#### Minister of Health

**Update on Suicide Prevention Progress** 

11 August 2023

These documents have been proactively released by the Ministry of Health on behalf of the Minister of Health, Hon Dr Ayesha Verrall.

#### Title of Cabinet paper:

2023 annual update on suicide prevention progress

#### Titles of minutes:

Update on Suicide Prevention Progress (SWC-23-MIN-0077)

Report of the Cabinet Social Wellbeing Committee: Period Ended 30 June 2023 (CAB-23-MIN-0296)

Some information in the Cabinet minute has been redacted as it is out of scope of this release.

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# **Cabinet**

# **Minute of Decision**

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

# Report of the Cabinet Social Wellbeing Committee: Period Ended 30 June 2023

On 3 July 2023, Cabinet made the following decisions on the work of the Cabinet Social Wellbeing Committee for the period ended 30 June 2023:



SWC-23-MIN-0077 **Update on Suicide Prevention Progress** CONFIRMED Portfolio: Health



Out of scope

Diana Hawker Acting Secretary of the Cabinet



# Cabinet Social Wellbeing Committee

## Minute of Decision

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## **Update on Suicide Prevention Progress**

Portfolio Health

On 28 June 2023, the Cabinet Social Wellbeing Committee:

- noted that in September 2019, the Cabinet Business Committee invited the Minister of Health to provide annual updates to the Cabinet Social Wellbeing Committee (SWC) on progress against the actions in *He Tapu te Oranga* [CBC-19-MIN-0034];
- 2 **noted** that in September 2022, SWC noted the second annual suicide prevention update and invited the Minister of Health to report back by 30 June 2023 with the next annual update which would include:
  - 2.1 information and data on adversely affected populations, including Asian communities, pregnant women and Veterans;
  - 2.2 the wider government programmes that are contributing to suicide prevention; [SWC-22-MIN-0167]
- noted that the paper under SWC-23-SUB-0077 also presents the 2023 update on progress against the 8 action areas in *He Tapu te Oranga*;
- 4 **noted** that while there is a lack of robust data for all population groups that have disproportionately higher rates of suicide, suicide prevention approaches include both universal and specific approaches to reduce suicide among all population groups;
- 5 **noted** that actions under *He Tapu te Oranga* are largely progressing as expected at this stage of the action plan, with the majority of actions already completed or ongoing without defined milestones for completion;
- 6 **noted** that SWC members and relevant agencies will be consulted on work to develop and agree the second *He Tapu te Oranga* action plan;
- 7 **invited** the Minister of Health to provide the next annual report-back on suicide prevention progress to SWC by 30 June 2024.

Rachel Clarke

Committee Secretary

Attendance (see over)

SWC-23-MIN-0077

Present:

Hon Carmel Sepuloni (Chair)

Hon Kelvin Davis

Hon Dr Megan Woods

Hon Jan Tinetti

Hon Kiri Allan

Hon Priyanca Radhakrishnan

Hon Barbara Edmonds

Hon Willow-Jean Prime

Hon Rino Tirkatene

Officials present from:

Office of the Prime Minister Officials Committee for SWC

#### In Confidence

Office of the Minister of Health

Cabinet Social Wellbeing Committee

## 2023 annual update on suicide prevention progress

#### **Proposal**

- 1 This paper:
  - 1.1 reports back with information and data on adversely affected populations, including Asian communities, pregnant women, and Veterans, and on wider government programmes that are contributing to suicide prevention [SWC-22-MIN-0167 refers]
  - 1.2 provides the 2023 annual update on progress to prevent suicide as part of implementing Every Life Matters He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019 –2029 and Suicide Prevention Action Plan 2019 2024 for Aotearoa New Zealand (He Tapu te Oranga) [CBC-19-MIN-0034 refers].

#### **Relation to government priorities**

2 Implementing *He Tapu te Oranga* contributes to the Government's priorities to support wellbeing and lay the foundations for a future where there is no suicide.

#### **Executive Summary**

- This paper responds to a request for information and data about populations disproportionately affected by suicide and wider government programmes that are contributing to suicide prevention. It also provides the 2023 annual update on progress to prevent suicide as part of implementing *He Tapu te Oranga*, our 10-year whole-of-society and whole-of-government suicide prevention strategy.
- Suicide continues to be of substantial concern to many New Zealanders. Recent suspected intentionally self-inflicted death data shows suicide rates may be reducing, from a recent high of 12.9 in 2018/19 to 10.2 per 100,000 population in 2021/22 (a 21% reduction). This is promising although I am advised that officials consider a sustained reduction over 5 years is required to be confident the change is real.
- The available data indicates some groups experience disproportionately higher rates of suicide including Māori, young people aged 15 to 24 years (particularly young Māori and Pacific peoples), and males. For other populations such as Rainbow communities, disabled communities, and Veterans we do not have robust local data. However, there is anecdotal, self-reported research and international information to suggest they also experience suicide disproportionately.

- We have a range of programmes under way across government supporting people's wellbeing. These all contribute to preventing suicide. Cross-government work that addresses determinants of health, equity issues and helps to build resilience and wellbeing generally, also helps to enhance protective factors and reduce risk factors for suicide. This includes key strategies such as *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing* and the *Child and Youth Wellbeing Strategy*.
- In terms of our specific cross-agency suicide prevention strategy, *He Tapu te Oranga*, we are now around 3.5 years into implementing the 5 year action plan. Good progress has been made and the majority of the 57 actions under this action plan are considered completed or are actions that must remain ongoing.
- 8 Key highlights since the last update provided in September 2022 include the completion of the review of the coronial process for investigating deaths by suicide, commencement of work to expand Kia Piki te Ora from 9 sites to national coverage and expansion of supports for children and young people.
- We will need to continue our collaborative efforts on both suicide prevention and supporting people's wellbeing over a long period to achieve the vision in *He Tapu te Oranga* of a future where there is no suicide in Aotearoa.

#### **Background**

- In 2019, the Government released Every Life Matters He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand (He Tapu te Oranga).
- He Tapu te Oranga recognises that suicide prevention is a collective responsibility and the action plan outlines 57 actions with delivery responsibility sitting across agencies and communities. The action plan is intentionally enabling; this means it does not prescribe end points or sole owners of actions, but rather intends to foster collective and broad ownership across all government agencies, community organisations, sectors, businesses, iwi, hapū, whānau, and individuals.
- Actions are grouped into 8 action areas. The first 4 areas of the action plan cover activities to support the coordination of work across government, improve the availability of data, upskill workforces, and monitor and evaluate progress. The other 4 action areas cover activities that promote wellbeing, respond to distress, deliver targeted suicide prevention interventions, and postvention support (support after a suicide).
- Following the 2022 health reforms, Te Aka Whai Ora now hold responsibility for most of the Vote Health suicide prevention funding and programmes. Responsibility for Vote Health suicide prevention commissioning transferred from the Suicide Prevention Office to Te Aka Whai Ora rather than Te Whatu Ora, in acknowledgement of the disproportionate impacts of suicide on Māori.

The Suicide Prevention Office is still located within Manatū Hauora. The transfer of commissioning responsibilities to Te Aka Whai Ora is enabling the Suicide Prevention Office to strengthen its national leadership and oversight for suicide prevention, including monitoring and overseeing progress with implementing *He Tapu te Oranga*.

#### **Analysis**

#### Recent suicide data shows suicide rates may be reducing but remain high

- A death is confirmed as a suicide when a coroner, having investigated the causes and circumstances of the death, finds that the person who died intended to take their own life. For this reason, there is a time lag between when confirmed suicide data is available and suspected intentionally self-inflicted deaths are reported. Confirmed suicide rates are generally lower as some deaths will later be found by coroners not to be suicides.
- The latest confirmed suicide data are from 2018 and showed there were 623 suicide deaths (a rate of 12.1 per 100,000 population) in Aotearoa that year. In the most recent suspected intentionally self-inflicted death data for the financial year 2021/22, 538 people died by suspected suicide (a rate of 10.2 per 100,000).
- This is the third financial year in a row that there has been a year-on-year reduction in suspected intentionally self-inflicted death rates. However, caution is needed before interpreting any trends from this data. The statistics on deaths by suicide reported can fluctuate significantly from year to year. Evidence shows that understanding trends in rates is only possible over long periods of time (5 to 10 years, or even longer for small population groups).

# Some population groups continue to experience disproportionately higher rates of suicide

- Suicide rates are disproportionate across different population groups, including by gender, ethnicity, age, and geographical location. However, suicide can affect anyone, regardless of their background and experience, with there being no single cause. Rather, it is the outcome of interactions between the build-up of many different factors and experiences across a person's life. The approach outlined in *He Tapu te Oranga* prioritises a mix of universal and specific approaches to address shared factors and experiences for different population groups.
- We know that some other population groups likely also experience disproportionately higher rates, but we do not have robust data to confirm this. International evidence, local self-report-based research, and anecdotal reports suggests that other groups including Veterans, disabled people, the construction industry, and rainbow communities are at higher risk of suicide. For example:
  - 19.1 while not directly comparable to Aotearoa, research on the Australian Veteran population found that compared to the general Australian male population, suicide rates were 13% higher for ex-serving male members

- 19.2 self-report-based research in Aotearoa through the 2019 Counting Ourselves survey, an anonymous survey about the health of trans and non-binary people living in Aotearoa, found that more than half of the participants (56%) had seriously thought about attempting suicide in the last 12 months. Almost 2 in 5 participants (37%) had attempted suicide at some point in their lives and 12% had made an attempt in the last 12 months
- 19.3 the Youth Health and Wellbeing Survey 2021 reported that 49.2% of disabled young people (Years 9–13) seriously thought about attempting suicide versus 26.4% of young people overall.

