SPEAKING OUT ABOUT SUICIDE

Our Coroners Act severely restricts reporting on individual suicides – its aim being to curb the copycat effect and even more deaths. Yet New Zealand's suicide statistics remain heartbreakingly high, and when Chris Barton embarked on this in-depth investigation he found people everywhere fighting to break suicide's silence.

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PHOTOGRAPHY BY PATRICK REYNOLDS.

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Suicide is a bitch. It's a bastard. A voice that tells you you're not good enough; that you've screwed up; that those you love are better off without you. This way out.

Suicide loves a secret, prefers males but isn't fussy. Brown and white, wealthy and poor, hetero, gay, bi, transgender – suicide takes them all.

Suicide is devious and cagey; morose and brutal. It's a choking cord, swallowed pills, a sinking under water, falling, a bodily assault, a silent sleep. Count its ways.

Suicide infects with misery, creeping anguish. It's a contagion, a disease, a plague. It hides in plain sight cloaked in shame, dishonour and mortal sin. It's a national disgrace.

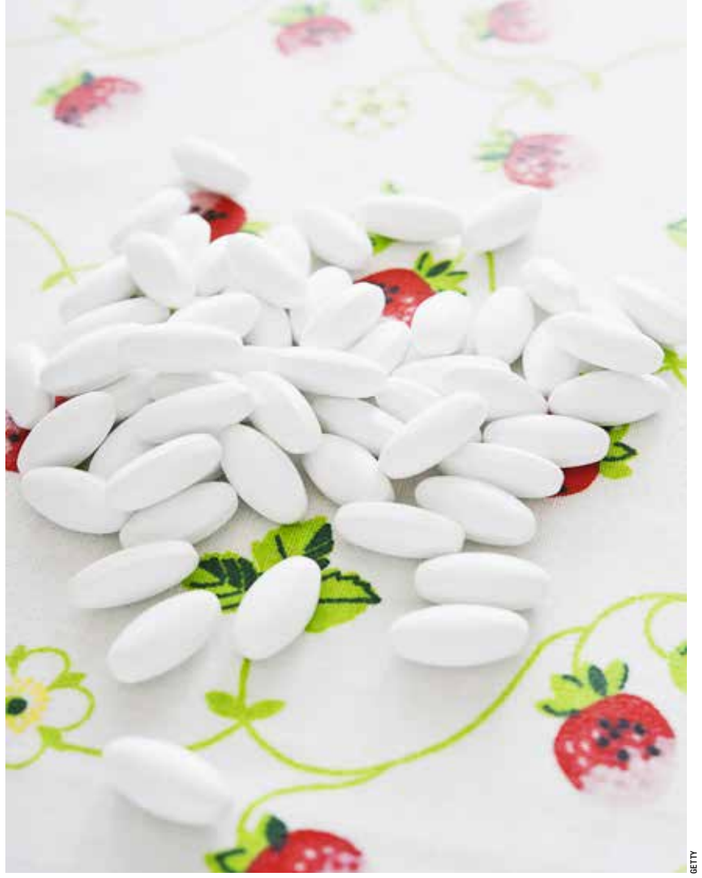
How then to write about a powerful antagonist that demands silence? When I began this project, assisted by a Mental Health Media Grant, I was worried people affected by suicide wouldn't, couldn't tell their stories. That suicide's stigma would stop them.

I found the opposite – people everywhere willing and able and wanting to talk. Individuals who have had experience of suicide, either through the loss of a loved one or through attempting suicide, were determined, in all the problematic detail, to speak. Initially I focused on stories reflecting our high suicide rate among youth and Maori. But suicide delivers devastation and heartbreak wherever it strikes. So the stories also reflect its indiscriminate reach. They are told by truly courageous people all fighting to break suicide's silence.

Their common aim: to defeat the stigma of suicide; to turn tragedy into good. Almost all work unpaid or underpaid at a grassroots community level. They're the vanguard of a resistance gradually changing our public health system from the bottom up.

As I travelled around the country meeting these unsung heroes at marae, at their homes or where they worked, their message was resoundingly clear: we need to talk about suicide.

In the year ending June 2013, suicide took 541 lives. Since the Coroner's Office began compiling records in 2007, there have been between 531 and 558 self-inflicted deaths a year. Compare that with our declining road toll: 254 deaths in 2013, last topping the 500 mark in 1999. "Sadly, this year is no different and it is frustrating that we cannot seem to make inroads into our unacceptably high suicide rate," says chief coroner Judge Neil MacLean.



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WHY, HERE IN GOD'S OWN COUNTRY, ARE OUR YOUTH KILLING THEMSELVES AT NEARLY DOUBLE THE RATE OF EVERYONE ELSE?

The coroner's figures differ a little from the Ministry of Health statistics which provide data up to 2011 (see *Suicide Statistics*, page 63). But there is broad agreement that, in the 15-24 age group, our suicide rate is among the worst in the world.

Why, here in god's own country, are our youth killing themselves at nearly double the rate of everyone else? What does this say about us? How do we fix it? For a journalist, these questions are particularly difficult because the Coroners Act restricts reporting the particulars of individual suicides, unless the coroner has authorised their publication. Even then, all that's usually permitted is the name, address and occupation of the dead person and the coroner's finding that it was a self-inflicted death. But, as our Law Commission noted in its newly released review of the law relating to the reporting of suicides: "Nothing in the Coroners Act prevents the media or any person from discussing suicide as a public health issue."

The adjudicators of suicide in New Zealand are the 17 coroners of Coronial Services, part of the Ministry of Justice. They look at the causes and circumstances of sudden or unexplained deaths reported to them by the police and determine if there is anything that can be done to prevent deaths in similar circumstances. Such investigations were usually conducted through public inquests but, since the 2006 Coroners Act came into effect, investigations may also be conducted without inquests.

"We speak truth to power," says Judge MacLean. "Many countries fudge the suicide." In Muslim countries and "High Roman Catholic countries", where it may still be regarded as a sin, there's "a kind of muffling, a dampening-down" of the facts about suicide.

