

# Coping with life after death

Families can be torn apart after a loved one commits suicide, if they do not find support

Amy Green

Loss of a family member is traumatic and, because suicide can be difficult to understand, the family members left behind often find it difficult to cope.

There is a range of issues behind each incident. Popo Maja, the health department's head of communications, said that the main risk factors for teenage suicide are: the presence of mental disorders such as depression or schizophrenia; the presence of a chronic physical illness; substance abuse; availability of firearms; availability of lethal poisons; socioeconomic factors such as unemployment; sociodemographic factors such as separation and loss, bereavement, academic or vocational failures; and difficult family relations.

According to Johannesburg clinical psychologist Hlengy Zwane, children with mental disorders such as borderline personality disorder (which includes emotional instability), are more prone to suicide attempts.

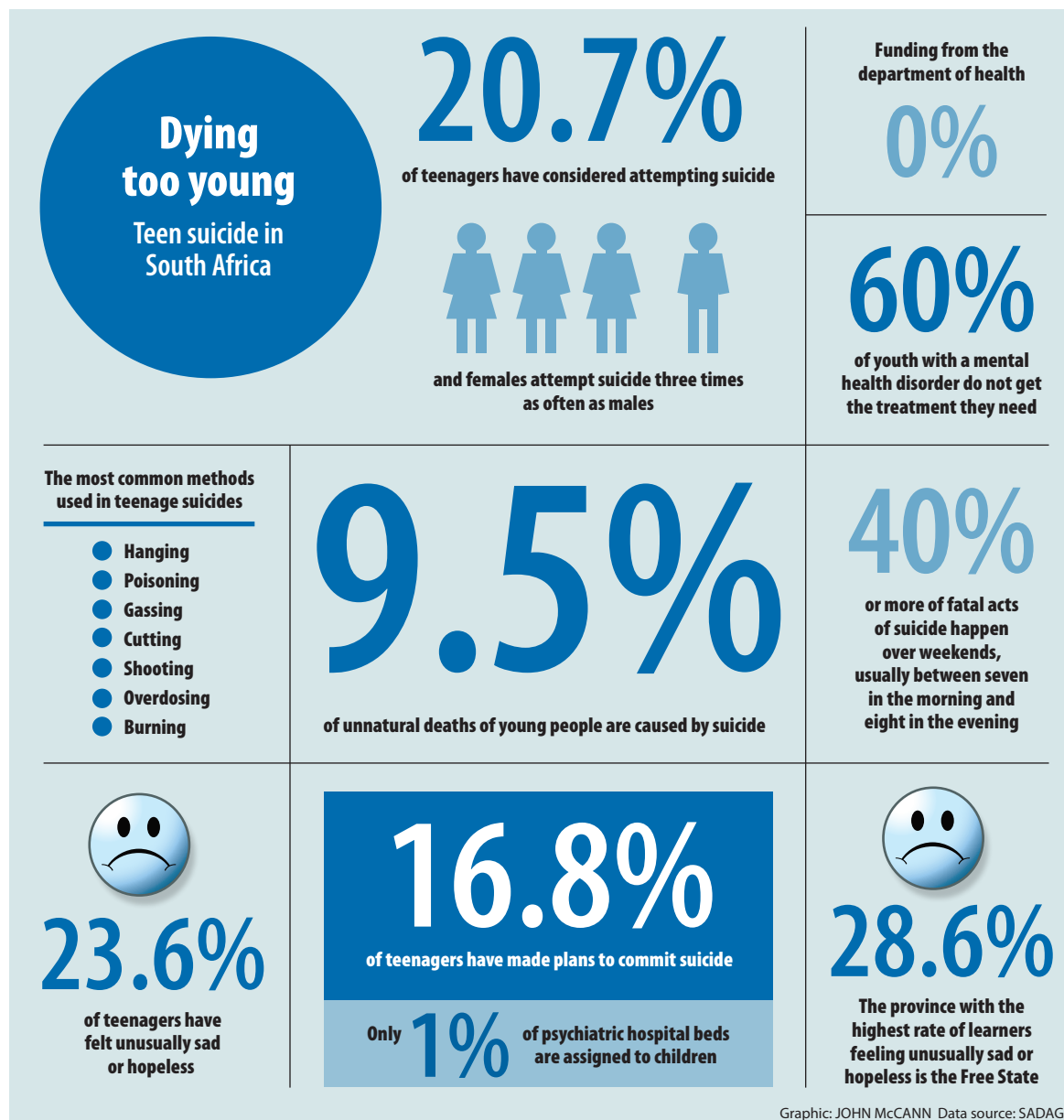
"For these people it's a way of expressing emotion, a cry for help but they struggle to use words so they use actions," she said.