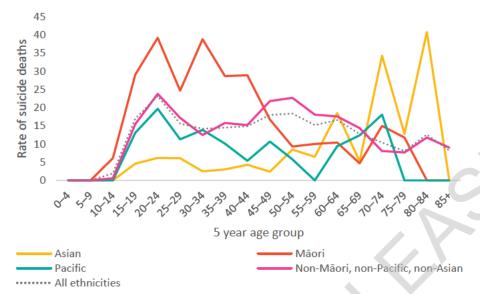
There are inequitable differences in geographical location

- 20 Confirmed suicide data for 2018 showed rural suicide rates were 15.8 per 100,000 population, while urban suicide rates were 11.5 per 100,000 population.
- There are many different possible reasons for higher rates of suicide for people identified as living in rural areas including isolation, little work-life balance, financial challenges or uncertainty and easier access to firearms. Suicide is complex and is driven by many different factors, so it is not solely attributable to factors only related to geographic location.

There are inequitable differences in suicide rates by ethnicity and age

- Māori continue to experience disproportionate rates of suicide. The rate of confirmed suicide deaths per 100,000 Māori population in 2018 was 18.2 compared with 10.6 per 100,000 for non-Māori.
- In the 2021/22 financial year, the rate of suspected intentionally self-inflicted deaths for Māori was 16.3 per 100,000 Māori population compared to non-Māori who had a rate of 10.8 per 100,000 non-Māori population.
- As outlined in Figure 1 below, there are also ethnic differences in rates of suicide among different age groups, with Māori and Pacific peoples having higher rates among younger Māori and Pacific peoples, while suicide rates appear to be higher among older Asian communities.
- 25 Figure 1 includes all official coroners reported deaths which does include small counts which may distort the graph. For example, the suicide rates for some of the Asian age groups are not reliable because they are based on very small numbers.
- In 2018, the highest rate of confirmed suicide deaths in Aotearoa by 5-year age groups was the 20 to 24 years age group, which had a rate of 23.2 per 100,000 people. Young people aged 20 to 24 years also had the highest rate in the suspected intentionally self-inflicted death data for the financial year 2021/22, at 21.4 per 100,000 people.
- There was also a notable difference in the rate of suicide in 2018 between Māori and non-Māori in the 15 to 24 years age group, at 2.1 times that for non-Māori.

Figure 1. Rate of suicide deaths for Māori, Pacific, Asian, Other ethnic groups, 2018



Source: New Zealand Mortality Collection.

Note: Rate of suicide deaths is per 100,000 and age-standardised to the World Health Organization's standard world population. This graph includes population groups with small counts which results in more variable and less robust rates.

There are differences in suicide rates by gender

- In 2018, there were 446 male deaths and 177 female deaths with a suicide rate of 17.4 per 100,000 males, and 6.9 per 100,000 females. In the financial year 2021/22, suspected intentionally self-inflicted death data showed a rate of 14.9 per 100,000 for males and 5.5 per 100,000 for females.
- With advances in healthcare over the last 50 years leading to a considerable decrease in maternal death rates from other conditions, suicide is now the leading cause of maternal death in Aotearoa, at a rate of 3.3 deaths per 100,000 maternities. Between 2006 and 2020, there were 31 maternal deaths by suicide, with Māori disproportionately represented in these suicide deaths.<sup>1</sup>

#### Wider Government programmes are contributing to suicide prevention

Many of the risk and protective factors for suicide are linked to broader determinants of health and wellbeing. Risk factors for suicide include experience of family violence, bereavement by suicide, and sense of isolation, and protective factors for suicide include good whānau relationships, access to secure housing, and secure cultural identity.

<sup>&</sup>lt;sup>1</sup>Perinatal and Maternal Mortality Review Committee. 2022. Fifteenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Te Pūrongo ā-Tau Tekau mā Rima o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki: Reporting Mortality and Morbidity 2020 Te Tuku Pūrongo mō te Mate me te Whakamate 2020 Wellington: Health Quality & Safety Commission. Available at www hqsc.govt nz/resources/resource-library/fifteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-reporting-mortality-and-morbidity-2020/ [accessed at 10 May 2023]

- Initiatives and programmes of work that are aimed at addressing these broader determinants or promoting wellbeing are therefore aligned and complementary to preventing suicide. Similarly, preventing suicide can contribute to other outcomes being sought. This is why supporting wellbeing requires collective and cross-government approaches.
- 32 Key strategies include:
  - 32.1 Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui) sets out the Government's 10-year approach to protecting and promoting mental wellbeing. This includes ensuring environments promote wellbeing; that individuals, whānau, and communities can take action to look after their own mental wellbeing; that communities can respond to distress and lead their own solutions; and that help is available when needed, including but not only from the health system. The focus in Kia Manawanui on earlier responses is expected to help prevent serious mental health and addiction conditions and suicidal distress from developing. While some of the actions in Kia Manawanui therefore contribute to preventing suicide, a number of the actions in He Tapu te Oranga (see the high-level summary of activity in Appendix One) also contribute to implementing Kia Manawanui
  - 32.2 Te Aorerekura: the National Strategy to Eliminate Family Violence and Sexual Violence is a 25-year strategy with 40 cross government actions, all contributing to the 6 shifts needed to eliminate family violence and sexual violence in Aotearoa. The strategy includes a focus on prevention to support intergenerational change. Initiatives targeted at preventing family violence and sexual violence also contribute to suicide prevention
  - 32.3 the *Child and Youth Wellbeing Strategy* is a cross-government strategy to improve the wellbeing of all children and young people under the age of 25 years. Manatū Hauora is leading the development of a new priority under this strategy, supporting mental wellbeing for children and young people. As young people experience disproportionately high rates of suicide, this strategy's focus on broader factors such as appropriate housing, engaging with education and connection with culture will help enhance protective factors and address risk factors for suicide
  - Pacific Wellbeing Strategy identifies 4 interconnected areas that act as system levers for government to enable community partnerships and move towards reducing social and economic disadvantage and improving Pacific wellbeing. Pacific peoples, particularly Pacific young men are disproportionately represented in Pacific suicide statistics. The strategy includes a focus on tangible outcomes like homes, jobs, and training opportunities. Strategies that improve opportunities in these areas help to address risk factors and strengthen protective factors against suicide.
- In addition to these strategies, other agencies also have population specific plans that contribute to preventing suicide including the *Ara Poutama Aotearoa Suicide*Prevention and Postvention Action Plan and Te Arataki mō te Hauora Ngākau mō

  Ngā Mōrehu a Tū me ō rātou Whānau The Veteran, Family and Whānau Mental

  Health and Wellbeing Policy Framework.

- These strategies, frameworks, and plans build on agencies' core business (such as providing housing, income and employment support, and education), which play an important role in mitigating risk factors and strengthening protective factors for suicide. This along with agencies' ability to foster positive ways of interacting with the populations they support are important contributors to suicide prevention efforts.
- In addition, the upcoming health strategies required under the Pae Ora Healthy Futures Act 2022 will have a focus on addressing determinants for health in general which will support good wellbeing and contribute to enhancing protective factors and reducing risk factors for suicide.

#### Update on implementation of He Tapu te Oranga

- This annual suicide prevention progress update covers progress through to April 2023. **Appendix One** provides a high-level summary of the cross-government activities against the 57 actions under the *He Tapu te Oranga* 2019–2024 action plan. Out of 57 actions under the plan, 9 are considered completed, 35 are ongoing (actions that are ongoing and as such do not have defined milestones for completion), and 12 are under way (actions that are under way, with specific pieces of work being undertaken to contribute to the actions). The remaining one action is considered 'not yet applicable' with activity expected to take place in due course.
- For many of the 35 ongoing actions, officials from the Suicide Prevention Office consider there is sufficient activity under way that delivers on the intent of the action.
- 38 Some actions where notable progress has been made since the last update include:
  - 38.1 review of the coronial process for investigating deaths by suicide: the review involved co-designing recommendations with relevant agencies and people with lived experience of suicide bereavement to improve the coronial process for investigating deaths by suicide. The review is complete and the recommendations were provided to the Chief Coroner and relevant agencies in December 2022. Agencies are currently working together to consider these recommendations including potential resource and financial implications and next steps. Addressing many of these recommendations will sit outside of Manatū Hauora, I therefore expect relevant Ministers will receive advice relating to responding to these recommendations in due course.
  - 38.2 work with Māori to support current investment in Māori suicide prevention services and to develop and implement new kaupapa Māori suicide prevention and postvention resources: Te Aka Whai Ora has commenced a process to expand the Kia Piki te Ora suicide prevention programme from 9 sites in 8 districts to nationwide. Kia Piki te Ora is a group of organisations whose primary focus is suicide prevention services by Māori for Māori. These organisations use indigenous approaches based on cultural best practice and whānau ora and whānau wellbeing. This expansion is supported by investment of \$4.75 million per annum from the Budget 2022 Hauora Māori Commissioning initiative. New services are set to commence in the second half of 2023.