Independent adjudicators speaking truth to power, however unpleasant that truth may be, so that tragedy is turned to good... it's an admirable aim. But for many, the reality of the coronial process is what MacLean says it isn't – a fudge. Parents told me of their dismay at turning up to an inquest to find an army of lawyers, often QCs, representing parties – district health boards (DHBs), schools, psychiatrists, the police – associated with the lead-up to the death.

An inquisitorial, fact-finding exercise that might give parents some closure rapidly becomes an adversarial arena. With everyone protecting their backs, verdicts attributing shortcomings are rare and families may feel the character of the person who's taken their life has been maligned.

One parent described the process as "all smoke and mirrors", to protect the image of the institutions involved. Understandable, they said, because big organisations will do everything they can to protect their reputation. "There are meant to be people who are adjudicators who are meant to deal with these issues, but they don't," said the parent.

"That just goes with the territory," says the chief coroner, explaining that those involved in an inquest are entitled to be represented and to challenge witnesses. "It can get very adversarial. You can get the same level of cross-examination seen in a criminal trial."

One parent described the process as "a shroud of unreality" enveloping them. "The problem is you've got nothing to win. You've lost it all because he is dead," said the parent, referring to their son. "You can't turn back the clock and you can never win."

Coroner Garry Evans' formal finding regarding the death of Jessica Wilkinson, 14, was that she took her life in Masterton on August 24, 2011 "when the balance of her mind was disturbed by a state of severe depression".

He also made this recommendation to the Wairarapa DHB: "...that every young person referred to its Child and Adolescent Mental Health Services is seen in psychiatric consultation promptly in every case in which that young person is referred by a registered medical practitioner or other health professional and/or is being prescribed medication by such a person for a mental health condition."

"THERE IS A HUGE POPULAR MYTH THAT SUICIDE IS VERY MUCH A YOUTH THING. IT ISN'T. WE HAVE 80-YEAR-OLDS COMMITTING SUICIDE AND WE HAVE 10-YEAR-OLDS AND EVEN EIGHT-YEAR-OLDS."

Beneath the convoluted courtspeak is a searing indictment. Jessica was referred to the DHB for help because she was talking about suicide and was prescribed medication, but she was never "the subject of formal psychiatric assessment".

Poor and inadequate engagement with DHBs' mental health services was a recurring theme in this investigation. It's an observation that tallies with international research. In May this year, *The Lancet Psychiatry* published a review of the key psychological factors that may contribute to, or protect against, suicidal behaviour. The findings are shocking:

"Most people struggling with suicidal thoughts and behaviours (roughly 60 per cent) do not receive treatment... Unfortunately, few well-established evidence-based treatments for suicidal behaviour are available... Treatments targeting depression have not been shown to reduce suicidal thoughts or behaviours."

People I interviewed for this article talked about being treated as if they were numbers, of appalling insensitivities, of missed opportunities. As a consequence – just as Jessica's grandmother Trish Wilkinson has done in Masterton – many of the people whose stories are told here have set up their own community support groups to fill fundamental gaps in both suicide prevention and postvention services (such as giving support to those bereaved). "She [Wilkinson] says the youth of Masterton have turned to this group on many occasions because they get little or no help from the regular agencies," says Evans' report.

The coroner made his findings on Jessica's case public with an impassioned plea: "Public education in New Zealand about suicide has been inhibited over past years by a view that the less said about this distressing subject, the better for the public good. There is now a fast-developing understanding of the fact that awareness protects and ignorance endangers. The community is not protected against youth suicide by suppression of knowledge. It is emperilled."

MacLean has advocated for some time that coroners use their discretion under the act to allow full coverage of suicide investigations if doing so is unlikely to be detrimental to public safety. "I say turn it around," he says. "If you think by releasing the full details – everything perhaps except the method – it will do some good, then that seems to be a good argument for saying, 'Publish.'"

He cites coroner Evans' publicly released findings about the suicide of top defence lawyer Greg King in November 2012. What was the public good? As well as scotching rumours that King may have died at the hands of a hitman, the chief coroner says it provides insight into the pressures a defence lawyer faces and shows that suicide affects people in all walks of life, including those who are highly competent and successful in their work. "There is a huge popular myth that suicide is very much a youth thing. It isn't. We have 80-year-olds committing suicide and we have 10-year-olds and even eight-year-olds. It's all classes. It's all occupations."

It's not just rigid interpretation of the act with regard to publication that limits discussion but society's expectations, says MacLean.

"Regardless of what's in the law, the practice has been we don't talk about it. Yet I know from literally hundreds of meetings I've had around the country, with professional groups, victim groups

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and others that they actually want to, and need to, talk about it. And I don't see that it does any harm at all."

The Law Commission agrees: "Most suicide prevention policies advocate talking openly about suicide, but doing so in a way that is sensitive to the bereaved, respectful of the deceased and does not further endanger vulnerable people. It is hoped that such open discussions of suicide will encourage vulnerable people to seek help."

The prohibition on reporting stems from the notion that details of suicide – especially the method – can produce a copycat effect and more deaths. The commission has recommended the prohibition on reporting of the method of suicide should remain, but restrictions should be lifted for the reporting of other details of suicide.

MacLean points out that when a suicide occurs in a place like Kawerau, rumour and gossip spread instantly without the mainstream media – by texting, email and Facebook, making the contagion effect difficult to pin down. "It's a bit like cancer or diseases like that. We don't know how much of it is random, how much of it is connected. And, if it is connected, what is the connection?" Similarly, information about the means of suicide is only a few keystrokes away. "You don't have to be a genius on a computer to get onto the internet and within seconds get to the most explicit detail."

Some of what MacLean says runs counter to existing evidence. The paper in May's *The Lancet Psychiatry* about youth suicide clusters in the United States between 1988 and 1996 concluded: "Knowledge of a previous suicide, disseminated via the news media, can increase the risk of subsequent, surplus suicides. Repeated, detailed, and explicit reporting on completed suicide might normalise suicide in the eyes of vulnerable young people, reducing their inhibitions against the modelled act."

The research suggests that teenagers are most affected by reading about those who are either similar to them (that is, another teenager) or revered by them (for example, a celebrity).

Top: Greg King.
Above: Charlotte Dawson.

