- They would rather kill themselves than back down.

Refer to chapter nine for resources and services support for young people.
--

#### Older persons' suicide

Internationally and in New Zealand, a significant number of people over the age of 60 take their own lives. For example, in New Zealand in 1996, 81 people (15% of all suicides) aged 60 years and over completed suicide.

Factors influencing the risk of suicide for older people include:

- Suffering more losses
- Death of family members and lifelong friends, resulting in increasing isolation
- Loss of status through retirement
- Reduced income which limits choices
- Loss of mobility through poor health

Loss of active lifestyle to a more sedentary experience  
Loss of social network due to relocation  
Depression  
Rapid loss of self-confidence  
Withdrawal from social activity  
Over-sensitivity to other people's statements  
Lack of concentration  
Heightened feelings of worthlessness  
An overwhelming sense of doom  
Acting out of character  
Misuse of alcohol  
Change of drinking habits, e.g., May drink alcohol at any time of day or increased consumption of alcohol  
Regardless of a medical condition, regular and more frequent visits may be made to the doctor  
Lingering thoughts that something sinister is happening in their body.

Refer to chapter nine for resources and service supports for older people.

### **Issues for Gay and Lesbian People**

It is difficult to quantify the number of gay and lesbian people who complete suicide or who make serious suicide attempts. However, there is intense debate around the extent that sexual orientation influences suicidal behaviour.

Unsupportive or hostile environments that many gay and lesbian people face can contribute to a set of issues, which some research has linked to suicidal behaviour. It is therefore important to recognise that gay and lesbian young people may be at higher risk of suicide than their heterosexual peers.

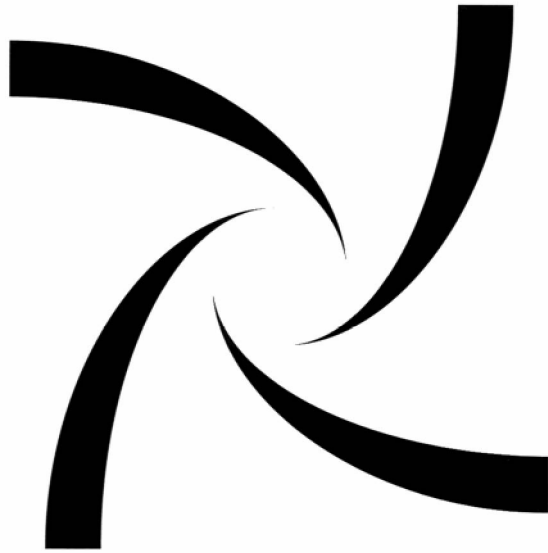
#### ***Factors influencing the risk of suicide for gay and lesbian people include:***

- Awareness of being gay or lesbian and first sexual experience
- Total rejection by family over coming out

- Rejection by society  
Promiscuity and unsafe sex  
Homophobic assaults and cruel taunts.

Unfortunately, most people have very limited experience in working with gay and lesbian people and it is therefore important to link with gay and **lesbian** counselling **services** when faced with a gay or lesbian person who is suicidal. It is also important that people working with gay and lesbian people have an accepting **and** non-judgmental attitude towards them. As a community we have a responsibility to confront homophobia and hostility since these prejudices and behaviours lead to depression, self-hatred and suicidal behaviours.

Refer to chapter nine for resources and service supports for gay and lesbian people.



**Chapter Eight:  
What are the  
Cultural Issues?**

---

## Overview

As stated in the introduction, we encourage the development of culturally targeted and relevant adaptations or accompaniments to this guide. Below is a general discussion of some of the cultural issues of relevance for coping with suicide.

Offering support to someone who is from a different ethnic group or culture can be very challenging. They may be dealing with issues that seem totally strange to you. Or it may be that accessing information or help is very challenging for them for reasons you may not understand or relate to. You need to be able to find someone from the same culture as the person you are supporting to talk with, someone you can trust and whose judgement you can rely on. Linking with others in similar roles from different cultures offers invaluable networks. You can also make contact with people like counsellors, a GP or a mental health professional for advice.

