

MENTAL WELLBEING AND SAFETY > SUICIDE > A DISCUSSION ABOUT SUICIDE

A discussion about suicide

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1. What is suicide and self harm_

Hi Annette, thanks for seeing me today. So my name is James, I'm a father of a 17 year old girl and I've got real concerns around suicide and self-harm and things. And yeah, I've got some questions to ask you. So what is suicide? So suicide, James, is the act of deliberately harming yourself with the intention of killing yourself. A suicide attempt is an attempt to injure yourself with the goal of killing yourself, but you actually survive. And then we need to also consider suicide ideation or suicide thinking. And that is a suicide attempt. And that is a suicide attempt. And that's thinking about suicide.

And people who think about suicide may or may not have a plan. So what is self-harm? Self-harm is, the technical term for self-harm is actually non-suicidal self-injury. And it refers to the sorts of behaviours that you've heard about which are cutting and burning type behaviours, very often on the wrists and the forearms, but it can be other sites as well. And people do tend to get confused between suicidal behaviours and self-harm behaviours, but actually the biggest difference between the two is the intent. With suicidal behaviours, the person has the intent of killing themselves. With self-harm, people engage in the self-harm activity, but their intent is not to kill themselves.

Self-harm is... is it sets up a sort of what we call a pain relief cycle so that the person will feel the tension building up that can only be relieved if they cut or burn themselves. And you know yourself if you burn yourself accidentally on an iron or something like that. When you take your hand away, there's a relief. And this is what people get actually addicted to. And the self-harm behaviours are addictive behaviours. They have the same neurological circuitry as the other addictive behaviours, substances, gambling and other behaviours like that. And it doesn't take very many episodes of self-harm for the cycle to be set up.

So there is a lot more non-suicidal self-harm behaviour than there are suicidal behaviours. The number of people engaging in these behaviours and the volume of non-suicidal self-harm behaviours has increased massively in the last 10 years. We think as a consequence of the exposure that young people have to social media models of self-harm behaviour. Self-harm may or may not lead on to suicidal behaviour. There tends to be conflict. There tends to be conflict. There tends to be conflict. There's usually just a tiny fraction of people who engage in self-harm behaviour who then go on to suicidal behaviour.

But we always have to be very careful about looking for that tiny fraction who might move into suicidal behaviour. The differences between self-harm behaviour and suicidal behaviour, obviously there are a number of differences. The first question that you need to ask if anyone is self-harming, is does it need medical attention, suturing, cleaning the wound and so forth. The second question that will distinguish between the two behaviours is when you cut yourself or burned yourself, did you do it with the intention of killing yourself? And in the vast majority of cases, people are going to say, oh, no, no, I did it to make myself feel better.

I did it to relieve the tension. I did it so I wouldn't feel suicidal. And there are a number of other differences. There's the frequency. People engage in self-harm much more often than they do in suicidal behaviours. The methods are different, the sites are different, all that sort of stuff. But the biggest difference is the intent. And I've taken a bit of time to talk about that because self-harm behaviour is actually so common these days. If you go into high schools, probably around, in many schools, 30% to 50% of young people are actually engaging in some form of self-harm. It's also highly contagious behaviour.

And, of course, schools are very well set up for people to copy other people's behaviours.

2. What leads to suicidal behaviour - contextual issues

So what leads to suicidal behaviour? So suicide is a very, very complex behaviour and it has multiple pathways that lead to that behaviour and there are a vast array of risk factors for suicidal behaviour. I think just before we talk about the risk factors for suicidal behaviour, it's useful to consider that for young people there is a particular context in which suicidal behaviours may be likely to emerge just because they're young. So young people, for example, their limbic system, which is all about feelings and emotions, is very well developed. So they feel emotions very intensely. But their frontal lobe, which is where you have...

basically the brakes and the problem-solving capacity and the high-level decision-making, that doesn't develop until people are about 26 years old. So they feel emotions very intensely, but they're not able necessarily... they don't have the cognitive capacity yet to solve problems that maybe occur because of their emotions. The other thing to remember about young people is that they are not... very... just because of developmentally where they are, they're not necessarily able to see the future clearly. And so... and they don't have life experience. So if there is a relationship breakup, for example, they think that that is the worst thing that's ever happened in the world to anyone and no one else has ever been through anything like that and no one else could possibly understand what they're experiencing.