"YOU CAN FLAGELLATE YOURSELF AND SAY, 'I SHOULD HAVE SEEN THIS OR I SHOULD HAVE REALISED THAT.' BUT THE REALITY IS THAT WITH MANY SUICIDES, PEOPLE JUST DON'T SEE IT COMING."

In New Zealand the prohibition on reporting suicides applies only to deaths in New Zealand. So when celebrities overseas take their life – as when TV personality Charlotte Dawson died in Australia – reporting is often detailed, frequent and speculative. But as *The Lancet* makes clear, the research shows an association, not direct causality, between such reporting and suicide clusters. It notes also how difficult it is to demonstrate that those who died by suicide were in fact exposed to, and influenced by, preceding media coverage and how many other suicide risk factors also play a part.

Such research creates a conundrum for the media. It indicates media guidelines on how suicide is reported may play a role in suicide prevention. But given that New Zealand has one of the most restrictive regimes on suicide reporting in the world, and yet at the same time a persistently high suicide rate, it also suggests the current restrictions are not working.

In his meetings with various groups, the chief coroner says he's been educated about the need for openness. "An elderly woman at a meeting in Nelson got up and said, 'I've never said this to anyone, but my son committed suicide 50 years ago and I've never felt able to talk about it.' When she sat down, someone else got up and told their story."

MacLean says he detects a real hunger to share more, particularly from parents of teenagers who have died by suicide. "They say, 'We'd like to think that what we went through and the signs we missed might be a benefit to other parents.'"

A turning point in his thinking was the suicide of 17-year-old David Gaynor, who took his life in June 2011, shortly after being taken home by his father, business commentator Brian Gaynor, from Auckland's King's College ball.

In his report MacLean said, "The particular combination of alcohol, drugs and fear of disciplinary action" had reached the stage where David thought killing himself was the only option. He says he released his findings, including the means of death, to the media to correct rumours and speculation. And because he felt it was an example of a case where people would say: "My god, that could be my son."

Regarding the series of incidents that led to David's death, MacLean says: "There was nothing really out of the ordinary about it and yet there was that impulsive taking of one's life that we see with adolescents."

The eye opener for him – and something he thinks the bereaved can take comfort from – is the unpredictability of suicide. "You can flagellate yourself and say, 'I should have seen this or I should have realised that.' Hindsight is a great thing. But the reality is that with many suicides people just don't see it coming."

MacLean's intentions to talk more openly about suicide are undoubtedly well founded, but surely his report could have been an opportunity to raise questions about just how normal the events leading to David's death were; whether the school could have taken more steps to ensure the safety of its pupils; and whether, with better communication, David's death might have been prevented.

The following stories are about how speaking out about suicide can help. Those interviewed all say talking to one another is key; that not talking is what leads to suicide. It's also clear the silence about suicide we have grown accustomed to means many don't know *how* to talk about it. These are people who have been to hell and back. We need to hear what they have to say so that lives might be saved.

When Phyllis Tangitu told her story about her son's attempted suicide as part of the *Te Ara Wairua: A New Hope* series shown on Maori TV last year, she was contacted by a mother needing help. The mother had seen signs that her daughter was behaving suicidally but didn't know what to do. Her daughter had locked herself in her bedroom.

Tangitu said to the mother, "I want you to go up to that door and call out to her. If she doesn't respond, break the door down." When the daughter responded, the mother wasn't sure what to say.

"Ask her: 'Are you all right? Are you suicidal?'"

Her daughter screamed and started crying. The mother said: "I'm here for you. Please open the door, let's talk." The child came out and flew into her mother's arms.

• *Chris Barton completed this feature with the assistance of a media grant awarded by the Mental Health Foundation of New Zealand and the Frozen Funds Charitable Trust. The views expressed in this article do not necessarily represent the views of the foundation or the trust. Barton's extended article will be posted on www.mediagrants.org.nz, a Mental Health Foundation website, from July 21. It includes an additional story from Michael Naera, a project leader in Rotorua for the Ministry of Health's national Maori suicide prevention programme, and longer versions of some of the stories published in this feature, including video footage from Barton's interviews.*

SUICIDE STATISTICS

CORONER'S OFFICE

In the year ending June 2013, there were 541 suicides in New Zealand – 12.10 per 100,000, putting us in the same league as the US, Britain and Norway, but well below Greenland, with around 100 deaths per 100,000, and Japan, with around 24 per 100,000 (similar to Russia and China).

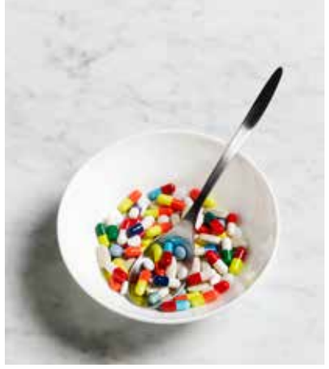
Last year, in the 20-24 age group, there were 75 suicides, a rate of 22.47 per 100,000. In the 15-19 age group, the rate was 20.59. Suicide among Maori was 18.58 per 100,000. Female suicides increased to 153, the highest since 2007, while male suicides decreased to 388. Before 2013, the average male to female suicide ratio was about 3 to 1. Last year it was about 2.5 to 1.

MINISTRY OF HEALTH

In 2011, there were 478 suicides, equating to 10.6 deaths per 100,000. That was down from 2010 when there were 535 deaths and a rate of 11.8, and even further behind 1998 (577 deaths and a rate of 15.1). There were 19.3 deaths per 100,000 for the 15-24 age group in 2011. Maori youth suicide was 36.4 per 100,000 Maori youth population, 2.4 times higher than that of non-Maori youth. New Zealand's most deprived areas had a rate of 14.0 compared with 8.4 in the least deprived areas.

Ranked alongside other OECD countries, New Zealand's 2011 suicide rate for both males and females is towards the middle of the group, just ahead of the US and behind Chile for males, and ahead of Ireland and behind Canada for females. New Zealand has the second highest suicide rate for 15- to 24-year-old males among OECD countries, behind Estonia and ahead of Finland. For 15- to 24-year-old females, the rate is also the second highest behind Korea and ahead of Japan.

Differences from the coronial figures are due to the ministry using confirmed (rather than preliminary) data, age-standardised rates and a different reporting period.



