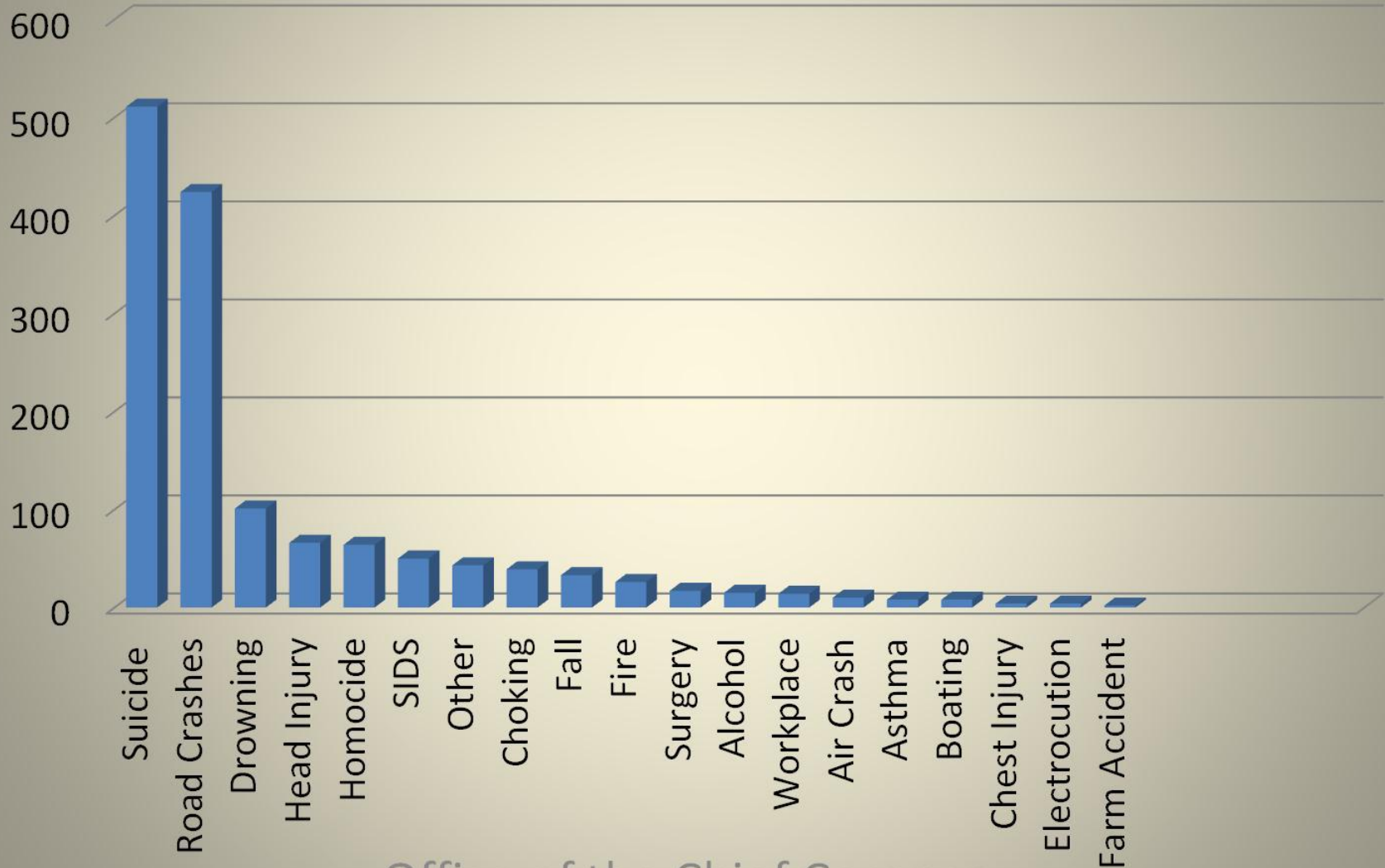


Casper

Community Action on Suicide Prevention Education & Research



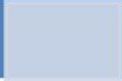
Sudden Death 2007




Office of the Chief Coroner

SPINZ


Purpose: to provide high quality information to promote safe and effective suicide prevention activities.



“Although New Zealand has a moderately high rate of suicide by some international comparisons, it has dropped by approximately 19% since its peak in 1998.”



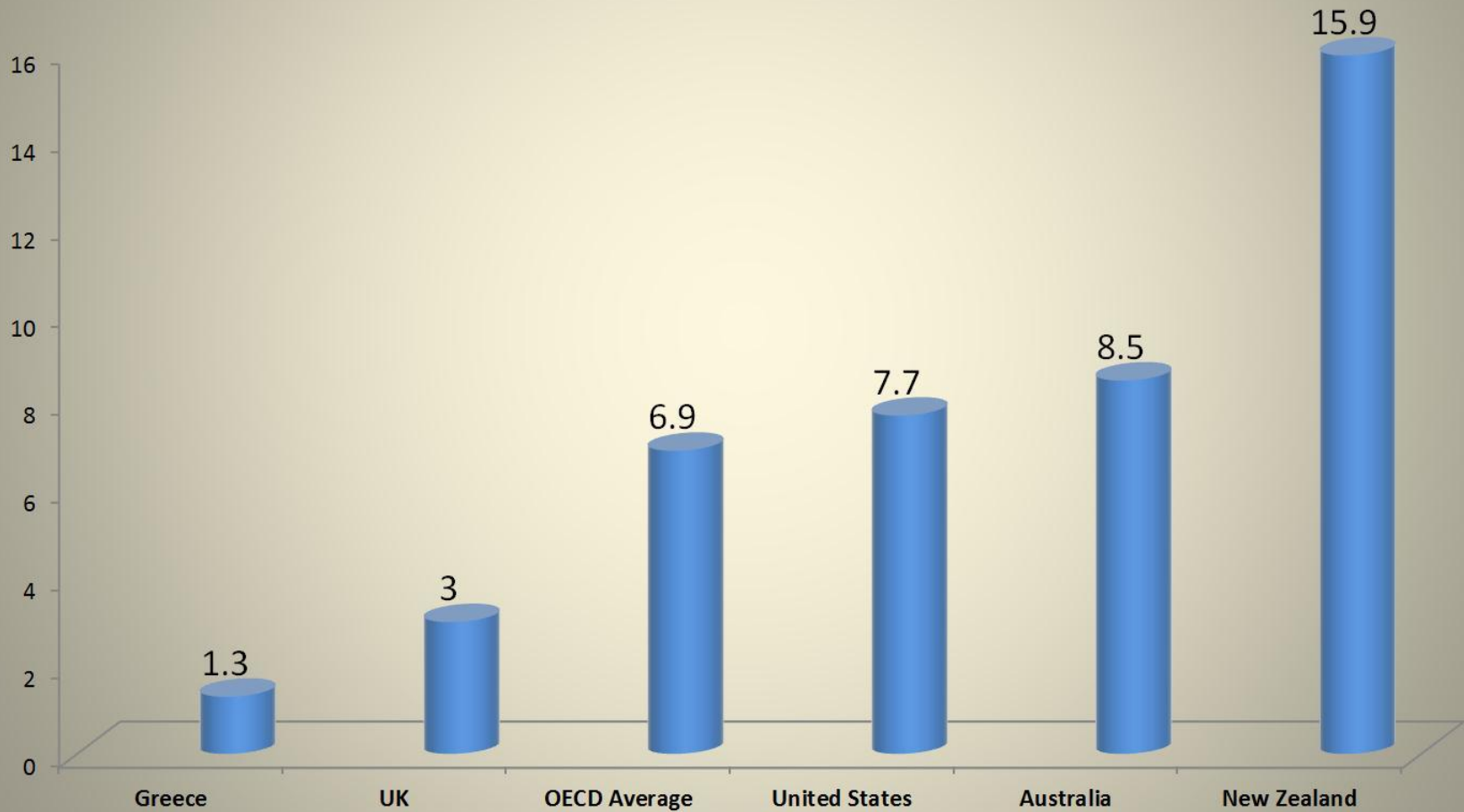
“This is encouraging and gives us some indication that the efforts we have made in the suicide prevention area have been effective.”