Zwane said that many children grow up with single parents. This can sometimes lead to attachment issues because they receive less attention. "They're in a world where they've never been validated and they might wonder what's the point of living because nobody really loved them," she said.

However, similar situations may apply in well-adjusted families.

"For example, in cities where people lead very busy lives, parents are extremely busy and may not be emotionally available to their children," said Zwane. "Children may reach out to their parents but because they are busy they may just throw money at the problem. This may make children feel that their parents don't actually care about their problems."

There are also cases when children experience something new and they are unable to deal with because they have never encountered it before.



"This can happen to anybody," said Zwane. "Encountering a big problem such as divorce or surgery may cause them to fall into a deep and sudden depression because they have trouble adjusting to the new circumstances."

Traumatic events can lead to suicidal thoughts, which, said Zwane, "when you don't have the emotional capacity and the external support, can eventually lead to an attempt to take your life". It can be extremely difficult for a family to make peace with a loved one committing suicide.

"The grieving process is complex because the family is left with questions that can never be answered," said Zwane. "Could we have done something differently? Is it our fault?

Wasn't I there for my sister? Did I not give my son enough love?"

Siblings may have new, unexpected roles to play, said Zwane.

A family that has just experienced a suicide is at high risk for another one, said Zwane. "Siblings might feel like they don't belong anymore or that it's wrong — why should they live when their brother or sister has left?"

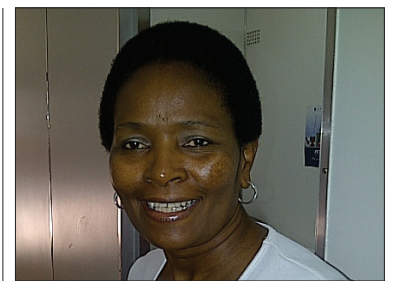
"The main thing is [to try to get the family members who are left behind] to understand that it is not their fault," she said. "When somebody commits suicide it's a decision they made, whether or not [the family] think they contributed. They need to accept this loss, seek help and speak to someone, because no matter what,

they can't bring that person back."

Maja said recent studies indicate that the prevalence of mental health disorders is high and that vulnerability and associated risk factors are increasing. "A [mental health] action plan is being finalised in consultation with stakeholders and ... resources will be reallocated to fund the priority activities," said Maja. "The answer is not more beds."

Currently, only 1% of state mental hospital beds are dedicated to children.

This story was produced by the M&G Centre for Health Journalism, Bhekisisa mg.co.za/health



Matokgo Makutoane

## Winning missive on health centre's role

Congratulations to Matokgo Makutoane from Northriding in Johannesburg, whose letter in last week's health supplement was voted the best explanation of what our new health journalism centre, Bhekisisa, should be doing.

"Journalists should communicate complex health topics in a way that people who are unfamiliar with the medical jargon will easily understand," Makutoane wrote. "Information published must be up to date, evidence-based and include expert opinions of survivors."

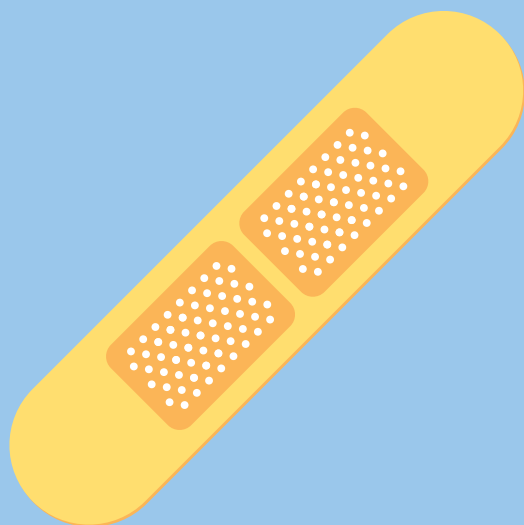
Three finalists' letters were published and 85% of our voting readers chose Makutoane's. She wins a one-year digital subscription to the *Mail & Guardian*.

On the evening of April 18 we will be formally launching Bhekisisa at the Hyatt Regency in Rosebank. At the event, we will also host a critical thinking forum on the National Health Insurance system in partnership with AfroCentric Health and Medscheme.

Health Minister Aaron Motsoaledi will be on the panel, along with Rural Doctors Association of Southern Africa chair Desmond Kegakilwe and Medscheme chief executive André Meyer. The forum will be moderated by the dean of the faculty of health sciences at the University of Pretoria, Eric Buch.

The question the panel will address is: "With the imminent release of the white paper, what kind of National Health Insurance would transform the rural health system and what will the role of private providers and funders be?"

If you would like more information, email us at [health@mg.co.za](mailto:health@mg.co.za) or RSVP to Trudy-Lee Rutkowski at [trudyler@mg.co.za](mailto:trudyler@mg.co.za)



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