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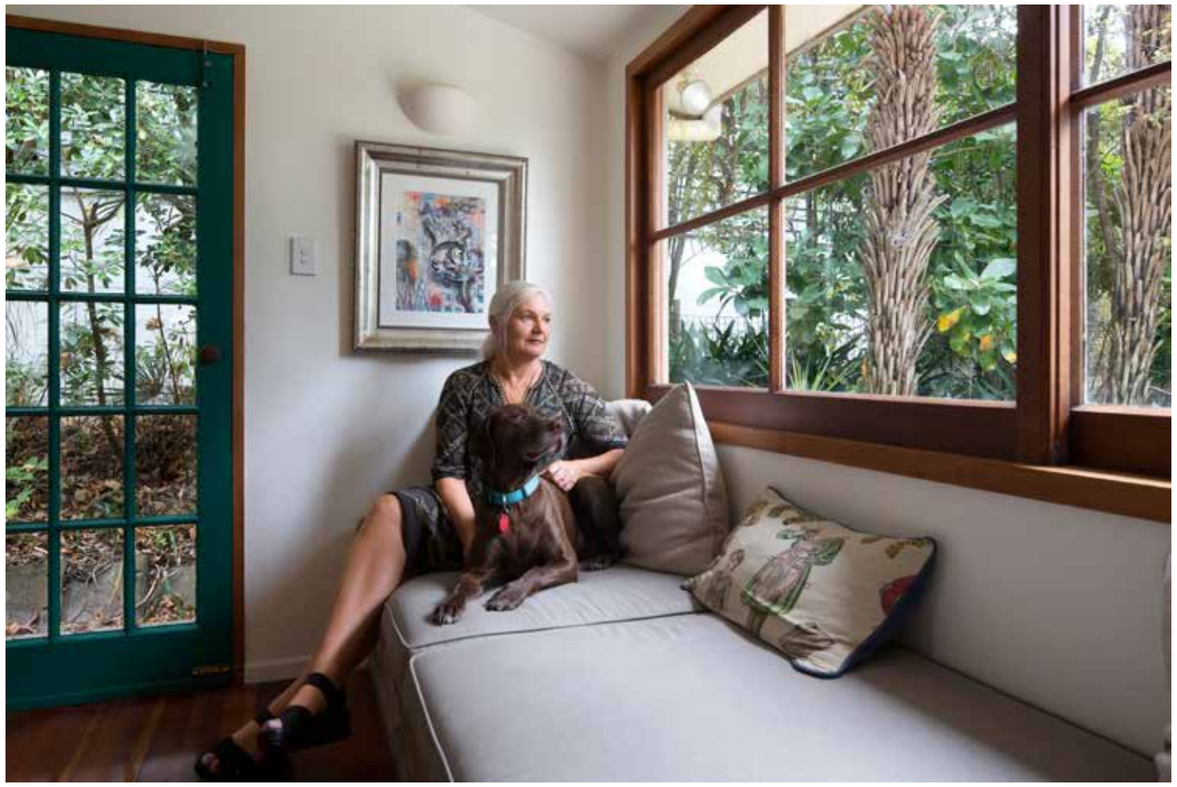
SUICIDE METHODS

Coronial data tells us hanging, at 58%, is the main method of suicide. Poisoning or overdose is next at 13%, followed by poisoning by gases and vapours (8%), firearms and explosives (7%), jumping from a high place (4%), cutting and piercing (3%), transport (3%), drowning (2%) and fire (2%). Ministry of Health figures for 2011 show hanging, strangulation and suffocation collectively were used in 61.3% of all suicides; poisoning by solids and liquids in 11.1%; poisoning by gases and vapours in 9.8%; and firearms and explosives in 7.5% of deaths.

HELPLINES: **Suicide Crisis Helpline** 0508 828-865 (0508 TAUTOKO); **Lifeline** 0800 543-354 or (09) 522-2999 within Auckland; **Depression Helpline** 0800 111-757. More information at www.spinz.org.nz and depression.org.nz

SERVICES REFERRED TO IN THIS FEATURE: **Waves: Bereaved by Suicide** http://skylight.org.nz/Support+Groups+available+for+those+Bereaved+by+Suicide **Solace Support Group** https://www.facebook.com/pages/Solace-Support-Group-suicide-bereavement-support-based-in-Auckland/128420340655782 **Te Taitimu Trust** https://www.facebook.com/tetaitimu **Kia Piki Te Ora Providers** http://kpto.co.nz/index.php/2012-08-26-23-48-42/kpto-providers



PATRICK REYNOLDS

AMANDA CHRISTIAN

"I DROVE THERE and it was too late. I was screaming. I saw her lying on the motorway." Amanda Christian reaches for the tissues. She has shared this story often as a facilitator for Waves, a grief support programme for adults bereaved by suicide on Auckland's North Shore. She's talking about rushing to stop her daughter Amelia taking her life in 2009, five weeks before her 17th birthday.

Christian hurled herself down a steep bank to get to her daughter. "I've got to live with that scene. Services rarely respond to that need. No one thinks of the violent, traumatic visual imagery that people have to carry in their minds. I wake up on the motorway and my husband wakes up in the ICU unit."

In the ambulance, Christian told her daughter she loved her. "They said to keep her talking. I said: 'What's your boyfriend's name? She said: 'Shut up.' Those were her last words. We later found that a text message of her boyfriend dumping her preceded the suicide." Amelia died after four days in intensive care.

Christian is a registered psychologist, wife and mother of three children. Her involvement in helping others bereaved by suicide emerged from finding, after the funeral and initial support from family and friends, that there was nothing to help her through the trauma.

She's speaking out because not talking isn't working. "Young people need to know the ripple effect of a suicidal act on the family, friends and others. Also families need to know that it can happen in anyone's family."

At her home in Torbay, Christian introduces Amelia through a collection of family photos. In every one of them she's laughing. "That's how everyone remembers her, just completely fun-loving and exuberant," she says.

"We mostly talk about suicide in terms of people who are severely depressed. Amelia misses all that screening. She's very popular. She's athletic, still getting up at 6am and playing premier basketball for her school. She didn't fit any of the traditional screening criteria for depression, but went down very quickly."