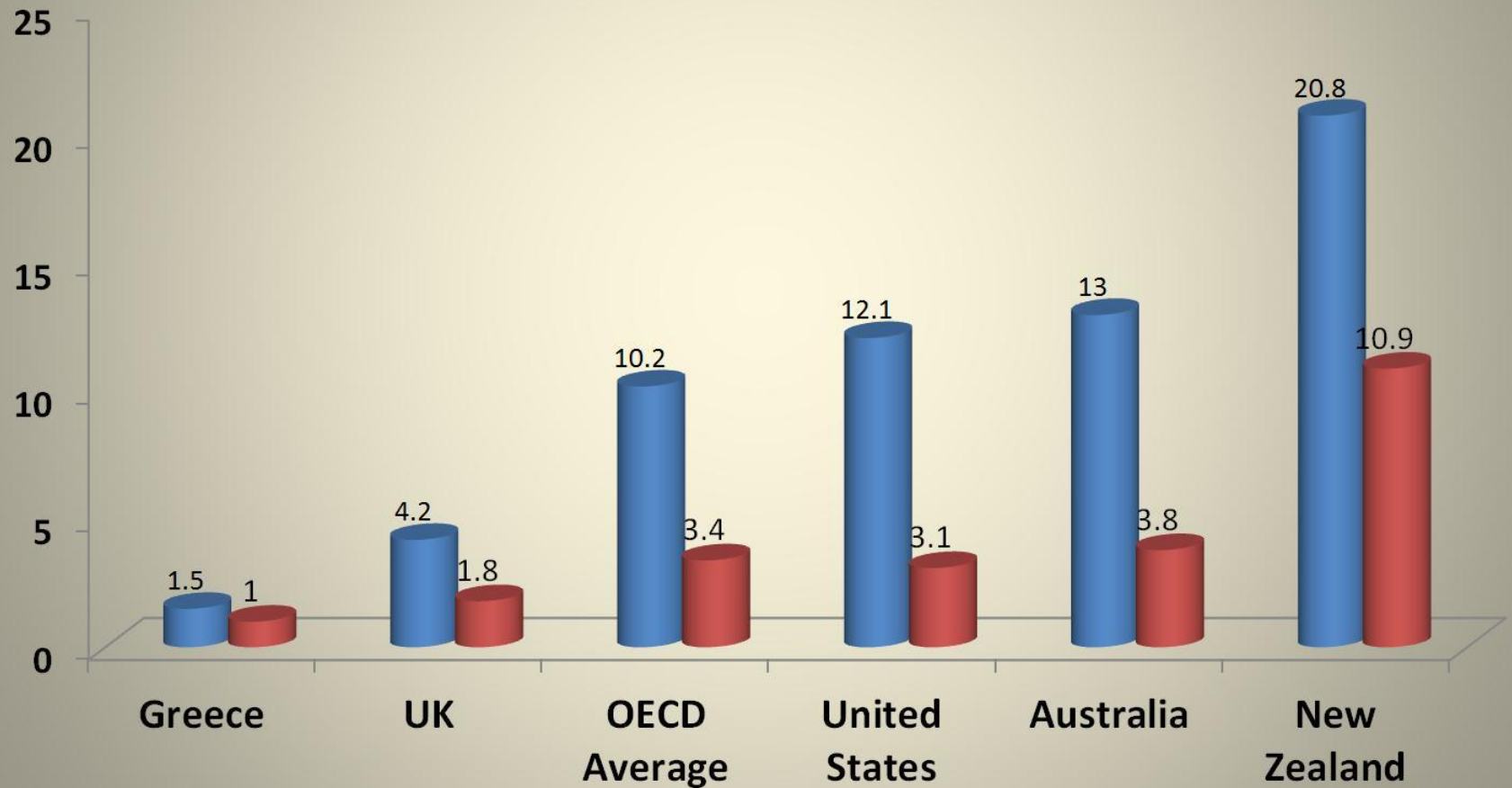
Youth Suicide

OECD Comparisons 2009

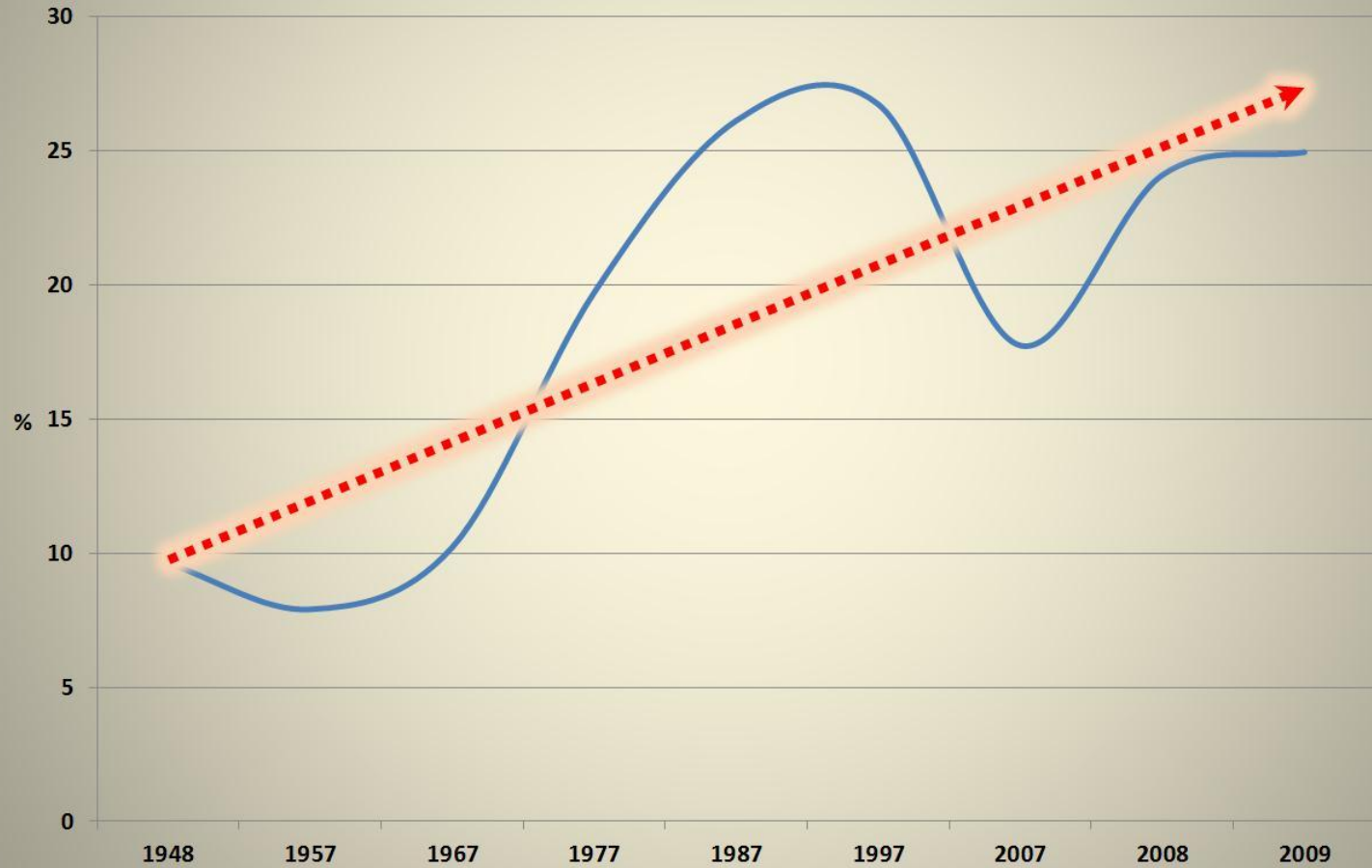


OECD Comparisons by Gender

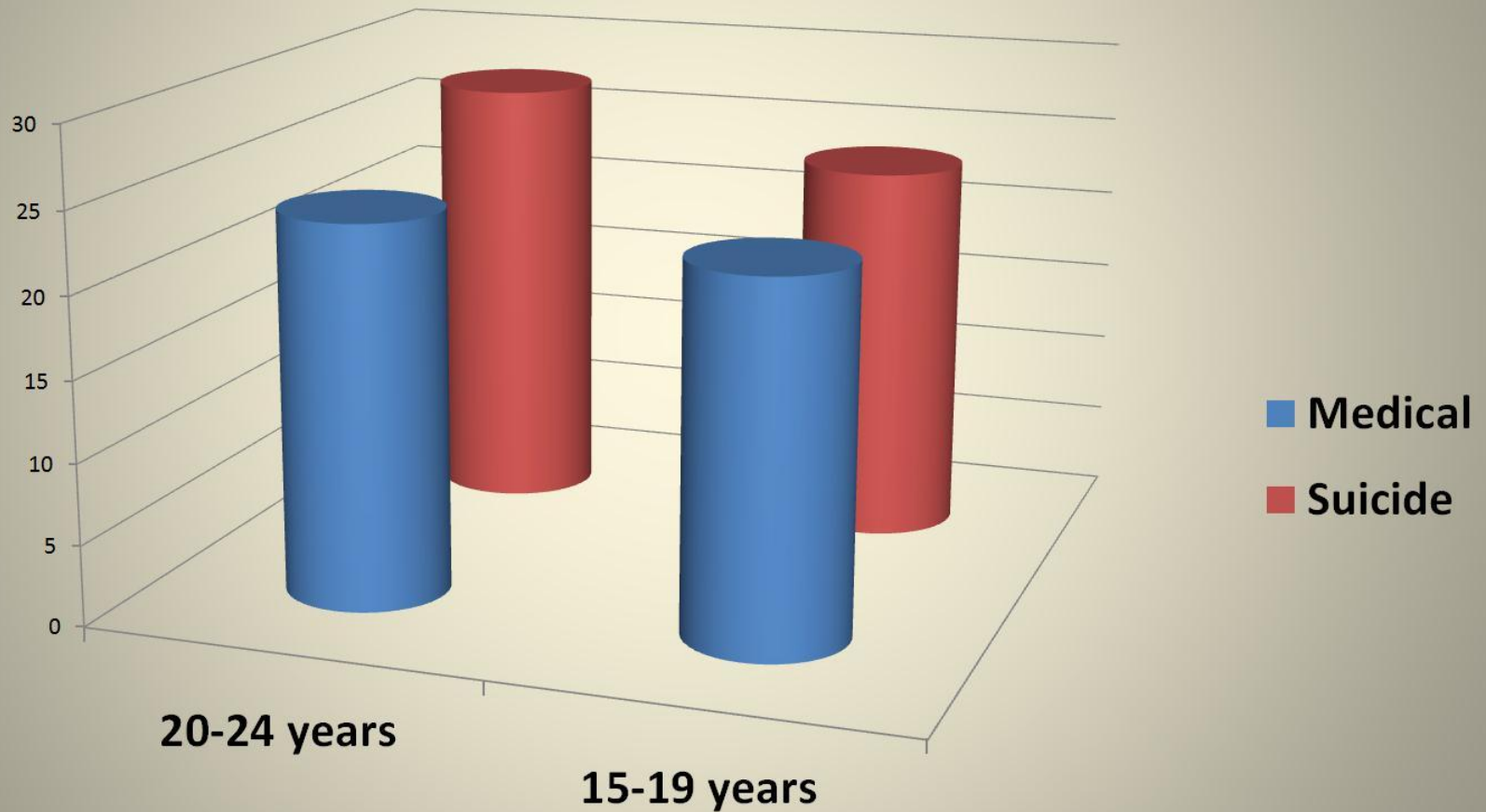
2009



Youth Suicides as % of Total Suicides 1948-2009



