

Insights Report

Growing Collective Wellbeing

Whanganui, Rangitīkei, Ruapehu rohe

A whole of community – whole of systems
approach to the prevention of suicide

2020/2021





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Whakataukī

***Tangi wheoro te hau i waho rā, tangi momori te ngākau a tāngata,
Pūtongatonga te ao, Pūwatawata te ao,
Ngā mate ōku ake o mua rā e***

*Winds howl outside my dwelling, as if to give voice to my heart's mournful regret,
(That like my skin) the world outside is scarred, and pockmarked,
(Etched) lessons of self-afflictions past...*

These words convey both despair and at the same time hope for a better future focused on self-responsibility. They are a composite of words expressed through *pao* – short, impromptu and topical songs sung by *kuia* that one might hear at any given *hui* where emotions are stirred by a political proposition. Hence the observation of the composite *kuia* that the world's state corresponds with her life's experience. In so doing she accepts her place as both victim and perpetrator of the frail state of humankind. Her scars, both literal and figurative, serve as reminders of the folly we must avoid continually repeating.

The honesty and sense of self-responsibility is inspiring. As indigenous people, how easy would it be to place blame solely at the feet of the coloniser? Fault lies there, certainly. The message for us all is that change will only come about if we all accept our role and responsibility to bring about that change. If the victim is capable of such honesty, what does that say to us all?

Gerrard Albert

Chair, Ngā Tāngata Tiaki o Whanganui

Purpose

This document is intended to provide an understanding of suicide and prevention of suicide by capturing the voice of whānau, communities and professionals.

We know that in order to be more effective and to accelerate success we will need to transform and change our approach to suicide prevention. This new approach moves toward a community-wide response that requires a multi-level and systemic change.

The insights and the hypotheses that emerged from our community engagements have informed the co-design of a regional strategic approach and traction plan.

Background

Healthy Families NZ is a large-scale initiative that brings community and community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play by taking a systems approach for prevention. Healthy Families NZ has an explicit focus on equity, improving health for Māori and reducing inequities for groups at increased risk of preventable chronic disease.

In 2019 Whanganui District Health Board commissioned Healthy Families Whanganui, Ruapehu, Rangitikei to facilitate the co-design of a whole of community, whole of system approach to the regional suicide prevention strategy and action plan.

We acknowledge the foresight and bravery of the Whanganui District Health Board's Board and CEO to put the development of this strategic approach into the community and for valuing their collective wisdom and experience.

This report is the outcome of many community conversations.

Acknowledgement

To the communities of Whanganui, Rangitikei, Ruapehu rohe we thank you for joining the conversation, sharing your thoughts, experiences and ideas. To those whānau, families with lived experience who shared your stories of loss and sorrow, confusion and pain – we hold your stories gently and respectfully. We are grateful to have shared this space so others can learn from you and be inspired to act differently.

COVID-19 Pivot

We want to acknowledge our Iwi, Māori leaders, public sector executives and community champions for mobilising so quickly to protect our region from the full impact of COVID-19.

We, like many of our collaborators, continued to work through the alert levels pivoting from kanohi ki te kanohi engagement to online platforms. We extend our gratitude to our critical friends who supported the continuation of this piece of work during the first wave of the pandemic so momentum wasn't lost.

We are grateful to Barry Taylor from Taylor-made, Frank Bristol from Balance, Wheturangi Walsh-Tapiata, Mel Maniapoto and Hayden Bradley from Te Oranganui, Jude MacDonald from the Whanganui Regional Health Network, Dr. Cheryl Smith, Te Atawhai o te ao Māori Research, and Pauline Humm-Johnson from the Whanganui District Health Board for your guidance and contribution to this kaupapa during the first wave of COVID alert levels.

Methodology

The first phase of this process was to connect with communities to hear their thoughts, experiences and ideas. A strategic framework was then developed to provide a holistic frame for coordinating the strategic planning and activity.

To ensure a genuine regional approach we connected with communities living in rural and urban settings, collating 5,000 comments as points of data. Our engagements included interactive workshops, participation at community events, peer-to-peer interviews, lived experience interviews, and small group sessions.

In Healthy Families Whanganui, Ruapehu, Rangitikei we foster an innovation mind-set, where we are adamant that people are the experts of their own solutions, this is consistent with the mātāpono (principles) of rangatiratanga. As a result of working with community champions and experts we agreed to flip the narrative from suicide prevention to enquiring how we (as a region) grow individual and collective wellbeing.

Healthy Families Principles



Collaboration for Collective Impact



Line of Sight



Equity of Outcome



Experimentation



Leadership



Adaptation



Implementation at Scale



Insights at a glance

1 Young people are looking for positive role-models, experiences and environments where they feel loved, valued and free from judgement. They believe this will help them to become confident, well young adults.