Suicide always holds the question of why unto itself. The family got some answers from her last few weeks of text messages. "It gave us lots of indication of problems that were unmanageable in her mind – she was swallowed up."

She was also being secretive. "Amelia always led us to believe she was talking to us about everything. She would make you believe she was in control and she knew all the answers."

Her parents did know about the boy at school who had been writing obsessional letters to Amelia professing his undying love laced with suicidal thinking: "I won't be able to live, unless you are in my life." They contacted the school and the boy's parents, and ensured he got some help.

They found out later Amelia's relationship with her boyfriend, an older boy, not at school, was much more intense than they had realised. Amelia was also still talking to the other boy at school. "She got herself into a situation where she had agreed to go with two boys to the school ball and she couldn't manage a way through it."

Her parents learned she was having suicidal thoughts. "We have seven to 10 days of walking on eggshells. We are very confused and still can't believe she wants to kill herself. It doesn't fit with the girl we know. I was convinced that if we could help her through this glitch she would be okay."

There was a meeting with their DHB's youth mental health services. "She was beautiful, swanned in looking gorgeous and wanted to make friends with them," says her mother. "She was asked, 'Do you still want to be a part of this world?' She told them, 'Of course I want to live in this world.' I now realise she had made her mind up. She knew what she was going to do and she was acting."

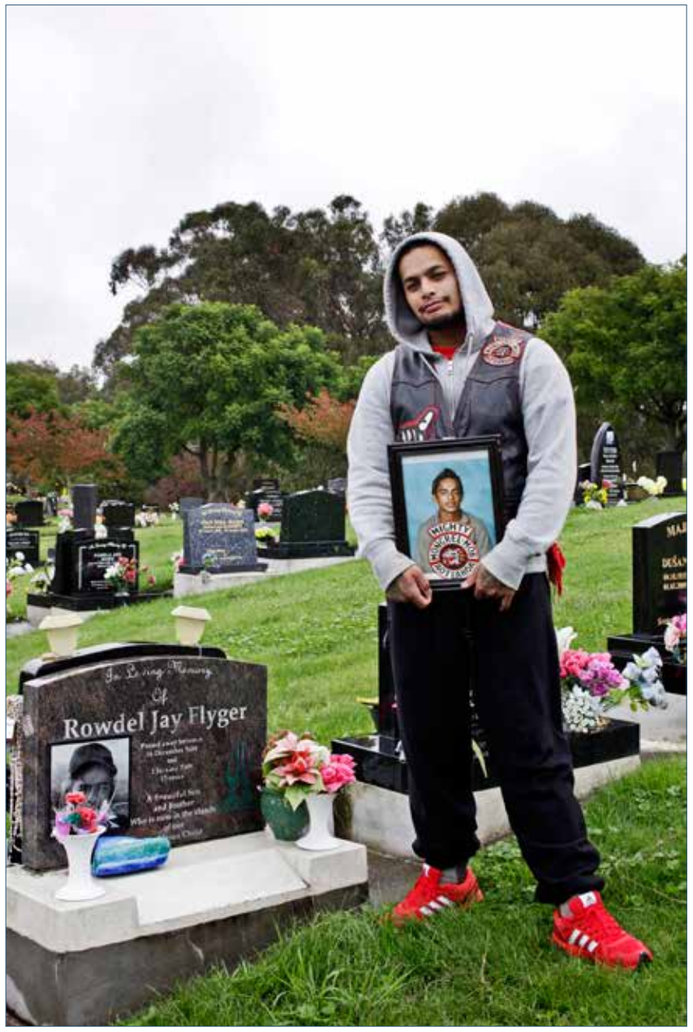
It's this sort of information Christian believes is vital for others to know – and to realise suicide doesn't always present as stereotypes.

Similar knowledge emerged from the eight-week Waves programme she attended, developed by Victoria University lecturer Chris Bowden and run in conjunction with Skylight.

"When the bereaved get together and tell their stories, it's incredibly powerful," says Christian. "It's full of horror and tragedy, but they can tell you what type of support they need, what's lacking for them. They feel relief at being able to express themselves without burdening family."

Their biggest concern is how to talk to their children or their grandchildren. "If you've had a teen or parent suicide, you become hyper-vigilant about the future of your children."

She'd like to see clinicians recognise the needs of the bereaved and engage in a process of psychological autopsy. "We need a regular forum for parents to sit down with clinicians and have a look at all the preceding behaviours, to get a bit of insight into what was going on in the person's mind leading up to suicide."



JISTAR KONIA

"I DON'T UNDERSTAND. He was a spoilt little shit. He had everything. While we are here struggling, he was living well, making good money. At 17, he owned his own car. He was travelling around the country doing kapa haka. He had it sussed."

Jistar Konia doesn't know why his younger brother, Rowdel Flyger, killed himself. When we meet at his brother's grave in Napier, he says it still doesn't make sense. Flyger went missing in mid-December 2008. There was a search. He was found by a tohunga at the beginning of January 2009 in an area of bush.

"I didn't actually get to see him. He was decomposed too much."

Flyger had been living in Taranaki. "They brought him back here in a closed coffin. I never got to see him, which was hard because he was my only brother."

Konia is 25, a patched Mongrel Mob member living in Napier with his partner and two children. He still struggles with the guilt.

"I'm always stuck with why. I used to blame myself, then blame the people who he was staying with and my mum – just

UNTIL RECENTLY, HE WOULD NEVER TALK ABOUT HIS BROTHER. "I DON'T KNOW WHY. SCARED. ANGRY. NOT TALKING. THAT'S WHAT BUILDS MORE ANGER."

blame everyone. I wasn't there for him. I was the older brother. He should have come to me with his problems. We were always in touch via text or a phone call."

What does he want to say to his brother? "You came to me for everything else – when you needed me to beat somebody up. Or when somebody pissed you off and you needed somewhere to stay. Or when he needed someone to buy his alcohol. He came to me."

I first see Konia on stage at the Maori and Indigenous Suicide Prevention Symposium held in Wellington in February. He's there with Te Taitimu Trust, a non-profit organisation that aims to motivate rangatahi (youth) to become rangatira (leaders). He performs a rap song he has written. "I just wanted the message to be 'talk to someone'. There's always someone there. Every time you feel alone or down, or think that no one gives a shit or no one cares about you, someone does."

