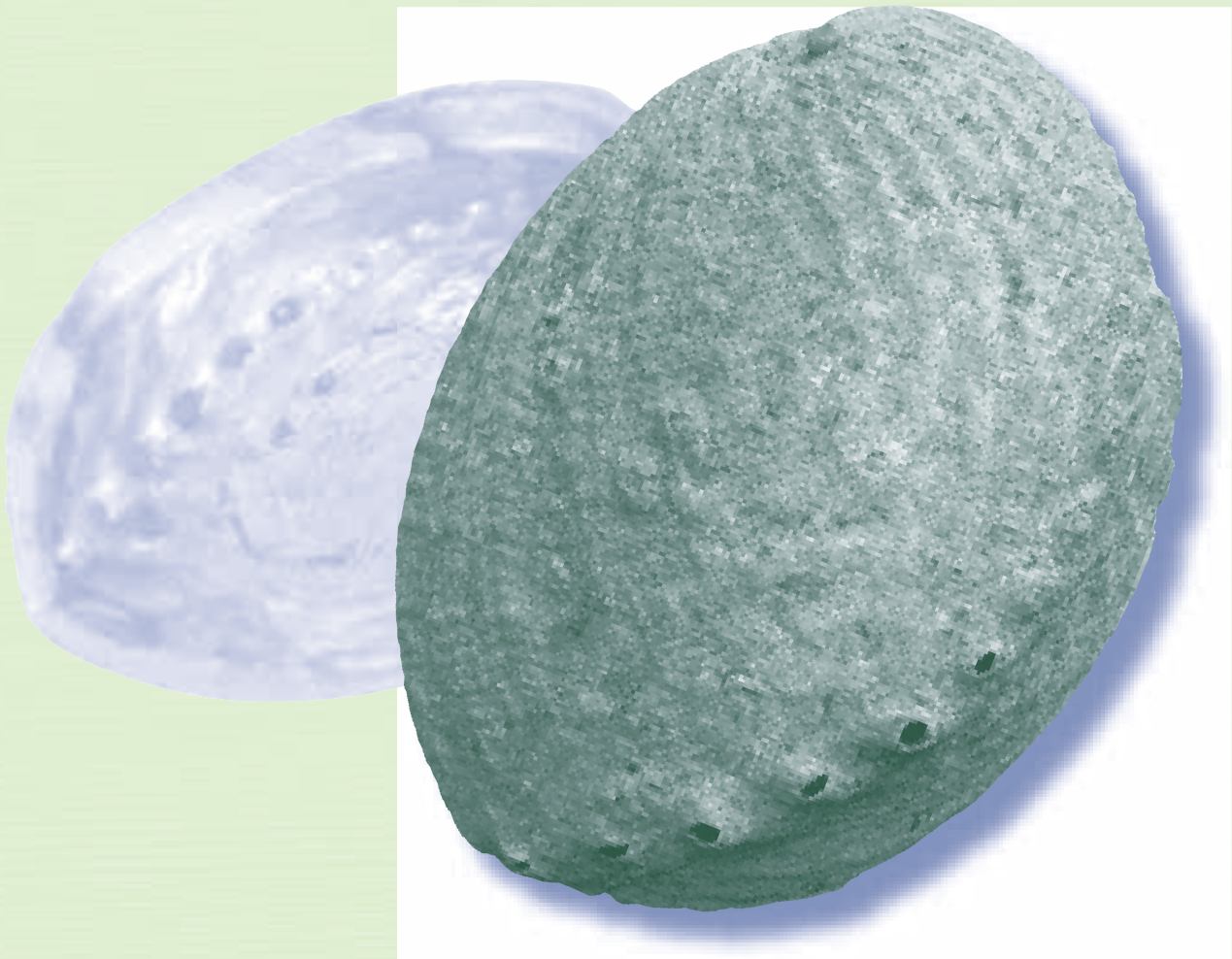


After a suicide

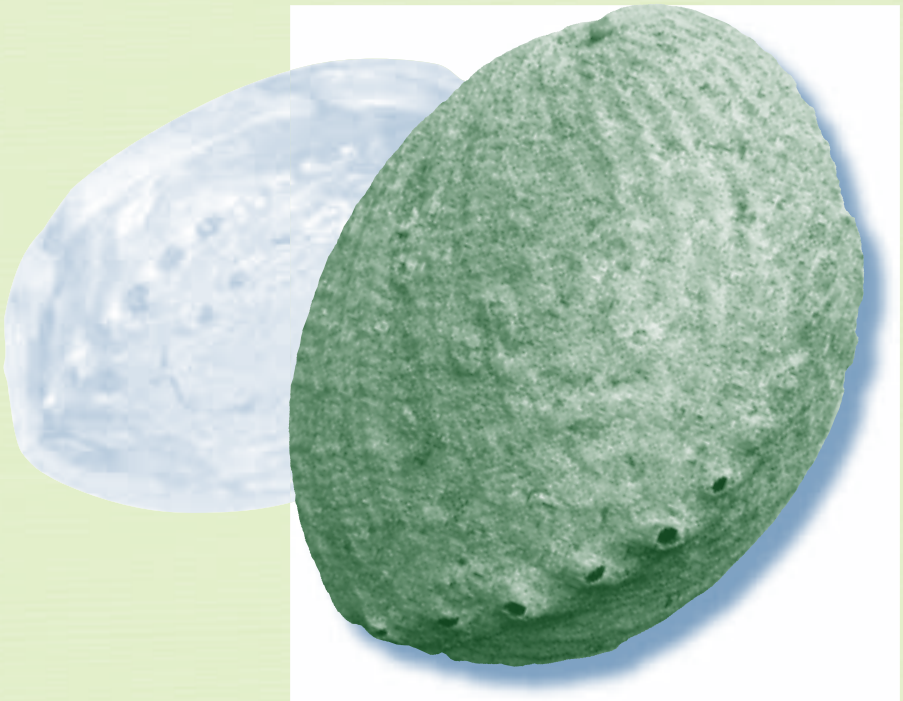
Practical information for people
bereaved by suicide