2 Communities are seeking wellbeing solutions that connect to their culture. A Māori worldview supporting preventable approaches can help nurture identity, wellbeing and connectedness.

3 People struggle to reach out for help and share through fear of being judged, shamed, or bullied.

4 Health practitioners are aware they are not coping with the growing demand for mental health services. The sector feels overwhelmed.

5 Communities are not sure how to get support and where to go for support. People feel services are difficult to find and then hard to relate to.

6 People find it almost impossible to express their thoughts and ask for help when they are feeling distressed and unwell. Often people are unable to articulate their needs.

7 People feel restoring community spirit, increasing connectivity and commitment to each other can help to increase collective well being

8 Many people are living in an extreme state of stress and trying to cope on their own. Intergenerational trauma, financial burden, or violence are some of the common stressors communities are worried about.

9 Men are struggling to fit into a particular type of male narrative that has been historically prescribed. Engulfed in the shame of not fitting in amongst their peers is a contributing factor to harmful behaviours.

10 Families want support when navigating the grieving process. They need to share what they are going through.

Critical Learning and Observations

We think it is important to include some of the critical learning and observations from our time in this mahi (work).

The referral process – Finding Support

- There are a plethora of referral pathways and templates. There is no common pathway to enter the support system.
- The referral process is often managed through a clinical lens. The process was initially developed for the 3–4 % of people seeking professional mental health services. In today's world however, the rates of people experiencing diminished wellbeing and living with complex issues, has risen dramatically.
- The starting point for finding professional support has not adapted to meet the growing demand.
- A common referral process and common narrative is required to ascertain a more compassionate response and also the best response for the individuals and their support people.
- Those with lived experience (attempts) found great refuge and help at the crisis end – although they were isolated and disconnected as they spiralled between at-risk behaviour and suicidal thoughts.

Trust and protection

- Communities are not aware of the benefits of protective factors, what they are, and how they create wellbeing and grow resilience. This also means whānau are not aware there are two forms of protective and risk factors: modifiable, or fixed – characteristics that can or cannot be changed.
- We heard many stories from whānau (families) about their loved ones who had been living with more than four risk factors. Many professionals recognise the signs of toxic stress, but may not understand the neurological impact the compounded weight of risks has on someone.
- We heard stories where Dads do not trust their communities to protect and keep their kids safe. This comes from their own personal experience and upbringing in these communities.
- Through COVID-19 we have noticed that anxiety is contagious. The more anxious the services and practitioners (the ecosystem) become the more anxious communities become.
- Families and friends try to cope with managing their loved one's safety and accessing clinical help, often exhausting all options and resources as they struggle with the unknown. On the other hand, some families had no idea of the severity of their loved one's mental distress.

Trauma and shame

- Trauma and unresolved childhood trauma was prevalent in many stories shared by whānau/families and those with lived experience (attempted).
- We heard shame festered throughout peoples' lives because of unresolved, unhealed childhood trauma. This shame emerged as anger, feeling unloved and unlovable, or untrusting of people.
- Whānau/families talked about a mix of experiences when they entered the health system for help. That first point of contact can be abrupt and unkind (wait-times, wrong door, not listening, bias and assumptions). Some people talked about the amazing help at the crisis intervention end of the support continuum. However, communities and social services feel this level of help and understanding should happen much earlier.
- Social and economic deprivation is a contributing factor. Productivity, prosperity, citizenship, and healing trauma are fundamental in the process of enhancing individual and collective wellbeing.

Insights #1

Young people are looking for positive role models, experiences and environments where they feel loved, valued and free from judgement. They believe this will help them to grow resilience and become confident well young adults.



Community say

“Raised in a toxic environment affects everything like your attitude in school, can easily become the norm, like I see the kids that were brought up in that environment and now their kids are in that environment. Breaking cycles is so important it’s like the difference between our kids tapping into their talents and gifts or just becoming alcoholics and druggies just because that’s the norm and all they know.”

“Whanganui needs big brother, big sister programmes”

“I’ve no father and no role models in my life”

“Allocate mentors to our tamariki”

“When I was growing up, dad and uncles weren’t uplifting. There were the generational trauma from World War 2 - taking their pain away with drugs and alcohol. I was always looking for and wanting role models to go diving with or camping, farming, going bush and mahi kai”

“Unless they have had the chance for someone to show them, to let them think about it, envision it and paint that picture for a future, it’s actually just a lost thought”

“We need more male influencers to stop suicide. There is a lack of leadership or role models in services”

Research says

Mentoring recognises that a young person’s development can be positively influenced by relationships with those around them, particularly adults that the young person can look up to and learn from. (A, Davies et al (2009) Confidence and competency development provide the foundation for agency and leadership. There is a highlighted need for improvement for cultural responsiveness in programming and an improvement of the skills and characteristics of the people working with the young people. (K, Deane. H, Dutton. E, Kerekere (2019)