Until recently, he would never talk about his brother. "I don't know why. Scared. Angry. Not talking. That's what builds more anger." He's been inspired by the way Te Taitimu Trust founders Zack and Georgina Makoare (see panel) have told their story of losing their son to suicide. "I thought, maybe if I start sharing my story, it will give a little bit of extra courage too."

Konia has worked with Te Taitimu for two years, helping at the camps it runs for youth. He was surprised to learn how that affected his mum and aunty. "They told me what I'm doing is helping them in dealing with their grieving."

He's now training at Hawke's Bay's Eastern Institute of Technology to become a social worker. How does that fit with being a Mongrel Mob member? "At the start I got looked at sideways. But the bros have seen the good outcome of it. They have seen me become a better person and their kids coming to the camp becoming better people. They back me in everything I do."

ZACK AND GEORGINA MAKOARE

There was the anger. "At his tangi I wanted to kick the box. I was angry with him – to take us to this place. But anger doesn't do much, does it?"

Zack and Georgina Makoare's son Kelly took his life, aged 15, in 2000. Zack agonised over why. "Was I to blame? The guilt. We thought we had built enough strength in our son that he could talk to us." It took seven years to start to move on. "I came to the realisation I had to learn to forgive myself. I had to forgive him. The anger – I had to let it go."

It took Georgina a long time to be able to go back to work after Kelly's death. "You think about what people are saying about you and the stigma that goes with suicide. It's not always that they are judging you. It's quite difficult for other people to approach you, to know what to say."

Zack and Georgina told their story on last year's series *Te Ara Wairua: A New Hope* shown on Maori TV. Zack has also featured on Mike King's *The Nutter's Club* and in a Four Corners story in *North & South*. The idea to form Te Taitimu Trust came from memories of family holidays by the beach. "Prior to our boy committing suicide, we used to take the kids camping when they were young," says Georgina. "We started to go again after Kelly died. It helped us to feel like we were close and he was with us."

Te Taitimu's first camp was in 2007. "It was just about being there for the young ones and we realised therapy is Tangaroa – the sea itself," says Zack. "I reckon a lot of our kids who are in depression mode need to be spending time at the beach, spending time in the sun, in the wind. These are the interventions we should be doing."

Te Taitimu Trust – Turning the Tide – has since developed learning programmes for 150 youth and a network of young mentors to help run the camps, in conjunction with the Department of Conservation, Ministry of Agriculture and Fisheries, NZ Police, Water Safety NZ and Otago University's Department of Physical Education.

MARK WILSON

ONE OF THE key moments that helped Mark Wilson in his recovery from the loss of his wife Zita to suicide in 2008 was learning the sex of his unborn child. "It was actually the funeral director who asked whether I wanted to know." Zita, 36, was six months pregnant with their first child.

"He told me it was going to be a boy. It was a really important thing he said."

Wilson had been living under the shadow of suicide for several years before then. Zita's older sister, Karen, took her life in 1998 while under the care of mental health services. Then, in 2002, her younger sister Megan, who had not been in treatment, did the same.

"Zita and I found Megan, which was a really traumatic experience – seeing somebody who, in her case, had hooked up all the mechanisms she needed to kill herself."

Zita was a tax lawyer with a first-class honours master's degree from New York University. She also set up Solace, a voluntary support group for people bereaved by suicide that meets once a month.

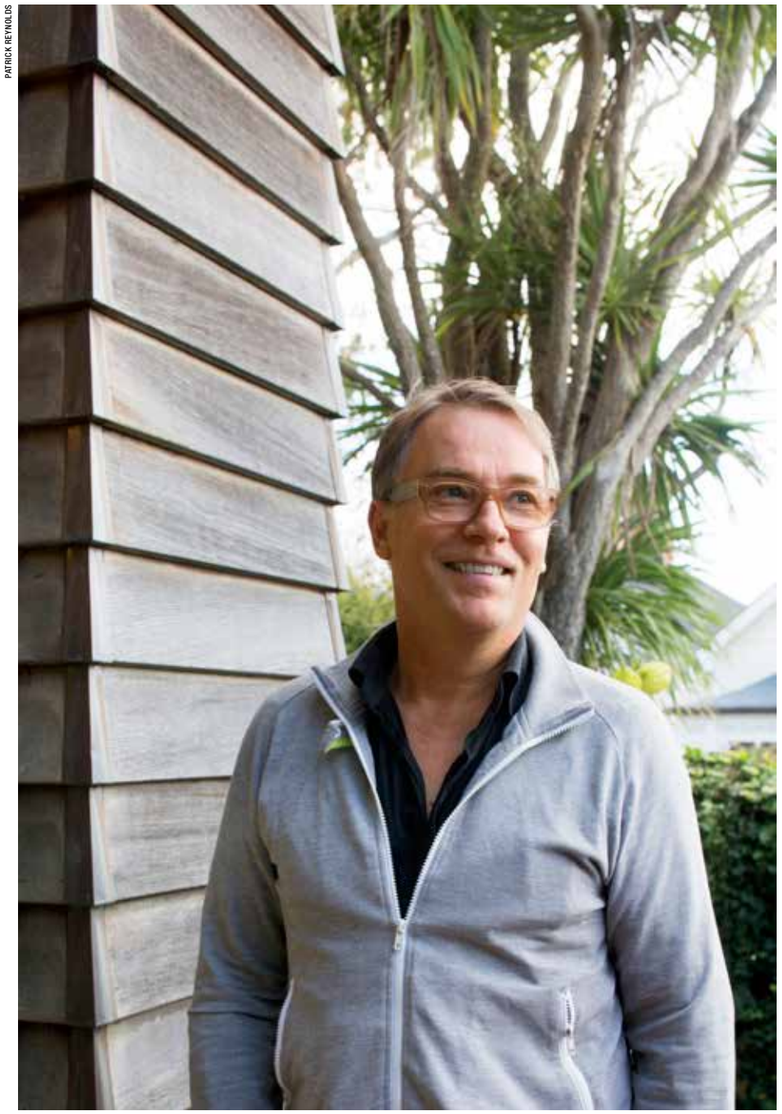
Zita had suffered from severe chronic depression, at times so debilitating she had to stop work. "There was a contagion within her family that she couldn't conquer."

