

1000 Letters

A summary of information derived from suicide letters and supporting material, intended to help support those involved in suicide prevention efforts in New Zealand

Compiled for:



July 2020

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Introduction: a note from the researchers

- Thank you to everyone who contributed to this project. We are honoured by the trust you placed in us. All materials were treated with the utmost respect, confidentiality, and sensitivity.
- Most people said that they contributed the letters and supplementary material because they hoped the information could be used to identify and help people at risk of suicide and thus also prevent the pain and loss associated with it. Participating in the project and writing about the loved one who died seemed to serve another purpose: to affirm that person's humanity and story as more than just another suicide statistic. Finally, many also said they wanted and needed to express how the suicide affected them, those left behind.
- These people affected by suicide wanted to have their voices heard. We heard you. We felt your pain and we hope that the knowledge that we saw you and your loved ones provides some comfort. If we are able to glean useful understanding from these past tragedies that could help inform interventions to prevent even one future tragedy then this project will have achieved even more.
- As researchers, we have been privileged to your voluntarily shared information. Without undermining the value of all the notes, letters, poems, drawings, descriptions, and stories you shared, we fully acknowledge the limitations of this project, some of which are that:
 - Material supplied was highly unlikely to be from a representative sample. Those who leave letters cannot be assumed to represent all people who attempt or complete suicide. The group of letters submitted to this project cannot be assumed to represent all suicide letters.
 - The content of a suicide letter is highly subjective. Some information may be untrue, may be true only from the writer's perspective, or may be true but presents only a small piece of the wider picture.
 - Identification and understanding of the number of different 'types' of people who commit suicide (the combination of the person and their situation) requires much more resource (in material, skilled professionals for analysis of that material, and ability to use resulting knowledge in an effective way) than is available here.
 - Information used in this summary has not come in response to a standard set of questions but instead contains as little or as much as the person wanted to write or draw or reference, about whatever subjects they wanted to include.
- This is a review of qualitative information from subjective material created with no defined parameters. There is no statistical significance of the themes. We cannot claim we fully understand any writer, much less the entire group of people who attempt or complete suicide. However, our experience working with qualitative data professionally for more than 20 years allows us to confidently stand behind the themes we have identified as being relevant to the people into whose lives we were granted a small and imperfect viewing window.

Introduction: details about the approach

- We were supplied with material that contributors voluntarily shared with the '1000 Letters Campaign' and Mike King. We had no contact with any people who submitted information and no follow-up information was requested. Although both researchers observed and noted public discussion of the project and related topics, neither of us involved ourselves in that public discussion.
- Prior to receipt of the material, we drafted a protocol based on various sources: our experience of conducting and analysing qualitative research; our awareness of the concerns expressed by healthcare professionals, government agencies, and the general public; Codes of Conduct around professional and ethical research; and secondary research. This protocol was reviewed by an industry Professional Standards Group, adjusted, and then approved by that group. The final protocol was supplied to Mike King.
- Each submitter sent one or more types of communication, which fit into 5 categories:
 1. Suicide letters of loved ones, submitted by the recipients and owners of those letters;
 2. Suicide letters submitted by the writers who survived their attempt(s);
 3. Description or explanation about the person (or people) who died and/or the letter(s) they left;
 4. Commentary about personal experience with depression, mental illness, and suicidal thoughts and behaviour (standalone without any suicide letter);
 5. General commentary about the 1000 Letters project, the state of mental health in NZ, the experiences accessing mental health support services, and other topics (standalone without a suicide letter).
- We carefully read each email, letter, poem, note, and every other form of communication multiple times. Letters and communications associated with those letters have been read and coded multiple times.
- We individually and together hypothesised, discussed, and revised themes we saw arising from the letters and supplementary material. From there, we distilled the recurring and important themes. Not every theme will be applicable to everyone and there will be some people whose primary issues will not appear in this document as they were mentioned less frequently. This is not a comprehensive reflection of the full range of letters we reviewed, much less the entire population of people who have considered, attempted, or committed suicide.
- This document only includes findings from categories 1 and 3.
- Note about terminology: *letter writers* and *letters* refers to the people who committed suicide and the letters they actually wrote; *contributors* and *supplementary material* and other similar terminology refers to the people who have ownership of those letters and the communications and stories they provided in addition to the letters themselves.
- Note about charts: we have chosen to show relative positions of findings and to size groups by descriptive name, rather than provide specific numbers and percentages. This more honestly reflects the subjectivity of coding and understanding themes from qualitative information.

Researchers' Executive Summary

Outline of Key Themes from the Letters

Executive summary

Main themes expressed in the letters and supplementary material

- Impulsive suicides were the exception, not the norm. Most who wrote about their reasons described months, years, or even decades of issues that contributed to their final decision, even if that decision seemed sudden to others.
- Love was not enough. Writers knew they were loved and they reciprocated that love. Having love could become additional evidence that there was something wrong with them and a source of guilt. Loving relationships and not wanting to hurt others could postpone a suicide, but not necessarily prevent it.
- The full extent of people's inner lives was not visible to those close to them; often due to the writer's deliberate effort to hide it.
- Letter writers and contributors both recognised personal qualities and life circumstances that gave reasons to live, they just valued them differently. *Having so much to live for* is in the eye of the beholder.
- Very few writers explicitly stated they had lost hope but instead described their belief that suicide was the best or only realistic option left; they saw no other options. They felt they had tried everything they knew, to no lasting effect, and concluded that the situation was unfixable; that it would be too hard for them or others to fix; or that those who could help would not.
- People did not want to die; they wanted the pain to stop. They were hurting and exhausted from the ongoing struggle of being themselves and wanted peace and a cessation of pain. Many wanted to stop hurting people they loved and felt that their absence would eventually be better for those people.
- Lost children: evidence for systemic failure of individual fault lines. A small group seem to have exhibited red flags, that if recognised early enough and the right support systems put in place, might have changed their paths. These included severe behavioural problems from an early age; significant and visible injuries, illnesses, or physical disabilities; and serious learning disabilities.
- A suicide affects everyone. Any death and loss causes grief; in the case of suicide this grief was often complicated by feelings of guilt, blame, and social stigma. Resources to help those left behind were often said to be inadequate or even non-existent.

Research thoughts on implications for communications and support

- Communications that try to reassure people that there is hope, tell them they should be strong, and advise them to talk to someone are not aligned with the situations we saw in the letters.
- Proactive intervention elements must augment stand-by resources to effectively increase the reach of support services.
- An understanding of people's current mindsets and situation needs to shape intervention.
- Early identification of red flags may reduce the future risk of suicide for particular groups.

