



Amaranth Foundation

The Stigma of Suicide

Suicide attracts a unique kind of stigma, which impacts on people who have lived with the experience of suicide. It damages social relationships and removes avenues of help for those in need. This stigma can and should be challenged and reduced in a safe and compassionate way.

By reducing the stigma of suicide, through open dialogue and increased discussion and understanding, the whole of the community can become involved in its prevention and improve the lives of those affected.

“Currently, the stigma of suicide continues to inhibit suicide prevention efforts and inflict suffering on those who have lived with the experience of suicide.” (Suicide Prevention Australia)

<http://suicidepreventionaust.org/statement/stigma-and-suicide/>

“The stigma of suicide”

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The British Royal College of Psychiatrists is leading a campaign to reduce the stigma attached to mental illness. Stigmatisation of suicide has very deep roots in our collective thinking and judgement.

Suicide was tolerated by the Greeks and Romans but Aristotle argued that suicide weakens the economy and upsets the gods, and in so-doing he initiated stigmatisation of the act. Hinduism and Buddhism, among other Eastern religions, have not had a traditionally negative view of suicide. In the Judaeo-Christian tradition, stigma against suicide is not evident until the fourth century; the Bible does not condemn suicide but St Augustine considered suicide as unacceptable within Christian values.

Gradually, the stigma against suicide intensified in Europe and became a great sin, shame and eventually a crime. A number of philosophers and writers including William Shake-

speare sought to encourage a more understanding and compassionate view but this movement had little impact before Durkheim's [French sociologist] studies made clear the social rather than moral origins of suicide.

Although suicide and attempted suicide were decriminalised in 1961, we [psychiatrists] have practised since within a culture of ambivalence wherein stigma is neither high nor totally eliminated. Indeed, the multicultural/multifaith dimension within society and its thinking has complicated matters considerably.

The stigma surrounding suicide remains just high enough to discourage people — especially the elderly — from talking about their suicidal thoughts. Some people feel that they might be labelled as weak, lacking faith, coming from bad families or indeed ‘mad’ if they were to declare their suicidal thoughts. This does not help when we are trying to detect early signs of suicide or reaching out to help victims of despair.

Any approach to prevent suicide should include the removal of blame and stigmatisation of that individual and his or her family. One would hope that all teachers and professionals from the different faiths will take into account this insight into the condition. Scientific approaches and spiritual approaches can work together in order to eliminate this kind of stigma and to make people more comfortable in trying to seek help in their moments of despair.

<http://bjp.rcpsych.org/content/179/2/178.1.full>

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Suicide Warning Signs

People who kill themselves exhibit one or more warning signs, either through what they say or what they do. The more warning signs, the greater the risk.

TALK

If a person talks about:

- Killing themselves.
- Having no reason to live.
- Being a burden to others.
- Feeling trapped.
- Unbearable pain

BEHAVIOR

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event, loss, or change.

- Increased use of alcohol or drugs.
- Looking for a way to kill themselves, such as searching online for materials or means.
- Acting recklessly.
- Withdrawing from activities.
- Isolating from family and friends.
- Sleeping too much or too little.
- Visiting or calling people to say goodbye.

- Giving away prized possessions.
- Aggression

MOOD

People who are considering suicide often display one or more of the following moods:

- Depression.
- Loss of interest.
- Rage.
- Irritability.
- Humiliation.
- Anxiety

<http://www.afsp.org/preventing-suicide/suicide-warning-signs>

Contact details for support & help include:-

- **Amaranth Foundation ph 02 6033 1738**
- **www.lifeline.org.au**
- **Lifeline ph 13 11 14**
- **www.riverinabluebell.org.au**
- **suicidepreventionaust.org/help/**
- **Suicide callback service ph 1300 133 911**
- **Accessline ph 1800 800 944**
- **Kids Helpline ph 1800 55 1800**
- **Wagga Wagga Base Hospital Emergency ph 6938 6666**
- **Albury Base Hospital Ph 0260 584 444**

Suicide Prevention Tips for Kids and Teens

1. Take it seriously, even if your friend brushes it off.
Suicidal ideation (continual suicidal thoughts) is not typical and reflects a larger problem
2. An angry friend is better than a dead friend
3. Ask, listen, tell, if the threat is immediate stay with the person
4. Take your friend to a trusted adult. If they don't know what to do or don't take it seriously find another adult
5. Be a good listener but remember suicidal ideation reflects a bigger underlying problem such as depression, substance problems, abuse, problem-solving difficulties. You can listen but they need to speak to a professional.
6. 30% of attempters tell someone before; many don't tell anyone after the attempt.