Sadly, those of us who are a bit older know that probably in your life, in your lifetime, you're going to go through several breakups and you will survive and you will get through them. But to a young person, especially the first time it happens, and they feel, as I said, very intensely, then it's absolutely the end of the world. And they just don't have the capacity to see into the future and to understand that sort of stuff. So, you know, young people, if you're 17, 29 is utterly ancient. And I mean, 35, you may as well be on crutches and in a wheelchair. So that sets them up to seeing the future as being hopeless because they really can't see them surviving into the future.

The other things to remember about the context of young people is that they're very, very peer-influenced as teens and they're also fascinated, they have a morbid fascination around suicide. At the same time, young people simply do not understand the finality of mortality. They don't understand the finality of death. And in part, this is because they don't see well into the future. The... what else was I going to say? They are very susceptible to peer behaviours. I was going to say that it's worth remembering for young people that, interestingly, young people are very susceptible to peer behaviours.

I'm interested in... fascinated by death. That if another young person dies of their age, then in about a third of the cases, that will be a suicide death because young people are physically very healthy. In another third of the cases, the death will be from a motor vehicle crash. And in only a third of the cases will there actually be a physical reason for a youth death. So to young people, one out of three, the deaths of people that they know is suicide. And they see it as much more common than in fact it is. And on top of that, suicide has a contagious element to it. And young people are often in schools and polytechs and universities and institutions.

And those are very places where contagious behaviours are likely to happen. Are likely to happen where you have a socially enmeshed, group of young people, all very much alike. And if someone does something, then other people will copy that. I think it's... so it's very useful to think about all of those contextual issues. On top of that, I would add our current context. Because we're currently living through the digital revolution, which has had a massive impact in the space of ten years, basically. 2011 and the introduction of the iPhone. A massive impact on the way people live their lives. On top of that, we've got concerns about climate change.

I've got massive student debt. I don't know about the security of my job with COVID issues. I'll never be able to afford to buy a house. Do you want to bring children into this world if they're going to fry with climate change? It adds up to a very negative environment.

And then in terms of risk factors for suicidal behaviour, the most common risk factor for suicidal behaviour is a mental disorder. The most common mental disorder associated with suicide is depression. And the second most common disorder is a substance use disorder and the most common substance use disorder is alcohol. And so it's useful to remember that when people are young, that's the age at which mental disorders start to emerge. So 17, 18 is when we start to see substance use disorders really taking hold. Depression, that's when. That's where psychotic disorders start to emerge with the first episode of psychosis.

And alcohol and drugs can make an impact. So alcohol misuse is an independent causative contribution to suicidal behaviours, but they can also occur on top of mood disorders and all of the other background and contextual factors that are going on. So and if the alcohol and drug disorders or drug usage, misuse occurs on top of mood disorders, that really just exacerbates the risk of suicidal behaviour. It exacerbates the problem for young people. So I've covered off, I think, some of the contextual factors, the very strong role of mood disorders and other mental health disorders, anxiety disorders as well, and of substance use disorders.

And often the strongest contribution to that family history comes from a shared genetic history for the mental disorders with which suicide is strongly associated. But there's also a little bit of a modelling effect so that if your dad died by suicide, for example, it makes it more available to you as an option, more understandable as an option. If your big brother died by suicide, again, it makes it, it lowers the risk. It lowers the risk. It lowers the risk. It lowers the risk. It lowers the threshold and it makes it more acceptable for a young person to do the same behaviour. The strongest contribution, however, comes from the shared genetic contribution.

Social media, again, has an influence and that's a relatively new contributor and causative factor to suicidal behaviour. We know that young people who spend more time on social media tend to have a higher risk of suicidal behaviours. The other factor that I have to mention is the availability of the means of suicide in the home. So if there's ready access to highly lethal means and you have an emotional young person, for example, then it's very easy for them, ready access to highly lethal means, make a suicide attempt. I'll talk one more thing about alcohol. Because New Zealand does have a youth binge drinking culture and there's no doubt that alcohol is a very important factor.