**Themes and statements indicate patterns that repeated themselves in the letters and supporting material. A theme does not suggest validity for every individual situation, just that the pattern across the group existed. These themes may or may not be applicable to the wider group of people who consider, attempt, or complete suicide.*

Researchers' Detailed Summary

Key themes and possible implications

Detailed thoughts on themes in the letters and supporting material

- *Issues developing and accumulating over time was seen much more than impulsivity.*
 - Very few letters seemed to have come from a purely impulsive standpoint (e.g., the rash or desperate reaction to a single recent traumatic event). Generally speaking, where there was an identifiable event it was more that it was a final factor added to a baseline of significantly troubled mental and/or physical health.
 - Many writers described months, years, or even decades of issues that contributed to their final decision, even if that decision seemed sudden to others.
 - Finding: Consideration of suicide seems to occur over a substantial period of time that includes a number of factors and events. While this reduces the ability to identify single high-impact events that should prompt intervention, it offers a longer window of the possibility of intervention prior to that last straw.
- *Love was not enough.*
 - In almost every letter with enough content to evaluate, writers knew that they were loved and they expressed their reciprocal love. There was almost always love mentioned in some positive context – of parents, siblings, children, other family, and friends.
 - This knowledge, instead of being the positive force it could be predicted to be, apparently sometimes added to the guilt and negative feelings about self:
 - There was often a dissonance between the cliché of love being all you need and their experience of that not being true. This at times exacerbated their feelings that something was wrong with them and their guilt about returning love with problems and pain.
 - They were aware that their suicide would hurt the people they most cared about. Many apologised for this, some admitted it was a factor in not doing it sooner, but ultimately it was not enough to prevent the suicide for these writers.
 - Finding: Loving and supportive relationships are very important and can delay a suicide decision but this seems primarily due to a desire to not hurt others rather than a feeling of being worthy of that love. Some of those considering suicide will need other reasons to live / not to die.

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Detailed thoughts on themes in the letters and supporting material, cont.

- *The full extent of people's inner lives and health was not visible to those close to them, often because they deliberately hid it.*
 - Visibility of issues did not reliably correlate with the length of time they had been present or their experienced severity.
 - While some contributors were acutely aware of the writers' struggles, more people were surprised by the number of issues, how much they were affecting the writer, or even the existence of issues at all.
 - Failure to truly understand the situation did not seem to be a reflection on contributors' love, involvement or other characteristic. Many writers described how they worked to hide their inner selves and some appeared to have been very good at it. This effort could be for a number of reasons:
 - Shame: not wanting to let others down; not wanting others to feel sorry for them;
 - Protection of loved ones: not wanting them to blame themselves; not wanting them to feel obligated to do something about it; not wanting them to feel the sadness or impotence of knowing someone else is in pain and being unable to fix it.
 - Finding: Lack of external visibility of someone's internal pain is not necessarily a good indicator of whether they are in a serious and long-term negative state that could result in suicide. It may take sustained effort to get beyond some people's public persona and defenses; simple queries are not enough. This may be even more difficult for people who perceive that being open and seeking help will cause pain to others they are trying hard to protect from that pain.
- *Contributors and letter writers both recognised personal qualities and life circumstances that gave reasons to live, they just valued them differently.*
 - A very common theme in supporting material was the elaboration of the writer's qualities (intelligence, wonderful personality, loving nature, sense of humour, ability to make friends) or circumstances (children, good job) that would apparently make life worthwhile.
 - The suicide letters themselves often acknowledged this, even sometimes listing the objective things worth living for, as the writers tried to explain that these were not enough to outweigh the negative in their lives.
 - Finding: Having *so much to live for* is in the eye of the beholder. Those considering suicide do not seem to need reminding that there are positive things in their lives; they may instead need help to value those things more highly, or another approach altogether, including assistance resolving the negative factors.

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Detailed thoughts on themes in the letters and supporting material, cont.

- *Writers did not explicitly say they had lost hope, but many indicated that suicide was the best or the only realistic option remaining to them.*
 - These writers felt trapped in an unbearable situation, which could be something about themselves (internal) or their life (external).
 - They felt that they had exhausted all viable options to improve things and their efforts were fruitless. They believed that the situation was unfixable; that it would be too hard for them or others to fix; or that those who could help would not (nearly always external agencies). Suicide could be seen as the last option they had to take control over their lives – they could choose to leave.
 - In a very few cases, the writer and their loved ones agreed with the assessment of severity and permanence of pain and felt that suicide was an understandable, if heart-breaking, decision. This was nearly always associated with permanent and disabling pain or impairment.
 - Finding: There is frequently a gap between how the writer and others regard the suicide decision. For the people who decide to die, it can seem like a justifiable outcome of a reasoned assessment of their lives; for those left behind the choice of suicide rarely seems rational. It seems unlikely that suicide behaviour can be changed without that perceived rationality being acknowledged instead of their thoughts being dismissed as impulsive, irrational, or wrong.
- *People did not want to die; they wanted to stop the pain.*
 - Writers rarely discussed the actual death or dying; death was simply the means to the end – achieving peace, rest, relief from the suffering and pain, letting other people get on with their lives.
 - This was usually explicitly expressed in terms of their own pain and exhaustion of a constant struggle. However, many felt they were causing their loved ones significant pain and trouble and believed that taking themselves out of the picture was an act of love for them. Although writers knew their suicide would cause intense pain in the short term, they hoped that their absence would be better for others in the long term. They felt that without the burden of their presence, others would have their energy and time and resources freed to devote to others who were perceived to be worthier of that effort. It should be noted that all contributors actively rejected the view that the writer was so much of a burden that they agreed with the decision.
 - Many did not seem to see death as being truly final. They wrote variations on the theme of always being there, always looking out for, or always loving those left behind. Only sometimes was this explicitly linked to any idea of heaven or afterlife.
 - Finding: Dying is not the point in itself; dying is simply the only known way to end the struggle and pain. It can feel like calling a time out that cannot be achieved any other way they know of. Interventions that take this mindset into account and offer believable alternatives may have more success.

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Detailed thoughts on themes in the letters and supporting material, cont.