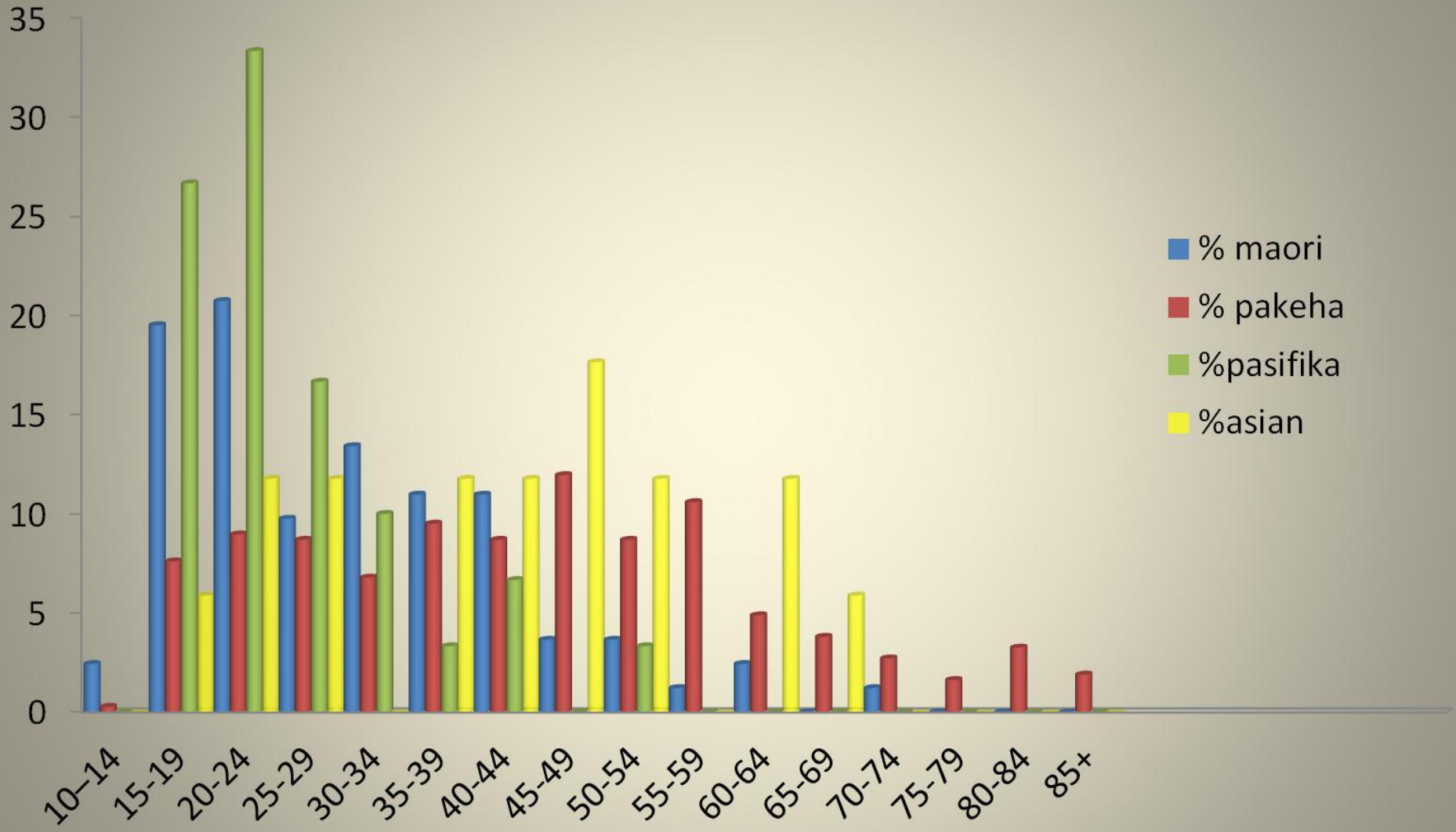
Medical & Suicide Deaths





Maori Suicide

Suicides by Ethnicity & Age 2009



Maori and PI youth are over two and a half times more likely to commit suicide than other New Zealanders