38.3 provide increased wellbeing support for children and young people in places of learning: Budget 2022 provided investment to expand school-based health services into activity centres and increase service delivery in kura kaupapa. In addition, Budget 2022 and Budget 2023 are funding the continuation and expansion of mental wellbeing support for primary and intermediate schoolaged children through the programme Mana Ake in 8 districts. The Ministry of Education has supported the development of a new resource, Ending Rainbow-Focused Bullying and Discrimination, an interactive workbook, for teachers and school leaders. This sits alongside 4 other resources on inclusive.tki.org.nz that help schools support the wellbeing of rainbow young people. This activity builds on a range of programmes and initiatives for child and youth mental wellbeing already in place or under way, such as the Access and Choice youth-focused primary mental health and addiction services and the rollout of tertiary mental wellbeing services.

Focus for implementing He Tapu te Oranga in the coming year

- With the current action plan set to end in 2024, a key focus for the coming year will be the *He Tapu te Oranga* action to review the current action plan and develop a second action plan. The Suicide Prevention Office has commenced preparatory work to progress this action. You and your entities will have an opportunity to inform this work in due course.
- 40 Other areas of focus for the coming year include:
  - 40.1 the Ministry of Education is working to update its advice to schools about postvention in the school setting, which has previously been delivered via the resource "Preventing and Responding to Suicide: Resource Kit for schools". The Suicide Prevention Office is supporting this work. Resources based on this work will be ready by September 2023
  - 40.2 the Suicide Prevention Office is exploring ways to establish a real time surveillance of suicide data function in order to identify and respond faster to suspected suicide in communities. This includes consideration of ways to identify suicide in populations such as Veterans and disabled communities where there currently is not any robust information available
  - 40.3 the Ministry of Education is partnering with Te Rau Ora (the Māori mental health and addiction workforce development centre) to understand learner needs in relation to self-harm and suicidal behaviours in Māori medium settings. Responses and resources will be co-created for Māori medium settings following engagement. Engagement started with Nga Kura a Iwi o Aotearoa in April 2023 and will continue through to the end of 2023
  - 40.4 the Suicide Prevention Office is progressing work to develop a national research plan, with the first iteration to be developed by June 2024.
- The Suicide Prevention Office will continue to actively support and provide oversight of cross-government actions in *He Tapu te Oranga*. This work will include a focus on supporting Te Aka Whai Ora with Vote Health suicide prevention initiatives as the health system reforms further embed.

#### **Financial Implications**

This paper does not have any immediate financial implications.

#### **Legislative Implications**

This paper does not have any legislative implications.

#### **Impact Analysis**

The impact analysis requirements do not apply to this paper.

#### **Population Implications**

- As outlined in the paper, data show that suicide disproportionately affects some population groups in Aotearoa, including Māori, young people aged 15–24 years (particularly young Māori and Pacific peoples), males and rural communities. There is also evidence that suggests suicide disproportionately affects other population groups, including Veterans, disabled people, Rainbow communities, and older Asian communities.
- Achieving equity underpins *He Tapu te Oranga* and the work of the Suicide Prevention Office, including through recognising that different people with different levels of advantage require different suicide prevention approaches and resources to achieve equitable outcomes.
- Over time, it is anticipated that continuing to provide a combination of universal approaches, specific approaches and approaches developed with and tailored to specific population groups will help reduce disparities in suicide rates and improve mental wellbeing for all people in Aotearoa.

#### **Human Rights**

The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

#### Consultation

Manatū Hauora prepared this paper in consultation with the Ministries of Education, Housing and Urban Development, Justice, Social Development, Youth Development and Business, Innovation and Employment; the Ministries for Pacific Peoples, Primary Industries, and Women; Ara Poutama Aotearoa – Department of Corrections, the New Zealand Police, Oranga Tamariki – Ministry for Children, Te Puni Kōkiri, the Department of the Prime Minister and Cabinet, Manatū Taonga – Ministry for Culture and Heritage, the Office for Seniors, the Office for Disability Issues, Defence (Veterans Affairs), Whaikaha – Ministry of Disabled People, the Department of Internal Affairs, the Treasury, Te Aka Whai Ora – Māori Health Authority, and Te Whatu Ora – Health New Zealand.

#### **Communications**

No specific announcements related to this paper are planned.

#### **Proactive Release**

This paper, including **Appendix One**, will be proactively released as soon as possible following Cabinet's consideration, subject to redactions as appropriate under the Official Information Act 1982.

#### Recommendations

The Minister of Health recommends that the Committee:

- note that this paper responds to an invitation from the Cabinet Social Wellbeing Committee to report back with information and data on adversely affected populations, including Asian communities, pregnant women and Veterans, and to report back on wider government programmes that are contributing to suicide prevention [SWC-22-MIN-0167 refers]
- **note** that in September 2019, Cabinet invited the Minister of Health to provide annual updates to the Cabinet Social Wellbeing Committee on progress against the actions in *He Tapu te Oranga* [CBC-19-MIN-0034 refers]
- note that in 2021 and in 2022, the Minister of Health provided Cabinet with the first and second annual suicide prevention progress updates [SWC-21-SUB-0033 and SWC-22-MIN-0167 refers]
- 4 **note** that this paper also presents the 2023 update to Cabinet Social Wellbeing Committee on progress against the 8 action areas in *He Tapu te Oranga*
- 5 **note** that while there is a lack of robust data for all population groups that have disproportionately higher rates of suicide, suicide prevention approaches include both universal and specific approaches to reduce suicide among all population groups
- 6 **note** that actions under *He Tapu te Oranga* are largely progressing as expected at this stage of the action plan, with the majority of actions already completed or ongoing without defined milestones for completion
- 7 **note** that Cabinet Social Wellbeing Committee members and agencies will be consulted in work to develop and agree the second *He Tapu te Oranga* action plan
- 8 **invite** the Minister of Health to provide the next annual report-back on suicide prevention progress to the Cabinet Social Wellbeing Committee by the end of June 2024.

Authorised for lodgement

Hon Dr Ayesha Verrall Minister of Health

# Appendix One: Status of the 57 actions in Every Life Matters - He Tapu te Oranga o ia Tangata: Suicide Prevention Action Plan 2019-2024 for Aotearoa New Zealand (He Tapu te Oranga)

The table below provides a high-level overview of the Suicide Prevention Office's assessment of the status of actions in the He Tapu te Oranga action plan. Further detail at an action-by-action level follows on the subsequent pages.