- *Lost children: evidence for systemic failure of individual fault lines.*
 - A minority of the communications suggested, with hindsight, that there were red flags from a very young age. These were individual issues that seemed unrelated to socioeconomic, ethnicity, family situation, or other demographic factors.
 - Red flags included profound difficulties integrating with social and school norms (e.g. extreme acting out, very early use of alcohol); injuries, illnesses, or physical disabilities with obvious permanent physical and mental effects; and serious learning disabilities – all risk factors in themselves for struggles with mental health.
 - Finding: Early signs need to be interpreted properly by skilled people to recognise the future risk and then relevant effective support networks put into place.
- *A suicide affects everyone.*
 - Everyone connected with a person who died felt pain. The obvious pain and grief associated with loss was often made worse by a feeling of guilt that they did not or were not able to prevent the suicide. This self-blame could persist even when contributors rationally knew they were powerless and when writers explicitly said their decision could not have been altered by anyone else.
 - Those left behind by suicide felt enduring pain, chaos, loss, and grief. Some said it never got better and that they had just had to learn how to live with it. Many contributors felt that support for those affected by suicide was inadequate.
 - Finding: Those left behind continue to suffer to varying degrees – they never really get over the suicide of a loved one. More support, or better awareness of available support, seems to be needed far past the immediate time frame of the suicide.

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Researcher thoughts on implications for communications

Current communications will not be resonating with everyone thinking about suicide*

- *“Be strong” and “hang in there”*
 - If they don't feel strong (and they probably don't), they can internalise this message as another example of how they are weak and flawed.
 - If it's too hard and they can't cope (and this is likely how they're feeling), it can seem like yet another failure.
 - That's what they've been doing for months, years or decades – they are concluding that it is not working and there really is not something on the other side to hang in there for.
 - They are at a point where continuing to hang in there seems more irrational and more painful than giving up.
- *“There is hope”*
 - They may feel trapped, which is incompatible with hope – they cannot see an exit or even that there is a place that exists outside where they are.
 - They may believe that where they are now cannot substantially or permanently change and it is unbearable.
 - They cannot summon the energy involved in having (or even recognising there could be) hope from a position of desolation and emptiness.
- *“Talk to someone”*
 - Reaching out and taking the first step requires energy and a belief that help is possible that may not exist.
 - Although efforts to normalise bad feelings and depression to reduce barriers to seeking help are laudable, the issue for some people may be more around the need to protect others than shame around having those feelings.

**We recognise that the people whose letters we read would be, by definition, those for whom past communications and support had not been sufficient. We did not hear from the many who have been helped by past/current communication and support efforts.*

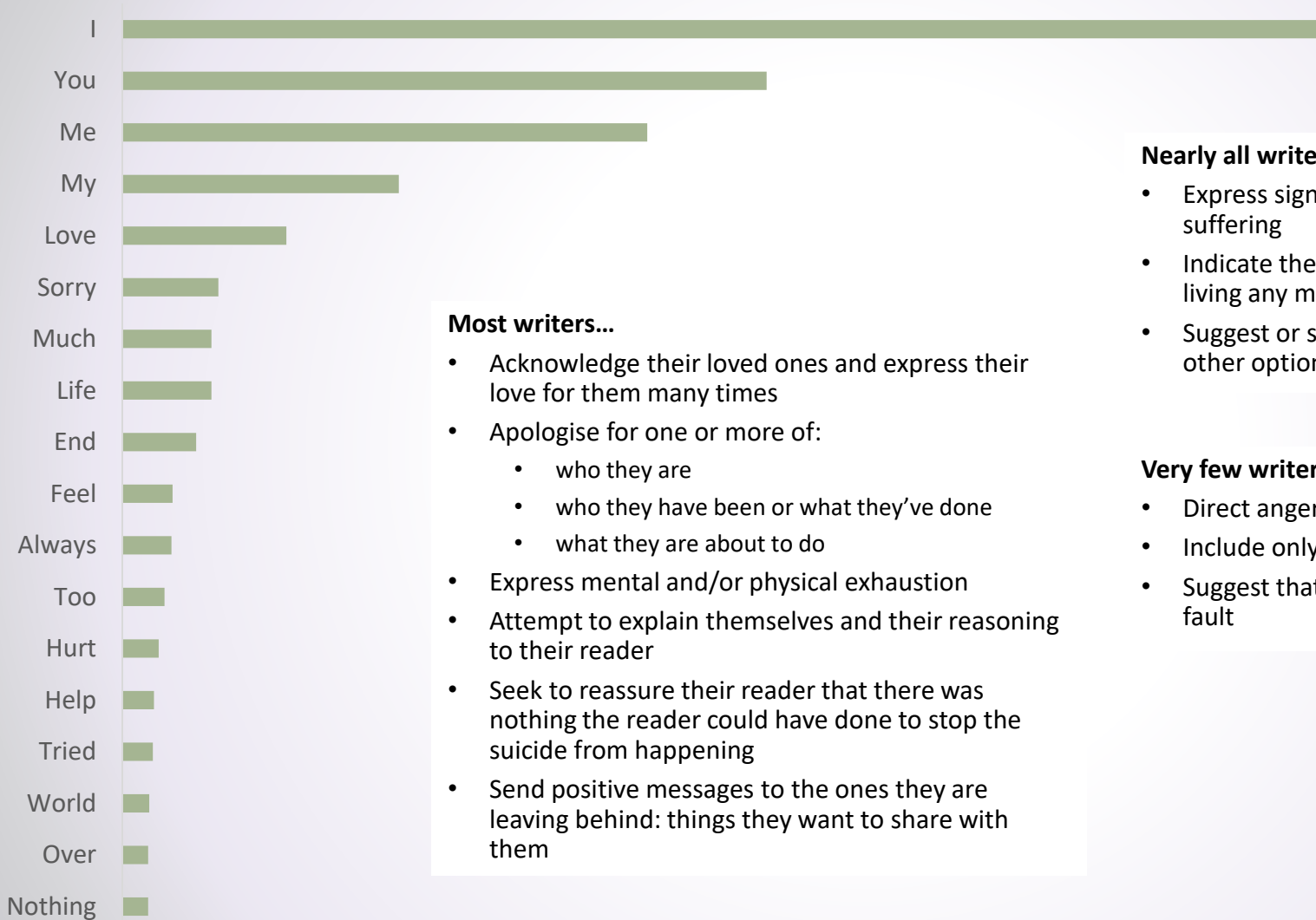
Researcher thoughts on implications for support