This resource was funded by the Ministry of Youth Development and draws on New Zealand and international research, and on the experiences of individuals and families bereaved by suicide in New Zealand.

After a suicide

Practical information for people
bereaved by suicide



■ ACKNOWLEDGEMENTS

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We wish to thank all those individuals and groups who contributed to and advised on the development of this resource, which we hope may be a source of useful information for anyone bereaved by suicide.

A special acknowledgement goes to everyone who shared their personal stories and experiences with us. This includes families and friends bereaved by suicide, many of whose words are featured throughout this booklet.

■ COPIES

Copies of this booklet *After a Suicide* are available free from the Ministry of Health, Suicide Prevention New Zealand (SPINZ), the New Zealand Guidelines Group and skylight. Refer to page 26 of this booklet for details.

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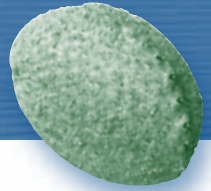
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After a suicide



After hearing about a suicide, the first days can seem like a blur. There is a lot of information to take in, difficult decisions to make and hard things to deal with. It is important to look after yourself.

The shock of someone taking their own life also means that you can feel many different and conflicting emotions such as anger, hurt, betrayal, blame and disbelief. It is completely normal and acceptable to feel these emotions.

Close family, whānau and friends, and others who are not so close, will also experience a range of differing reactions. It will be particularly traumatic if you are the one who found the person who died, or had to identify them.

Normal reactions include:

- shock, numbness
- disbelief
- confusion
- anger
- blaming
- guilt
- shame/whakamā
- distress
- fear, panic
- helplessness
- feeling faint or sick
- not wanting to talk or wanting to talk.

These emotions and feelings, while completely normal, can be difficult to handle. This is where it can help to have a support person, such as a friend or a relative, or someone from Victim Support to be with you. These people can give you emotional support and help with day-to-day chores, make phone calls and take messages at this time (see page 25).

■ UNDERSTANDING WHAT HAS HAPPENED

Family, whānau and friends often have a strong need to understand exactly what happened and why. This is a part of trying to take it all in and making sense of it.

However, it is important to remember that not every question can be answered, and that authorities involved in investigating the death, such as police, will only give information to close family members or others at their discretion.

It may help to see the person's body, although sometimes this may not be possible. A funeral director can arrange this with the family's permission. Many people find it helpful to have this opportunity to say goodbye and achieve some sense of closure.

■ LETTING OTHERS KNOW

It may be hard to handle reactions when you tell others about the death, so think about:

- making a list of who you most need to tell
- asking someone you trust to let these people know, and being very clear about what details you want told
- finding a short phrase you can use to say what has happened.

It is important to be aware that after suicide other people can be at a greater risk of suicide themselves (see page 24).

■ TELLING CHILDREN AND TEENAGERS

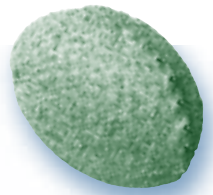
Every child or teenager will react differently to news of a suicide. Their age and the shock they feel will influence what they can take in and understand at this point. You may need to repeat key information later. Telling children and teenagers early on prevents them from hearing about it inappropriately from others.

This can also be a time when others, particularly young people or children, can feel overwhelmed by their loss and may look to take their own lives. It is very important to support, encourage and reassure them that they can talk with you or others to help them process the emotions they are feeling.

To help children and teenagers come to terms with suicide, make sure you:

- explain key facts simply and honestly
- check they understand – suicide might be a new word for them
- let them talk about what has happened. It helps them to make sense of it
- reassure them that no single thing will have caused the person to die, but a mixture of things
- explain why some questions cannot be answered with certainty. The directness of their questions may be unsettling. Some children and teenagers might also ask questions later on, even months or years later
- avoid providing any specific details about the method of death, to help prevent any possibility of copycat actions
- let them know they are loved, cared for and safe.

If you are concerned about any extreme reactions or if you think the young person may be thinking about suicide themselves, contact a health practitioner or other trained adviser (see page 24).