Action area	Status of actions	Overall status of action area	Description of activities
1. Strengthening national leadership	Completed: 3 actions Ongoing: 4 actions	On track	A key contributor to progress under this action area has been the establishment of the Suicide Prevention Office in 2019. The Suicide Prevention Office provides leadership and guidance, shares information and takes an active role in supporting and strengthening suicide prevention activities. In light of the health system reforms in July 2022, the Suicide Prevention Office is exploring further ways to integrate local and national suicide prevention services and supports funded by the health sector.
2. Use evidence and collective knowledge to make a difference	Ongoing: 1 action Underway: 3 actions Not yet applicable: 1 action	Mixed – further work needed on the national research plan, the advisory function and identifying research gaps	The development of a national research plan remains a priority for the Suicide Prevention Office and work is underway to complete this action by June 2024. This has started with the commissioning of an evidence synthesis to identify research gaps and will see the establishment of a Research Advisory Panel. While this work progresses, the Suicide Prevention Office continues to keep up to date with the latest suicide prevention research through national and international literature and disseminates information it gains to relevant agencies and groups.
3. Develop workforce capacity and capability	Ongoing: 3 actions Underway: 2 actions	On track	The focus of this action area to date has been to influence and leverage wider health workforce development activities to grow workforces and competencies relevant for suicide prevention, with significant gains made through the mental wellbeing workforce development programme now led by Te Whatu Ora. Focus has also been on upskilling community and cross-sector workforces through LifeKeepers suicide prevention training and other literacy programmes. The Suicide Prevention Office is currently developing a suicide prevention and postvention-specific workforce competency-based framework for the longer term that will inform a final workforce plan. The first draft of the competency-based framework will be completed by the end of September 2023.
4. Evaluate and monitor Every Life Matters	Ongoing: 3 actions Underway: 2 actions	Mixed – further work needed on monitoring and evaluation framework	The Suicide Prevention Office has developed an initial monitoring and evaluation framework for <i>He Tapu te Oranga</i> , however kaupapa Māori evaluation expertise is needed before the framework can be finalised. While this work progresses, the Suicide Prevention Office monitors the actions and outcomes of <i>He Tapu te Oranga</i> through a range of avenues including regular engagement across agencies, monitoring of data and other metrics related to suicide prevention and reporting on initiatives funded through Budget 2019.
5. Promotion – Promoting wellbeing	Completed: 2 actions Ongoing: 7 actions	On track	The actions taken and programmes in place provide a good range and coverage of wellbeing promotion activities, using available investment. This includes over eight different initiatives to provide increased wellbeing support for children and young people in places of learning, the expansion of mental wellbeing literacy programmes, and funds that provide approximately \$5 million per annum to support community suicide prevention and wellbeing initiatives.
6. Prevention – Responding to suicidal distress	Ongoing: 6 actions Underway: 4 actions	Mixed – further work needed to provide supports for young people	There is a wide range of work underway that includes a focus on prevention and responding to suicidal distress, including existing suicide prevention education resources and investment in suicide prevention community initiatives. Work is underway across agencies to update guidance and resources that will contribute directly to this action area including the suicide prevention toolkit for schools, guidance Oranga Tamariki provides around preventing suicide and self-harm, resources for young people in correctional facilities and resources to support safe conversations in workplaces.
7. Intervention – Responding to suicidal behaviour	Ongoing: 7 actions Underway: 1 action	Mixed – further work needed on providing resources and tools and responses to suicidal behaviour	There has been notable contributory activity against actions focused on responding to suicidal behaviour such as funding for each district to develop crisis capability. Baseline and new investment has supported a strong range of Māori, Pacific and community-based actions, with these focus areas being taken forward as part of Te Aka Whai Ora's ongoing work as lead for Vote Health suicide prevention commissioning. Further work is needed around resources and tools to respond to suicidal behaviour, and there are opportunities to continue to improve responses to suicidal behaviour during the remainder of the timeframe the <i>He Tapu Te Oranga</i> action plan covers.
8. Postvention – Supporting individuals, whānau and families, and communities after a suicide	Completed: 4 actions Ongoing: 4 actions	On track	A significant amount of work has been undertaken to improve postvention supports. This includes the establishment of Aoake te Rā, the bereaved by suicide service, a free national support service for individuals, whānau, and families, and communities after suicide. There are also a range of postvention tools and resources available through the suicide prevention toolkit for schools and culturally specific postvention guidelines for Māori and Pacific peoples.

#### Status code:

COMPLETED: This action has been achieved and no further work specific to the action is required, though there may be ongoing associated activity or opportunities for further related activities (eg, where the action involved establishing a function or service)

ONGOING: This is an action where work is ongoing and as such does not have defined milestones for completion

UNDERWAY: This is an action where work is underway, with specific pieces of work being undertaken to contribute to the action

NOT YET APPLICABLE: This is an action which will take place in due course, but it is not yet due to be started or completed.

Action	Status	Work to date	What next?		
	Action Area 1: Strengthening national leadership				
KEY ACTION: Establish a Suicide Prevention Office.	COMPLETED	The Suicide Prevention Office was established in late 2019 as a team within the Ministry of Health.	N/A		
Establish a Māori advisory function to advise on the work of the Suicide Prevention Office and implementation of Every Life Matters.	COMPLETED	The Suicide Prevention Office established a Māori Expert Reference Panel in 2019/20. In 2022 the Māori Expert Reference Panel was disestablished and replaced with a Taumata comprised of prominent hauora Māori and suicide prevention community members to provide advice on its work and implementation of the suicide prevention strategy and action plan.	N/A		
Establish a lived-experience advisory function to advise on the work of the Suicide Prevention Office and implementation of <i>Every Life Matters</i> .	COMPLETED	Lived experience advice is gained through the Mental Health Foundation Suicide Bereavement Rōpū and the mental health and addiction Clinical Advisory and Lived Experience group within the Ministry of Health.	N/A		
Develop guidance, systems and opportunities for local, national and international collaboration and integration of suicide prevention services and supports.	ONGOING	<ul> <li>The Suicide Prevention Office has undertaken a range of work to support local, national and international collaboration, as well as to support integration of suicide prevention services and supports. This includes:</li> <li>working to establish a range of suicide prevention sector accords along thematic lines (eg, the Frontline Responders Accord, Social Media and Suicide Risk Accord and future accords such as the Women's Accord and the Young Peoples and Rangatahi Accord). The accords bring together key stakeholders and provide insight into workforce, industry, community and sector challenges and solutions</li> <li>maintaining international connections through relationships with Suicide Prevention Australia, the National Mental Health Commission in Australia and the Australian National Suicide Prevention Office, as well as memberships with the International Association of Suicide Prevention to facilitate international collaboration</li> <li>hosting regular hui and engagements with key suicide prevention workforces, cross-sector partners and organisations and annual events/ webinars to raise awareness and mark World Suicide Prevention Day.</li> </ul>	Given the range of initiatives in place the Suicide Prevention Office considers the intent of this action to have been delivered on. Further development of collaboration and integration is expected to continue on an ongoing, as needed basis.  In light of the health system reforms, there is also an opportunity to explore further ways to integrate local and national suicide prevention services and supports funded by the health sector.		
Enhance suicide prevention information, guidance and resources, including guidance on the evidence base for suicide prevention activities and programmes.	ONGOING	<ul> <li>Examples of initiatives to enhance suicide prevention information, guidance and resources include:</li> <li>the Suicide Prevention Office provides guidance to district suicide prevention coordinators and input into contract service specifications to reflect best practice</li> <li>ongoing engagement with the Suicide Mortality Review Committee to improve the availability of data and information to improve knowledge of contributing factors and patterns of suicidal behaviour in New Zealand, and to better identify key intervention points for suicide prevention</li> <li>establishment of He Kāpehu Whetū, a website that highlights suicide prevention initiatives across the motu and was designed to inspire community leaders and communities across New Zealand</li> <li>Te Whatu Ora funds the Mental Health Foundation to provide the suicide prevention information service. This service provides, disseminates and develops information and resources</li> <li>the Social Media and Suicide Risk Accord is working is enhance guidance about suicide and social media.</li> </ul>	The Suicide Prevention Office has commissioned further evidence synthesis, which expected to be completed in July 2023.  Given the range of initiatives in place the Suicide Prevention Office considers the intent of this action to have been delivered on once the evidence synthesis has been delivered. Enhancement of suicide prevention information, guidance and resources is expected to continue on an ongoing, as needed basis.		
Explore joint funding options to enable better cross-government coordination and support for community participation in preventing suicide.	ONGOING	The Suicide Prevention Office promotes joint funding opportunities as they arise. Examples include collaboration between the Suicide Prevention Office and the Ministry of Business, Innovation and Employment-run Construction Sector Accord to provide funding to support MATES in Construction to continue delivering suicide prevention programmes to the construction sector. The psychosocial responses to COVID-19 and other significant events saw the establishment of a range of complementary community wellbeing funds across sectors, which collectively helped to address many protective and risk factors for suicide.	The Suicide Prevention Office considers the work undertaken to date delivers on the intent of this action.  In light of the health system reforms, there is an opportunity to explore joint funding options with the new health entities and to focus more proactively on joint funding options across government agencies.		
Consider current whānau-centred national programmes to identify opportunities for collaboration.	ONGOING	The Suicide Prevention Office has had discussions with the North Island Whānau Ora Commissioning Agency on potential opportunities for collaboration, including the potential use of Whanau Ora navigators to act as whānau liaison officers for coronial investigations.	The Suicide Prevention Office considers that while the work underway delivers on the intent of this action, the Suicide Prevention Office, Te Aka Whai Ora and other partners should continue to identify opportunities for whānau-centred		