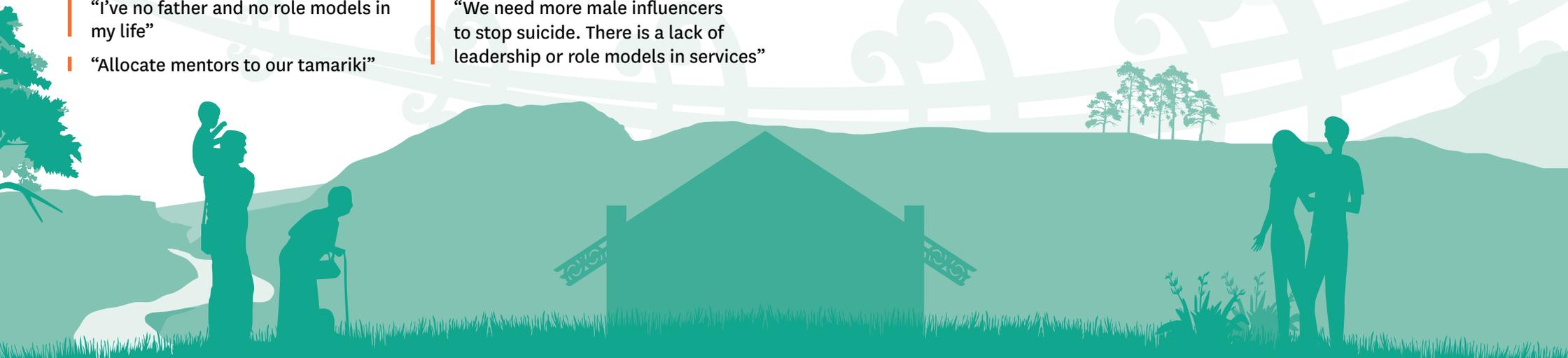
We heard

Bullying is rife in schools and in our community. Online bullying and being judged negatively is common and can escalate quickly at scale (viral). Because of the speed and scale of this negative culture tamariki / rangatahi have a fear of being judged and ridiculed, which can cause, or add to extreme anxiety.

Our challenge questions for Co-designers, Investors and Decision-makers

How do we grow capacity for a youth mentoring community?

How do we support young people to co-design solutions for reducing bullying in schools?



Insights #2

Communities are seeking wellbeing solutions that connect to their culture. A Māori worldview, supporting preventable approaches, can help nurture identity, wellbeing and connectedness.

Research says

A paradigm shift is needed towards a system grounded in tikanga in Māori values; one that is holistic, whānau-centred - which takes a life-course approach to wellness. The medium of wairua facilitates the expression of relationships, the maintenance of balance and healing. (Valentine, 2009)

Community say

“Tikanga Māori and having a reverence for the whenua, people, birds, trees returning to our intuitive natural tikanga, holistic values and systems”

“People come to stay with me at the maunga. We whakatau them into the workshop. Share ancient kōrero from 1800s to where we are now. We then take them around the maunga to our waterfalls and share with them what makes me happy. This seems to make people hungry for wairua. I’ve spent the last 3 years using gifts, maara kai, marae, ngahere”

“But maybe we need to look at what other help we can get. And the thing that comes through to me is the help was all mainstream help. A tikanga Māori perspective is what was needed, working with our own in a different way”

“It’s a 100% Pākēhā system and there’s lots of things that don’t fit, you feel inadequate a lot of the time”

“Māori are doubly short-changed (disadvantaged) in that they/we have historic issues to cope with”

“Suicide would be exacerbated by a sense of purposelessness, lack of meaning coupled with a loss of culture”

We heard

Communities and practitioners think the combination of being connected to one’s culture, able to access indigenous forms of support, and clinical experts would provide a holistic approach that communities can respond well to.

Communities will use their cultural values and practices, incorporating them into the way they care for their loved ones. This is very important for valuing indigenous ways of being and thinking. Even the process of grieving for Māori, through tangi, allows whānau to grieve, heal and grow – to celebrate the person’s life.

Our challenge questions for Co-designers, Investors and Decision-makers

How might we encourage greater connection to culture and indigenous approaches as prevention solutions?

Insights #3

People struggle to reach out for help and share through fear of being judged, shamed, or bullied.

Research says

We need to focus on building connections within whānau or Iwi networks, sports clubs, churches, Marae and through relationships with formal or informal ties (Sewell, Morris, McClintock, & Elkington, 2017) as prevention is supported by our closest social circle – partners, family members, peers, friends and significant others – who have the most influence and can be supportive in times of crisis (WHO, 2018).