Get support. Having someone from the same cultural background available for support can be very valuable. Different cultures have very different views and beliefs, including views about self-harm and suicide. Having someone from the same cultural background as support, who shares the understanding, will ensure the support offered is more effective

Check if resources or information are right for the person. The dominant view in information and resources is based on a western model of beliefs, but other cultures might find this wrong, or even harmful. It is also important to consider the fact that within any group of people, including European communities, views vary widely and can be influenced by religion, spirituality, culture, age or sociological beliefs

Let them decide. It is important to offer access to cultural support but it is up to the individual to choose

Ask. You could gently ask them about their views or culture and ask them whether they would like to have someone supporting them who understands. If you are supporting someone from another culture and uncertain about what to do, you could

contact an appropriate GP or counsellor for their advice about cultural issues which would guide you without compromising confidentiality

Be aware of services that can help. Specialist cultural services do exist in some areas and they are increasing, but they are still limited. Check locally whether cultural support services are available; if not, there is all the more reason to have a cultural support person in place who can keep things safe.

Cultural issues in New Zealand are especially important for Maori. We have a unique obligation under the Treaty of Waitangi, to ensure Maori can access services and support that are most appropriate to their needs. Cultural heritage, language, beliefs and history are all factors that play a key part in the health and wellbeing of Maori. Only someone with expertise in Maori understanding of health would be able to know how to respond to these factors and how each or all might affect someone. Maori understanding of health is a good example of a cultural view that differs from the dominant western model and the right people and processes should be accessed for any response.

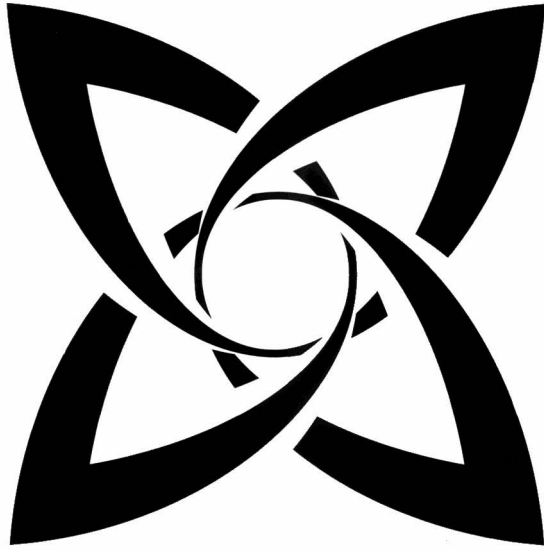
#### Things to think about

Contact your local mental health or public health organisation and they will advise you about the available cultural services and how to access them.

As well as services appropriate to Maori needs there is also the issue of resources and information. Local Maori services will let you know about the resources they have available. The Mental Health Foundation offers by-Maori-for-Maori resources as do many community organisations who have resource sections or libraries.

In the event of a death by suicide it is critical to contact the whanau as well as the police and to let whanau members control the process of dealing with the death. There are different cultural approaches and protocols that the whanau will want observed and without their guidance it would be wrong to proceed.

Refer to chapter nine for resources and service supports  
around cultural issues



## **Chapter Nine: Resources and Contacts**

## General resources

A wide range of books, pamphlets and guides about suicide have been written. Many of these are for professional groups working in areas likely to encounter suicidal issues. Organisations like the Mental Health Foundation can offer this type of product or run searches locally or internationally to find others.

The Ministry of Youth Affairs is undertaking some work in the area of youth suicide prevention. It has published leaflets for parents and peers.

There are also resources for survivors of suicide and for friends and family in the community who want to get more information about the subject. In New Zealand contact the Mental Health Foundation, Lifeline, or local mental health services for information about resources they have. To develop your own local contacts we have developed an outline of potential organisation (see appendix three).

There are also some specialist resources available. Some are listed below relating to young people, gay and lesbian, older people and cultural issues. (See contact list later in this chapter). We also provide a list of websites which the reader may find of interest. For those who do not have access to the internet, the Mental Health Foundation offers a terminal equipped with a coloured printer for the public.