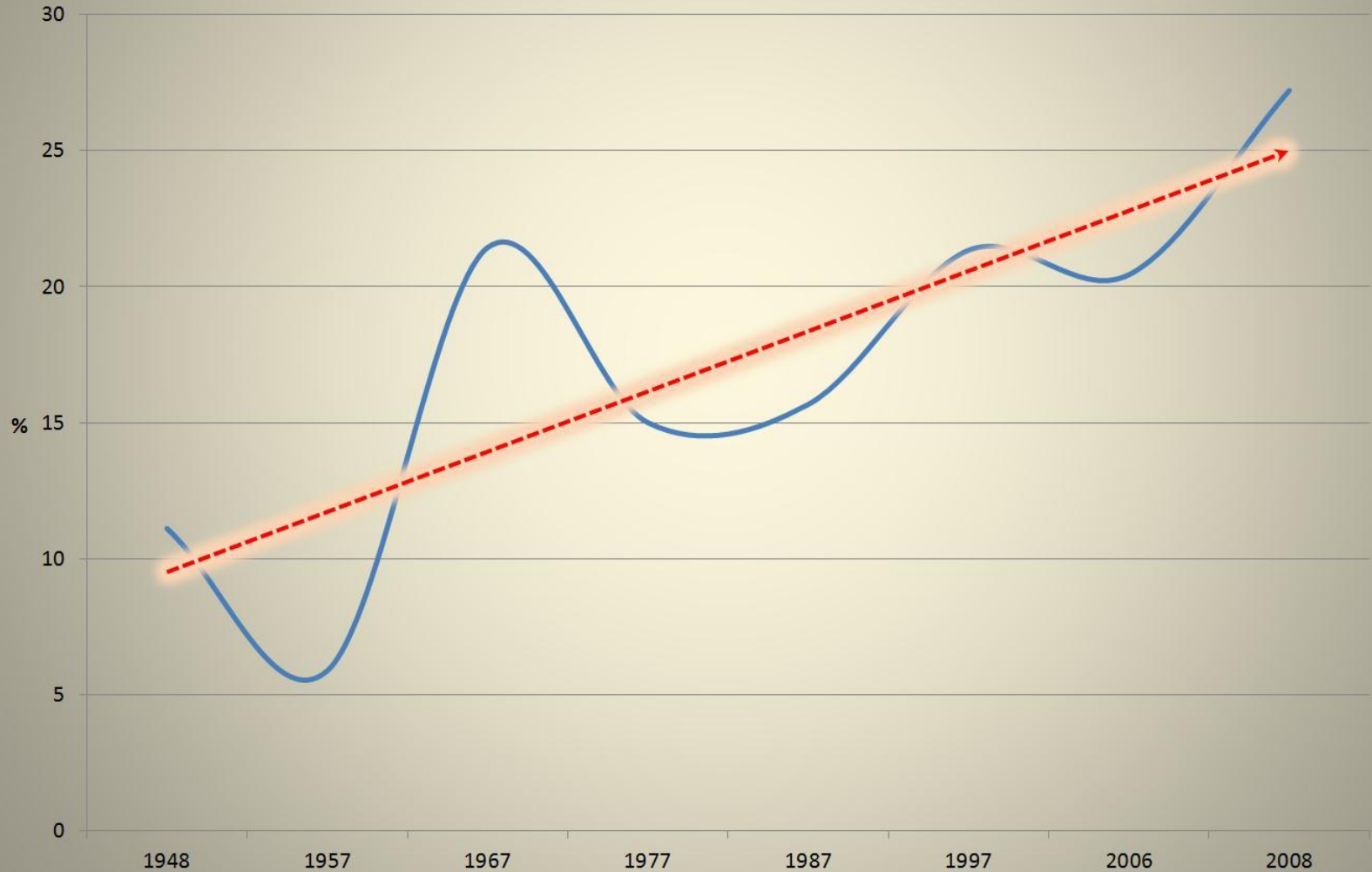
100% of the girls aged 10-14 who took their own lives in 2007 were Maori

The Māori youth suicide rate was 27.6 per 100,000 Māori youth population: about 70 percent higher than that of non-Māori youth (16.4 per 100,000).



Female Suicide

Female Youth Suicides as % of Total Youth Suicides





Male Suicide

- 74% all suicide victims in 2010 were male
- 73% youth suicide victims in 2010 were male
- Ratio of male to female suicides 3:1
- Road traffic crashes
- Suicide by cop

NZ Suicide Prevention Strategy

Refer to Mental Health Services

- promote mental health and wellbeing, and prevent mental health problems
- improve the care of people who are experiencing mental disorders associated with suicidal behaviours
- improve the care of people who make non-fatal suicide attempts
- support families/whānau, friends and others affected by a suicide or suicide attempt

Access to Means

- reduce access to the means of suicide

Silence

- promote the safe reporting and portrayal of suicidal behaviour by the media

Evidence

- expand the evidence about rates, causes and effective interventions.



Referrals to Mental Health Services

Annual Report DG Mental Health 2009

Service Users 25 times more likely to commit suicide

29% increase in suicides

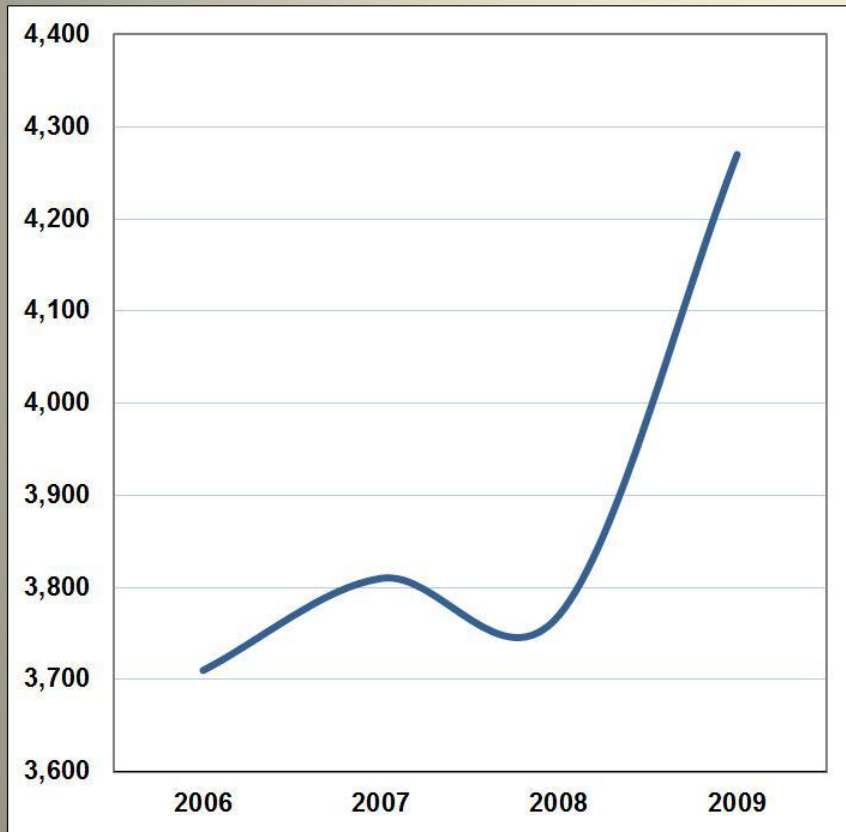
Most common diagnosis 'other'