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They're not in the head space if they're intoxicated to extricate themselves sensibly from a situation. So I've covered off a lot of risk factors but as I said at the beginning, suicide is a very complex issue and multiple pathways and it's usually not one single risk factor that contributes to suicide, it's usually a number of risk factors.

If I come home and my daughter's saying, you know, I don't want to be here anymore or something like that, what can I do? So, your daughter is saying that when you walk in the door to try and get your attention and to communicate to you that she's distressed about something. And probably the more tired you are, the more she's going to ramp up her talk about suicide to actually make certain that she gets your attention. So, one of the things you have to do is to actually take the time and ask her directly if suicide is what she's thinking about. So, if she says, I don't want to be here anymore, I may as well not be here anymore, you need to drill down.

And you're both walking, and being careful where you walk. But it's so much easier to have that sort of conversation alongside each other. Often, the other place is in the front seat of the car, while you're driving with young people, again, because you're both looking forward. However, to go back to when you walk in the door, if she says that, then you want to ask a few more questions. What's making you think like this? What happened with you today to lead up to you feeling this way? If she says, yes, she's thinking about suicide. Yes, she's thinking about suicide. Yes, she's thinking about suicide.

If, however, she says, oh, I just had a really, really awful day, and I just, everything seems hopeless, and I don't know what I'm going to do for a job, or next year, or all these problems are piling up, or someone bullied me, or my boyfriend got moved to another class and I'm never going to see him again, or something like that, then spending some time with them, suggesting that even, if you're tired, you actually do something together, ask what she would like to happen. Sometimes that's a useful question. What would you like to happen? It may be that she gives you an unrealistic answer, but it gives you something to actually work with.

[illegible]

You can maybe make use of your own employment assistance program. The EAP provider, because that will give you free counselling for yourself and sometimes they give you free counselling for members of your immediate family and that might include your daughter. So that's worth pursuing. Unfortunately, EAP providers tend to work nice civilised hours, Monday to Friday, 9 to 5. So what I would

always say is use as many resources that are available, lodge a call with your EAP provider. They always take voice messages. They are always available. They will call you back depending on the severity of the situation and then call 1737.

So you've basically got two bites at getting help there. You can call the 0800 number at the DHB, the mental health crisis team. In an emergency, don't hesitate, call 111 and police will triage assistance. Police would far rather be called out on a 111 call and not needed than that they called out if the situation became more serious. Police are very experienced at dealing with these sorts of situations these days. So in an emergency, remember you've always got that as a backup.

5. What parents can do - identifying and acting on warning signs

So what can we as parents do? One of the things you can do is to educate yourself around what the risk factors and the warning signs for suicide are and to raise your level of alertness around your young person. And here I just want to draw a distinction between the risk factors for suicidal behaviour that I've just talked about and the warning signs of immediate risk. And maybe one of the ways to think about this is if you think about a physical health emergency, probably the biggest emergency is a heart attack. And we know that the risk factors for a heart attack are lack of physical exercise, obesity, being overweight, high cholesterol levels.

But the warning signs of a heart attack, if you think of the television programmes that come on from time to time, the warning signs of a heart attack are crushing chest pain, maybe radiating down the left arm, breathlessness, palpitations, nausea, sweaty, those sorts of things. They indicate an imminent risk of a, an immediate risk of a heart attack. Now, if you look at suicidal behaviour, the risk factors are difficult time in childhood, mental health problems such as depression and anxiety and substance use, radiation. So, the warning signs of a heart attack are the risk factors for a heart attack.

The warning signs are someone talking about suicide, looking for methods of suicide, asking people what are painless ways to die or to kill yourself, changes in behaviour that are noticeable such as sleeping more or having difficulty sleeping, isolating, withdrawing. So, the warning signs of a heart attack are the risk factors for a heart attack. 거쵸 before he discovered a heart attack, decrease in school performance, not going to school, decrease in performance at work or going to work and not performing to their previous capacity, dropping out of sports teams, stopping doing things that they used to enjoy doing.

Those are the warning signs that parents need to be aware of and respond to. Probably the most important one is young people saying saying or suggesting, because they may not say directly that they're thinking about killing themselves, they may say it indirectly, but being very alert to that. So someone who says, I don't see any point in living with all of these problems in the world, don't even bother buying Christmas presents for me, I'd be very worried about that and I would pursue it further. Someone who may be in the workplace and says, don't bother putting me on the roster after Christmas, I've got my life sorted, and you know they've had a few problems, I would pursue that.