Action	Status	Work to date	What next?
		Te Aka Whai Ora has assumed responsibility for commissioning Vote Health suicide prevention services and has commenced work to expend the Kia Piki te Ora Māori suicide prevention programme, which provides whānau-centric support, nationally.	national programmes to enhance their focus on suicide prevention.
		Action Area 2: Use evidence and collective knowledge to make a difference	
KEY ACTION: Develop and progress a national research plan that identifies and addresses gaps in suicide prevention and postvention information, data and research and supports ongoing coordination of research.	UNDERWAY	The Suicide Prevention Office has commissioned an evidence synthesis to support the development of a national research plan. An evidence synthesis will highlight gaps in available data and research areas and will help to inform future focus and priorities for the national research plan.  The Suicide Prevention Office maintains strong relationships with suicide prevention academics and researchers and keeps up to date with domestic and international research developments to inform its work and provision of guidance to the suicide prevention sector.	The evidence synthesis is expected to be completed by end of quarter 1 2023/24.  The Suicide Prevention Office expects to have developed a national research plan, informed by the Research Advisory Panel (see action below), by June 2024.
Establish a research advisory function with membership from Māori, people with lived experience, suicide prevention and postvention experts, and academic institutions to support development and implementation of the national research plan.	UNDERWAY	The Suicide Prevention Office has a process underway to appoint a Research Advisory Panel. This process is identifying potential panel members with a wide range of expertise across academic, lived experience and cultural perspectives.	The Suicide Prevention Office expects to have appointed a Research Advisory Panel by September 2023.  The Research Advisory Panel will inform the development of a national research plan by June 2024.
Support the suicide prevention and postvention aspects of the Crown's response to the Waitangi Tribunal Wai 2575 – Health Services and Outcomes Inquiry.	NOT YET APPLICABLE	The Waitangi Tribunal Wai 2575 – Health Services and Outcomes Inquiry has not yet started hearing claims related to suicide prevention and postvention.	This action is expected to commence once the first part of Stage Two of the Waitangi Tribunal Wai 2575 – Health Services and Outcomes Inquiry has been completed.
Facilitate easier access to current research, including the ability to share research; identify research gaps; promote research funding streams and disseminate information, evidence-informed guidance and research to individuals, whānau and families and communities.	UNDERWAY	The Suicide Prevention Office disseminates information, evidence-informed guidance, and research to suicide prevention workforces where applicable to their work. This includes through the Corrections Advisory Group, and the recent distribution of information for discussing, monitoring and responding to suicide following an emergency to suicide prevention coordinators. In March 2020 the Suicide Mortality Review Committee released <i>Te Mauri The Life Force – Rangatahi suicide report</i> , which looked at suicide rates among Māori rangatahi (young people) and provides information about what can be done to prevent rangatahi from taking their own lives. This report has been made publicly available on its website.	Once established, by September 2023, the Research Advisory Panel will identify research gaps and outline how easier access to research is intended to be facilitated moving forward.
Identify and implement opportunities for data integration where it will provide useful insight for suicide prevention.	ONGOING	In 2020, the Suicide Prevention Office commissioned a review of the Coronial Suicide Data Sharing Service to help identify opportunities to improve sharing of provisional suspected intentionally self-inflicted death data.  The Suicide Prevention Office, the Ministry of Health, the Ministry of Justice and the Office of the Chief Coroner worked together to create a centralised suicide data tool that integrates both the provisional suspected intentionally self-inflicted death data and the confirmed suicide data. This data tool was launched as a web tool in October 2021.  Ara Poutama Aotearoa has employed data and analytics experts within its health service to help with monitoring and reporting suicide-related data. Ara Poutama Aotearoa and the Suicide Mortality Review Committee put in place a Memorandum of Understanding in 2021 to facilitate the sharing of data, learning and insights related to suicide. In cooperation with the Suicide Mortality Review Committee and other relevant stakeholders, Ara Poutama has reviewed and updated the way that suicide and self-harm data is reported internally.	The Suicide Prevention Office considers the launch of the suicide web tool delivers on the intent of this action. The Suicide Prevention Office will continue to identify and implement further opportunities for data integration as these arise. This is demonstrated by the Suicide Prevention Office currently advertising for a data analyst to support the establishment of real time surveillance of suicide data.  The real time surveillance of suicide data programme will support more timely data to inform decisions about investing in locations, population groups or thematic areas, as well as build our understanding about what impact our suicide prevention approach may be having.  Ara Poutama's reporting processes will continue to be reviewed and updated as the need arises.

Action	Status	Work to date	What next?			
	Action Area 3: Develop workforce capacity and capability					
KEY ACTION: Develop a suicide prevention and postvention workforce plan, with a focus on increasing and supporting the peer and Māori suicide prevention workforce.	UNDERWAY	Te Whatu Ora is leading a broad mental health and addiction workforce development programme, which includes a focus on growing Māori and peer support workforces and competencies to support mental wellbeing. For example, Te Whatu Ora has invested in:  70 bursaries for Māori students pursuing a career in mental health and addiction in 2022  800 places for Māori and Pacific cultural competence training per annum  Creation of new health coach roles in primary mental health and addiction service and training for these  Peer-led services (eg, the Te Tāwharau crisis response service in Hawke's Bay) and support for the use of peer roles alongside clinical roles to address workforce vacancies and enhance service offerings.  This work, and workforce development efforts in other agencies such as Ara Poutama, the Ministry of Social Development and New Zealand Police, are contributing directly to the intention of this action to build suicide prevention-related competencies across a broad range of workforces.  The Suicide Prevention Office is progressing this action alongside the action below to develop a specific competency-based framework for the longer term. This will identify the suicide prevention and postvention standard of skills, attitudes, attributes and values necessary for the workforce. This framework will inform the final suicide prevention and postvention workforce plan.	The first draft of the longer-term competency-based framework will be completed by the end of September 2023 to inform further development with Māori, suicide prevention experts and people with lived experience.  It is expected that the final competency-based framework and workforce plan will be completed by March 2024.  The Suicide Prevention Office will continue to promote consideration of suicide prevention and postvention competencies in wider workforce development work, leveraging system-wide strategies and approaches.			
Create and promote new and existing training programmes and resources to build the clinical, cultural and traumainformed competency of the suicide prevention workforce (including community and clinical champions, peer support workers and whānau, hapū and iwi).	ONGOING	<ul> <li>There is a range of work underway that includes creation or promotion of training programmes and resources, including:</li> <li>expansion of the LifeKeepers suicide prevention training, supported by Budget 2019 investment. In 2022, over 3,000 people received Vote Health-funded training. A range of other organisations have paid to have LifeKeepers delivered to their staff</li> <li>Te Aka Whai Ora continues to fund the FLO Talanoa programme, a training programme designed to be led by the Pasifika community, for the community</li> <li>work is underway as part of the development of a workforce development plan to identify and develop micro-credentials for the suicide prevention and postvention workforce</li> <li>New Zealand Police provides suicide prevention training via their initial instructors as part of a suite of three e-learning modules designed to help police recognise mental distress; understand what is going on for people experiencing mental distress; and be aware of suicide indicators and how to meaningfully engage with someone threatening or attempting suicide</li> <li>the Ministry of Social Development delivers Suicide Awareness (a virtual suicide prevention programme), which was established in 2020. Between April 2022 and March 2023, 575 staff completed the programme. An additional 514 client-facing staff have completed general mental health training during this time</li> <li>Ara Poutama Aotearoa has delivered Mental Health 101 training to frontline staff, as well as providing further training focusing on suicide prevention and personality disorders to staff who support vulnerable populations within prisons</li> <li>Oranga Tamariki continues to promote the Towards Wellbeing programme, provided by Clinical Advisory Services Aotearoa, to its staff. This programme provides training on responding to suicide risk as well as support for staff on a case-by-case basis.</li> </ul>	The Suicide Prevention Office considers there is good awareness and uptake of suicide prevention training. The development (and subsequent implementation) of the suicide prevention and postvention workforce plan will support ongoing efforts.  Ara Poutama Aotearoa is continuing to deliver Mental Health 101 training to custodial staff and staff working in the community. It has also added the Mental Health 101 programme into the initial training pathway for new custodial staff. Specialist suicide risk assessment training has also been delivered to mental health staff who support people under the care and management of Ara Poutama with mental health needs.			
Develop a suicide prevention and postvention workforce competency-based framework with Māori, suicide prevention experts and people with lived experience.	UNDERWAY	See action above to develop a suicide prevention and postvention workforce plan.	See action above to develop a suicide prevention and postvention workforce plan.			
Support the wellbeing of the suicide prevention workforce by promoting supervision and training options.	ONGOING	Employers of and government agencies support the wellbeing of the suicide prevention workforce by promoting supervision and training options in a number of ways, including through offering employee assistance programmes and promoting availability of existing services (eg, the 1737 telehealth service that provides 24/7 access to trained counsellors).	The Suicide Prevention Office considers the activities in place to deliver on the intent of this action but notes that ongoing support for the wellbeing of the suicide prevention workforce is important and should remain an ongoing focus.			