■ RESPONDING WHEN OTHERS HEAR THE NEWS

People may want to express their shock, sadness and support through phone calls, letters, texts, emails, visits or coming to stay. This contact can be supportive, but also overwhelming.

Insensitive comments can also be hurtful and friends or family may do this without thinking as they try to manage their own grief.

During this time, it is important to remember:

- only share information you want to. Don't be pushed into telling more
- you can choose who to see or who to speak to. You can always respond to others later on, when you feel more able to, or others can take messages
- if you need time out, perhaps use an answer phone or put a sign on your door
- if people offer to help, think how this could work best for you. It might lighten your load if someone else helped to cook, clean, babysit, take phone calls or run messages.

■ BLESSING THE SITE

Some families/whānau find it helpful to ask for a blessing of the site of the death. The blessing may be led by a Māori kaumātua, church or spiritual leader, cultural leader, family member or friend.

For Māori, a karakia of farewell for the person who has died allows the spirit to peacefully return home to his/her ancestors and creator.

Dealing with the practical

■ PEOPLE WHO MAY BE INVOLVED

After a suicide, a number of different people are likely to become involved.

The police

By law, the police have to attend every sudden death to investigate its cause. This means they are required to gather information and sometimes to interview the family and friends of the person who has died. The investigation can be distressing at times, but is necessary for the police to do their job.

Victim Support

The police will offer to contact Victim Support for you. Victim Support is a community organisation of trained volunteers who support people after trauma. Their service is free, confidential, available 24 hours a day and offers practical advice and help.

Anyone bereaved by suicide can contact Victim Support directly through their local police station. You can ask them or the police for a free copy of their booklet, *Information for Bereaved Families*.

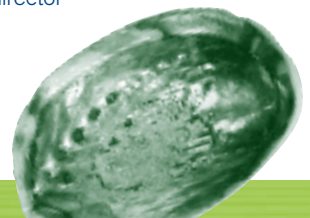
The duty funeral director

Unless the person has died in hospital, the police will call a duty funeral director to take the person's body to a designated hospital mortuary, which may not be in your area. This service is free. The family does not have to choose the duty funeral director to help them from then on, but they can if they want to.

Your funeral director

A family can ask a funeral director to do as little or as much as they choose. Some families want to be more actively involved in necessary tasks, such as caring for the person's body or arranging for their burial or cremation. It is always the family's choice and a funeral director can provide advice about the options available.

To contact a funeral director, ask friends or relatives for their suggestions or look in the Yellow Pages. Ask what the costs will be, so you can find a funeral director most suited to your situation.



The funeral director has a key role in providing information and skills to help families, whānau and friends after a death. For example, they may:

- help to arrange what happens to the person's body
- help with arrangements around cultural needs
- provide information about autopsy and coroner requirements
- register the death
- arrange for people to see the person who has died, if this is possible
- fulfil the family's requests around the funeral, tangi or other memorial event
- liaise with the lawyer who may be holding the person's will, to establish if there is a request regarding funeral arrangements
- organise cremation or burial procedures
- help you to get a death certificate
- help you apply to get financial assistance, eg for funeral costs (see page 11).

The coroner

The police will report the death and details of their investigation to the coroner who will hold a public inquiry (an inquest) to establish the identity of the person who died, and the date, place, cause and circumstances of the death.

The coroner will ask for a post-mortem (an autopsy) which is a surgical examination of the body by a pathologist. This is required after a suicide to make absolutely certain of the cause of death.

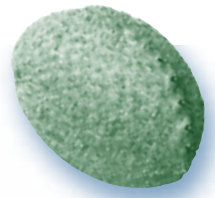
The coroner recognises the distress requiring an autopsy may cause families, and will try to take into account their cultural needs and concerns when arranging the release of the body for burial or cremation. Delays will always be kept to a minimum.

For Māori families, an iwi liaison police officer is available to liaise on their behalf with the coroner's office. Victim Support is also able to support families, whānau and friends by liaising with the coroner over these matters.

Funeral arrangements can only go ahead after the autopsy is completed and the coroner has authorised the body's release.

The coroner's inquest is usually held in a courtroom, which is open to the public and the media. It can happen many weeks or months after the person has died. Sometimes it may not occur until over a year after the death. The inquest is often a very stressful time for families and close friends. Many people find having a support person with them helpful.

The media can publish the name, address and occupation of the person who has died by suicide, the fact an inquest was held and the coroner has found the death was self-inflicted.



Publication of any further details of the proceedings can be made only with the coroner's authority. At the hearing, the family can request the coroner suppresses certain details but the coroner will make the final decision.

Anyone may request a copy of the inquest proceedings from the Coronial Services Office, Ministry of Justice, PO Box 5027, Wellington.

Items they can get include:

- the findings of the coroner
- any recommendations made by the coroner
- any written evidence presented at the inquest.

However, the coroner may make an order that certain material is not to be published.

Families can request a copy of the pathologist's autopsy report from the Coronial Services Office. As it can contain graphic and often distressing details, you may want to have someone with you when you read it. Your doctor or other health professional can help you understand any medical terms it uses.