Community say

“The negative thoughts in my head usually stop me from asking for help, when I need it. If I asked for it, will I be able to trust that person? Are they going to judge me?”

“Building each other up, supportive people around, decreasing stigma, making it more common for men in particular to talk about their issues is needed.”

“We knew that he was feminine, that he was a young man who more self identified as being a woman and his sexuality - he was attracted to males, but I think the stigma of that was that he wasn't necessarily accepted”

“When our kids die from suicide people seem to blame the parents”

“We need volunteer groups within the community, practical help and more community connection”

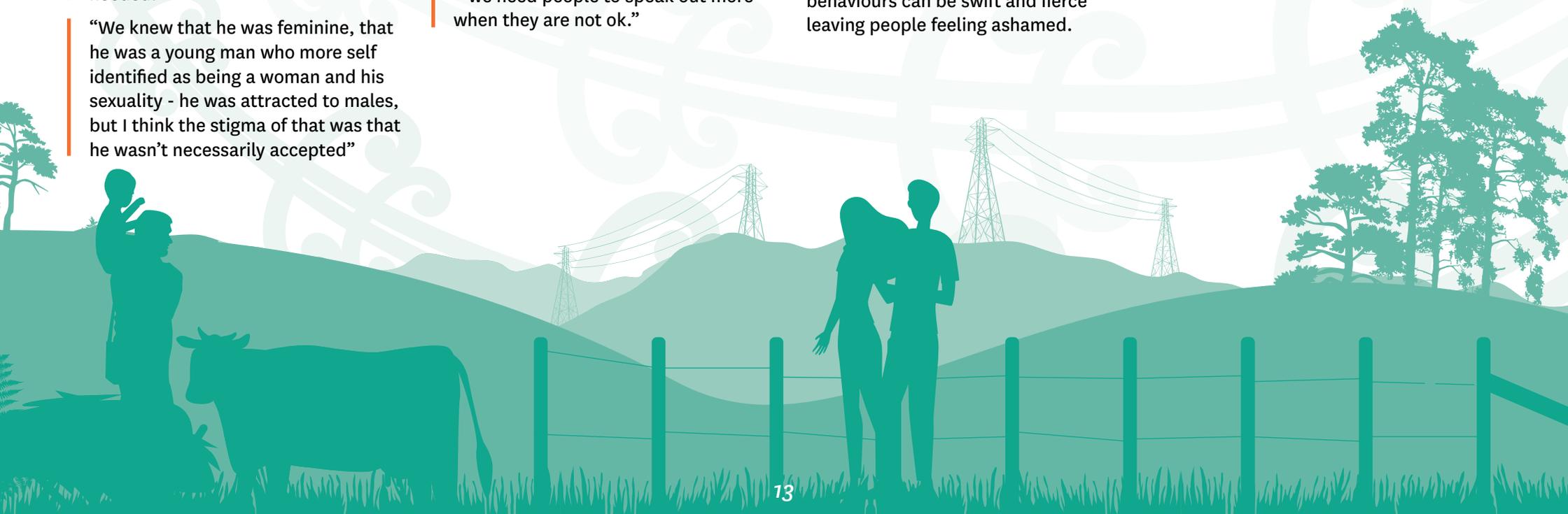
“Allow them to understand at a young age so we can prepare them for any future struggles. We need to reduce the stigma associated to mental health – we need people to speak out more when they are not ok.”

We heard

People play multiple roles within the community, including leadership roles, and some people feared that sharing their story would affect their leadership and people would judge them for their choices. The impact of scandal, gossip, and doubting someone's ability, becomes widespread in small communities. Knee-jerk reactions to someone's behaviours can be swift and fierce leaving people feeling ashamed.

Our challenge questions for Co-designers, Investors and Decision-makers

How might we strengthen and develop the informal networks of support, so communities understand the positive influence they can have?



Insights #4

Health practitioners are aware they are not coping with the growing demand for mental health services. The sector feels overwhelmed.

Community say

“DHB Crisis line can be busy. Te Awhina is full. Doctors are not available for two weeks. Two weeks ago I attempted suicide and rung the crisis line - they said they would ring me tomorrow but they rang back two days later.”

“Tried to ring 1737 but felt like I was getting shafted again”

“Nothing worse when someone has reached out and has been made to wait nearly two weeks - the fear of them being high risk put strain on the whānau”

“The gap in the care for young people is a chasm – my boy died 10 days after assessment for suicidal thoughts”

“Need someone based here (rural community) that can offer instant tautoko (support) instead of being referred and waiting weeks to hear back ”

“Our professional development training was put on hold because our organisation didn't have any putea (money)”

“9 out of 10 of us (professionals) are too busy to do professional supervision so we cancel our sessions.”