- *Proactive elements must augment stand-by resources to effectively increase the reach of support services.*
 - Many people are exhausted, do not believe there is support available to them, or do not believe they are able to be helped. They may no longer be motivated to seek answers or get help themselves and so help must come to them. Asking them to call a helpline, talk to a friend, or make an appointment with their GP may be asking too much.
 - For all approaches, proactive or stand-by, the first action must trigger a measured cascade of intervention. A single call or the first engagement may be all someone can manage and if that fails, they give up.
- *Understanding of people's current mindset and situation needs to shape intervention.*
 - Recognise and acknowledge where people are in their internal and external lives and realities. They likely believe they are being rational in their assessment of their situation – that they have no feasible options left and that the pain of continuing to live is or could be worse than suicide.
 - The goal and pathway there need to be believable for this group; many at risk people may view happiness or the like as a fiction or only possible for other people. Even more modest long-term goals such as achieving a balance may seem unreachable, given many people's mindsets, exhaustion, cognitive load, and skills/resources.
 - Help with short-term and achievable steps that people can focus on and gain experience with having control and options. The energy required to plan and fuel the journey must come from external sources, at least for a while.
 - Provide assistance with external systems (educational, criminal/justice, financial) where needed. Dealing with these areas is technically simpler than dealing with mental health issues and these areas can meaningfully affect mental health – but the friction involved in getting this kind of professional help can be an insurmountable hurdle for many.
- *Early identification of red flags may reduce the risk of suicide for particular groups.*
 - Develop criteria on how to recognise someone who may be at risk 5 or 10 years from now – not just in the next few hours or days. There seem to be some circumstances that are associated with a higher risk of unhappiness. Some of these circumstances seem to be treated only in a physical context (e.g. managing the condition, saving the life) and the psychological and social factors associated with that physical condition unrecognised or inadequately supported.
 - Ensure long term and multifaceted support follows this identification.

Detailed Information from Letters

This section summarises key findings from the suicide letters volunteered by the owners of those letters

Key themes of the letters



Most writers...

- Acknowledge their loved ones and express their love for them many times
- Apologise for one or more of:
 - who they are
 - who they have been or what they've done
 - what they are about to do
- Express mental and/or physical exhaustion
- Attempt to explain themselves and their reasoning to their reader
- Seek to reassure their reader that there was nothing the reader could have done to stop the suicide from happening
- Send positive messages to the ones they are leaving behind: things they want to share with them

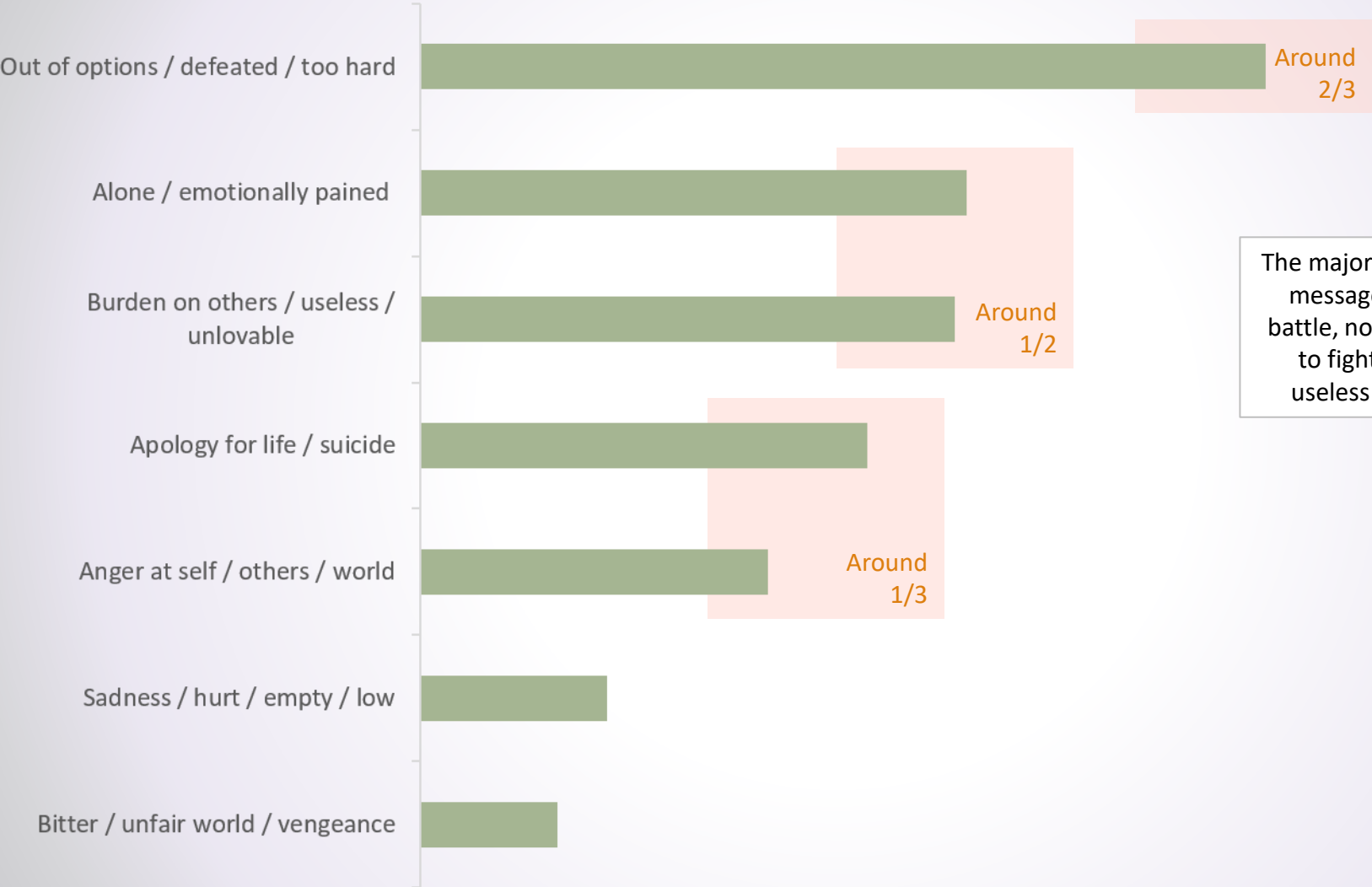
Nearly all writers...

- Express significant (emotional) pain and suffering
- Indicate they cannot deal with the situation/ living any more
- Suggest or state outright that they can see no other option but to kill themselves

Very few writers...