A booklet *When Someone Dies – A Guide to the Work and the Operation of the Coroners' Court* is available from the district court, the police, your funeral director, the Ministry of Justice, or Victim Support. Alternatively, visit the websites:

www.courts.govt.nz/coroners/index.html

www.justice.govt.nz/coroners

The media

The media may report the story immediately and/or at the time of the funeral or coroner's inquest. You can ask the police for a name suppression order until all the next of kin have been contacted.

Generally however, the media do not report on suicide unless the person who has died is a high profile or well-known person, or the manner of their death has been particularly unusual.

Hearing any media reports can be stressful and hurtful. You may decide not to read or listen to them, but avoiding media reports can be difficult. Media may also attend the funeral and report on it.

While some media can be extremely pushy, it is your choice whether or not you speak to them.

For some people, this can be a way of sharing their grief and getting things off their chest. It may also serve to highlight the devastating impact of suicide and help other families who may be going through this experience.

If you do decide to speak to the media, there are some practical things that you can do to make this easier. These include:

- Be clear and firm. Ask reporters for their names, contact details and the focus or “angle” of their article or interview. Some members of the media can be very aggressive. If you feel pressured, say you will call them back or have someone else call them.
- It can be helpful to choose a spokesperson to speak on the family’s behalf. This could be a relative or a family friend who is not as closely linked to the dead person, or someone who is able to respond calmly to questions.
- Another way of handling the media is to issue a “one-off” statement outlining the family’s feelings about the death and asking that your privacy be respected. This can be typed up and given to any who contact you. Explain that this will be your only comment at this time.
- Before talking to the media, be very clear as a family/group about what is and what is not okay to be said publicly. Perhaps write it down so you avoid saying anything you may later regret (see above).
- Think about questions that may be asked and have answers ready.
- You may ask to see what the media write or tape before it is made public, though they are under no actual obligation to do this. Alternatively, you could try making your story or interview conditional upon them letting you see the final product before its release. Make sure this is agreed to beforehand.
- Be aware that information, photos or film footage you let the media use may be used in the future without your permission – even years later. Anniversaries of the person’s death or their birthday can be times when articles, footage or images may reappear without warning.

■ GETTING SUPPORT AND ADVICE

It may help to take someone with you to meetings or appointments. They could help with transport, listen and remember things for you, pick up any details you miss or are unclear about, and later be able to talk with you about the discussions. If you become upset they could speak on your behalf.

If you need advice about practical, legal or financial matters ask others you trust, or contact your local Citizens Advice Bureau, Victim Support, Community Law Centre or Community Centre. Your employer can help you to arrange bereavement leave.

■ ARRANGING THE DEATH CERTIFICATE

A final death certificate will not be available until the coroner's hearing and report are completed. Your funeral director can help you get an interim certificate that will be required at times, eg by banks and insurance companies. It is helpful to have several copies made.

■ EXPLAINING THE WILL

A will is a legal document that states what is to happen to a person's belongings and assets after their death. A solicitor is required to establish a will's validity and to ensure probate is granted, which means legal permission is given to carry out the will's instructions. Sometimes there can be delays as the will's validity is checked.

If there is no will or a will cannot be found, a person is said to have died intestate. A lawyer, or a trustee company such as the Public Trust (Phone 0800 371 471) can help a family/whānau to deal with this situation.

One or more people may be named in it as the executor/s of the will. An executor of the will has the legal responsibility of carrying out the instructions of the will and for sorting out the private affairs of the person who has died.

If you are named executor and feel unable to deal with these matters, a solicitor can advise you, or will do this task, as will any trustee company. Sorting out personal affairs may take a long time, often between 3-12 months, and may involve costs.

■ FINALISING BANKING ARRANGEMENTS

Discuss your situation with the bank manager, who will ask to see a copy of the death certificate. Usually an interim death certificate is required until after the coroner's inquest has ended.

When the bank becomes aware of a customer's death, the bank account of the person who has died is usually frozen. This is required by law. The bank concerned will explain this to you, and how any funds can be released.

Banks cannot release funds, or allow an account to be operated, until probate of the will is granted or when Letters of Administration (which are necessary when someone has died intestate) have been obtained from the executor/s of the will. Your lawyer can help you in this.

If there is a joint bank account, where the account terms contain a survivorship clause, the surviving party may continue to operate the account as normal. In this case the bank usually suggests a new account be opened.

■ CONTACTING ACC

The Accident Compensation Corporation (ACC) helps partners, children and any other dependants of people who die of an ACC-covered injury.

In some special situations this help may be available after a suicide. A funeral director can give you all the forms and information you need, but you may also contact ACC directly on 0800 101 996, or visit their website: www.acc.co.nz to find out more.

If ACC accepts a claim they can help with:

- a grant to help with funeral costs
- survivors' grants for bereaved partners, children and other dependants
- childcare payments for children living in New Zealand
- weekly compensation if the person who died was employed in New Zealand.