When someone talks to you, that is the moment for intervention. With each suicide attempt, risk of suicide increases.

<http://www.afsp.org/preventing-suicide/suicide-warning-signs/suicide-prevention-tips-for-kids-and-teens>

Youth suicide

- In 2012, 70 males aged 15-19 years and 144 males aged 20-24 years died by suicide. In the same year, 59 females aged 15-19 years, and 51 females aged 20 to 24 years died by suicide.
- Considering all causes of death, suicide accounted for 21.9% of deaths among 15-19 year old males and 28.7% of deaths among 20-24 year old males in 2012. The corresponding percentages for females in both of these age groups are 32.6% and 25.2% respectively.
- During the mid-1980s, suicide rates for 15-19 year old males rose rapidly and peaked at 21.0 per 100,000 in 1988. Over the following decade, rates fluctuated around 17-19 per 100,000 for this group and stood at 18.4 per 100,000 in 1997.
- Since 1997, suicide rates among 15-19 year old males have shown a pattern where they are gradually decreasing. There was an increase in rates to 11.3 per 100,000 in 2007 after the ABS revised its original estimates following their quality improvement processes, however this number has decreased to 9.3 per 100,000 in 2012.
- For females aged 15-19 years, the suicide rate in 2012 was 8.3 per 100,000, slightly higher than previous years.
- Males aged 20-24 have shown considerable decreases in the age-standardised suicide rates since the 1997 peak, with 17.4 per 100,000 in the 2012 preliminary data.
- Suicide rates for females aged 20-24 show that rates peaked in 1997 (9.0 per 100,000) and were lowest in 2003 (3.8 per 100,000). Preliminary data for 2012 was 6.4 per 100,000; a slight decrease from the 7.2 per 100,000 observed in 2011.

www.mindframe-media.info/for-media/reporting-suicide

I am a Survivor of Suicide

I don't talk about it a lot these days, as I've reached the point where it feels like a lifetime ago. Healing was a long and grief-stricken process. There were times when I felt very alone in my grief and there were times when I felt lost and confused. The trouble with suicide is that no one knows what to say. No one knows how to react. So they smile and wave and attempt distraction... but they never ever say the word. The survivors, it seems, are often left to survive on their own.

I experienced endless waves of emotion in the days, weeks, months and even years following the loss of my father. The "what ifs" kept me up at night, causing me to float through each day in a state of perpetual exhaustion. *What if I had answered the phone that night? Would the sound of my voice have changed his mind? Would he have done it at a later date, anyway?* Survivor's guilt, indeed.

Sometimes, I cried. Sometimes, I sat perfectly still watching the waves crash down on Main Beach, hoping for a sign of some kind that he had reached a better place. Sometimes, I silently scolded myself for not seeing the warning signs. Sometimes, I bargained with God or anyone else who might be in charge up there. *Bring him back to us. Please, just bring him back.* Sometimes I felt angry. *Why us? Why me? Why him?*

Yes, I experienced a range of emotions before making peace with the loss. But one thought that never ever (not even for one second) crossed my mind was this ill-informed opinion that suicide is selfish. Suicide is a lot of things, but selfish isn't one of them.

Suicide is a decision made out of desperation, hopelessness, isolation and loneliness. The black hole that is clinical depression is all-consuming. Feeling like a burden to loved ones, feeling like there is no way out, feeling trapped and feeling isolated are all common among people who suffer from depression.

People who say that suicide is selfish always reference the survivors. It's selfish to leave children, spouses and other family members behind, so they say. They're not thinking about the survivors, or so they would have us believe. What they don't know is that those very loved ones are the reason many people hang on for just one more day. They do think about the survivors, probably up until the very last moment in many cases. But the soul-crushing depression that envelops them leaves them feeling like there is no alternative. Like the only way to get out is to opt out. And that is a dev-

astating thought to endure.

Until you've stared down that level of depression, until you've lost your soul to a sea of emptiness and darkness... you don't get to make those judgments. You might not understand it, and you are certainly entitled to your own feelings, but making those judgments and spreading that kind of negativity won't help the next person. In fact, it will only hurt others.

As the world mourns the loss of Robin Williams, people everywhere are left feeling helpless and confused. How could someone who appeared so happy in actuality be so very depressed? The truth is that many, many people face the very same struggle each and every day. Some will commit suicide. Some will attempt. And some will hang on for dear life. Most won't be able to ask for the help that they need to overcome their mental illness.