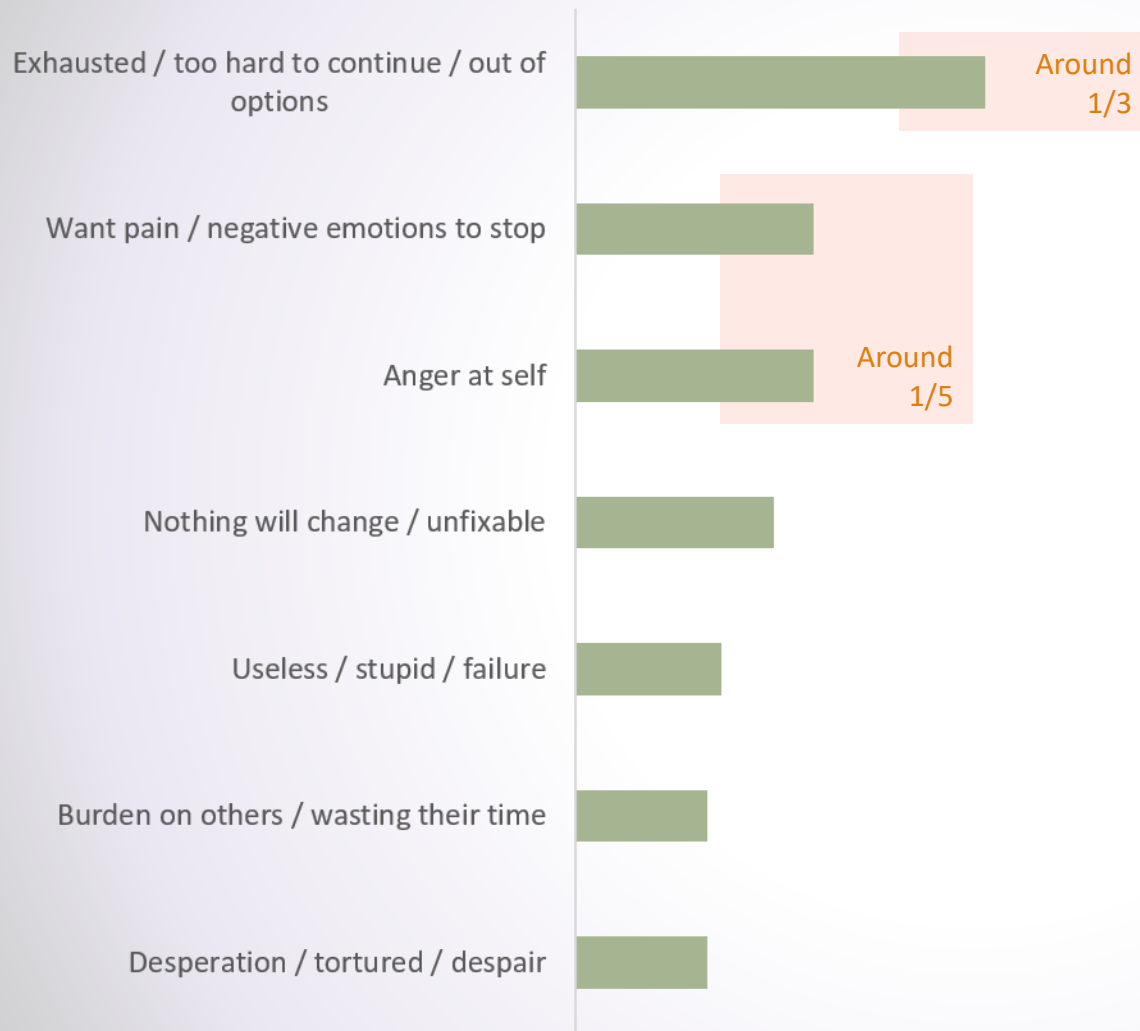
- Direct anger or blame on others
- Include only negative emotions in their letter
- Suggest that their suicide was anyone else's fault

Primary emotions and feelings stated or inferred in the letters



The majority of letters relate messages of giving up a battle, no longer being able to fight, feeling alone, useless and apologetic.

Specific reasons given or inferred for the suicide – in more detail



Exhaustion, running out of options, the cessation of pain, and self-directed anger are main underliers of why writers said they were killing themselves.

Around a quarter write that they are solely responsible for the circumstances leading up to the suicide and specifically absolve others of blame; around three-quarters do not talk about blame at all.

Nearly everyone who raises the issue of whether others could have influenced their decisions states that nothing would have changed their minds or made a difference. The only (small) pattern of exception seen was for people trapped in externally-derived situations they couldn't navigate (e.g., legal, financial, criminal systems).

