

Glossary

Affected or impacted by a death by suicide — you can experience an emotional reaction or be affected by someone's death by suicide whether:

- you knew the person personally (bereaved by suicide)
- didn't know them, but knew of them
- witnessed or discovered their death by suicide.

All of these situations involve exposure to suicide.

An effective postvention response includes everyone affected or impacted by a death by suicide.

Bereavement — a state of grief and mourning after the death of someone important to us who we love/care about and value, such as a close relation, friend or colleague. Grief is our emotional reaction to this loss.

The coronial process — in Aotearoa, if a death is a suspected suicide or is sudden or unexplained, it is referred to the coroner for a Coronial Inquest to formally establish the cause of death. The cause of death can't be determined until after the coroner has made a ruling. A ruling by the coroner can sometimes take months or years to be finalised and the waiting time can be very stressful for whānau and workplaces. You can read more about the coronial process at: www.coronialservices.justice.govt.nz/suicide

Grief — refers to the emotional reactions following loss. Grief reactions can vary widely. Everyone grieves differently and there is no specific timeline for the experience. Cultural practices and traditions can also inform how people grieve. Grief that follows a death by suspected suicide can also include intense reactions such as shock, disbelief, blame and sometimes anger. As suicide is typically an unexpected and potentially violent form of death, some people may also experience deep distress and trauma.

Method (or means) — a 'suicide method' is any means by which someone may choose to end their life.

Postvention — an organised response in the aftermath of a suspected suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss.
- To mitigate other negative effects of exposure to suicide.

- To prevent suicide among people who are at high risk after exposure to suicide.
- To provide ongoing support, including professional and peer-support options, for those who need it.

Psychosocial factors — describe the relationship between a person's thoughts, emotions, behaviours and their social environment. Identifying psychosocial factors at work is about considering the way work (the tasks we do, where they are done, and who we interact with) affects how we feel, think and behave. For more information visit: www.worksafe.govt.nz/topic-and-industry/work-related-health/mental-health

Stigma associated with suicide — refers to the negative attitudes, beliefs and stereotypes people may hold towards those affected by suicide or experiencing suicidality. Stigma can frame people's beliefs and attitudes and also make it harder for people to seek help when they need it.

Sudden death — the death will remain a 'suspected suicide' until the coroner has made their ruling. However, the death may also be an 'ambiguous death', with insufficient evidence to determine the cause, or have other complicating factors. In all these cases, the death is referred to as a 'sudden death'.

Suicidality — a term used to refer to thoughts, feelings and actions related to suicide. It includes a range of experiences, from occasionally thinking about wanting to die, to plans for ending one's life. It also includes suicide attempts. All suicidal thoughts, feelings and actions should be taken seriously.

Suicide contagion — refers to the spread of suicidal thoughts, behaviours and deaths after exposure to suicidal behaviour. Adolescents and young adults are more vulnerable to the effects of suicidal contagion, but contagion can occur at any age where a person identifies in some way with the person who died, even if they did not know them personally.

Suicide Prevention and Postvention Coordinators (SPPC) — are based throughout Aotearoa. Their responsibilities include organising and implementing suicide prevention and postvention responses, initiatives and activities, which are designed to

reduce the number of suicides and suicide attempts and provide bereavement and post-attempt support. Contact your regional Health NZ/Te Whatu Ora for more information.

Tapu — in te ao Māori, 'tapu' has many meanings and references depending on the context it is used in. If a place, person or object is tapu it might be sacred, prohibited, restricted, set apart or forbidden. A person, object or place that is tapu may not be touched or, in some cases, not approached. 'Noa' is the opposite of tapu. When something is noa it is 'ordinary' or 'common'. Noa lifts the 'tapu' from the person, place or object.

Trauma — an emotional response to an event involving severe emotional shock and pain. Psychological trauma can occur when an event overwhelms our ability to emotionally digest what's occurred. People process events differently and not everyone has the same reaction to any event; what one person experiences as trauma may not cause distress for another. Trauma is caused by witnessing disturbing and horrific events but can also occur for those not present, when they are told

about what happened. As trauma is different to grief, these reactions may be experienced separately or at the same time. Experiencing trauma and grief together can intensify the reactions they have in common.

Wellbeing — is a multidimensional concept that reflects the balance and integration of various aspects of life. Wellbeing is influenced by numerous factors, including physical health, mental health, social connections, financial security, and other social and cultural factors. Visit www.mentalhealth.org.nz/what-is-wellbeing to learn more.

Work-related means of suicide — involves situations where a person's work facilitates their access to and/or familiarity with the lethal object or substance that could be used to end their life.