Suicide survivors

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As discussed in the introduction the biggest flaw in suicide research, in particular psychological autopsies, is the introduction of bias from a number of sources but failing to acknowledge and account for them. The biggest problem, even before starting a study in suicide, is that researchers and health authorities via the media have influenced public perceptions and attitudes perpetuating a belief that mental illness and in particular depression are the main cause of suicide.

An official policy of keeping suicide discussions out of the public domain has had a number of adverse effects on suicide rates as a well as preventing progress in suicide prevention development (Shahtahmasebi, 2014). Because of the lack of public discussion about suicide suicide myths have flourished, e.g. suicide is caused by mental illness, talking about suicide causes more suicide. New Zealand's main suicide prevention since 2006 has been a massive drive to tackle depression (http://www.depression.org.nz/about/) which receives a lot of air time (e.g. TV, radio, billboard) which has reinforced even further the public perception of a link between mental illness and suicide.

Added complexities due to bias arise when a study design is based on a medical model from the outset, which means survey tools will be biased towards mental illness, inevitably survey questions will lead the respondent towards a desired response, and so on (Hjelmeland et al., 2012). Hjelmeland and colleagues (Hjelmeland et al., 2012) provide a comprehensive review of psychological autopsies and discuss problems with adopting this methodology that renders them useless in informing the process of policy formation.

Furthermore, such studies become even more complex when methodologies employed for data collection and data analysis fail to account for sources of bias but also exacerbate the situation leading to erroneous results and misconclusion (Shahtahmasebi, 2013a; Shahtahmasebi, 2014) – as is the current belief that mental illness causes suicide.

The solution lies in a holistic approach: 'we' do not understand 'suicide' but there is a large body of literature on human behaviour and decision making which requires objective data. Some ideas have been developed and reported in previous papers, e.g. the development of an objective database (Shahtahmasebi & Millar, 2013), and a holistic approach to suicide prevention (Omar, 2005; Pridmore & Walter, 2013; Shahtahmasebi, 2013a).

Adopting a holistic approach will assist with acknowledging public perceptions of suicide as a major source of bias, and will aid study design to account for sources of bias. In 2010/11 a pilot study to collect suicide survivors' stories was funded (Shahtahmasebi & Aupouri-Mclean, 2011). To reduce bias in data, the study adopted a free format where suicide survivors were given time to tell their stories without a pre-planned questionnaire. Any questions that arose and were asked during the story telling were as a result of the conversation and in the context of the subject's experiences. We called the sessions with

suicide survivors a 'korero' (conversation) rather than interviews where the subject was free to talk about any aspects of suicide including the effects of losing a loved one to suicide.

These stories were then subjected to content analysis and 'data mining' to identify and uncover elements in the experiences (Shahtahmasebi & Aupouri-Mclean, 2011). The idea is that suicide cases' life events and triggers may be buried within suicide survivors' stories that are retold without prompts and pre-conceived questions. What is needed then is to 'mine' or carry out a type of archaeological dig to uncover true sentiments of suicide within the suicide survivors population.

This project is still continuing. Story tellers were mainly mothers but also included a sibling, a father and a grandfather. Some of the main artefacts of the dig are summarised here.

- Lack of support: One of the most startling findings was the comment by most of the survivors that our researcher was the first person they could talk to about their loss and the first person to listen to their stories since the suicide – this came as a shock to us since some of the suicides had occurred ten years earlier.
- Not knowing why and guilt: the following quotes typify the search for an answer to explain why their loved one committed suicide and the complex internalisation of guilt and anger:
  - "…saying um ohh why would you do that? What did I do to you?"
  - "… Yeah, to me it's a natural thing you know, yeah so I left there light as a feather even now people ask me why' and I wouldn't have a clue but before I use to cry when people ask me those questions like cry and feel guilty and you know all of that but the guilt has gone but even though I still can't answer the question the guilt is gone…"
  - "… just from what I've noticed, it's just but why? It's probably more hurtful. I don't know, just from what I've seen, it seems to do their head in more trying to figure out why, and then that's when the blame, oh I should have, would have, could have but I didn't…"
  - "… people were asking 'why did he do it? … how am I gonna answer this? Why am I gonna answer? I don't know, but I wanted to have an answer I really did wonna have not THE answer but an understanding to give across at the same time it was his choice and only his, it wasn't anybody's fault this is what he wanted, just not a good way out but reckon it's a quick way out…"