Action	Status	Work to date	What next?
Promote resources that support first responders and health professionals who have been supporting someone who dies by suicide.	ONGOING	Aoake te Rā, the bereaved by suicide service, is a free service available to first responders and mental health professionals working with people who die by suicide. There is now at least one provider in every region across the motu.  In some regions district suicide prevention coordinators provide training to first responders and health professionals.  Most employers of first responders and health professionals offer employee assistance programmes which can provide support.  New Zealand Police provide frontline staff with an app that provides immediate learning for police when attending mental health related events including suicidal risks. The app provides factors to consider when responding, including tactical capability via the Police Negotiation Team.  There is also a range of mental health and addiction services available, such as Access and Choice primary and community-based services available to anyone experiencing distress and the 1737 service which provides support via phone and text. In March 2023, Te Whatu Ora launched a new website to help people find wellbeing supports near them.	The Suicide Prevention Office considers the range of activities in place to deliver on the intent of this action. Further promotion of resources is expected to continue on an ongoing, as needed basis.  The suicide prevention and postvention workforce plan is also expected to consider what resources should be promoted for professionals who are supporting someone who dies by suicide. This will be supported by work with the Frontline Responders Accord.
		Action Area 4: Evaluate and monitor Every Life Matters	
KEY ACTION: Develop a monitoring and evaluation framework for Every Life Matters in partnership with Māori and people with lived experience of suicidal behaviour.	UNDERWAY	The Suicide Prevention Office has developed an initial monitoring and evaluation framework. Kaupapa Māori evaluation expertise is needed before the framework can be finalised. Appropriate providers have been approached but were unavailable to provide support at the time.  Government agencies undertake regular monitoring of contracted suicide prevention services and programmes. In some cases there is also independent evaluation of particular services or programmes (eg, Aoake te Rā, the bereaved by suicide service funded through Budget 2019, is being evaluated).  The Suicide Prevention Office also maintains oversight of progress implementing the suicide prevention strategy and action plan through a range of other avenues such as active support and oversight of cross-government actions through working with government agencies and monitoring of data and other metrics related to suicide prevention (eg, coronial suspected self-inflicted death data).  The Implementation Unit in the Department of the Prime Minister and Cabinet has also recently undertaken a stocktake of delivery of the suicide prevention action plan.	The Suicide Prevention Office is exploring next steps to progress further development of the monitoring and evaluation framework and gain appropriate kaupapa Māori input. A monitoring and evaluation framework is expected to be developed by December 2023 and will be refined and in place for use alongside the next 5-year action plan.
Work alongside key agencies and organisations to gather data, information and evaluative reports that contribute to monitoring and evaluating progress towards the outcomes sought in <i>Every Life Matters</i> .  Support processes, systems and mechanisms for service providers to share	ONGOING	The Suicide Prevention Office, Ministry of Health, Te Aka Whai Ora and Te Whatu Ora work together and with other key government agencies and non-governmental service providers to gather data and information. This contributes to outputs such as quarterly reports on mental wellbeing investment (including the Budget 2019 suicide prevention initiative) to the Cabinet Priorities Committee and the Minister of Health's annual suicide prevention progress report-backs to Cabinet.  Cross-agency efforts described in action area 2 above focused on improving data sharing, creating a centralised suicide data tool and establishing real time surveillance of suicide data also contribute to this action.  Initiatives underway to support service providers to share data, information and updates include quarterly reporting to funders, regular engagement and hui with the Suicide Prevention Office and establishment of suicide prevention sector accords (see	The Suicide Prevention Office considers the work underway and completed to deliver on the intent of this action. Further work and means of gathering data and information, including broader collaboration is expected to continue on an ongoing, as needed basis.  In light of the health system reforms, health entities will need to ensure information sharing processes, systems and
relevant data, information and updates to support the ongoing monitoring of the effectiveness of <i>Every Life Matters</i> .		leadership actions under action area 1).  Te Hiringa Mahara   the Mental Health and Wellbeing Commission has published <i>Tarāwaho putanga toiora o He Ara Oranga</i> (He Ara Oranga wellbeing outcomes framework). This framework aims to guide measurement how people's wellbeing is changing over time.	mechanisms are fit-for-purpose as the new system embeds.  Stronger cross-agency arrangements will be supported through the sector accords.
Work alongside Māori and people with lived experience to evaluate the effectiveness of suicide prevention and postvention programmes.  Review the <i>Every Life Matters</i> action plan	ONGOING	There are a number of initiatives underway to evaluate suicide prevention and postvention programmes. These involve input or leadership from Māori and people with lived experience. Examples include:  • the Aoake Te Rā, bereaved by suicide service, evaluation which is co-led by Māori with lived experience  • evaluation of Mana Akiaki, Māori LifeKeepers programme  • the evaluation reports of the Māori and Pacific community fund initiatives.  The Suicide Prevention Office has commenced preparatory work to review He Tapu te Oranga and plan the development of the	Given the range of initiatives underway the Suicide Prevention Office considers the intent of this action to have been delivered on. There is an expectation that any future evaluations of suicide prevention and postvention programmes include Māori and people with lived experience.  The second action plan is intended to be provided to Cabinet
and develop a second action plan.	SINDLINVAT	second action plan.	for approval before the expiry of the current action plan at the end of 2024.

Action	Status	Work to date	What next?		
Action Area 5: Promotion – Promoting wellbeing					
Supports and Services					
KEY ACTION: Provide increased wellbeing support for children and young people in places of learning (including through developing culturally responsive resources that support inclusive education, enhancing and expanding school-based health services and establishing a resource for high school students transitioning into further study or work).	ONGOING	<ul> <li>A range of initiatives to provide increased wellbeing support for children and young people in places of learning have been put in place. Examples include:</li> <li>Health's expansion of school-based health services to decile 5 secondary schools through Budget 2019, with Budget 2022 providing investment to expand these services into activity centres and increase service delivery in kura kaupapa</li> <li>Education's development of guidelines for how to deliver the mental health curriculum</li> <li>Health's rollout of the \$25 million Budget 2020 tertiary student mental wellbeing package. This builds on existing free primary mental health and wellbeing services to provide more mental wellbeing supports to tertiary students</li> <li>expansion of Mana Ake – mental wellbeing support for primary and intermediate school-aged students. Budget 2022 provided \$90 million over four years for Health and Education to continue Mana Ake within Canterbury and Kaikōura and expand delivery to Northland, Counties Manukau, Lakes / Bay of Plenty and West Coast. Budget 2023 further expanded Mana Ake to Tairāwhiti and Hawke's Bay. To date, Mana Ake has supported 14,090 individual tamariki, run 1119 tamariki groups, facilitated 262 whole class groups and 502 whānau groups, including advice and guidance sessions</li> <li>rollout of Education's Counselling in Schools initiative, which funds schools to bring in local community counselling support. The Government provided \$44 million over four years since 2021 to support the rollout through 42 community-based providers to selected primary, intermediate and smaller secondary schools in 8 education regions. Counselling in Schools currently supports over 220 schools, with 54,000 hours of service delivery received by schools to date.</li> <li>a School Leavers' Toolkit was developed and launched to provide advice and resources for people after leaving school</li> <li>the Inclusive website provides practical guidance for teachers on creating an inclusive l</li></ul>	Given the number of initiatives in place, and the range of coverage of ages and settings, the Suicide Prevention Office considers the intent of this action to have been delivered on. It is however expected that government agencies and NGOs active in providing wellbeing support for children and young people in places of learning will continue to explore opportunities to enhance or increase the support available.  Mana Ake is continuing to rollout to the seven new areas.  Counselling in Schools: Phase 2 of the ERO evaluation of the initiative has just been completed and due to be released on 6 June 2023.  Inclusive website: A 'trial and refine' approach is being used in Term 1 2023 to understand use of the modules in various contexts. Feedback from these trials will be used to prepare modules for wider use and release in June 2023 on Te Kete Ipurangi, New Zealand's bilingual education portal.		
Work with Māori to identify current whānau, hapū, iwi and community-based wellbeing initiatives that support Māori (particularly tamariki and rangatahi Māori) to connect to their culture and build a strong cultural identity.	ONGOING	<ul> <li>There is a range of work through ongoing engagement with Māori (eg, through the Taumata the Suicide Prevention Office has established), as well as a number of specific initiatives including:</li> <li>the Māori Suicide Prevention Community Fund, which enables Māori whānau and groups to apply for funding to support community-based initiatives that contribute to preventing suicide, to date (April 2023) a total of 196 initiatives have been funded.</li> <li>the Rangatahi Manawaroa fund delivered by Te Puni Kōkiri which supports community initiatives delivered in a Te Ao Māori setting to rangatahi Māori</li> <li>the Kia Piki te Ora suicide prevention programme. There are 9 sites, with Te Aka Whai Ora currently considering expressions of interest to co-design a new programme and funding model, with a view to moving towards a national kaupapa based service delivery model.</li> </ul>	Te Aka Whai Ora is now leading health sector commissioning of suicide prevention activity which will support further work with Māori. It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will also continue to work with Māori to identify current whānau, hapū, iwi and community-based wellbeing initiatives that support Māori. The Suicide Prevention Office considers the work underway delivers on the intent of this action.		
Establish a relationship-based transition response service for young people moving from care and youth justice.	COMPLETED	Oranga Tamariki partnered with community organisations to establish the Transition Response Service, supported by funding from Budget 2019. This service supports the approximately 600 eligible young people aged 15–25 years who are leaving Oranga Tamariki care or a youth justice residence programme and transitioning to adulthood. The Transition Support Helpline team maintain contact with rangatahi who are eligible for the service to inform them of their entitlements and provide opportunities to learn about and access the service if they choose to.	N/A		
Support former district health boards (DHBs) to develop and update population-based suicide prevention plans.	ONGOING	The Suicide Prevention Office has been and continues to provide support to suicide prevention and postvention coordinators in districts (formerly DHBs), including in developing and updating their population-based suicide prevention plans.  This includes virtual hui approximately every two months and a national hui with suicide prevention and postvention coordinators, and the Kia Piki te Ora coordinators in June 2021. Another national hui is planned for July 2023.	Following the health system reforms the district level positions now sit within Te Whatu Ora, with Te Aka Whai Ora leading commissioning of health suicide prevention activity and the Suicide Prevention Office continuing to provide support, oversight and strategic guidance. As the health system reforms continue to embed, respective roles and responsibilities will continue to be clarified.		

