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# Suicide Truth

VOLUME 1, ISSUE 2

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## World Famous Researchers to Support CASPER on World

### Suicide Prevention Day

CASPER is proud to announce that internationally renowned researchers Prof David Healy and Robert Whitaker have accepted our invitation to come to NZ and share their knowledge at our World Suicide Prevention Day events.

Professor Healy is a Psychiatrist and Psychopharmacologist from the University of Wales. He has published over 20 books on psychiatry, mostly linked to psychopharmacology which have been translated into several languages and are currently in their 5th Edition. He has also authored 50 chapters in books on similar issues, over 150 peer-reviewed articles and over 250 other pieces.

He has been invited to talk at close to 300 international meetings on all continents at dozens

of Universities and professional associations around the world.

Professor Healy is best known for his research on the links between prescription drugs and suicide.

Robert Whitaker is an author, journalist and Pulitzer Prize finalist. His first book *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill* was named by *Discover* magazine as one of the best science books of 2002. His newest book, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, won the *Investigative Reporters and Editors* book award for best investigative journalism in 2010. It investigates the issue of why, in an era where psychiatric

drugs are so widely prescribed, the mental health of nations is worsening rather than improving.

Professor Healy and Robert Whitaker will be speaking at a CASPER event in Auckland on 2 September and Robert will give further presentations of his research in New Plymouth on 6 September and Wellington on 8 September.

Registration forms for the events on the 2nd and 6th are attached to this newsletter. Forms are also available at

<http://www.casper.org.nz/node/200>

or by emailing

[maria@casper.org.nz](mailto:maria@casper.org.nz)

Please forward the forms to anyone you consider may be interested in these events.

## World Suicide Prevention Day

Plans are progressing for the march to parliament on 8 September. With 10 suicides every week in New Zealand and 10% of the deaths of our 10-14 year olds being from suicide, we think it is critical to raise awareness of suicide and its prevention. We want to ensure people are aware of the risk, to give a voice to bereaved families and

to send the message that suicide victims are not statistics but real people with real families who need the support of their communities and government in ending this tragedy.

The Ministry of Youth Development has calculated that if a conservative 6 people are affected by each suicide, there have

been 65,000 people bereaved by suicide in the last 25 years in NZ. It is sad that such a significant group of people have been largely invisible in our communities. This is something we aim to change.

# World Suicide Prevention Day Fundraiser



On 8 August our glow-in-the-dark CASPER branded shoelaces will go on sale. They will be available from all branches of Number One Shoes throughout New Zealand at a cost of \$10 per pair.

Funds raised from these shoelaces will go towards supporting our work in delivering free community information presentations on suicide and its prevention, support for families bereaved by suicide, the establishment of a network for children and young people who have lost siblings to suicide and a range of other CASPER activities.

CASPER does not accept any government funding for two reasons. First it is important to us that our role as a watchdog for suicide prevention activities is not compromised through any loss of independence. Second, we do not wish to compete with front-line service delivery agencies in the community whose work we admire and who struggle for funding.

CASPER is currently funded from the personal resources of its member families. The sale of one of the founders homes provides the majority of funding along with donations from other families.

CASPER has also been the recipient of a number of generous in-kind donations from businesses and has its web hosting costs met by MRE Property.

The Ministry of Health estimates the cost of suicide to be \$1.6billion per annum against the NZ economy. CASPER believes that partnering with the business community to reduce the social and economic cost of suicide is a model which provides benefits for both CASPER and its business partners and for families and communities.



## So why shoelaces?

Empty shoes are often used to represent those who have lost their lives to suicide. Our shoelaces represent this loss of life but glow to symbolize the hope that arises from the fact that suicide is preventable. It is about the fact that the owners of those empty shoes shine light on the subject by sharing their stories.

We also wanted those who donate to CASPER to get something useful for their money. We suggest buying both a blue and a white pair so you can mix them up and be really fashion forward!



Casper Glow-in-the-dark shoelaces are available in white or blue.

# Suicide in the 21st Century—has anything changed?

Time and time again CASPER hears families talk about the rejection and isolation they experience after the suicide of a loved one. *“The lepers of the 21st Century”* is a phrase that is often repeated.

We hear of bereaved parents, spouses and siblings who are rejected by their families, friends, churches, neighbours and communities after a suicide in their families. We hear of people crossing the road to avoid contact with our families, denial of burial rites, and significant financial losses and we ask ourselves if anything has really changed since the 16th century.

Historically the bodies of suicide victims were abused. They were buried at crossroads rather than in cemeter-

guidelines exhort journalists to highlight character flaws in suicide victims.

We are told the families of suicide victims are dysfunctional, abusive and mentally ill. Customary funeral rites are denied and the resources of families are taken from them by a state which requires them to pay for justice and accountability. We see families losing their homes, businesses and life savings as they participate in inquests, HDC proceedings, ACC cases and medical and nursing council proceedings.