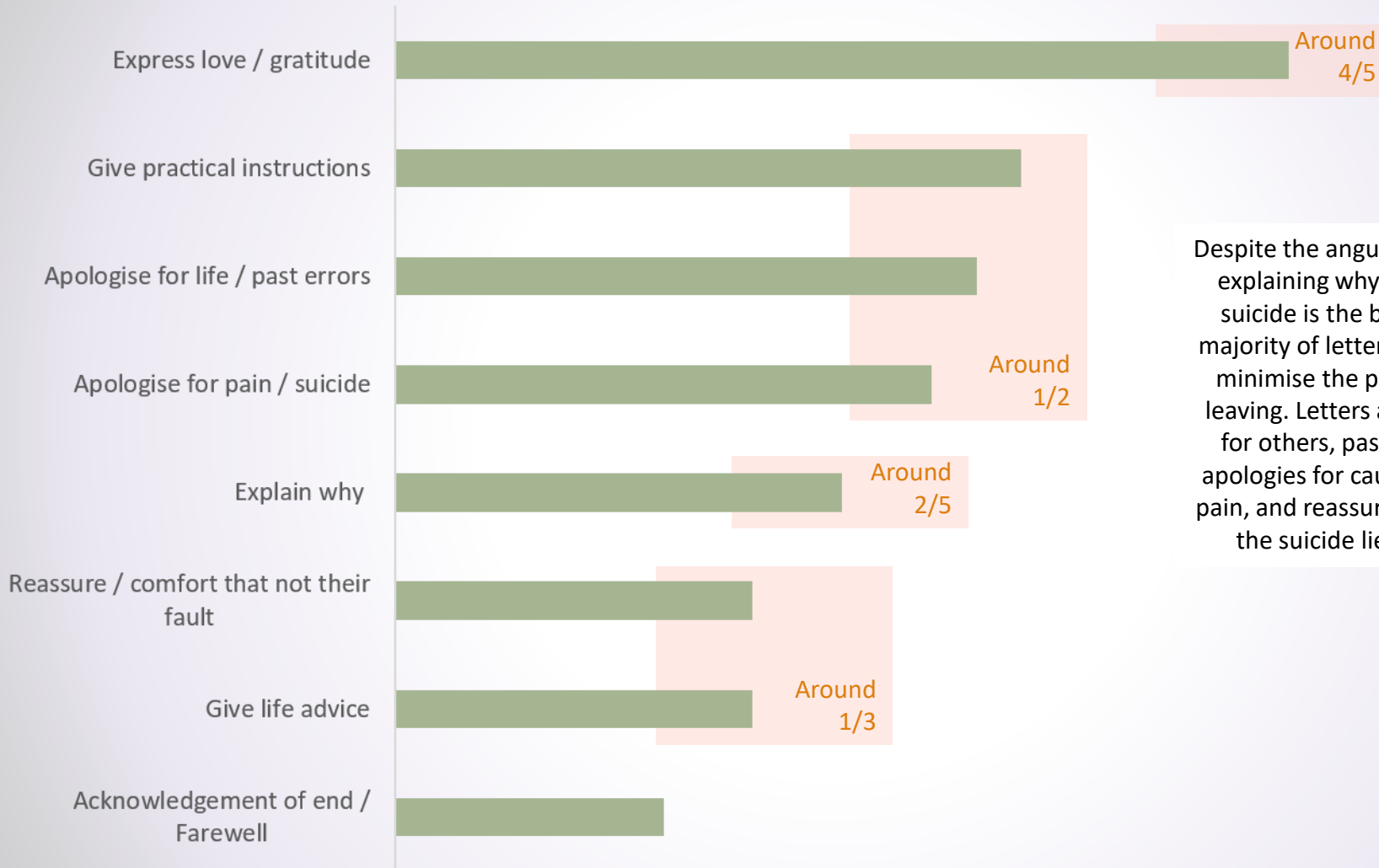
Indicative range of mental states and thoughts seen in the letters; grouped by origin (internal/external) and changeability (cannot/can be fixed)

Internal / self



This range of thoughts and feelings are distilled from the letters. Writers mostly would exhibit many of these as they described their situations, but could seem to be primarily in one broad area (e.g. more internal factors than external)

Inferred purpose of the letter (based on content and tone)



Despite the anguish that is expressed in explaining why the writers feel that suicide is the best/only option, the majority of letters seem to be trying to minimise the pain of those they are leaving. Letters are usually full of love for others, passing on instructions, apologies for causing past and current pain, and reassurance that the cause of the suicide lies with the writers.

Detailed Information from Contributors

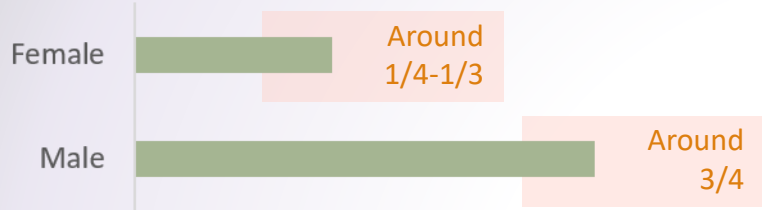
Some contributors only sent the suicide letter without comment. Some did not have or preferred not to share the suicide letter. Most contributors wanted to share some information about the suicide: the person, the reasons, and its impact.

The following are demographics of writers and a summary of the communications of the people who had been affected by suicide.

Details of the person who died

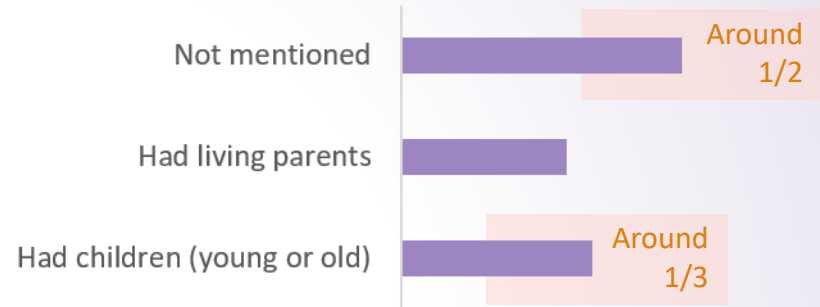
Gender

The male/female proportion seems to mirror official statistics.

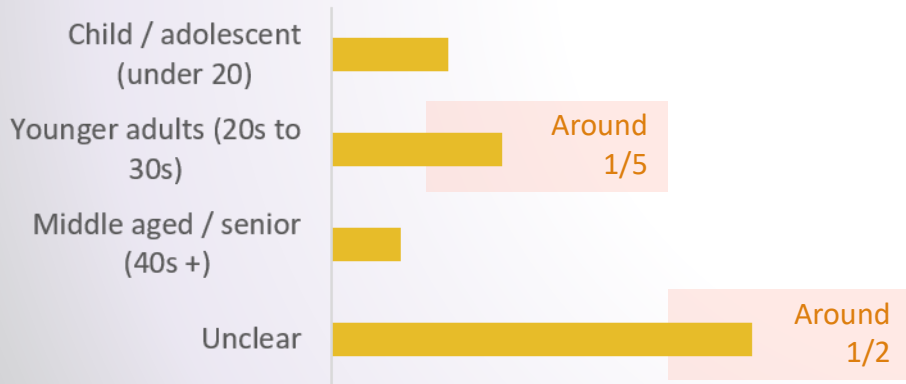


Relationships

At least half of letter writers had living parents or children.