You can help.

Know the warning signs for suicide. 50-75% of people who attempt suicide will tell someone about their intention. Listen when people talk. Make eye contact. Convey empathy. And for the love of people everywhere, put down that ridiculous not-so-Smart Phone and be human.

Check in on friends struggling with depression. Even if they don't answer the phone or come to the door, make an effort to let them know that you are there. Friendship isn't about saving lost souls; friendship is about listening and being present.

Reach out to survivors of suicide. Practice using the words "suicide" and "depression" so that they roll off the tongue as easily as "unicorns" and "bubble gum." Listen as they tell their stories. Hold their hands. Be kind with their hearts. And hug them every single time.

Encourage help. Learn about the resources in your area so that you can help friends and loved ones in need.

Don't be afraid to check in over and over again. Don't be afraid to convey your concern. One human connection can make a big difference in the life of someone struggling with mental illness and/or survivor's guilt.

It's time to raise awareness, increase empathy and kindness, and bring those numbers down.

It's time to talk about suicide and depression.

Katie Hurley
Child and Adolescent Psychotherapist, Parenting Expert

<http://www.huffingtonpost.com/katie-hurley/theres-nothing-selfish-about->

“HOW PEOPLE *Live* MATTERS”

... it really does.

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We are on the web:
www.amaranth.org.au

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and on our Blog

Happiness doesn't depend on what we have, but it does depend on how we feel toward what we have. We can be happy with little and miserable with much.

William Dempster Hoard

Snapshot of suicide in Australia

Suicide and age

- With the exception of those aged over 85, there has been a trend towards men in their middle years (i.e. 30-49) having the highest rates of suicide.
- In 2012, the peak age group for suicide was recorded in men aged 85 or above (37.6 per 100,000).
- From 1980 onwards, there has not been any one age group of females that has consistently had a higher rate of suicide than other age groups.
- According to official data, child suicide (5-15 years' old) is a rare event in Australia. Based on 5 year aggregate scores from 2008 to 2012, age-standardised suicide rates were low in both males (0.4 per 100,000) and females (0.4 per 100,000).

Suicide and gender

- Suicide is much more common among males than females in every state and territory of Australia. This is consistent with trends observed in other Western countries.
- The ratio of male to female suicides rose from 2:1 in the 1960s to over 4:1 in the 1990s. Throughout the early 2000s, the ratio of male to female suicides has been somewhat below 4:1, and stood at 3.0:1 in 2012.
- In 2012, 56.9% of male suicide deaths were by hanging, followed by 10.3% due to poisoning by drugs and then 9% due to poisoning by other agents.
- In 2012, hanging was the most common method of suicide used by females, constituting 47% of all female suicide deaths. The second most common cause of suicide death was poisoning by drugs (27.1% of suicide deaths).
- In 2012, suicide represented 2.5% of all male deaths and 0.9% of all female deaths.
- Suicide rates for men born outside Australia are slightly lower than for Australian-born men, whereas corresponding rates for women are very similar.

See more at: <http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats#sthash.JDd7kxUM.dpuf>

Recipe : Mangomisu

<http://www.taste.com.au/recipes/23798/mangomisu?ref=collections,christmas-desserts>

Ingredients:

500gm mascarpone cheese
600ml cream
1/3 cup icing sugar
2 egg yolks
Seeds of a vanilla bean
1/2 cup Grand Marnier
Juice 2 oranges
300gm sponge finger biscuits
3 mangoes, flesh sliced 1cm thick

Method:

1. Line the base of a 22cm springform cake pan with plastic wrap or baking paper.
2. Place the mascarpone, thickened cream, icing sugar, egg yolks and vanilla seeds in the bowl of an electric mixer and beat on high speed until thick and well combined.
3. Combine the Grand Marnier and orange juice in a sepa-

rate bowl. Dip half the sponge fingers into the juice mixture and layer in the base of the cake pan. Spread with one-third of the mascarpone mixture, and top with one-third of the mango slices. Repeat the process, then top with the remaining mascarpone mixture, reserving the remaining mango slices to serve. Cover the cake and chill for 2 hours or until firm. Serve with raspberry sauce and remaining mango.

Raspberry Sauce

1/4 cup caster sugar
250gm raspberries
Juice 1 lemon

Method:

place the sugar and 2 tablespoons water in a small pan over medium heat, stirring to dissolve the sugar. Cool slightly, then add the berries and lemon juice. Whiz in a food processor until smooth, then pass through a sieve. Chill until ready to serve.