### *Websites*

Searching the Internet by topic can be a good way to get information about what's happening in health, specific information about suicide or information about global publications. Of course the quality of what you find can vary enormously but some recommended sites are:

[www.save.org](http://www.save.org) - Looking at suicide and its prevention

[www.metanoia.org/suicide/spagebw.htm](http://www.metanoia.org/suicide/spagebw.htm)

[www.siec.ca](http://www.siec.ca) - Suicide Information and Education Clearinghouse, Canada

[www.moh.govt.nz](http://www.moh.govt.nz) - Ministry of Health

[www.tpk.govt.nz](http://www.tpk.govt.nz) - Te Puni Kokiri

[www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz) - Ministry of Youth Affairs

[www.aifs.org.au/external/ysp/](http://www.aifs.org.au/external/ysp/) Australian Institute of Family Studies  
[www.auckland.ac.nz/ipc/index.htm](http://www.auckland.ac.nz/ipc/index.htm) -Injury Prevention Research  
Centre  
[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz) -Mental Health Foundation of New Zealand

## **Young people**

Contact the Mental Health Foundation for copies of:

- Spin - a cartoon pamphlet for young people that looks at the different ways people feel when they're down and what things might help, what makes it worse and what brings them back up again
- Feeling good; grief and loss; anger, conflict, bullying - what to do; and good communication - a series of four leaflets for young people that take a practical look at what these issues are about and how to deal with them
- Grief - a booklet illustrated and developed by young people for young people that explores what grief is and how to cope with it. It suggests other reading and offers contact numbers of organisations with more information
- How to get heard - an illustrated leaflet for young people on talking to their parents that has details of numbers to call to get in touch with free help services
- Stressed out - a practical cartoon guide to keeping it together under pressure - for young people, but the information is good for adults too
- Understanding your teenagers' depression - a detailed leaflet for parents or family about depression in young people and how to respond.

Contact the Ministry of Youth Affairs for:

- A guide for parents - helping troubled young people.

Contact your local youth services for details of programmes and services available for young people.

Contact the Ministry of Education for:

- Young people at risk of suicide - a guide for schools.

## **Gay and lesbian**

Contact Family Planning for:

- Affirming Diversity - a teaching resource for educators.

## **Older people**

Contact the Mental Health Foundation for:

- Positive Ageing - preparation for positive ageing including goal setting and planning.
- Mental Health and Older People - discussing mental health problems and where to get help.
- Promoting the rights and wellbeing of older people - a resource from Age Concern identifying how to maintain and protect your wellbeing and also looking at maintaining the wellbeing of the carer.

Contact your local Age Concern for information about their Elder Abuse and Neglect Service and their Accredited Visiting Service.

Contact your local branch of The Order of St John for details of their Caring Caller Service.

## **Cultural resources**

Contact your local services to find out about culturally specific information they hold - for example, Maori services or Pacific Island services will often have information that is both culturally appropriate and in alternative languages.

In Auckland and in Wellington there are the Refugees As Survivors Trusts. They have information about mental health for refugee groups.

The Mental Health Foundation holds resources for Maori, Pacific Island and Refugee groups.

The New Zealand Youth Suicide Prevention Strategy from the Ministry of Health contains a section written by Maori for Maori about youth

suicide - Kia Piki Te Ora O Te Tai Tamariki.

**Contacts:**

**Mental Health Foundation of New Zealand**

PO Box 10051, Dominion Rd , Auckland

Phone:(09) 630 8573, Fax :(09) 630 7190

Email [resource@mentalhealth.org.nz](mailto:resource@mentalhealth.org.nz)

The MHF disseminates resource materials and information about mental health and mental illness including suicide. In addition to providing workshops and training programmes the MHF can also provide advice to others when resources or information related to mental health is being developed or assessed.

**Health Funding Authority, National Office**

PO Box 10485, Wellington

Phone:(04) 473 6550, Fax:(04) 473 6552

The HFA funds health services across New Zealand, including youth health, mental health and health promotion activities.

**Ministry of Health (The Ministry is responsible for overseeing the New Zealand Youth Suicide Prevention Strategy.)**

PO Box 5013, Wellington

Phone (04) 496 2000.

**NZ Health Information Services**

PO Box 5013, Wellington

Phone: (04) 801 2700, Fax:(04) 801 2769

NZHIS collects hospital inpatient and death information, including suicide statistics. It publishes annual reports and is able to provide specific information on request, subject to a charge

**The Canterbury Suicide Project**

Christchurch School Of Medicine

PO Box 4345, Christchurch

Phone: (03) 372 0408 Fax: (03)3720405

Email [suicide@chmeds.ac.nz](mailto:suicide@chmeds.ac.nz)

This project has research information and resources available

**Injury Prevention Research Centre**  
**Department of Community Health**  
University of **Auckland**,  
Private Bag 92 019, Auckland  
Phone: (09) 373 7999, Fax: (09) 373 7503  
Email [injury@auckland.ac.nz](mailto:injury@auckland.ac.nz)

This centre has research information and resources available.