**1.2million
antidepressants were
prescribed to 457,450
New Zealanders in
2009**



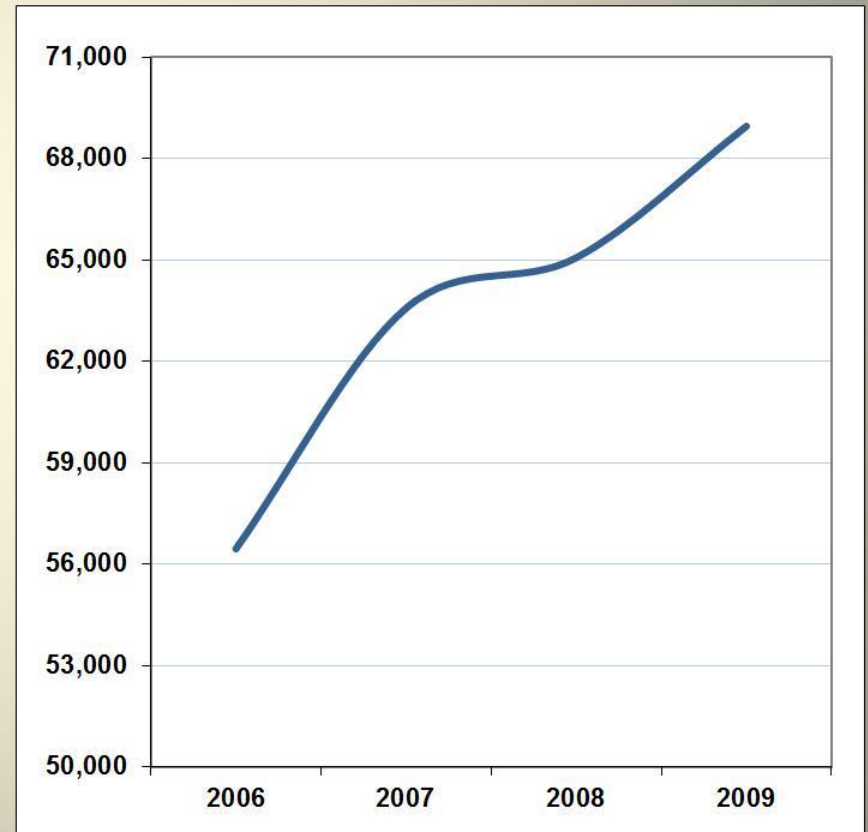
Antidepressant Prescribing 2009

5-14 year olds



1,980 children

15-24 year olds



35,800 young people

Labelling

Labelling causes self stigma and suicidal thinking

Makes mockery of valuing diversity

Psychiatric labelling is not science



“It is a concern that participants from nearly all focus groups identified mental health services as the most prominent source of discrimination towards families and whānau.”

- Over 60% of senior male psychiatrists born in NZ believe Maori are genetically pre-disposed to madness.

John Read, Senior Lecturer, University of Auckland

- How can we work holistically? We can't work spiritually, that's a job for a witchdoctor.
- Need should be the basis for provision of health services, not a bloody 150-year-old document.
- We can work with Maori as effectively as Maori work with Maori. At least I am a qualified psychiatrist— not a life-experience qualified Maori.

- I don't think of my clients in terms of their culture. All people are the same.
- To run separate Maori-run services only encourages separatism. We are all New Zealanders.
- I am sick of questionnaires regarding Maori stuff, there is far more important issues than those regarding Maori mental health. Do you really think that psychiatrists need to have an understanding of such concepts like spirituality – come on give me a break.

- I wish Masters students would stop sending me crap studies like this, about pointless, meaningless, cultural rubbish. They (Maori) only represent about 10 per cent of the population, for God's sake.

- This questionnaire is worthless! I mean the Maoris are always going on about the importance of land etc. etc. so why did they bloody well give it away. They went on about the importance of forestries and lakes and then that bloody idiot cut down the tree on One Tree Hill. I feel that they are getting the appropriate services they need, just not using them, medication is the answer – but they just don't take their pills – if cannabisis was prescribed, I'd bet they'd bloody take that.