After a trip to New York to attend a friend's wedding, Zita was happy to learn she was pregnant. "That was exciting because that's what we wanted. We had put it off for a long time because of the family dramas." She was under the care of an obstetrician, was seeing a psychiatrist and a counsellor, had become a Christian and also had a network of friends helping her. "I think statistically not many women complete suicide while pregnant," says Wilson, who was well aware of how low Zita could get.

"There had been times when she called me and said she was contemplating taking her life and some days I wouldn't hear from her at all and I'd go home thinking, 'Shit, what am I going to come home to?'"

On the day of her suicide, Zita wasn't well. "It was like her vision fell away into an abyss." Wilson had gone out for a couple of hours. "When I got home she wasn't there. I pretty much knew something was not right and the next thing the cops are calling me. I knew the system. I knew how things worked. I knew she was dead."

PATRICK REYNOLDS



All too familiar with the process, Wilson found himself telling police and Victim Support what had to be done – that Zita's mother would need someone there for her when she was told. "You realise what a hideous job it is for them, but also see such a lack of understanding among authorities. I knew exactly what it was going to be like. I knew it was going to be hell."

He describes recovery as a process of putting together pieces in a jigsaw puzzle. It began with the funeral director telling him he would have had a son. "But then he did say something stupid like, 'Do you want the baby with Zita or not?' This is the awkwardness of suicide."

Wilson also made the decision not to see Zita in death. He was grateful to a friend who undertook the traumatic task of identifying her. "Some people need to see to really understand whereas I knew it wasn't going to make it any better. It was probably going to make it worse."

He saw a counsellor and also talked to Zita's psychiatrist. "It was brave of the psychiatrist to do that. She had lost her client. It was pretty traumatic for her as well. She talked scientifically about what was possibly happening in Zita's brain and how she almost had a psychotic episode that enabled her to do what she did." Unlike many, Wilson didn't have to face guilt. "We had been together for 12 years and I knew it wasn't because of me. I knew I couldn't be there 24/7."

UNLIKE MANY, WILSON DIDN'T HAVE TO FACE GUILT. "WE HAD BEEN TOGETHER FOR 12 YEARS AND I KNEW IT WASN'T BECAUSE OF ME. I KNEW I COULDN'T BE THERE 24/7."

He says recovery is about being open and honest. "It is about talking about Zita and normalising it." And accepting that the jigsaw puzzle will never be complete. "There are always a couple of missing pieces with suicide because the real reason, they can't tell you."

Eight years on, living in Auckland's Freemans Bay, Wilson has a new partner and two daughters – a three-year-old and seventh-month-old. Zita remains part of his life.

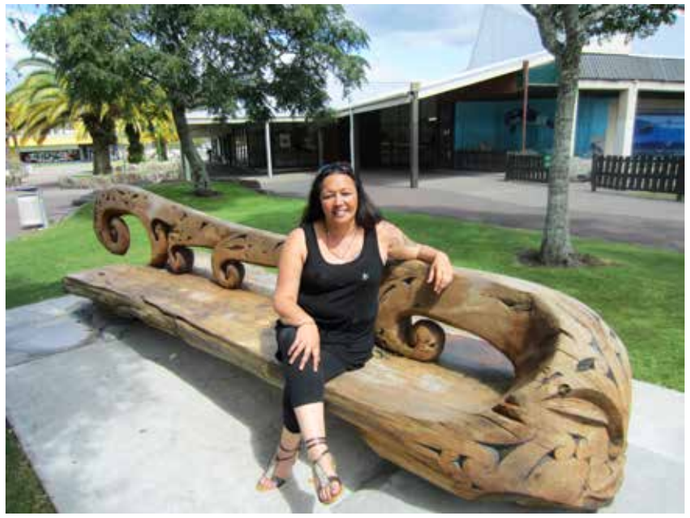
"Zita's presence is with me and will always be with me, so I don't need to have photos of her on the wall. But we have books that Zita had as a child that I'm now reading to my own child."

In his voluntary work for Solace, which he has been doing for 10 years, he takes phone calls from bereaved people, usually one a week. He knows it's essential for the bereaved to have someone to talk to who understands. "When you say, 'suicide', people just stop. That's the stigma. People do not know what to say, how to have a conversation. We are at the absolute beginning of having that conversation now."

He says he witnessed close friends cross the road to avoid the conversation.

"In the beginning of it, you're in this quicksand and you feel you'll never recover. You do recover, but you still cry. You still feel sad and you still have flashbacks eight years on from a tragedy like no other."

CHRIS BARTON



MICHELE ELLIOTT

IN THE FOUR months from October 2010 to February 2011, five young people, aged between 16 and 20, committed suicide in the Bay of Plenty forestry town of Kawerau. The first was 17-year-old Jordan Gray.

A coroner's inquest found there wasn't a copycat effect. But such geographic clusters continue to alarm. In 2012, there were 32 suicides in Northland compared to 17 the year before. And in 2011, the sudden deaths of four Wairarapa teenagers over a six-month period caused similar unease. When suicide occurs, the concern is others often follow, seemingly as a contagion effect.

Eight months before Jordon took his own life, one of his friends had committed suicide. But when Jordan's mother, Michele Elliott, asked, "Why do you think he did that, son?" Jordan replied: "I don't know, but don't worry, Mum, it's never going to happen to me."

We meet in the Kawerau town centre at a specially carved seat opposite the council offices. "People suggested calling it the 'the Suicide Reflection Seat', but no one is going to sit on that," she laughs. "I call it the tautoko [support] seat."

With the loss of her son, Elliott struggled to help Jordan's two younger brothers. In their grieving, they directed much of their anger at their mother. She asked where she could get support. "I said: 'I'm going into that dark place I don't want to be and I really need help." She was unable to find services to help her.

Another suicide happened and Elliott told a meeting of people representing social services in Kawerau how she was feeling. Someone promised to get back to her, but never did. By then four more young people had taken their lives.

"I was dissatisfied with their response so I took matters into my own hands. I devised a plan to set up support group for whanau bereaved by suicide." She called a public meeting.