Action	Status	Work to date	What next?
Support the delivery of wellbeing programmes by community-based organisations and NGOs with a focus on young people, Māori, men, Pacific peoples and rainbow and rural communities.	ONGOING	<ul> <li>Support has been provided for the delivery of a range of wellbeing programmes by community-based organisations and NGOs. This includes funding for:         <ul> <li>the Māori Suicide Prevention Community Fund, delivered by Te Rau Ora. One of the fund's objectives is to prioritise population groups within communities that are at higher risk of suicidal distress, including men, youth, rainbow communities and rural communities. To date (April 2023) a total of 196 initiatives have been funded)</li> <li>the Pacific Suicide Prevention Community Fund, delivered by Le Va. Specific priority groups identified include men, youth, rainbow communities, rural communities and people with lived experience of suicidal behaviour to date (April 2023) a total of 54 initiatives have been funded</li> <li>a one-off Youth Wellbeing Fund, with a focus on supporting young people most affected by COVID-19 and lockdowns. To date (April 2023) a total of 25 initiatives have been funded</li> </ul> </li> <li>Rangatahi Manawaroa, a Te Puni Kōkiri fund that supports wellbeing focused community initiatives delivered in a Te Ao Māori setting to rangatahi Māori</li> <li>the Rule Foundation to offer grants for initiatives to help rainbow communities</li> <li>a one-off Mental Wellbeing Innovation Fund, which supported the Key to Life Charitable Trust and the MATES in Construction suicide prevention programme</li> <li>national Māori and Pacific suicide prevention programmes, which are led by a Māori and Pacific NGO respectively.</li> </ul>	Given the range of funds available to support the delivery of wellbeing programmes by community organisations and NGOs, the Suicide Prevention Office considers the intent of this action to have been delivered on. Support for the delivery of wellbeing programmes is expected to continue on an ongoing, as needed basis.
Resources and Tools	•		
Develop a framework for district suicide prevention coordinators to follow in their work with key stakeholders to identify and promote culturally appropriate activities that support wellbeing and have a focus on populations at higher risk.	ONGOING	A suicide prevention toolkit for districts (formerly district health boards) to guide and support their district level suicide prevention activities is available. This guidance is supported by regular hui and correspondence between suicide prevention coordinators, the Suicide Prevention Office and the new health entities.	In light of the health system reforms, there is an opportunity to take another look at the arrangements in place to support district level suicide prevention coordinators and ensure frameworks and other supports in place are still fit for purpose.
Support the delivery of wellbeing, mental health, and addiction literacy programmes.	ONGOING	<ul> <li>There is a range of wellbeing, mental health, and addiction literacy programmes that government agencies (primarily health entities for community places, and other agencies for their workforces or frontline staff) fund. This includes:</li> <li>LifeKeepers, a national suicide prevention training programme developed in and for New Zealand communities. Budget 2019 funding has supported the expansion of this programme</li> <li>Mental Health 101, a mental health literacy programme. Budget 2019 funding has supported the expansion of this programme</li> <li>Addiction 101, a workshop to increase awareness and reduce stigma associated with addiction. Budget 2019 funding has supported the expansion of this programme</li> <li>FLO Talanoa, an evidence-informed Pacific suicide prevention programme intended for Pacific communities</li> <li>Headfirst, a programme to help players, coaches, support staff and families in the rugby community to support their wellbeing and that of others. Budget 2019 funding has supported the delivery of this programme.</li> <li>Manatū Taonga   Ministry for Culture and Heritage has partnered with Ara Poutama Aotearoa to deliver creative arts and cultural wellbeing programmes in prisons through the Creative Arts Recovery and Employment (CARE) Fund. Funding of \$3 million over three years to 2024 is available through the Culture and Wellbeing stream of the CARE Fund from Vote Arts, Culture and Heritage. The wellbeing programmes provide targeted wellbeing support and allow people in Corrections' care to access and participate in the arts and cultural sector. Manatū Taonga is responsible for the evaluation of the wellbeing programmes.</li> </ul>	Given the range of wellbeing, mental health, and addiction literacy programmes available the Suicide Prevention Office considers the intent of this action to have been delivered on. Support for the delivery of wellbeing, mental health, and addiction literacy programmes is expected to continue on an ongoing, as needed basis.
Promote and support online therapy and suicide prevention tools.	ONGOING	<ul> <li>Examples of online therapy and suicide prevention tools supported by a range of different organisations and agencies include:</li> <li>the Ministry of Health and Te Hiringa Hauora – the Health Promotion Agency (now Te Whatu Ora) funded the development of Small Steps, a website with a range of digital tools to support people to take steps to improve their wellbeing</li> <li>Te Whatu Ora funds Groov (previously Mentemia), a free digital tool to support people 19 years and older with their day-to-day mental wellbeing and at times of increased stress or distress</li> </ul>	Given the range of tools available, and the ongoing promotion and support of online therapy and suicide prevention tools, the Suicide Prevention Office considers the intent of this action to have been delivered on. Promotion and support of online therapy and suicide prevention tools is expected to continue on an ongoing, as needed basis.

IN CONFIDENCE				
Action	Status	Work to date	What next?	
		<ul> <li>Te Whatu Ora funds Headstrong, a chatbot platform co-designed with young people. Aimed at 12-to-18-year-olds, it supports brief interactive chat sessions</li> <li>Le Va supports Aunty Dee, a free online tool for people who need help to work through a problem or problems from a Pacific world view</li> <li>Manawa – a personal safety plan application developed as a collaboration between the Mental Health Foundation and the Suicide Prevention team at Te Whatu Ora Counties Manukau (formerly Counties Manukau District Health Board)</li> <li>the Ministry of Social Development provides funding to promote and increase access to Puāwaitanga, a free virtual health and wellbeing counselling service. Clients on a Work and Income benefit are able to self-refer to the service.</li> <li>As part of the psychosocial response to COVID-19, the Ministry of Health (now Te Whatu Ora) also funded All Sorts, a website with support, tips and advice to help people look after their mental health. More recently this has also been updated to include information to support people following natural disasters.</li> <li>Among others, the Ministry of Health, Te Whatu Ora and the Mental Health Foundation promote many of these tools and resources (eq, on their websites and in resources).</li> </ul>		
Develop, implement and evaluate new suicide media guidelines, with an additional focus on social media and entertainment media, to encourage responsible reporting.	COMPLETED		N/A	
		Action Area 6: Prevention – Responding to suicidal distress		
Supports and Services				
Work with Māori to support current investment in Māori former DHB, NGO and community suicide prevention services and to develop and implement new kaupapa Māori suicide prevention and postvention resources.	ONGOING	<ul> <li>There is a range of work through ongoing engagement with Māori (eg, through the Taumata the Suicide Prevention Office has established), as well as a number of specific initiatives including:</li> <li>the Māori Suicide Prevention Community Fund, which enables Māori whānau and groups to apply for funding to support new suicide prevention and postvention resources</li> <li>the Rangatahi Manawaroa fund delivered by Te Puni Kōkiri which supports initiatives delivered in a Te Ao Māori setting to rangatahi Māori</li> <li>the Kia Piki te Ora suicide prevention programme. There are currently 9 sites across Aotearoa within hauora Māori partners. Te Aka Whai Ora is increasing investment into Māori Suicide Prevention approaches that are consistent with mātauranga Māori and has recently advertised for Registrations of Interest. This invited existing Kia Piki te Ora providers and all hauora Māori partners to register their interest in Māori Suicide Prevention to achieve national coverage of the Kia Piki te Ora service. Successful partners will be supported to co-design services based to the needs of their community. New services are set to commence in July 2023</li> <li>Te Aka Whai Ora continues to invest in the national Māori suicide prevention programme delivered by Te Rau Ora which regularly develops and implements new kaupapa Māori suicide prevention and postvention resources</li> <li>Te Whatu Ora continues to invest in a suicide prevention and mental health promotion service delivered by the Mental Health Foundation which includes the development of new kaupapa Māori suicide prevention and postvention and postvention resources.</li> </ul>	The Suicide Prevention Office considers the work underway delivers on the intent of this action. It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to invest in Māori suicide prevention services and support the development of kaupapa Māori suicide prevention and postvention resources on an ongoing basis.	