Maori
Suicide
Prevention

Governor
General's
Residence

\$42.7m

\$2.3m



TADS Study

MOH 2007

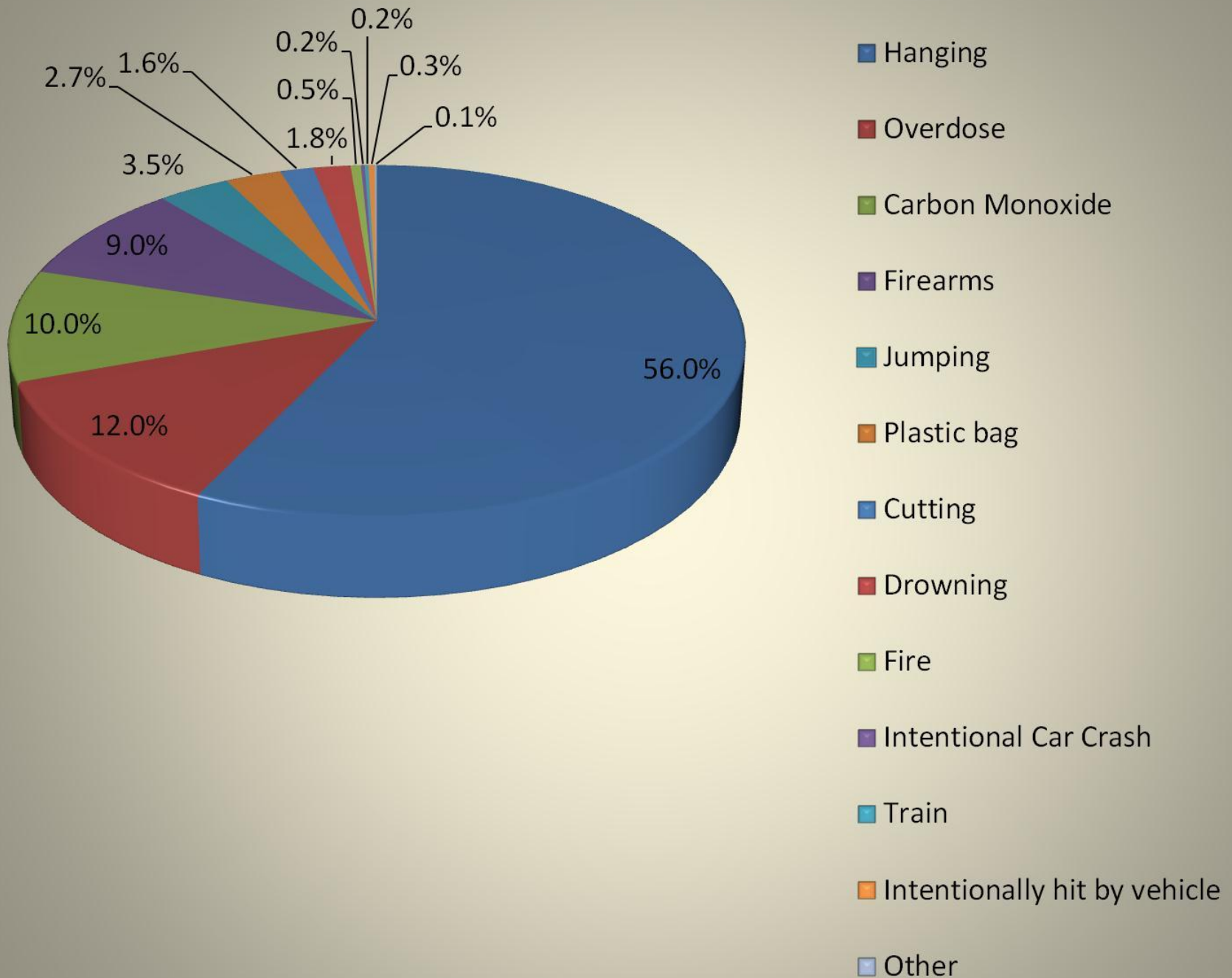
Kirsch 2008

Fournier 2010



Reduce Access to
Means



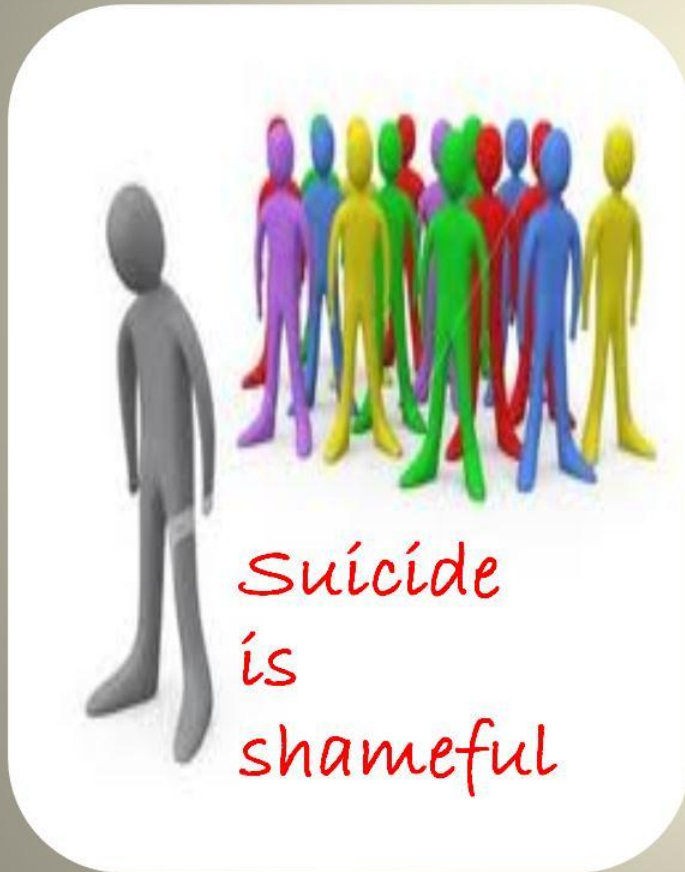




Silence



Advice to Government



People who commit suicide should be portrayed as 'deviants with mental illnesses

Parents must not be allowed to say their children who suicide are wonderful people and loved by many

- Treatment of Maori suicide victims and impact on their families

Research on Effective Strategies

Refer to Mental
Health Services

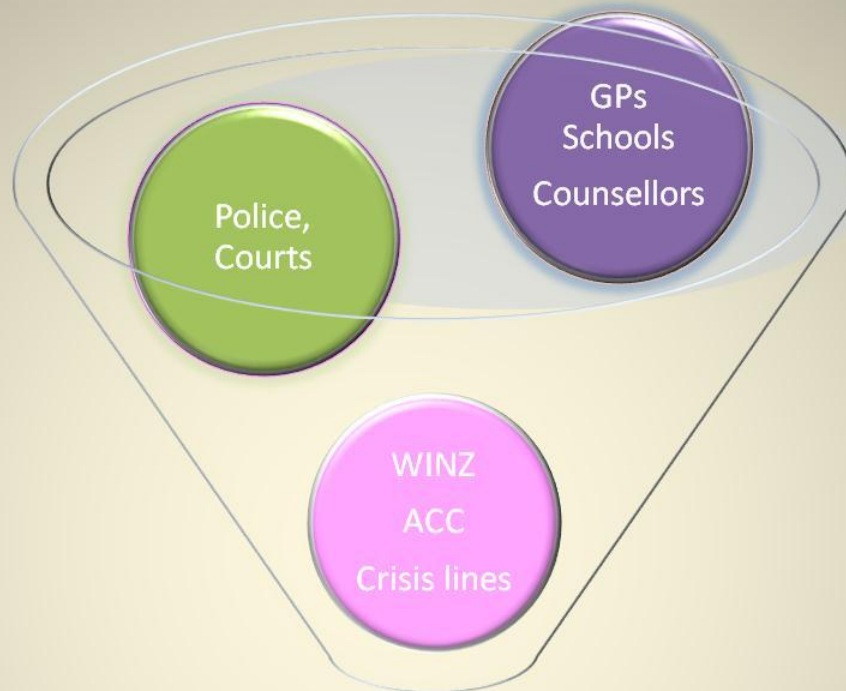
- Perkis & Burgess 2004
- MHF report 2010

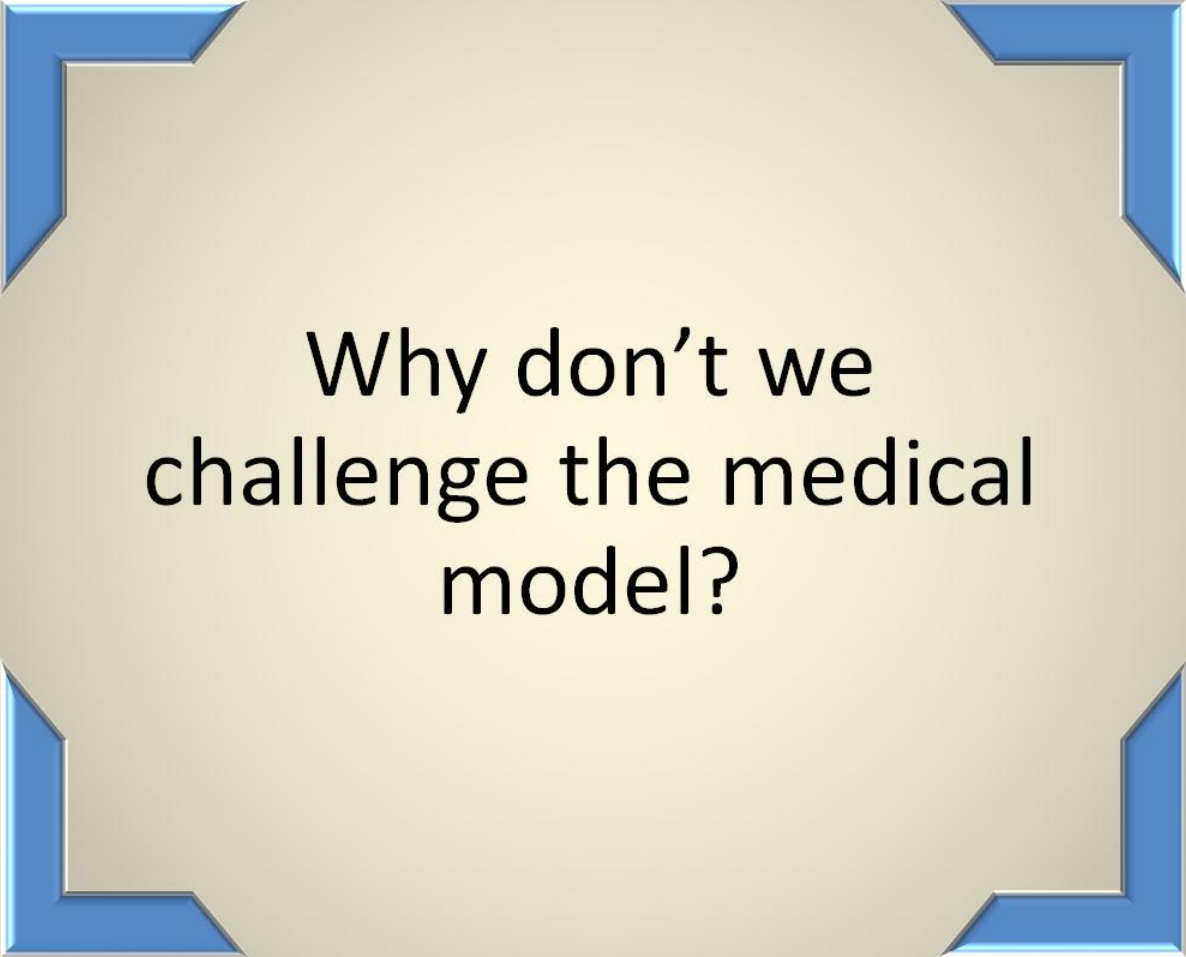
Reduce Access
to Means

- Beautrais 2000
- Increased prescribing

Restrict
Reporting

- CASPER submission
- Feigelman 2008





Why don't we
challenge the medical
model?