Research says

Problems of access, wait times and quality... Having to fight and beg for services, not meeting the threshold for treatment... gaps in services, limited therapies, a system that's hard to navigate... added up to a gloomy picture of a system failing to meet the needs of people (Mental Health Enquiry, 2018).

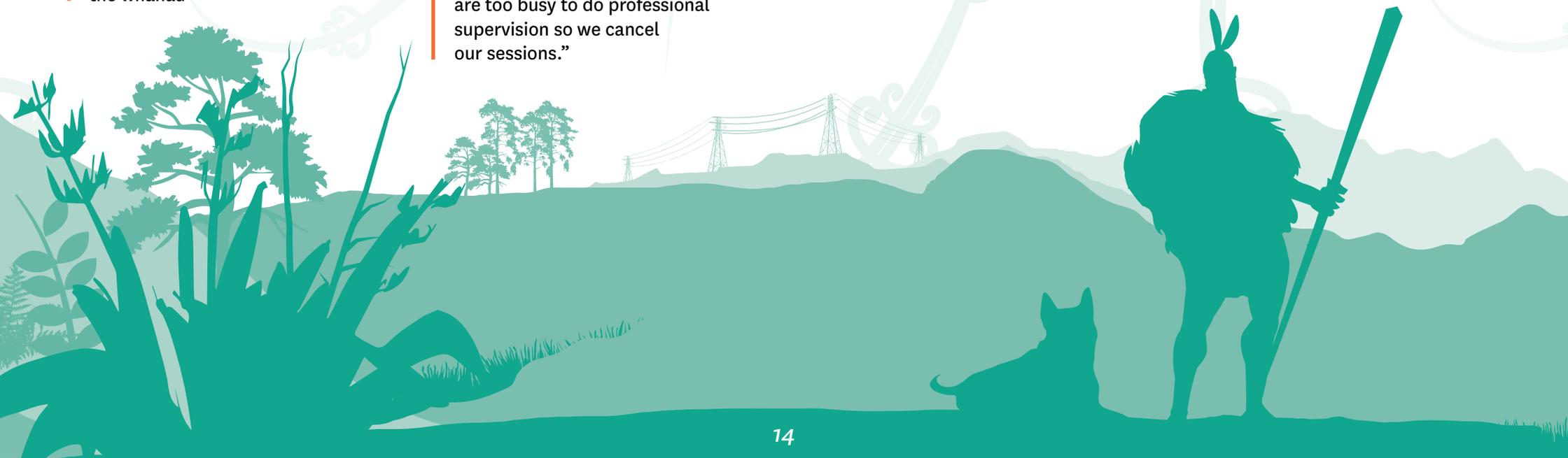
We heard

Health practitioners feel like they are in a box – confined by rules and regulations that restrict the help that should be offered. Practitioners also felt the over compliance can mean a loss of kindness in service and inconsistency of continuity of care. Therefore, practitioners think they are unable to do everything they can to support whānau who are in desperate need of help. We heard some professionals feel defeated by the system.

Our challenge questions for Co-designers, Investors and Decision-makers

How can we reorganise access to support services to meet the demand?

How might we enable front-line staff to feel confident and capable to provide what is most needed for people in a distressed state?



Insights #5

Communities are not sure how to get support and where to go for support. People feel services are difficult to find then hard to relate to.

Research says

People want support in the community, so they can stay connected and receive whānau wrap around support. (Mental Health Enquiry 2018)

Community say

“Not knowing what to do and where to go at that time for my daughter. I was working in the health system and I didn’t know. How are others supposed to know?”

“I didn’t know where to get that (information) beforehand. It wasn’t until I was in crisis that I realised I could actually get help”

“At the time that this happened I seemed to be limited with choices - the Police and the crisis team. There has to be something else!”

“Tried to get help when needed it for her suicidal thoughts, but couldn’t when trying to ring the numbers so went to see GP. They offered medication, antidepressants and painkillers”

“My doctor was of no value at all, but the Mental Crisis team were really good and they put me on to the community helpers and they would call you and you could call them”

“We need to re-organise the mental health system by putting clients and whānau at the core of the re-design process, understand their journeys and map their path to recovery”

We heard

Information is not readily accessible for communities, in particularly when people are distressed. Even professionals who are able to navigate systems struggled to find the right services that could support their families. In the rural area this issue is heightened. Unless you know someone who knows someone, then finding the right type of support at the right time is almost impossible.

Our challenge questions for Co-designers, Investors and Decision-makers

How do we make it easier for whānau to find the right type of support at the right time?

Insights #6

People find it almost impossible to express their thoughts and ask for help when they are feeling distressed and unwell. Often people are unable to articulate their needs.