■ CONTACTING WORK AND INCOME

After a suicide, some people find their life situations change significantly, such as after the death of a sole income-earning partner. If you now need income support, or assistance to find work, Work and Income can help you.

To contact Work and Income for the first time, or if you have a question about existing support they are providing, phone or drop into your local Work and Income service centre, or call 0800 559 009.

Informing other agencies

Although the death notice may have been in the newspaper, there will be people and groups who need to be formally told of the death by you or by someone you can trust.

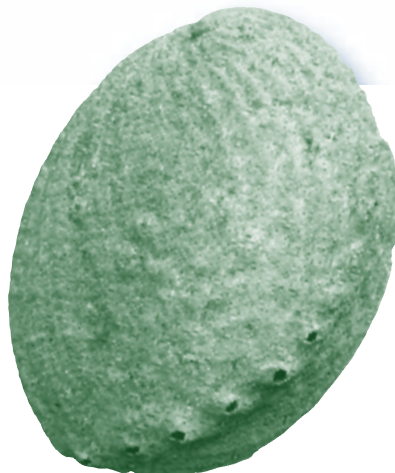
Be prepared, for some time, to receive accounts, mail, phone calls or inquiries from people who may not have heard, or whose businesses or groups are slow to remove details from contact lists.

The following suggestions may help you to develop a list of key people and agencies to contact to help you sort this out. You may need to add other things as well. The private papers of the person who has died might help you to do this. Keep a record of who you contact and their details in case you need these later.

**“It never ceases to amaze me, even years later,
how letters can still occasionally arrive for him.
It always feels so strange.”**

People or groups who may need to be told about the death

- the solicitor or lawyer who holds the person's will. The will may contain funeral arrangements
- phone and cell phone companies
- banks – cancel automatic and direct debit payments and bank cards
- credit card companies – cancel card
- home or business loan company and others money is owed to, eg student loan
- landlord, rental agreements, leases
- Inland Revenue Department (IRD)
- any other government agencies the person was linked to, eg Work and Income New Zealand, ACC, Probation Service or Child, Youth and Family
- the Electoral Enrolment Centre
- insurance companies, and any local or overseas commitments, eg property
- investment companies, superannuation funds
- a Māori trustee or Māori land court if Māori land has been held in the person's name
- any community organisation or people who had regular contact with the person, eg doctor, medical centre, primary health organisation (PHO), dentist, other health professionals, accountant, car service, AA, church, marae, cultural centre, hobby groups, clubs, teams etc
- car registration and driver's license – call 0800 822 422 to cancel
- passport – contact 0800 22 50 50 to cancel
- New Zealand Post – when you are ready to cancel mail
- cancel subscriptions or memberships, eg newspaper, magazines, gym memberships
- ensure any responsibilities are handed over to appropriate others, eg for pets or animals or volunteer positions.



Answering difficult questions

Although suicide is an individual decision, people often have feelings of guilt and responsibility, blaming themselves or others. It is natural to want to know the answers to questions like these:

- why did the suicide happen? What caused it?
- where did it happen and how?
- did they suffer?
- who spoke to them or saw them last? Was it me?
- why didn't I see this coming? Why didn't someone else?
- why didn't they ask for help? Or did they?
- could I have done more?
- is it my fault in any way?
- how do I tell people? What will they say?
- where is their spirit now?

These “what ifs” may seem endless. It helps to understand that a mix of factors play a part when someone is suicidal. These may include:

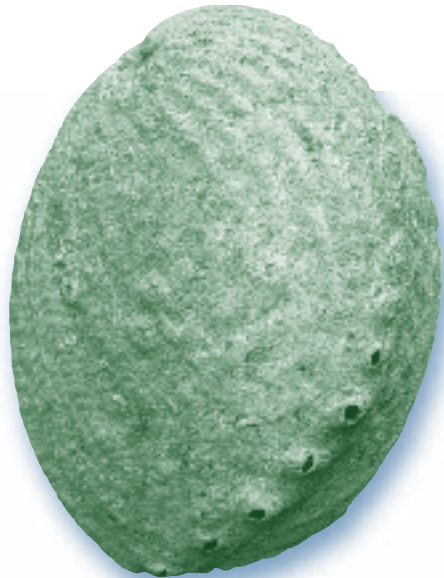
- mental illness, such as depression. This may mean, at times, a person is unable to think clearly and may experience psychological pain or confusion that affects their decision making and outlook. Mental health issues may, or may not, have been identified
- the influence or misuse of alcohol and/or drugs
- high levels of stress
- significant change, loss or grief in their life, such as a death, family break-up, financial difficulties, confusion around sexual orientation, abuse, or relationship issues.

Most people who face these kinds of challenges will not be suicidal, though some “get stuck” and sometimes can't think clearly enough to find a way through.

However, there are many agencies and people that can help or give advice, comfort and support so you do not have to face things alone.

It may be useful to talk to a friend or relative who knows the dead person, or to someone else who has been through what you are going through. Or, you may feel you want to talk to someone who does not know you, which is where organisations like Samaritans or Victim Support can help.

