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.

CHRIS BARTON IS A NORTH & SOUTH CONTRIBUTING WRITER. PHOTOGRAPHY BY PATRICK REYNOLDS.
**Suicide**

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, trans - suicide takes them all.

Suicide is devious and cagy; 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 Māori. 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.

To tell their stories, to document their experience, to publicise the facts about suicide.

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The words were written by Sue Crockford, who with her husband Stan, has lost three children to suicide. Their daughter Jessica Wilkinson took her own life in Masterton on August 24, 2011. It’s that suicide that inspired the project.

In the year ending June 2013, suicide was New Zealand's number one killer. Suicide is a major public health issue. It's a national disgrace. It's a haunting, a monumental silence.

The project, called “Our Youth Thing: It Isn’t. We Have 80-Year-Olds Committing Suicide and We Have 10-Year-Olds and Even Eight-Year-Olds.”

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

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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 talk- ing 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 with 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 text, 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 reversed by them (for example, a celebrity). He says he released his findings, including the means of death, to the media to correct rumours and speculation. And because he followed up in an example of a case where people would say: “My god, that could be my son.”

Regarding the series of incidents that led to his research, 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 in an example of a case where people would say: “My god, that could be my son.”

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 that her daughter was behaving suicidally but didn’t know what to do. Her daughter had locked her 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?’

HELPLINES: Suicide Crisis Helpline (0508 828-845) (0588 TAUTOKO), Lifeline 0800 563-354 or (09) 522-2999 within Auckland; Depression Helpline 0800 111-757. More information at www.spinz.org.nz and depression.org.nz


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.

**SUICIDE METHODS**

Coronal data tells us hanging, at 58%, is the main method of suicide. Poisoning or overdose is next at 11%, 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.

**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 536 deaths and a rate of 11.8, and even further behind 1998 (577 deaths and a rate of 15.1). There were 193 deaths per 100,000 for the 15-24 age group in 2013. 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 2013 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 coronal figures are due to the ministry using confirmed (rather than preliminary) data, age-standardised rates and a different reporting period.

**SUICIDE STATISTICS**

CORNER’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 18.8 per 100,000. Female suicides increased to 153, the highest since 2007, while male suicides decreased to 288. Before 2013, the average male to female suicide ratio was about 3 to 1. Last year it was about 2.5 to 1.

Her daughter screamed and started crying. The motherboard 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 compiled this feature with the assistance of a media grant awarded by the Mental Health Foundation of New Zealand and the Proven 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.maungarata.org.nz, a Mental Health Foundation website, from July 21. It includes an additional story from Michael Viana, a project leader in Botswana 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.
parents, and ensured he got some help.
They found out later Amelia's relation-
ship 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 at-
tended, developed by Victoria University
lecturer Chris Bowden and run in con-
junction with Skylight.
“When the bereaved get together and
tell their stories, it’s incredibly power-
ful,” 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 burden-
ning 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.”
Zack and Georgina Makoare

L

here 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 Wairua: A New Hope and 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: “What does that fit with being a Mongrel Mob member? At the start I got looked at sideways. But the best way to get a 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.”

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 with 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, and had become a Christian and also had a network 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 closer 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 Tangata – the sea itself,” says Zack. “I reckon a lot of our kids 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.
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 forest 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 Jordan 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.

She moved to Masterton, but the community was there and he realised he had made a mistake. “I 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.

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.

“...and eight friends to suicide. She has most recently five years ago. She has 23-year-old son and twin nine-year-old daughters. In the past 10 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. “It was crying and I had to quickly spit them out because I couldn’t feel them dissolving.”

Her daughter gave her a hug and said: “Don’t cry. Mama, I’ll look after you. You’re 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.”

“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 dead! I 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.”

ZANIA MCCAULEY-CHASE

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“When we meet at Rotorua Hospital, I called it the ‘the Suicide Reflection Seat’, but no one is going to sit on that,” she laughs. “I didn’t need counselling. I’ve tried all that. I just want you to send me a simple text or organise a catch-up”.

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