Research says

Our mental health system is set up to respond to people with a diagnosed mental illness. It does not respond well to other people who are seriously distressed. Even when it responds to people with a mental illness, it does so through a lens that is too narrow. (Mental Health Inquiry 2019)

Community say

“I wasn’t able to ask the right questions when in that state of unwellness. Thought the processes aren’t good when you’re feeling down”

“I as a Māori male do not feel confident to ask for help when I am feeling depressed at mahi. It’s a closed door, kind of place. You’re going to get your head on the chopping block”

“Your brain has gone haywire and your trying to communicate to people. They don’t even know what to say because I didn’t even know what to ask. How do you get clarity?”

“I don’t know how to ask for help, how to connect when I’m in pain. Teach me how to ask for help”

“My feedback to people now is if you are worried about someone ask them if they are in danger of taking their life!”

“Walking beside whānau and tangata whaiora as opposed to directing them”

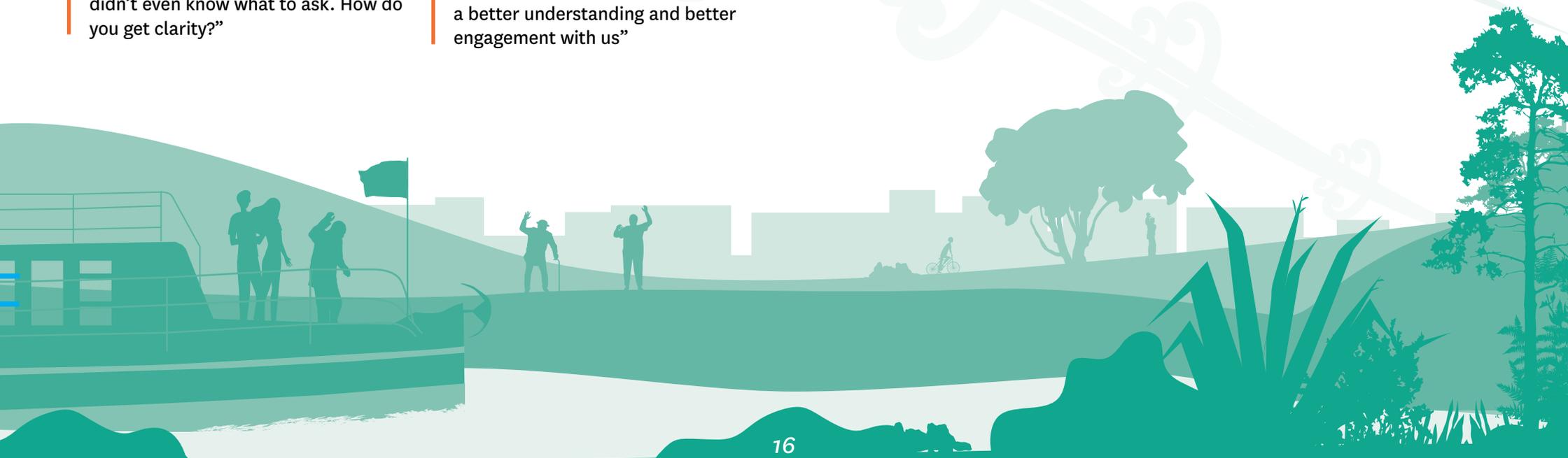
“Informal hui (meeting) first with first-time clients. Explain the process in their language. I have learnt that this helps our whānau (families) have a better understanding and better engagement with us”

We heard

In times of distress many people don’t know how to ask for help. People struggle to describe to their loved ones what they are feeling, let alone explaining what they need from clinical experts. They bottle it up and hope that it goes away. People also feel they don’t want to overburden their friends or family by sharing their problems. They end up going inward to try and cope on their own.

Our challenge questions for Co-designers, Investors and Decision-makers

How can we ensure people can get support earlier before it becomes too difficult to ask for help?



Insights #7

People feel restoring community spirit and increasing connectivity and commitment to each other can help to increase wellbeing

Research says

Neighbourhoods help to shape people's lives because they do more than house people. They form a base for wider activities, providing many of the social services that link individuals with each other, giving rise to a sense of community. Thus neighbourhoods provide a basic line of support to families. Neighbourhoods form the most immediate environment for children to socialize outside the family to build confidence and develop coping skills. (Power 2007: 22)

Community say

"Families are not spending time together and the relationships are diminished. Children are having to work and under pressure because of supporting the family"

"As kids we needed space to wananga - we just had fighting and drinking. There was rugby league but everyone was drinking straight after the game. Violence was used to harden us up but instead it was traumatising. They were always drinking and at the stove and fighting in the marriages. This was normal. We wanted the community to step in at these times but they never did. How do they do that?"