Elliott and others implemented the Kawerau Suicide Prevention Action Plan. Existing problems of engagement with Kawerau's services were also improved. "They used to treat people like numbers. We told them they needed to learn how to respect anyone who walks in their door, especially grieving families."

Now there's the Kawerau Immediate Response Team that brings together key individuals whenever there is a suicide or attempted suicide. Elliott has since moved to Masterton, but the community support network she helped set up is now seen as a model for other communities to follow. Elliott continues to speak out whenever she's asked. "My son is my inspiration to make positive change, to turn the tragedy to a positive. I don't want to see any more lives lost."

ZANIA McCAULEY-CHASE

Zania McCauley-Chase first attempted suicide when she was 12. "I didn't want to go, but I felt I needed to because I was always a pain to my family. No matter how much my family tried to help me, I kept stuffing up."

McCauley-Chase, who works in Kawerau helping students expelled from school, is now 39. She has a 23-year-old son and twin nine-year-old daughters. In the past 18 years, she has lost five of her first cousins and eight friends to suicide. She has attempted suicide herself five times, most recently five years ago. She was sitting between her sleeping twin girls with the pills in her mouth when one of her daughters woke up and asked her if she was sick, because she'd seen her mother take the pills. "I was crying and I had to quickly spit them out because I could feel them dissolving."

Her daughter gave her a hug and said: "Don't cry, Mama, I'll look after you. It's gonna be all right."

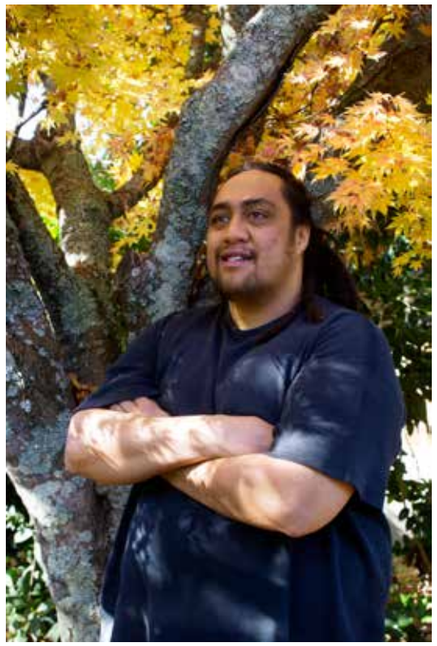
McCauley-Chase was jolted out of her despair. "I realised, shit, my five-year-old daughter was willing to help her mum and didn't even know the meaning of what she was doing." The way she was thinking had to stop.

"I wrote my own programme. I felt the services weren't helping me, so I needed to get my family to help me." She called it "STEP UP 4 Life Whanau", which stood for support, talk, encourage, praise, unite and protect. "I called a meeting with my immediate family and said, 'This is it. I'm suicidal.' They sat there, all shocked."

She told them she didn't want to die but felt she was not needed, that she was the problem. "My brothers and sister said, 'Sweet, sis, what do you want us to do?'" McCauley-Chase said she wasn't looking for pity and didn't want them to sort out her problems. She just wanted them to listen, to let her talk and not judge her. "I said, 'I don't need counselling, I've tried all that. I just want you to send me a simple text or organise a catch-up.'

"That's what we did. Every second Sunday we catch up and have family dinners and talk as a family."

PATRICK REYNOLDS



PHYLLIS TANGITU AND TAHANGAWARI TANGITU-HUATA

WHEN HE WAS 17, Tahangawari Tangitu-Huata made the worst decision of his life.

"It was pitch black. I'm standing on the edge of this playground and I'm about to take the leap off the edge. When I did it, I felt the instant pain and shock. There was something telling me, 'No, you are not supposed to be here. This isn't the right time, mate.'"

He was bleeding around the neck and had rope burns. "I couldn't get myself back up and I couldn't talk. I was trying to pull it off. I was struggling and choking and I blacked out." When he woke up, his mother, father and girlfriend were there and he realised he had made another mistake. They did care.

His mother, Phyllis Tangitu, is general manager of Lakes DHB Maori Health and on the Leadership Group for Te Waka Hourua, the national suicide prevention programme for Maori and Pacific communities announced in February. When we meet at Rotorua Hospital, she tells me what happened was not just traumatic, it was incomprehensible.

"Even though I work in the field I would never have believed my son would do that. I initially went through a phase of whakama [shame] and didn't talk about it. I stayed up all night with him, came to work at 7.30 the next morning like I always do and facilitated a postvention forum. I didn't say a thing. I just endured and had to be strong for him.

"Then I started blaming myself, blaming my partner, Taha's dad, and then everyone else. Then I got angry with him but I didn't articulate it to him. I didn't want to make things worse for him. When I finally did decide to speak about it to a colleague, she just hugged me. She had a similar experience. We both cried and it was just a great relief."

Both Phyllis and Tahangawari told their story on the *Te Ara Wairua: A New Hope* series on Maori TV last year because they both thought it might help them and their family, as well as others who don't want to, or don't know how to, talk about suicide.

Tahangawari now speaks about his experience on marae and other gatherings whenever he's asked. He lost three younger cousins in Rotorua to suicide in a short space of time.

"I guess it becomes an option. It becomes a trend. Three people had just done it and another five of my family had attempted it. Our generation is not quite equipped to deal with the things they go through. They just prefer the easier way, which is not to deal with it, I guess."

He didn't come from a bad or abusive background. "I was quite fortunate, aware of who I am, my cultural identity. It didn't help. Some people don't think properly, especially when they are influenced by drugs and alcohol."

Through her work in suicide prevention development, Phyllis sees the importance of ensuring communities are prepared and well informed about suicide with such programmes as the two-day ASIST (Applied Suicide Intervention Skills Training) workshop on suicide first-aid. "I'm hoping that out of Te Waka Hourua there comes a recommendation that talks about how we support communities to build enduring resilience."

Tahangawari attends Narcotics Anonymous and through counselling has developed a variety of strategies – often involving writing – to deal with depression and to "stop replaying all the bad stuff". Currently completing his university studies, he says educating people to talk about their problems is the key.

"The more you talk about it, the more you release it. I might not have all the answers, but I have a bit of a direction to get there." +