We see families driven to despair and suicide by their treatment by the government, the courts, psychiatrists and ‘suicidologists’.

What justification exists for promoting practices which not only dishonour the dead but are experienced as abuse by those left behind? With support for those bereaved by suicide a key plank of our Suicide Prevention Strategy, how do we defend denying the bereaved the comfort of remembrance and ritual and instead treat them in a way that intensifies their pain, isolation and suicidal thinking?

The answer to those questions is contained in the notion of ‘suicide contagion’ which is promoted by experts as a dire consequence of honouring the dead and allowing families to speak about their loved ones.

This is a concept which has a very weak evidence base and which was recently dismissed by the Chief Coroner who stated that the benefits of open discussion about suicide outweighed any risks.

So what underpins the negative comments made by the Prime Minister’s Chief Science Advisor and others about families bereaved by suicide? Are we really a group characterised by dysfunction, abuse and mental illness? The most recent study by the Ministry of Health would suggest otherwise. It

compared the families of those whose children have died from suicide, those whose children have made suicide attempts and those with no history of suicide or self harm and found they

*Young people who die by suicide are more likely than others to come from a troubled family background. This includes having parents who are no longer together or have a poor relationship or a history of psychiatric disorder. In a study of suicides under the age of 15, the picture was of “a disadvantaged, vulnerable and distressed group of adolescents growing up in extremely difficult circumstances”*

were indistinguishable from each other.

The idea that suicide happens only in ‘bad’ families with ‘violent or disturbed’ parents is not only abusive to us but serves to lull other families into a false belief that suicide could not happen to them.

The crossroads at which suicide victims were historically buried is seen by scholars to represent a place of confusion with no comfort or peace. This is exactly the place government policy leaves the families of victims today. While we no longer drive stakes through the hearts of suicide victims we most certainly drive them through the hearts of their families.

*Interment in a remote, anonymous grave without a funeral was a casting-out:*

*the person no longer belonged to society. It erased all memory of the*

*self-murderer, and warned others that this fate awaited them too, if they were*

*tempted to end their life. While it is hard to avoid theorising that driving a*

*stake through the body was to*

ies and had stakes driven through their hearts. The state confiscated the property of victims and their families. Suicide provoked fear and those who died and their families were punished, humiliated and rejected by society.

Today we are told that those who die from suicide are ‘deviants with mental illnesses.’ ‘Experts’ appear on television saying that families of children who die from suicide must be stopped from saying their children were loved and were good people. New media



*Grave of Kitty Jay and her unborn child who died from suicide in 1790 and was buried at the crossroads with a stake through her heart.*

# A Father's Loss...

Richard recently  
lost his 12 year  
old son .

A Father's loss is an inability to love a son

A Father's loss is not a Mother's loss

A Father's loss is deep but often silent

A Father's loss is a failure to protect

A Father's loss is frustrating

A Father's loss is wanting to do something but not knowing what to do

A Father's loss is having to watch the grief of their partner without being able to help

A Father's loss is often lonely

A Father's loss is emotional,

A new experience

A Father's loss has spiritual meaning

A Father's loss is missing a friend

A Father's loss is having death as a companion

he never wanted

A Father's loss is missing the future

A Father's loss is gaining the ability to cry

A Father's loss is a large hole within his heart

A Father's loss creates life long change

A Father's loss is a journey along a different path

A Father's loss is knowing that his son's spirit remains in his heart

A Father's loss gives insight to a mother's grief

A Father's loss gives insight to love

A Father's loss is to understand sensitivity

A Father's loss is to understand the need to support

A Father's loss will last a lifetime.



## Media Reporting of Suicide

In August 2010 New Zealand's Chief Coroner speculated publicly on whether there was a link between NZ having the most restrictive regime in the world on media reporting of suicide and the highest rate of youth suicide in the OECD.

In December that year, after reading a submission he invited from CASPER, the Chief Coroner for the first time allowed uncensored reporting of an inquest into the suicide of a young woman.

In response, the Prime Minis-

ter asked the Ministerial Committee on Suicide to investigate whether the provisions of the Coroner's Act which mandate suppression of open discussion of individual suicides need changing and whether the Ministry's 11 year old guidelines on media reporting of suicide needed updating.

The Committee did not undertake a review of the policy basis for the Coroner's Act restrictions on reporting. Suicide Prevention Minister Peter Dunne put together a

working party to review the guidelines. He advised that there would be no representation for bereaved families on the Working Party.

New guidelines were released for comment on 28 June. They are virtually identical to the old ones with the key difference being that the research evidence supporting the guidelines has been removed from the resource.

To view the CASPER submission on the guidelines see the research section on our website at [www.casper.org.nz](http://www.casper.org.nz)



# A Very Scary Story...

Once upon a time, (in 2010,) in an Ivory Tower in a faraway land, (the Centre for Post-traumatic Mental Health, Department of Psychiatry University of Melbourne) three Wise doctors published a paper called 'Preventing PTSD: Are Drugs the Answer in the Australian and NZ Journal of Psychiatry.