"People feel isolated in the workplace, or being isolated on the farm. Parents are too busy working. We've gone backwards. We've lost our community spirit?"

"Create spaces for people to ask the questions to ensure others don't follow the same path"

"Normalise informal kōrero about mental health within whānau, communities, education, peers and different social groups"

We heard

Communities feel community cohesion has gone, and they no longer feel a sense of trust and safety - there isn't a neighbourly connection anymore. People think the lack of structured coordination is missing from their communities - there are not enough things that create support and connection to look out for each other and other peoples' children. That sense of loyalty to, and responsibility for, each other has disappeared.

We heard and saw community spirit, social inclusion, connectivity, trust and safety occur during the COVID alert levels.

Our challenge questions for Co-designers, Investors and Decision-makers

How do we reinvigorate community connectivity and social inclusion?

How might we support community-led neighbourhood regeneration?



Insights #8

Many people are living in an extreme state of stress and trying to cope on their own. Intergenerational trauma, financial burden, or violence, are some of the common stressors communities are worried about.

Research says

Harvard University research has shown that these experiences: poverty; unemployment; neglect; and addiction creates a “toxic stress” response, which can affect brain architecture and brain chemistry. Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have damaging effects on learning, behavior, and health across the lifespan. (<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>)

Community say

“It’s the pressure from social media, unemployment, bad employers, dysfunctional family life, parental pressures, living up to social standards”

“Everyone thinks that farming is a buoyant community - it’s not - the banks own everything”

“Alcohol didn’t help, trying to find plasters to solve things, with the issues I was dealing with, and my finances - that had a huge impact on me - huge!”

“We were brought up around alcohol. I went to the pub as a kid and was diagnosed as an alcoholic at the age of 9”

“I thought it was normal to get hidings. My sister was abused a lot and the system came and took her. As an adult I found protection in my husband, I needed to feel that protection. He protected me and our children from the things I didn’t want us around - alcohol, abuse from whānau members”

“Intergenerational behaviours – tamariki (children) now doing what their parents and elders have always done, and it’s becoming normalised”

We heard

We heard stories of adults talking about the negative environments they were brought up in and how this influenced the pathways they chose – it was all they knew. We heard of the toxic experiences people lived through and feeling they were in constant flight or fight mode.

Our challenge questions for Co-designers, Investors and Decision-makers

How can we help families to reduce the compounded weight of toxic stress, and increase their protective factors?



Insights #9

Men are struggling to fit into a particular type of male narrative that has been historically prescribed. Engulfed in the shame of not fitting in amongst their peers is a contributing factor to harmful behaviours.

Community say

“It is interesting, particularly from a Māori perspective, I think sometimes there is quite a lot of harden up kind of behaviour, you know boys don’t do this and don’t do that and really all you are doing is making kids push down their feelings and so they don’t talk”

“I think Māori men in their 50s have been brought up in a particular way of what a man does and how they act and so seeking help is hard, but that is the mantra of the day I get it but I know that when I’m down I won’t be calling anyone. The funny thing is I would find it difficult to call my mate because I will go “no, no he’s got his own issues. I don’t want to be a burden him with my problems. I don’t want to be an inconvenience.” So what that does is isolates me further”

“He was a seven year old boy he suddenly realised that he wasn’t like other boys and that never left him, that feeling never left him. I think he covered it up, as we learn to do as an adult with his intelligence and his whatever else, but think that when he went into a state of depression and stress, that little boy was still very present and he came out. I think that was quite a factor and I believe that we need to be looking at how we bring our boys up because it is such a problem for our men”

“The holy grail is getting men in a group wanting to come together to discuss this and very rarely does that ever happen consistently. So for me it’s about - Im gonna get in contact with three of my closest mates. We’re gonna go have coffee, we’re just gonna check in on one another”

“Accept boys for being who they are and not forcing them into a box of maleness! I’m no longer frightened of my vulnerability, to let that go and to seek help about it”

Research says

Empirical studies of increasing rates of male suicide in rural Australia have identified hegemonic masculine norms of stoicism as an important causal factor in the context of severe economic stress. Understanding the influences of race, ethnicity, socioeconomic status, religion and other cultural factors on stoic ideologies may help explain past research findings on delays in help seeking. (Pathek, E. B., Wieten, S. E., & Wheldon, C. W. (2017))

We heard

Communities want to give permission for men to talk and share their stories and experiences - knowing how important this is to creating connection and healing. Being present and listening to each other, being open to talking is a real challenge in our communities, and yet it is such a powerful and empowering experience for many men to be in.

Multiple roles in the community; burn-out; not taking care of themselves physically and mentally, and holding on to traditional stereotypes are just some of the challenges that men shared with us.

Our young men need really good mentors who can assist them to navigate through life and the different milestones.