And just raising your level of alertness and vigilance around things like that. Also, don't monitor your children's activities as much as they will let you do things with them and know what's going on in their life, and remember at this time in their life they're trying to establish their independence from their parents, so there might be some pushback from that. From your efforts to get involved in their life, but it is really important that you try to do that. It is very important to keep telling them that you care about them, love them, and that's particularly important for dads to be involved in doing that.

Be alert to other changes in behaviour such as drug paraphernalia, nooses under the bed, pursue that sort of stuff. Getting pills from grandma's bathroom cabinet or something like that and accumulating them. And always ask young people and pursue the issue. Don't hope that it's so scary it'll go away if you ignore it. You have to ask young people directly if they're thinking about killing themselves, if they're thinking about suicide. Don't be afraid to ask directly. You're not going to put the idea of suicide into their head. You're asking them, and in many cases they're actually grateful that you've raised the issue and given them an opportunity to say, yes, that's what I'm thinking about.

If they are thinking about suicide, never, ever ignore them talking about suicide. And that's really difficult for parents because kids learn really quickly what presses parents' buttons. The problem is that there is much, much more. They're much more, it's much, much more common for young people to say, I'm going to kill myself than, and it's much, talking about suicide or thinking about suicide is much, much more common than suicide attempts or suicide. And there is a tendency for people to dismiss it because it's common. The problem is that even though the vast majority of people who talk about suicide are not going to make a suicide attempt or die by suicide, amongst the people who die by suicide or make medically serious suicide attempts, most of them have actually talked about suicide.

So the bottom line is that you absolutely cannot afford to ignore someone talking about suicide. And remember that with young people, they're using it as a communication of distress, and you have to drill down. And find out what it is underneath that's actually causing that distress. If you don't sort that out, they will continue to use, I'm thinking about suicide, as a communication of their distress.

6. What parents can do – getting professional help for your young person

I think I've covered the major sorts of things that parents can do in terms of looking out for immediate suicide risk, but there are a whole lot of other things that parents can... Now, obviously, what I neglected to say was, of course you're going to ask them if they're thinking about suicide, and if they say yes, then you're going to get them to professional help. Now, your GP is your referral hub, and your GP will usually know you and your child or teenager and can work out what the most appropriate referral is for you. That may be to child and adolescent services, to child and adolescent psychiatrists, to mental health services, to particular services such as drug and alcohol services if necessary.

So do... Do rely on the GP making that referral. You can make referrals yourself. If it's the middle of the night, 2 or 3 o'clock in the morning, and you're concerned, ring 1737, and that is New Zealand's professional mental health helpline service. It's funded by the Ministry of Health. It operates 24-7. It's staffed by mental health nurses and counsellors. It's... It's... It will... They will be able to respond to callers in over 40 languages. If they haven't got someone rostered on who speaks your language, they will get an interpreter. And bear in mind that if... It's very difficult to talk about mental health problems if English is your first language.

It's much more difficult to talk about mental health problems if English is your second language. And one in four people who live in New Zealand these days was born outside New Zealand. So it is very important. So it is very important to make use of those interpreter services where you think it might be very, very helpful. You can call 1737. They will give you advice and information. And they also will provide brief counselling, if that's what's required. The other number that you can call is your local DHB crisis line. That's an 0800 number. And that number is on the bottom of your screen. Or you can...

You can find it in the resource book that we're going to make available to you. And it differs from DHB to DHB. Youthline is really useful for young people. Again, funded by the Ministry of Health. It's available for people under the age of 25. And that number is 0800 376633. Or you can text and have a text counselling conversation. Just text 234 for young people. If they're not available, they go online. There's a web chat service. And bear in mind that a number of young people have been raised on social media. And they actually find making phone calls really difficult and anxiety-producing. And they particularly find talking about mental health problems on the phone really stressful and difficult.

So for them, a text messaging service, 234 to Youthline, may be very helpful.