Injury Prevention Research Unit  
PO Box 913, Dunedin  
Phone: (03) 479 8342, Fax: (03) 479 8337

This unit has research information and resources available.

Health Research Council  
PO Box 5541, Auckland  
The Health Research Council has a directory of experienced health researchers by topic, including suicide.

Youthline  
13 Maidstone St,  
Ponsonby, Auckland.  
0800 376 633 (Free counselling phone 11 am - 11 pm seven days)  
Youthline provides counselling services and other resources

Lifeline  
PO Box 74010,  
Market Rd, Auckland  
522 2999 (24 hour counselling telephone line)  
Lifeline has a Surviving Loss by Suicide support group contact  
(09) 522 2808

#### Additional information

Alternatively, contact the purchasers of local suicide prevention initiatives in community mental health services, public health services, special education services and safer communities councils.

As well as organisations offering services there are also those that offer training, workshops and courses for those wishing to develop

**coping** skills in a range of topics. These can include dealing with trauma,  **first aid courses**, communication skills courses, parenting  **courses, courses** about mental health  **issues, coping** with grief  **and** loss and coping with suicide. If you would like to know about training courses available, contact your local Citizens Advice Bureau, your local mental health centre or any of the organisations listed in the topics above.

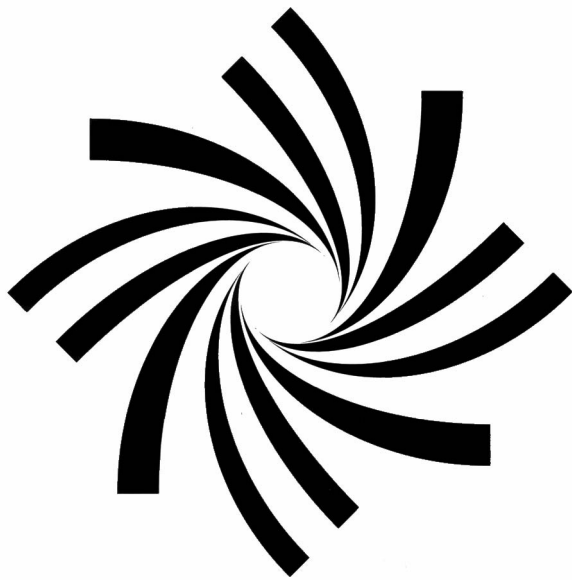
### **Concluding Thoughts**

When you are dealing with someone else's crises you cannot take responsibility for all the outcomes, nor can you control them

Suicide happens when someone doesn't believe they have any skills left to cope with. The steps you can take are to try and help identify how the person can increase their resources for coping

You cannot 'rescue' someone from their problems, and you can't take on problems on their behalf. What you can do is listen, to offer your time, and your ongoing support. But the ultimate responsibility for the outcome does not belong to you.

"It is possible to move through life's low points, inspiring hope and possibility...<sup>8</sup>"



# Appendices

57

Appendices

## Appendix One:

### Suicide and public hospital admissions for attempted suicide, 1996

Suicide and public hospital admissions for attempted suicide, 1996."

Age group	DEATHS			HOSPITALISATION		
	Total	Female	Male	Total	Female	Male
0-14	7	4	3	119	95	24
15-19	59	21	38	631	417	214
<b>20-24</b>	84	17	67	<b>596</b>	<b>353</b>	<b>243</b>
25-29	73	9	64	569	349	220
30-39	118	19	99	843	516	327
40-49	69	18	51	426	244	182
50-59	49	9	40	181	102	79
60-69	35	4	31	75	28	47
70+	46	11	35	94	41	53
<b>TOTAL</b>	540	112	<b>428</b>	3534	2145	<b>1389</b>

"These data are provisional. Source: New Zealand Health Information Service, 1998. Hospitalisation data only measures discharges after 24 hours, it does not include shorter term Emergency Department admissions or discharges.

## Appendix Two:

### How to create community networks

The reality of needing help in your community about suicide is that sometimes there simply are not enough resources or services to meet community need. But there are things you can do to set up local support networks that will help fill some of the gaps we face with scarce resources.

Identify through local agencies whether this type of network already exists and how to access it. If there appears to be no existing network it is possible to set one up, if the right people and agencies are involved and willing to do so.