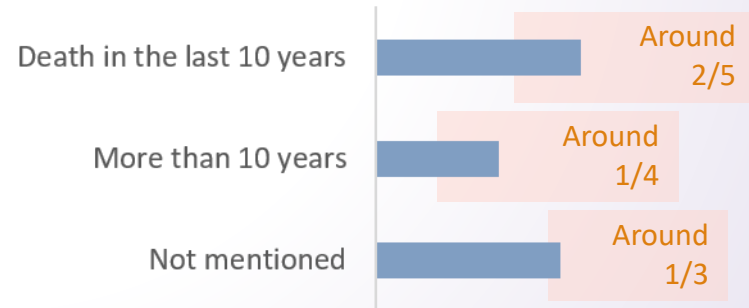


Age at death



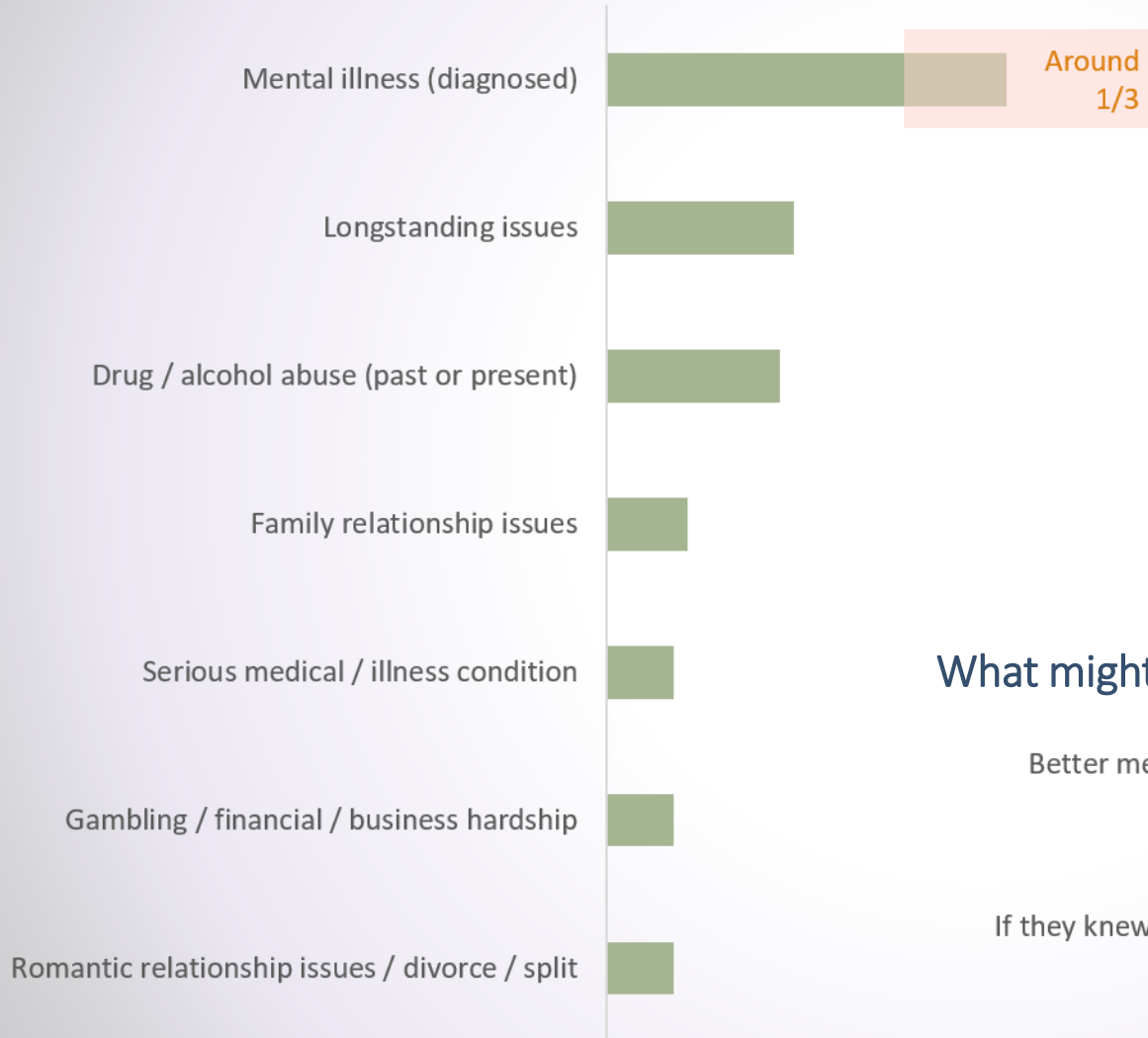
For the half of letters that age could be determined, around half were written by adolescents and younger adults. It is likely that many of those that were 'unclear' above are middle aged / senior adults, as there are fewer age-related cues.

Time since the death



For the half of letters a time frame could be determined, those written in the last 10 years outnumbered those written more than 10 years ago by about 2 to 1.

What contributors suspected were significant factors of the suicide



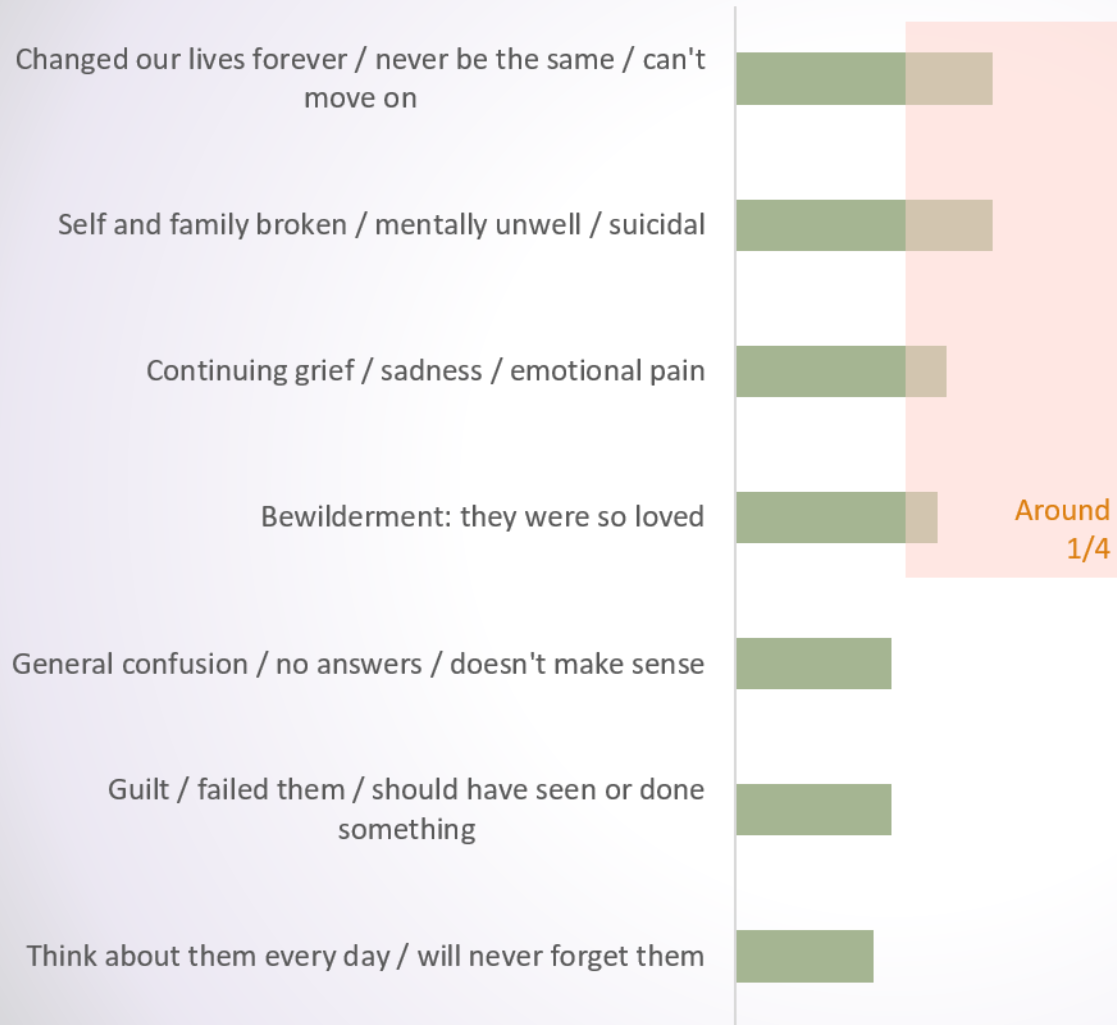
Contributors often are not able to confidently say what triggered the suicide, although some suggest possibilities. The most often provided suggestion was to improve access and/ or quality of mental health services, especially by those who felt they had had negative experiences with these services.