7. What parents can do – health habits to support your young person

I want to also just go back and talk a little bit about things that parents can do to help their young people that aren't necessarily mentally health-based in terms of professional mental health services, but which make a massive contribution to young people's well-being. Now, sobriety is the most important thing. Keep young people, try to keep young people away from alcohol and drugs for as long as you possibly can. Making certain that they do, if they are prescribed medications or therapy, that they do take those and continue with that for as long as possible. And the longer they continue with those, the better their outcome is likely to be.

Bearing in mind that the risk of suicidal behaviour may persist even after a crisis is resolved. So, the longer... The longer therapy and medication are continued, the better in that respect. So, support them in that. The other thing that can often be very powerful with young people is motivational interviewing. Often just one session of motivational interviewing with young people can be very important. Another thing is encouraging positive affect, which is different from treating depression. It's different neural circuitry in the brain. So, encouraging positive affect. Positive affect is encouraging gratitude activities, for example.

So, if you're around the dinner table, just getting into the habit, the daily habit, as a family of, all right, while we're waiting for dinner to be served, what's three things that you're grateful for today? That is... Gratitude is incredibly powerful. There's research that shows that if people write a letter thanking, they're actually thanking people for what they've done to help them. Even... It lights up the positive aspects of your brain. And even if they don't actually send that letter, 12 months down the line, if you compare people who wrote a letter of thanks with people who didn't write a letter of thanks, the ones who wrote the letter of thanks, who didn't even send it, actually are doing better.

And people need to understand that actually thanking people, has a very, very powerful effect. So, trying to integrate those sorts of activities is important. The other... There's a couple of other things. I'm really keen on these things. Family or non-parental support. There are some families that have difficulty and struggle in supporting a young person who's got problems. And there's really good evidence, research evidence now, that's quite amazing, that shows that if you can engage someone outside the family, at the age of 13, 14, or even later, when young people may be having problems, and it's called a youth-nominated support person.

So the young person decides who they want to support them, if their parents are having difficulty doing so. So it may be a grandparent, maybe an aunt, maybe a school teacher who takes a particular interest in them, maybe a sports coach, someone like that. Then, if they

spend a session with a counsellor, and just gets some tips on how to support this young person, it's amazing, but 20 years down the line, when these people are approaching 30, they have had a better mental health outcome, fewer suicidal behaviours, than young people with similar problems who did not have a youth-nominated support person.

So that's very important. The other thing is getting young people out in nature. There is a nature therapy, a nature cure. It's very important. Bear in mind that young people these days tend to spend a lot of time on social media. And this has happened in the space of a generation. We were not born, we were born to be hunter-gatherers, and we were not born to spend 12, 14 hours seated in front of a screen, an iPad, a phone, or a television screen. And physical activity and getting out in nature is really incredibly important, so encouraging that. We know that physical activity improves your mood.

It really does make a big difference. We're really concerned about young people these days, because of the time that they spend on social media, it means that they are simply not, they're sacrificing time that they would have previously spent in physical activity. And it's got big impacts. So in my local region, for example, the swimming instructors who are teaching five and six-year-olds to swim say that they no longer have the upper arm strength that five and six-year-olds had five or ten years ago, because they're not outside climbing trees and on jungle gyms. And we know that young people have lost core physical strength that we would expect them to have at the age of nine or ten or fourteen or fifteen, because they're not outside and doing physical activity.

This basically comes back to what I call really emphasising the foundation health habits with young people. And that's part of parental responsibilities, to try and encourage young people and make certain that they do understand what the, what I call the foundation health habits, six foundation health habits are. So the first one is sleep. And again, that's really important with young people. They need a good nine hours, eight to ten, on average, nine hours sleep. And there's research evidence that shows that young people who go to schools that take account of that, their need for more sleep, and start the school at 9.30 in the morning, those young people do better than the ones who have to get out of bed at 6.30 to catch the school bus to start school at 8.30, for example.

So sleep is critically important. Young people these days often allow their sleep to be disrupted by phones. So bottom line is, they should not be sleeping with their phone. The blue light stimulates them, it keeps them awake. Disrupted sleep is really a significant contributor to suicidal behaviours. Most people who make serious suicide attempts, or die by suicide, have had significantly disrupted sleep in the week before they make their suicide attempt. And the research evidence is that if you have one night's disrupted sleep, you perform 20% below your optimal level the next day. You have two, three, four, five nights disrupted sleep, you are in no space to solve your problems and think clearly about what the solutions might be to the problems that you're having.