Marketing disorders

Mass screening

Scare tactics

Misinformation

Normalisation



So what other approaches are there?

• Sociological Approach

• Maori Cultural Approach

• Physical Health Approach



Social Approach to Suicide Prevention



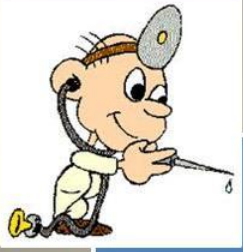
Sad
Distressed

Doesn't fly
fish
swim

Can't
function

Is it possible this bird is reacting to a toxic environment rather than being mentally ill?

Sickness Model

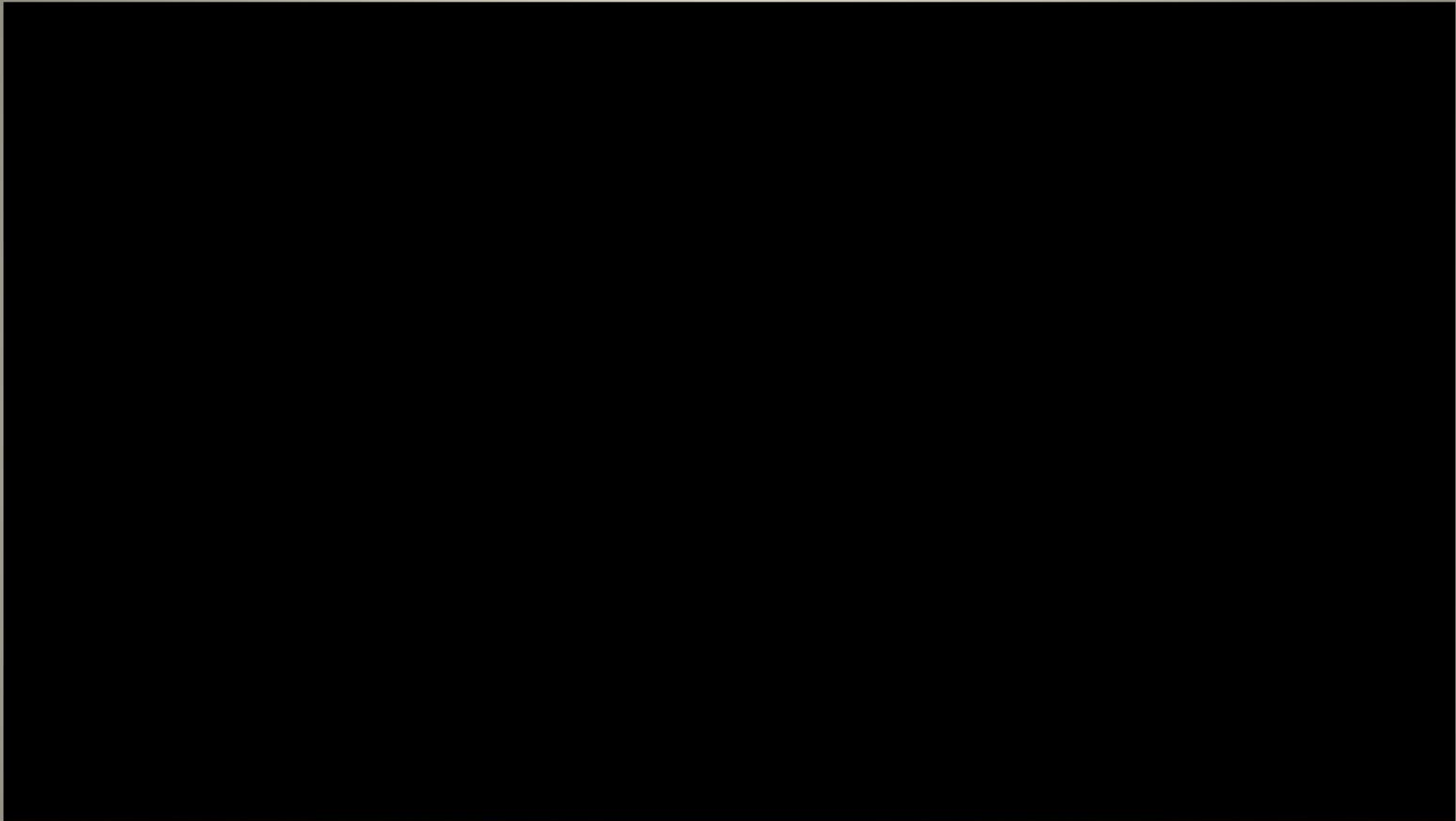


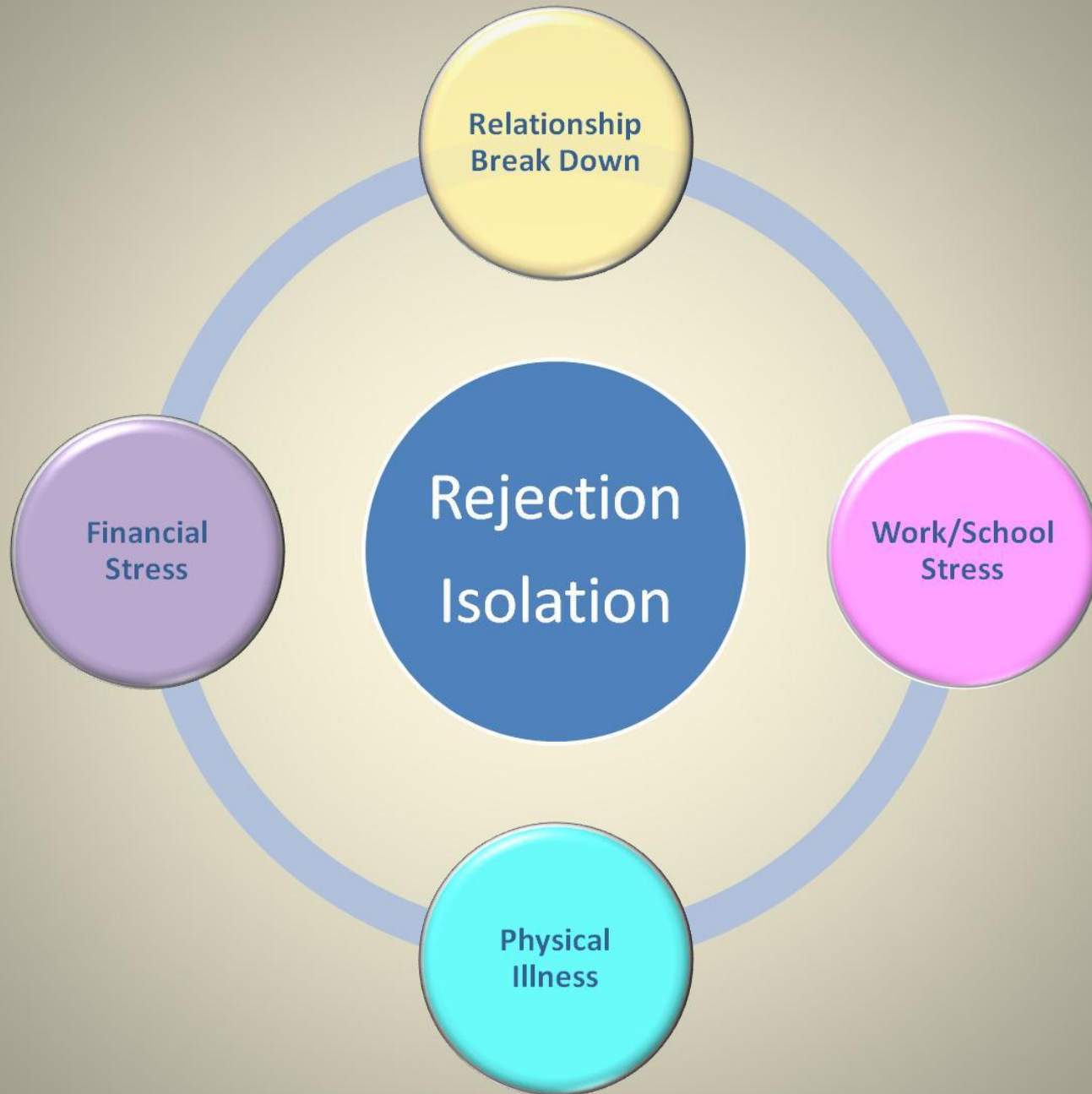
- Cause: illness or defect
- Prevention: treatment of illness/defect
- Individual is the 'problem'
- Intervention follows emergence of illness
- Prevention focuses on the individual
- Aim: cure the individual