Our challenge questions for Co-designers, Investors and Decision-makers

How do we change the narrative to value vulnerability as courage and strength?

How can we support the movement of men as positive roles models and navigators to younger generations?

Insights #10

Families want support when navigating the grieving process. They want to share what they are going through.

Community say

“There should be a support group running pretty much anytime, for anyone who has dealt with it. Through the support group you could support people through the post problems that you strike like having to deal with all the practical things. If there was a group and there was someone there you might make a relationship with and say ‘I’ve got to make this awful phone call do you want to come and do it with me?’ Or, ‘I’ve got to go to the bank, can someone come with me?’, ‘I’ve got to go to the undertakers and pick up the ashes. I’ve got to go and get the death certificate...’...all of those sorts of things”

“Don’t silence our loved ones. We want people to talk about them and celebrate them. Tell their story and be genuine - we want people to ask us how we are getting on”

It’s a constant battle to get help. We are not being able to hear or remember things properly because we are grieving. We need to be navigated through the different processes. These are our four top priorities we need:

1. Navigators;
2. Support group for those with lived experience;
3. To be armed with knowledge for our own whānau,
4. A tool to remember things.

Suicide is not like any other death. We want to talk to other people about what we are going through.

Research says

Topic avoidance can cause added stress, as well as hinder one’s ability to develop and maintain meaningful and satisfying interpersonal relationships (Afifi, Caughlin, & Afifi, 2007). However this is problematic in the context of bereaved youth, as maintaining social roles and ties and feeling socially connected can serve as protective factors when coping with a death-loss (Droser, 2020, Worden, 2009)

We heard

Families don’t want their experience to be silenced - like it’s the elephant in the room. They want communities to learn how to have empathetic conversations rather than avoiding talking about it, avoiding them, or behaving awkwardly. It is unnecessary for grieving families to make other people feel comfortable.

People do not know how to behave, or what to say to families who have lost someone. People want to be a source of comfort but don’t want to risk being insensitive, or insulting.

We heard how difficult it was for families to manage their loved ones affairs – having to close bank accounts, notify agencies of change of circumstances, withdraw enrolments, and so forth. People felt front-line staff were apathetic and lacked compassion and patience. Grieving families assumed the processes would not be business as usual, expecting more flexibility and understanding.

Our challenge questions for Co-designers, Investors and Decision-makers

How do we equip communities to provide good support to grieving families?

How might we ensure organisations are open and compassionate when dealing with grieving whānau (families)?

Hypotheses

The feedback from community and the emerging themes prompted the consideration of a number of issues and challenges, which in turn led to the development of a series of hypotheses for inclusion in the strategic framework.

The hypotheses we explored were:

- Reframing the problem - the traditional problem is framed as “how do we prevent suicide?” The response to that question is to focus on intervention. Therefore, we reframed the problem definition to suggest that suicide is an indicator and the real challenge is how do we improve individual and community wellbeing? This led to a broader and rebalanced approach.
- The hypothesis that suicide prevention requires early intervention, including greater activity and focus upstream than has previously been the case. Conceivably, some protection measures can be implemented well before a person presents as suicidal.
- Emerging research and practise points to concepts of toxic stress, particularly in young people from ‘deprived’ backgrounds. There is a correlation between toxic stress and suicide. Hypothetically, mitigation strategies for each of the stress risks could be developed. The ability to recognise the stress risks that an individual is exposed to could allow/trigger appropriate supports that help avoid the cumulative stress reaching toxic levels (presentation of four risks) for that individual.
- Resilience and wellbeing are helped by the presence in an individual’s life of a mentor who is caring, non-judgemental and able to offer guidance on dealing with setbacks, stress and life challenges. Effectively these role models could act as ‘wellbeing navigators.’ The support system could ensure young people, especially at-risk individuals are connected to, and have access to ‘well-being navigator(s)’ as part of their personal network or alternatively, via the service system.
- Identity (cultural), connectedness to people and place, economic and social participation, is commonly important for wellbeing. Māori men feature prominently in suicide rates. Could the effects of colonisation be the irreparable damage to these sources of wellbeing (cultural identity, connectedness to people and place, economic and social participation)? A greater response to help individuals recreate or strengthen these sources of wellbeing via a holistic approach that incorporates elements and principles of Te Ao Māori or includes a Māori-world view is important.

Call to act

Our value proposition is that we can amplify and accelerate our impact through stakeholders and community working together across the system.

The challenge-questions we pose are useful starting points for those who want to mobilise brave action.

It will take a whole of community-whole of system approach to grow individual and collective wellbeing.





Insights Report

Growing Collective Wellbeing
Whanganui, Rangitīkei, Ruapehu rohe



If you are interested in partnering
and would like to find out more
about this kaupapa please contact:

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