The three wise doctors told a wonderful story of how giving people alcohol and other drugs would stop them being silly and abnormal when bad things (like finding their children hanging from nooses, having buildings fall down on their heads and being shot at by soldiers) happened to them.



The Wise Doctors knew that when these bad things happened, people had nightmares and horrible memories and felt numb and scared. Some of these

poor people got eaten up by a big bad wolf called Mental Illness.

Some people in the land thought that feeling bad and not being able to carry on with your life as usual for a long time after the noose/falling down building/mean soldier thing happened was pretty normal and just required lots of love and support to deal with but they did not have nice white coats and special prescription pads so no one listened to them and their silly ideas.

The three Wise Doctors read some important stories with big long words like chemoprophylaxis, norepinephrine and pathological.

They discovered that people who get drunk when a bad thing happens to them or are injected with hydrocortisone, morphine or propranolol could escape from that nasty old wolf, Mental Illness.

"Most people will be all better 2-3 weeks after a bad thing happens to them" said the Wise Doctors "but some people will still jump when there are loud noises, still have pictures in their heads of the bad thing, won't want to go back to the place the bad thing happened and will be scared of more bad things happening. We must protect those poor people with our magical needles full of drugs!"

The Wise Doctors sat down in their special thinking chairs and worked out a plan. "We could give the drugs to all the people in the land" said one "then no one will be sad and the nasty old wolf will have no dinner."



"That is a good idea but some people might not have any nooses/falling down buildings/mean soldiers and we will have wasted all our money giving them the drug. Some people might run away from the Wolf without the drug and some people might get sick from the drug. I have a better idea!" said the other. "We will give the drug to the people

who live near the bad things and might see them, we will give the drug to the people who see the bad things and whose hearts beat very fast. Those are the people the Wolf likes to eat and who we should prick with our special needles." "Hurrah!" said the Wise Doctors, we have a very good plan to save the broken people. We will fix them and they will be good as new! How wise and clever we are."

"Wait" said the third Wise Doctor what if the people don't want our needles? What if they don't understand why it is important that we poke our needles into them? What if their naughty lawyers argue that they won't be able to testify in court about the bad things that people did to them? Whatever shall we do then?"

The three Wise Psychologists stared at each other in dismay. "Could we huff and puff and blow their houses down?" asked one. "Could we turn them into pumpkins at midnight?" said another.

"No, said the third Wise Doctor, we will do something much more clever. We will get some money and give the drugs to some people who will say they are very nice drugs. Everyone will know our drugs are the best in the land. Then if the silly people say naughty words like 'informed consent' we will use our most powerful magical words and silence them!!!"

The Wise Doctors smiled at each other, they arose from their thinking chairs, held their prescription pads high in the air and with their sacred pens inscribed with the names of their Gods—Pfizer, Mylan, Lilly & GlaxoSmithKline—they inscribed the magic words

*If the data on prophylactic medications were stronger, it could be argued that informed consent would not be required. In the same way that medications or procedures are decided for unconscious or otherwise incapacitated patients, chemoprophylaxis would become a question of judgement for the treating physician.*

And all the people in deep shock were injected with drugs without their consent and the doctors and pharmaceutical companies lived happily



ever after.

A copy of this article is posted under the research tab on the CASPER website on the following link <http://www.casper.org.nz/node/199>

To discuss the article with the authors, email [susanlf@unimelb.edu.au](mailto:susanlf@unimelb.edu.au)



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Please contact us with your feedback. Suggestions and ideas for stories. If you would like to contribute to the newsletter please send us your article, story, award nomination or news.

For information on world suicide prevention day activities and sponsorship information please contact

Carolyn Lowe, Casper Events Manager on 0274765024

The views expressed by contributors to this newsletter may not represent those of the organisation.

## Casper wants to acknowledge...

The Generosity of our sponsors

- MRE Property
- Number One Shoes
- The Devon Hotel, New Plymouth
- Waipuna Hotel, Mt Wellington
- Pimp My Facebook, Taranaki
- gadget:creative, Taranaki

The Powell Family for making a brave and exciting new start

Dr Candy Cox and her Anamata students for listening to families

The birthday of Aroha Foley

The Wellington Zoo for offering reduced entry for children who have

lost a sibling to suicide.

The Community of Glen Innes for their commitment to suicide prevention

Those who have lost their lives to suicide and the families who work to prevent others suffering this tragedy.

### DONATE TO CASPER

*The work of CASPER is funded directly by families bereaved by suicide and in-kind donations from Corporate Sponsors. Casper does not accept government funding and does not charge membership fees.*

Donations can be made by direct bank deposit to the CASPER Trust Bank Account

12-3026-0397839-00

Or by posting a cheque to:

CASPER

PO Box 5257, Wellesley St, Auckland

Cheques should be made payable to

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If paying by bank deposit, please insert your name or organization as a reference

Please email maria@casper.org.nz to request a receipt