Details of agencies and organisations that can help you are on pages 25 and 26 of this booklet.



Coping with grief

Grief is a normal human response after a loss, such as death. It helps a person to adjust to what has happened. It is completely normal to feel emotions such as shock, numbness, fear, anger or any number or a combination of different emotions after a suicide.

It is important to remember that there is no “right or wrong” way to grieve and you need to allow yourself the right to do this in whatever way works for you. This is part of the healing process.

Everyone experiences grief in a different way and the intensity of grief can be difficult to manage, as the words from others who have experienced losing someone to suicide below show.

“My body shook for days and I could hardly sleep. I couldn’t remember things I’d just been told and had so many emotions coming at me all at once.”

“I just could not stop crying. Every part of me hurt.”

“I had no emotions for a long time. I couldn’t even cry when I tried to.”

Many people mistakenly think of grief as just emotional pain. However, grief affects every part of us – our thoughts, feelings, body, spirit and relationships with others.



■ REACTING TO GRIEF

Some common grief reactions include:

- shock
- numbness
- feeling nothing
- regret
- despair
- sadness
- fear
- loneliness
- emptiness
- crying
- feeling tearful
- aching
- shaking
- feeling faint
- needing to sit or lie down a lot
- feeling tired/exhausted
- headaches
- losing or gaining weight
- feeling frustrated
- disbelief
- anger
- blaming yourself or others
- sleeping a lot/difficulty sleeping
- dreams/nightmares
- worrying about the future
- a sense of rejection
- finding it hard to take deep breaths
- dark thoughts
- not caring
- relief it is over
- avoiding people
- forgetting things
- difficulty concentrating
- not handling things
- turning to or questioning your beliefs
- fear of being alone
- sensing the person's presence or hearing their voice
- having spiritual experiences
- not wanting to talk/wanting to talk about it a lot
- avoiding being alone
- wanting to be with others a lot or wanting to spend time alone.

Any existing health conditions, such as asthma or heart problems, may also be affected. Keep an eye on these and use medication or medical help as necessary.

“Months after her death I was in a shop and saw something she’d love. I found myself starting to cry, and then I was really sobbing. I had to leave the shop and get outside.”

■ GIVING YOURSELF TIME TO GRIEVE

Grief takes the time it needs and is different for everyone.

There will be good days and bad days, and times when grief may sweep over you in sudden, unexpected waves. This may be triggered by things like music, places, photos or a sudden memory. Grief waves can be hard to manage.

Anniversaries, birthdays, holidays, or milestone events can be especially hard. Expect your grief to resurface in some way at these times. Planning ahead may make things easier to manage, eg you could plan to be with others, have a meal together, visit a special place, hold a ceremony or light a candle. Some people may prefer to treat the day like any other day. Everyone is different and will choose what suits them best.

When remembering or celebrating the person's life it is important, and safest, not to place a focus on how they died. After a suicide others may be more vulnerable to thinking about suicide themselves.

Be patient and try to take each day at a time. Emotions are likely to become less intense over time. However, if you realise that you, or others, seem stuck in your grief in some way – for whatever reason – and don't seem to be moving through it, it may help to talk to someone (see page 25).

“I tried to hurry grief because I got so tired and fed up with it. Looking back, I can see it's just what had to happen.”

“Don't ever feel ashamed for grieving. Don't try to push grief down. Let it out and feel it. Don't avoid it to make others feel better. Grief is normal. It means you loved.”

“When I saw teenagers having fun it’d make me so angry that they could still enjoy their lives when my son couldn’t. All my tears would come back. Now, though, I enjoy watching them.”



■ SUPPORTING CHILDREN AND TEENAGERS TO GRIEVE

The age, personality, family situation, previous experiences and relationships of children and teenagers will all affect how they experience grief. Children and teenagers may often seem unconcerned, playing or doing their usual activities, so adults assume they are not properly aware of the death, or affected by it.

However, this isn’t necessarily true, as children and teenagers deal with grief in their own way.

Children and teenagers tend to grieve in bursts, and at other times look for reassurance and comfort in their normal routines and activities. They may also experience bad feelings and/or suicidal thoughts themselves.

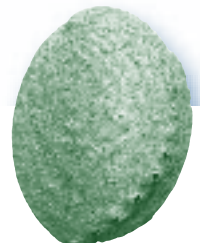
This means that bereaved children and teenagers need ongoing attention, reassurance and support. It is not unusual for grief to resurface later on, even well after the death. This can happen as they move through different life milestones, and develop as individuals.

Caring for yourself

Looking after yourself is important. Some New Zealanders bereaved by suicide suggest these ways to care for yourself:

- talk
- listen
- share memories with others
- be with family and whānau
- be with friends
- take time for yourself
- take good care of your health
- slow down, relax your body
- breathe deeply
- listen to music
- cry
- have warm showers
- take a long bath
- walk
- eat sensibly
- routines can help
- rest when you can
- get enough sleep
- do physical exercise
- hug
- hold someone's hand
- have a massage
- be close to someone
- get outside often
- visit nature – the sea, beach, forest, bush or hills
- buy, plant or pick flowers
- read helpful books
- pray
- meditate
- sing
- dance
- write
- cry in the shower
- scream into the wind
- hit a pillow
- create
- keep a journal or diary
- look at photos or videos
- use support that is offered
- join a support group
- talk to others who have “been there”
- joke and laugh when you can
- call a friend – old or new
- let others give you a hand
- encourage yourself
- ask for what you need.