Even in cases where the writers describe the factors, contributors are frequently surprised by their existence or severity.

What might have made a difference?



Mental state of those left behind



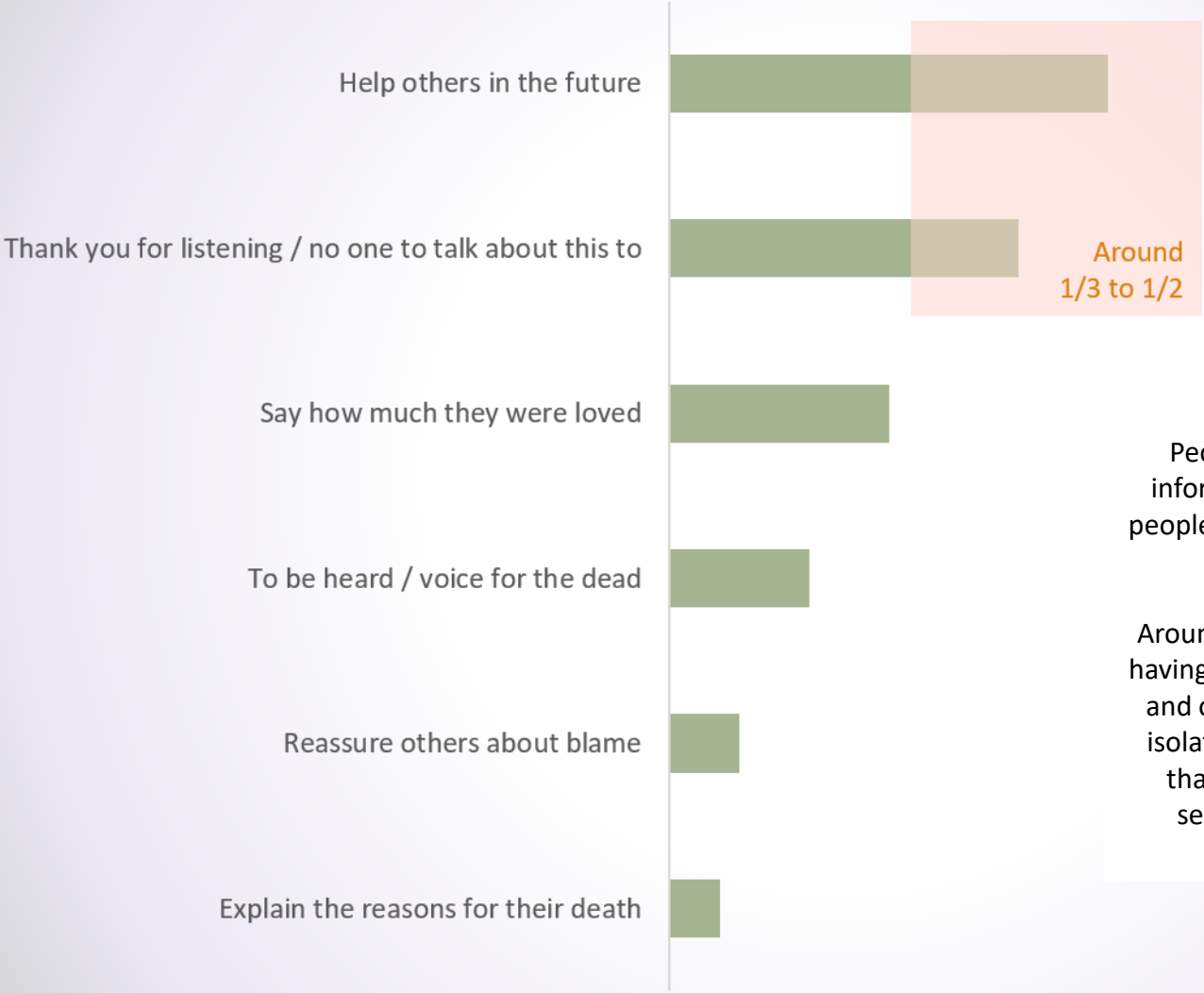
The impact of suicide on those left behind is strong and lasting. Some reported that few resources were available to support them and that they felt they had to deal with their grief alone.

Many wrote that death by suicide does not prompt official or community support in the way that death through injury or illness does and that there is sometimes an additional layer of guilt and blame that makes the death even more difficult.

More than a third of contributors said they were grateful to be able to share their story and create a picture of the person who died.

Many described ongoing emotional pain, grief and their own suicidal thoughts in the wake of the death.

Why contributors volunteered the letters and their commentary and stories



People contributed letters and stories and information primarily in the hopes that other people could be spared the same pain they went through.

Around a third also expressed their gratitude at having an opportunity to share their experiences and offer their opinions and stories. Many felt isolated from regular channels of support and that they wished they had better access to services to help them deal with the grief.

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A summary of information derived from suicide letters and supporting material, intended to help support those involved in suicide prevention efforts in New Zealand

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