The type of organisations that should be involved in the establishment of a local community network are:

- Key community decision makers, e.g., church leaders, counsellors, the mayor
- A representative of any existing parents and friends groups
- Local schools representatives, both teachers and student council
- Youth representatives
- Youth groups, support groups, clubs
- A representative of local health agencies
- Someone representing local groups
- Welfare and crisis agencies representative
- Local sports clubs
- Local corporate representation, possibly via a service group, e.g., Rotary
- Local police
- Local media
- Emergency service personal representative
- A representative for local social workers
- Community representation, including cultural representation
- Local government representative
- Mental health representation from someone skilled in the area of suicide

Before establishing a local community network you need to consider:

- Getting together a small group to set an agenda, a venue and to agree on a chairperson of reasonably high profile. This group will need an agency representative who is skilled in understanding suicide and issues around suicide, e.g., from the local community mental health services
- The group should identify existing information and resources by collating materials available locally about suicide and recording how easy it was to access those, so they can communicate this at the meeting.

If you are not sure what groups might be out there, refer to chapter nine on where to get help.

When the community network group meets:

- Agree the aims of a network

Agree on key responsibilities, e.g., taking notes or co-ordinating information exchanges and who will hold those responsibilities and when they should be rotated

Have an open, but preferably facilitated, discussion about suicide, what people know about it and the challenges it presents for individuals and communities

Invite a representative from a local group with expertise in the area to talk through some structures for how community networks can work

Consider establishing a core group that represents the network to be responsible for meeting together to map out key issues to communicate back to the group about:

what is required as a community response to co-ordinate the most effective actions if suicide or suicidal behaviours occur

how to create support networks for suicide survivors

- identifying any activities the broader group might need to undertake, e.g., the school and various community groups writing a specific plan of action for network support for the school in the event of a suicide.

Consider the following:

- Identifying resources, training and networking that the group might need, e.g., Are there members in the group who should communicate regularly who haven't met before?

Where is the local access point for resources and information; does every one know about them?

Whether there are local courses required about coping with grief and loss, or courses on parenting skills, and how well published are they. Could the network or local media assist in promoting them?

Identifying joint agency training and resource opportunities

Having a clearly identified time frame agreed within which the group need to respond

Identifying priorities for the group so that whatever is put in place is time managed and realistic

How you might evaluate the effectiveness of what you are doing. Look at what's being done and what you have learnt from it. Are you planning ahead?

Asking yourselves critically what the strengths and weaknesses of the group are and how strengths can be built on

Keeping communication regular and efficient and agreeing the levels of commitment people can manage

Reviewing your aims and asking, "why are we doing this? Are we being effective? How can we be more effective?"



The New Zealand Youth Suicide Prevention Strategy provides a framework for suicide prevention that can be used by communities to develop a checklist of what needs to happen. See chapter nine for contact details.



## Appendix Three: Community Directory

We recommend that you to look up and fill in local numbers you might need to access. Fill it in now and keep it handy.

Regional Services	Your Local Contact Details
Citizens Advice Bureau	
Local health centre	
Local mental health services	
Local Maori health services	
Local Pacific Islands health services	
Local family counselling centre	
Relationship counselling services	
Local alcohol & drug centre	
Sexual abuse counselling services	
Bereavement services	
Youth health/mental health services	
Children, Young Persons & Families Services (CYPFS)	
Lesbian & Gay support services	
Refugee support services	
Financial planning services	

Notes:

- 1 Ministry of Health, (1998), **The New Zealand Youth Suicide Prevention Strategy**. Ministry of Health, Wellington.
- 2 **Ramsay, RF., Tanney, BL.,** RJ., and Lange, WA, (1994) **Suicide Intervention Handbook- Living Works Education Inc.,** Canada.
- 3 Beutrais, A. L (1998) Personal communication.
- 4 Miller.M.(ed) (1988). **Suicide Intervention by Nurses**, Springer. New York.
- 5 Bennett,S. & Coggan,C. (1998).**Young Person Suicide Prevention - A Parents Perspective**. Mental health - An Insight into Mental Health in NZ. Mental Health Foundation of New Zealand, Auckland.
- 6 Coggan, C. Patterson, P.& Fill, J. (1997) **Suicide: Qualitative Data From Focus Group Interviews With Youth**. *Social Science and Medicine*; 10: 1563 - 1570.
- 7 **From Youth Suicide Prevention - A Resource Package For Student Services Personnel**, Adapted from Sven Silburn (1989)
- 8 Stephen Bell. **Youthline**. (1998). Personal communication.