“This was the hardest thing I ever had to do in my life. And I had others to look after as well. My sister made me realise I needed to look after myself first or I couldn't handle all the things I'd have to do.”



■ KEEPING ENERGY UP

Grieving takes a great deal of energy. Many people find it draining. Life can get especially difficult if you are unable to sleep or eat well. If you are becoming exhausted, ask for help from your family or friends and consider talking to your doctor or nurse about your health.

■ REPLAYING EVENTS

Some people can find themselves reliving what has happened over and over again. If flashbacks or nightmares continue and are affecting your daily life, get advice from your doctor or a counsellor.

■ DEALING WITH STRONG EMOTIONS

Very strong emotions are common for those bereaved by suicide. This is completely normal, but remember that others could be hurt when you express these feelings. Here are some suggestions for ways to release strong emotions:

- find someone to talk to and to listen. A relative, friend, or someone completely anonymous such as a Samaritans phone counsellor can help
- do something physical, eg walking, sport, cleaning, gardening or hitting a pillow
- write down what is inside you
- write a letter that you never have to send and put in it everything you want to say
- create something, eg a garden, a picture, a song, music, a poem.

"I went to a local gym with a friend and they got me doing all kinds of exercises. I sweated and pushed myself, and somehow it helped me sweat out all this anger and emotion inside."

■ HOLDING ON TO GOOD MEMORIES

Many people find it helpful to find ways to remember the person who has died, and to celebrate their life, eg by making a memory scrapbook or box, a photo board, planting a tree or doing something special in their memory. While memories can be painful at first, they can become very important and a source of comfort.

After a suicide others may be more vulnerable to thinking about suicide themselves, so when remembering or celebrating the person's life it is important, and safest, not to place a focus on how they died.

■ RELATING AND RESPONDING TO OTHERS

Relationships can become strained when people are under enormous stress caused by a suicide and deal with things in different ways.

Some people talk a lot about their thoughts or feelings while others would rather have time alone. Without meaning to, some people can hurt others with their words and actions.

Such differences can be misunderstood, so be as patient and tolerant as you can, and let others grieve in their own way. Everyone may say or do thoughtless things at times. If any relationships become especially difficult, you could ask someone to help you to talk together, to better understand each other.

“Some people even found the word ‘suicide’ hard to say. I’d just tell them it was okay to be honest about it and that I needed to talk about it.”

“When we judge each other’s grief, we can push away from each other. Understanding, patience and communication help relationships to keep working through a crisis.”

People usually want to give support and comfort but may not know how. They may not want to upset you or to intrude. They may also be feeling anxious about managing their own grief.

As you meet people it may help to say something first, even if it is “I don’t really know what to say”. Breaking the ice is hard, but it helps.

“I went back to work to normalise things but it felt like I was being avoided by my colleagues. It wasn’t until one of them came up and said ‘I don’t know what to say to you’, that I realised they avoided me because they just didn’t know what to say. It was such a relief. It was the most helpful thing anyone had said to me.”

Your friends, family, neighbours, work colleagues and acquaintances are all important. When you are ready to, connect with them. They can play a part in supporting you. People often say they appreciate being told honestly how best to help.

“I didn’t want to be a burden, but I realised that if it was me, then I’d also want to be helping when my friend’s life was so painful for her and her family.”

If people give you unwanted comments or advice, ignore it. You could have a response ready such as:

- I don’t agree with that – that’s just your opinion
- tell them why their words hurt you or make you angry
- change the subject or walk away
- I don’t want to talk about it, thanks.

“One of my work ‘mates’ came and told me how her culture viewed suicide. She implied terrible things about the lack of parental love and went on to talk about her cultural beliefs, which I found unbelievably distressing. Sometimes you can’t believe what people come out and say.”

If you’re not ready to socialise, it’s okay to say no to invitations. Suggest people ask you another time, which helps them to continue to include you and to feel it’s alright to ask again later.

“When people ask how I am, I give them a score out of ten as an indication. That helps.”

“People always ask how it is I’m always cheerful. I answer, ‘I don’t go out when I’m feeling flat.’ Even after eight years I can still have those days.”

■ ASKING FOR HELP

Some people put off asking for help for many reasons, but later wish they had asked sooner. Suicide grief is very difficult for anyone. Using the help available can make a positive difference to how you and others come through this time (see page 25).

■ LOOKING AHEAD

Suicide brings tremendous distress and sadness. It is normal to continue to experience times of grief, even years later. Your loss will always be a part of your life, but you will adjust to it gradually and find ways your life will grow around it.

“The best thing anyone ever said to me was simple. They said, ‘You will get through this.’ And I have. I didn’t think I would, but I have. They were right.”