- Denial and anger: anger at grieving for a suicide victim is quite a complex emotion – as described above it has its source at not knowing the reason why, guilt, and lack of information and support, e.g.
  - "…Mm they asked me to go dress him and stuff, I went No! I just stayed back home and everything I was sour as like nothing happened but as soon as I seen him, I just dropped with tears and really believed it that it really did happen, it was like a whole lot of wave of things just 'Yep it's all happened he's did it he's rested you asshole you cunt and piker all that kind of stuff…'" [quote from a sibling]
- Lack of information: there are two main issues with information,
  - first, suicide is considered a taboo subject and the New Zealand's Government's policy of silence around suicide has exacerbated the situation. Thus, the public is

rarely skilled to support someone who may be experiencing suicidal ideation, and/or, support a suicide survivor,

- o second, public information and understanding of adolescence and adolescent development is scant and scarce and practically invisible in our parenting, education, justice, etc.

- Life-events: most participants were able to provide historical information and life-events at individual, family, and social levels

- Doubt about mental illness as a cause: mental illness was present in only 2 of the cases and participants freely spoke about mental illness. However, mental illness was not linked to suicide even where it was present, at least not directly, as may be seen from the quotes below. And,

- Inability of psychiatric services to listen and learn from their mistakes:
  - o "I feel mental health services let me down because first of all, every single time X had an attempt they said A) X wouldn't do it again, even though X did do it again, every single time they were proved wrong, and B) every single time X saw a different person, and that to me was the biggest failing. Because there was no continuity,…"
  - o "And every single time they were saying X was fixed, you won't do it again, and every single time X did it again the message X was getting was well you're wrong, you're lying to me and you don't know what you're talking about because I did do it again, I did feel like that again. They were saying to X you won't feel like this again, you won't, next time you'll be able to cope, but X wasn't able to cope. As far as I'm concerned the only message mental health services were giving X was that we really don't know how to help you."
  - o "It was pretty much for us to make a decision with the medication, people were saying don't give X the medication, karakia, and water, and stuff like that, but it just wasn't working. But then sometimes the medication would go so far but we knew X didn't like taking that medicine and X always used to say to us, even from the beginning, it's not working…"
  - o "… But for X, used to say it's not going to work. It's not working mum, X used to tell me, my medicine's not working... And then after a while, even with the doctors giving different medication X was just yeah yeah it's working but it wasn't, X was still hearing things."
  - o "I found it disheartening that a service which had been charged with supporting X with mental wellness responded so casually and without caution in a potential 'crisis' situation."

There are also references in the conversations to problems arising from stigma, isolation and the healing process. From the points raised above it can be deduced that the healing process is very complex. Perhaps the biggest stumbling block in healing is not knowing 'why' and a lack of information. The process of discovering why someone killed themselves is impractical because the person who could provide the answers is no longer alive. Even in cases where there is a suicide letter, this can only provide some information about the state of the case's mind at the time of suicide NOT of the process that led to the decision to commit suicide.

Allowing suicide survivors to tell their stories, without providing them with preconceived mental illness-based questions, could be mined to inform gaps in an understanding of the process of life changing decision making.

In 2011 and subsequently 2013 the workshops on understanding adolescents and youth suicide prevention piloted in 2010 were expanded and offered to the wider community

(Shahtahmasebi, 2013a). The workshops discussed adolescence behaviour and development and discussed strategies for communicating and supporting young people through their adolescence, not just for their parents but for education and health and justice systems. Interestingly, a number of suicide survivors made the comment after the workshops:-

- Had we known what we know now our loved one would probably be alive.

The results in part have been reported elsewhere (e.g. (Shahtahmasebi, 2013b; Shahtahmasebi & Cassidy, 2014; Shahtahmasebi & Smith, 2013), however, the full analysis is currently underway and results will be reported in due course.

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