So the first one is sleep. Sleep is not a luxury. Sleep is an absolute essential. The second foundation health habit is exercise. Getting outside and exercising. Exercise will improve people's mood. The third one is what I call nourish and hydrate. So eat good food, not too much, and mostly plant-based. And very often people don't recognise that a glass of water may actually make them feel better. They don't recognise that they're dehydrated. The other major health habit is nature, which I've talked about, getting outside in nature. Stress management. Knowing what works for you to decrease and minimise your stress.

And that's important in the era of COVID, because life's actually got a lot more stressful for many people over the last couple of years. So, having a good self-care plan for young people as well as their parents, knowing when I'm distressed, knowing what works for me to decrease the stress levels. And we can help people develop self-care plans and suicide self-care plans for people when they're feeling suicidal. They're the same basic plan. And we now actually have a New Zealand phone app which is a suicide safety plan. And that resource is available to people. We can help you structure that and help young people develop that.

And then it's on their phone. They go nowhere without their phone. So their suicide safety plan is always on their phone. The last foundation health habit is social connections. And it's incredibly powerful. So just sending text messages saying, remember that we care about you. Remember we're always here for you. Those sorts of things are really, really important. But those six foundation health habits are important for parents who are looking after young people as well.

8. Parental self care and supports

What about me? What sort of resources are available for parents? Right. It's incredibly important that parents look after themselves. You've got to take very good care of yourself. And you need to rally all of the troops. If there is a separation or divorce and there's another parent, you need to engage them as much as you're possibly able to. Again, engage extended family members. You need to have your own self-care plan. And you need to allow you and your partner time out that's completely away from looking after and taking responsibility to monitor, for example, a young person that you're really, really worried about.

You need time to basically decompress. And do some activity that relaxes you, that you enjoy, that takes your mind off things. Bear in mind that males and females may operate differently in this way. Women tend to deal with problems by talking them through with someone. So gathering up a sister or mother or a girlfriend and talking over coffee. They work very well for women. For men, it's very

often a physical thing. It's very often a physical thing. It's very often a physical thing. It's very often a physical thing. It's a physically-based activity that gives them some stress relief. So they have a license here to go out and play golf, go hunting, fishing, shooting, on a mountain bike, go for walks, that sort of stuff.

I think that without the other person in the relationship thinking that they're being selfish by going out and doing those activities, I think it's important to understand those things. So having your own self-care plan, taking very good care of yourself is really important. So having your own self-care plan, taking very good care of yourself is really important. So having your own self-care plan, taking very good care of yourself is really important.

9. Digital health supports for young people

So my daughter's always on her phone. What's some positive things she could do on there? There are a number of really good apps that are available for young people on phones. So these apps are really encouraging good, healthy lifestyle behaviours and self-support for when people might be distressed and in need of support. And the value is that they're just so readily available at the end of their fingertips. There are a range of really good apps. There's apps that young people report that they really like called Calm, the Smiling Mind, which is a meditation app, Headspace, Head First, which was developed by New Zealand Rugby for its young rugby players, the Virtual Hope Box, which was developed by the US Army for its young troops, and all of the Mentemia, which is developed by John, John Kirwan, supported and funded by ACC.

And all of these apps encourage people to upload a whole lot of supportive information. So photographs and quotes and relaxation tapes and plans and all of that sort of stuff. There are other apps that are available to young people. For example, there's Auntie Dee, which is a problem-solving app. Lots of adults go on and pose their problems and Auntie Dee solves it. That's a New Zealand app. There's one called Dear Em, which is for young women to post their problems and their issues. We're able to hand out as resources, and your GP practices will hand out resources of selected apps so that you don't have to go searching for which the best ones are.

There's also something called Small Steps, which is... There's a whole range of sort of small... It gives you a toolbox of these tools, and each of the tools takes about three to four minutes to actually do online on your phone. So there may be a deep breathing exercise to calm you down if you're suddenly stressed. There's something that helps you with negative thinking so you don't spiral down. It helps you reformulate your thoughts. These tools are well worth looking at.