Coping with suicidal thoughts

After a suicide it is understandable to feel concerned about the wellbeing of other family members, whānau and friends, or yourself. With the pain of loss so great, it is not uncommon for some people to think about suicide.

These thoughts may not last for long, or they may come and go often. However, there is an important difference between having suicidal thoughts and acting on them.

When someone finds they are thinking about suicide a lot, or planning to act on their thoughts, it is necessary to get help as soon as possible.

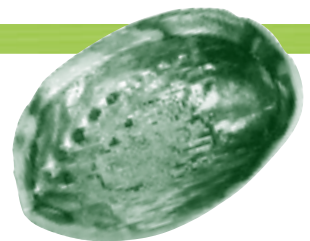
If you are concerned for yourself or others, talk to:

- your doctor, medical centre staff, or primary health organisation (PHO)
- your local mental health team or Māori mental health team
- a trained counsellor
- your spiritual or cultural leader
- a community worker or social worker
- a telephone counselling service in your area such as Youthline 0800 376 633, Lifeline 0800 111 777 or Samaritans (local phone number in the white pages).

If you have extreme concerns for your own or someone else's current safety, immediately contact your:

- doctor
- local mental health service
- local emergency department OR call emergency services on 111.

You may find the booklet *Having Suicidal Thoughts? Information for you, and for family, whānau, friends and support networks* useful. To obtain a copy, ask your doctor, medical centre, hospital or mental health service, or visit the website: www.nzgg.org.nz



Getting ongoing help and support

While it is completely normal to feel lost, numb, overwhelmed or any other range of emotions after a suicide, there is nothing wrong with asking for help, advice and support.

Victim Support can be contacted through your local police station. They will support you in the first days after the suicide and be able to give you local knowledge of others who may help.

Telephone support lines provide people who will listen and offer support, such as Lifeline 0800 111 777, Youthline 0800 376 633, Samaritans and others. The numbers are under Personal Help Services in the first few pages of the white pages.

The Citizens Advice Bureau may know about support groups in your area, eg

- Bereaved by Suicide support group – contact Suicide Prevention Information New Zealand (SPINZ) at 09 300 7035, email: info@spinz.org.nz or visit: www.spinz.org.nz
- Bereaved Parents group
- Widow and Widowers Association group.

skylight is a national agency that supports children, young people and their families who are facing loss and grief. Call 0800 299 100 or visit the website: www.skylight.org.nz

Other agencies or groups to contact may include:

- local family and community support agencies
- churches or faith groups
- marae
- cultural centres
- community centres, community workers
- a counsellor, school guidance counsellor or counselling agency
- social workers
- your doctor, community health centre, or primary health organisation
- community mental health team, Māori mental health team.

For contact details, check your local community directory or notice boards, or contact your local Citizens Advice Bureau.

Workplace support programmes may be available in your workplace. Ask your employer.

Budgeting services can help you budget and manage your money. Ask your Citizens Advice Bureau for a contact.

Finding further information

■ READING SUGGESTIONS

- for books about grief, and grief after suicide, ask at your local library or bookshop
- for a suggested book list for those bereaved by suicide, including books for children and teenagers, visit www.skylight.org.nz
- for the booklet *Having Suicidal Thoughts? Information for you, and for family, whānau, friends and support networks*, ask your doctor, medical centre, hospital or mental health service, or visit www.nzgg.org.nz
- the booklet *When Someone Dies – A Guide to the Work and the Operation of the Coroners' Court* is available from the district court, the police, your funeral director, the Ministry of Justice or Victim Support. Alternatively, visit the websites:
www.courts.govt.nz/coroners/index.html
www.justice.govt.nz/coroners

■ HELPFUL NEW ZEALAND WEBSITES

- www.skylight.org.nz
- www.victimsupport.org.nz
- www.spinz.org.nz
- www.griefcare.org.nz

■ HELPFUL INTERNATIONAL WEBSITES

- www.save.org/coping/grief.html (US)
- www.grieflink.asn.au/frameset.html (Australia)
- www.tcf.org.uk/leaflets/lesuicide.html (UK)
- www.griefnet.org (US)
- www.kidsaid.com (US)

■ COPIES OF THIS BOOKLET AFTER A SUICIDE CAN BE ORDERED FROM

Ministry of Health Publications
C/- Wickliffe Press
PO Box 932, Dunedin
Email: moh@wickliffe.co.nz

Alternatively, contact:
Ministry of Health
Phone: (04) 496 2277
Or order online at: www.moh.govt.nz

Suicide Prevention Information
New Zealand (SPINZ)
PO Box 10318, Dominion Rd, Auckland
Phone: (09) 300 7035
Fax: (09) 300 7020
Email: info@spinz.org.nz
Website: www.spinz.org.nz

Copies are also available on the following websites:

www.nzgg.org.nz
www.skylight.org.nz



**MINISTRY OF
YOUTH DEVELOPMENT**

TE MANATŪ WHAKAHIATO TAIOHI

Administered by the Ministry of Social Development