Social Model



- Cause: interactions between people and circumstances
- Prevention: anticipate problems and intervene in circumstances and processes
- Environmental factors are the 'problem'
- Prevention can be achieved through methods other than 'treatment.'
- Aim alter the environment





**Relationship
Break Down**

**Financial
Stress**

**Rejection
Isolation**

**Work/School
Stress**

**Physical
Illness**

A Different Concept of Risk



Leaving is a risk they are ill-equipped to take



Bonded
Belonging
Fatalistic

Sociological Approach

Listening to young people (France)

Reduce alcohol (Hungary, Russia)

Exam support (India)

Info on pain and risk of injury (Canada)



Maori Cultural Approach to Suicide Prevention

Maori Cultural Approach

Cultural identity and practices and whakapapa or kinship ties insulate young Maori from suicide

Tino Rangatiratanga or self determination heals the wounds that cause suicide.

Suicide is often misconstrued as the ultimate act of self-determination rather than the ultimate act of oppression and victimhood forged within a deeply wounded spirit. It seems that once the spirit is deeply and profoundly wounded and thereby rendered vulnerable to death, suicide becomes a possible way in which the wounded spirit can be translated out of a place of misery and despair into a place of escape from the conditions which bind it.

Unless Maori are able to exercise control over the design of interventions for suicide prevention, the solution will continue to be improperly framed in Western psychological traditions as an individualized, deficit-focused problem inside the individual.

Cause of Suicide

traumatic loss of culture over generations.

a state of mind characterized as kahupo, meaning loss of hope, meaning, and purpose, and an enduring sense of despair.

Not having a voice

legacy of numerous traumatic events a community experiences over generations

One size fits all approach to suicide prevention

Prevention

restoration of culture at the group level.

self determination and self governance

Whakapapa renders individual pain a collective concern when Maori youth are engaged in their own development and reclaiming their own cultural identity, it gives them purpose, meaning, and thereby a will to live.



Physical Health
Approach to Suicide
Prevention

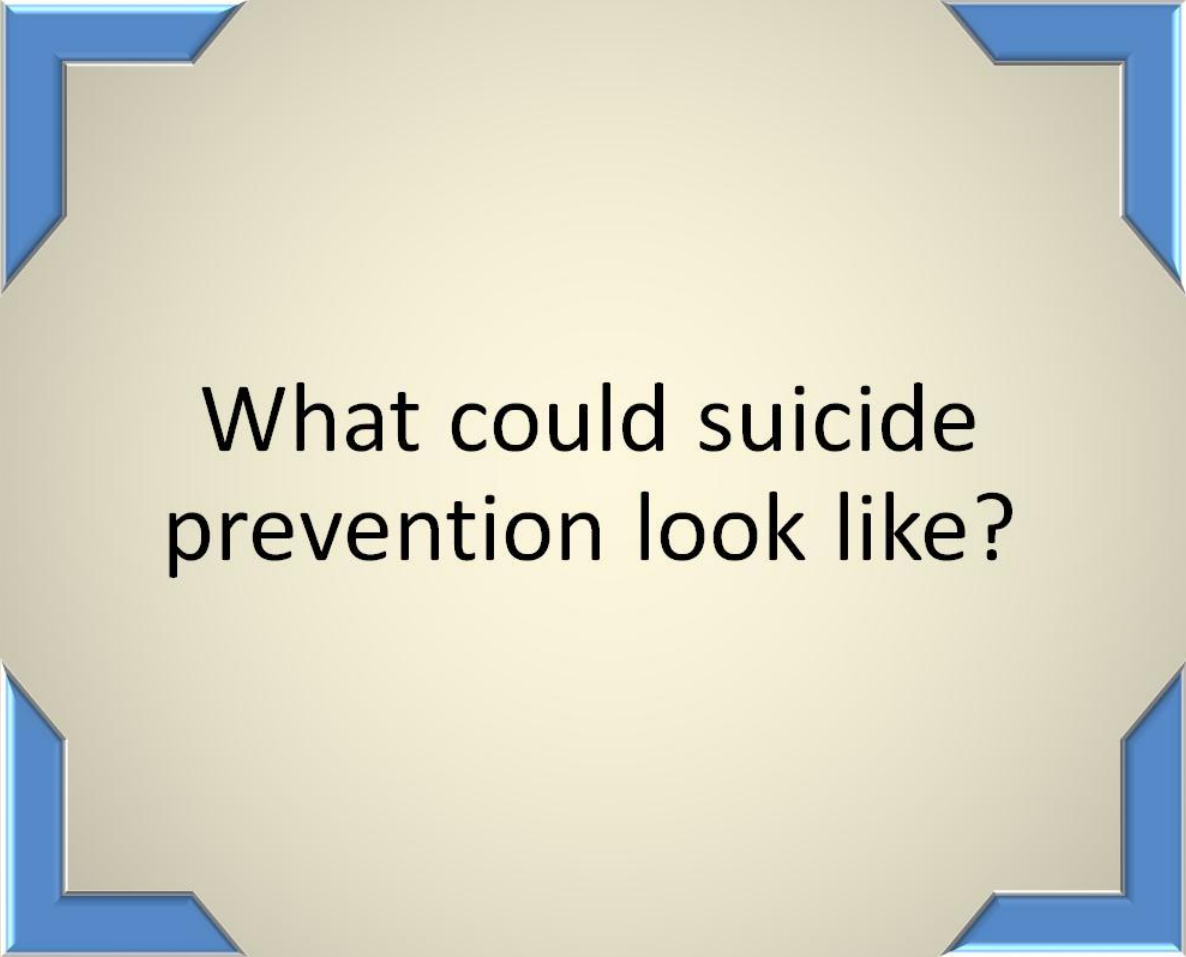
Physical Health

Disease /
Illness

- Diabetes
- Tumours

Deficiencies

- Vitamins
- Minerals



What could suicide
prevention look like?

DOWNWARD PROCESS

Individualism
Loss of
Community
and Culture

Loss of
Sense of
Belonging
and Worth

Isolation
and
Disconnection
from
Community

Depression
and
Lethargy

Ill Health
and Disease,
Violence and
Decay of
Community

Health & Wellness,
Safe Neighborhoods,
Flourishing
Community

Optimism,
Energy &
Power

Positive Sense
of Belonging
& Worth

Interaction &
Connection
ie. Strong
Families, Elder &
Neighborhood
Networks

Develop
Philosophy of
Community

UPWARD PROCESS



Peer mentoring



Natural Helpers



Public Awareness



Gatekeeper Education



Reality Check

Brian Mishara IASP

“Communities and Societies
that are well
integrated and cohesive have
fewer
suicides.”



Strategy focussed on mental health
allows government to avoid addressing
social factors

Casper

Community Action on Suicide Prevention Education & Research

Suicide Prevention

- Educating Politicians and Opinion Leaders
 - Developing New Approaches
 - Advocating for Change

Family Support

- Networking and Peer Support
- Inquests, inquiries, complaints

Education & Research

- Literature Reviews
- Documenting Stories
- Presenting Information



www.casper.org.nz



facebook



T Shirts

World Suicide Prevention Day 10 September

March on
Parliament
8 September

Walk and
Community
BBQ 10
September