current investment in Pacific former DHB, NGO and community suicide prevention services and to develop and implement new suicide prevention and postvention resources.  Develop a programme of activities that responds to the needs of young people experiencing suicidal distress within their learning environment (including providing resources that guide best practice in school-based suicide prevention activities	the Pacific Suicide Prevention Community Fund, delivered by Le Va, which enables Pacific groups to apply for funding to support new suicide prevention and postvention resources  Te Aka Whai Ora continues to invest in the national Pacific suicide prevention programme delivered by Le Va which provides a range of suicide prevention and postvention resources.  The Ministry of Education is updating its suicide prevention toolkit for schools to better support schools' responses to suicidal ehaviour. The Suicide Prevention Office is supporting this work.  The University of Auckland has also developed guidelines for the management of self-harm in schools. In the first action under action area 5. Tuturu program run by the Drug Foundation includes a growing number of resources for schools on topics including cohol, drugs, vaping, smoking, anxiety, wellbeing and more (work is currently being done to include gambling in the mix).	The Suicide Prevention Office considers the work underway delivers on the intent of this action. It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to invest in Pacific suicide prevention services and support the development of new Pacific focused suicide prevention and postvention resources on an ongoing basis.  The Suicide Prevention Office will continue to support the Ministry of Education in updating the suicide prevention toolkit for schools, and ensuring it reflects international best practice. Postvention resources will be ready in September 2023.
responds to the needs of young people experiencing suicidal distress within their learning environment (including providing resources that guide best practice in school-based suicide prevention activities and improving information sharing and referral pathways between school-based health services and other community	chaviour. The Suicide Prevention Office is supporting this work.  The Suicide Prevention Office is supporting this work.  The University of Auckland has also developed guidelines for the management of self-harm in schools.  In ditionally, there are a range of school-based wellbeing supports in place as outlined in the first action under action area 5.  The Tüturu program run by the Drug Foundation includes a growing number of resources for schools on topics including	Ministry of Education in updating the suicide prevention toolkit for schools, and ensuring it reflects international best practice. Postvention resources will be ready in September
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ensure young people in care and people in correctional facilities have access to intervention and support when and P	ranga Tamariki continues to fund the Towards Wellbeing Programme, which provides advice to social workers who work with mariki and rangatahi who may be suicidal and support around identifying and managing suicide risk.  ra Poutama Aotearoa has established a Suicide Prevention and Postvention Advisory Group, as well as a Suicide Prevention and Postvention Action Plan. The action plan outlines some specific steps they will be undertaking to prevent and reduce uicide, including around providing more mental health and wellbeing support.	Oranga Tamariki intends to update the guidance it provides around preventing suicide and self-harm so it more completely reflects a commitment to practice framed by te Tiriti o Waitangi, based on a mana-enhancing paradigm for practice, and drawing from Te Ao Māori principles of oranga to support mana tamaiti, whakapapa and whanaungatanga. Ara Poutama Aotearoa will be progressively implementing their action plan over the coming years.  The Mental Health Foundation, contracted by Te Whatu Ora, is working on a resource for young people in correctional facilities and care about how and where to seek help. This resource is expected to be finalised by the end of Quarter 3 2023/24.
· I I	ne Suicide Prevention Office has been and continues to provide support to suicide prevention and postvention coordinators in stricts (formerly DHBs), including in developing and implementing responses for people experiencing suicidal distress.	In light of the health system reforms, there is an opportunity to adapt working arrangements as the new system settings are embedded.
Resources and Tools		
suicide prevention education programmes.  action  E  O  N  P  tu	addition to the wellbeing, mental health, and addiction literacy programmes that government agencies fund (as outlined in ction area 5), the suicide prevention specific education programmes funded include:  LifeKeepers, a national suicide prevention training programme developed in and for New Zealand communities. Budget 2019 funding has provided for additional face-to-face and online places to be funded  FLO Talanoa, an evidence-informed Pacific suicide prevention programme intended for Pacific communities  Oranga Tamariki contracts Clinical Advisory Services Aotearoa to deliver training on responding to suicide risk to staff  New Zealand Police provides training for frontline police via their initial instructors in how staff attend and manage calls to persons in distress, as aspects of this involves suicide prevention. It also provides police custodial staff-specific e-learning training. The custodial risk awareness training is designed to increase understanding of the types of risk in the custody environment and how to identify and manage them and monitor people in custody  the Ministry of Social Development delivers Suicide Awareness, a virtual suicide prevention programme to their staff. The	The Suicide Prevention Office considers the work underway delivers on the intent of this action. Support for the delivery of suicide prevention education programmes is expected to continue on an ongoing, as needed basis.

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Action	Status	Work to date	What next?
Work with people with lived experience of trauma and suicidal behaviour to develop guidance on trauma-informed suicide prevention approaches for service providers.	ONGOING	The Ministry of Health and Te Aka Whai Ora both have dedicated lived experience positions that help inform suicide prevention work.  Te Pou and Whāraurau (both mental health and addiction workforce development centres funded by Te Whatu Ora) provide a number of resources (including training) related to trauma-informed care and trauma-informed approaches. The workforce development centres also have access to lived experience through dedicated advisory positions or advisory groups.  Le Va also has a learning module to raise awareness of the effects of trauma and a trauma informed approach, with a focus on a healing-centred approach when working with Pacific people and families.	It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to work with people with lived experience to support trauma-informed suicide prevention approaches, as new guidance is developed or required.
Work with rainbow communities to develop guidance on inclusive suicide prevention practices.	ONGOING	Te Whatu Ora funds two rainbow organisations to deliver rainbow competency training to mental health and addiction workforces.  In 2021, the Mental Health Foundation launched a new version of Takatāpui: Part of the Whānau, a resource for takatāpui, their whanau and communities, sharing stories and information about identity, wellbeing and suicide prevention.	It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to work with rainbow communities to develop inclusive suicide prevention guidance on an ongoing basis.
Develop self-harm prevention resources and guidelines with people with lived experience, for whānau and families, schools and health services.	UNDERWAY	The University of Auckland has developed a guideline for schools about how to manage self-harm. People with lived experience were involved in the development of this guideline.  The Mental Health Foundation also provides a number of resources to help prevent suicide and self-harm, such as a personal safety plan, as well as information about what people who are self-harming can do to recover, and what people can do when they are worried about someone else. The development of these resources is funded by Te Whatu Ora as part of the suicide prevention information service.  The Ministry of Education is updating its suicide prevention toolkit for schools to better support schools' responses to suicidal behaviour. The Suicide Prevention Office is supporting this work.	The University of Auckland is developing resources for parents of young people who engage in self-harm. It is also co-designing a safety planning tool for young people and is expected to be shortly commencing co-design of a new risk assessment tool.  The Ministry of Education is partnering with Te Rau Ora to understand learner needs in relation to self-harm and suicidal behaviours in Māori medium settings. Responses and resources will be co-created for Māori medium settings following engagement. Engagement has started with Nga Kura a Iwi o Aotearoa and will continue through 2023.
Develop guidelines for workplaces to support safe conversations about suicidal distress and appropriate responses to suicidal distress.	UNDERWAY	The Mental Health Foundation provides resources around workplace wellbeing on its website. It also provides resources to support conversations about suicide and with people who may be in distress or thinking about suicide. The Mental Health Foundation is also working on a specific resource for workplaces. The development of these resources is funded by Te Whatu Ora as part of the suicide prevention information service. The Suicide Prevention Office provides review and input into their development on an as needed basis.  MATES in Construction also provides resources and training to support safe conversations in the construction industry.  The 'First Steps' website, which involves collaboration between the Ministry of Business, Innovation and Employment, the Ministry of Health, the Auckland Chamber of Commerce and the Employers and Manufacturers Association, encourages business owners, managers and employees to prioritise wellbeing and awareness, so they can continue to grow impactful and profitable businesses while living balanced and fulfilling lives. This includes a range of resources such as how managers can notice stress in their team members and support them through. First Steps was first funded for the Auckland region as part of the Government's 2021 \$60 million package for Regional Business Partner Programme. It has since been expanded nationwide.	The Mental Health Foundation's specific resource to support safe conversations in workplaces is currently expected to be completed by the end of Quarter 3 2023/24.
		Action Area 7: Intervention – Responding to suicidal behaviour	
Supports and Services			
KEY ACTION: Work with former DHBs to develop and enhance early intervention primary and secondary health care guidelines for people experiencing suicidal distress and to support community-led programmes.	ONGOING	The Suicide Prevention Office has been and continues to provide support to suicide prevention and postvention coordinators in districts (formerly DHBs), including in relation to any guidelines where these have been included in district suicide prevention and postvention plans.  A number of community-led programmes have been supported, primarily through the suicide prevention community funds and youth wellbeing fund covered in action area 5.	In light of the health system reforms, there is an opportunity to adapt working arrangements as the new system settings embed.
Design and implement a peer-led telehealth support for people who have	ONGOING	A peer support line has been added to the 1737 telehealth service. This is broader than just for people who have attempted suicide to better support the needs of a wider range of people who may be at risk of suicide, and in recognition that not everyone who attempts suicide will seek specialist services or inform services they have attempted suicide.	The ongoing focus and role of the peer support line will be monitored by Te Whatu Ora to ensure any necessary changes or improvements can be identified and considered.

Action	Status	Work to date	What next?
attempted suicide and have been discharged to community services.		A peer support crisis hub is also being piloted in Hawke's Bay, as part of implementing the Budget 2019 cross-government mental wellbeing package.	It is expected that the pilot of the peer support crisis hub will inform any future work related to peer-led support for people experiencing a mental health crisis or who have attempted suicide.
Review the systems and range of current responses available for people who have been discharged from an emergency department or inpatient services following a suicide attempt.	ONGOING	As part of the sector-led mental health and addiction KPI programme there is a measure around acute inpatient post-discharge community care, which measures the percentage of acute inpatient discharges that are followed up in the community within 7 days immediately following discharge. This is considered regularly through the KPI programme to support quality improvement.  Budget 2019 funding for the <i>Improving support for people experiencing a mental health crisis</i> initiative, provided each district with funding to develop district crisis capability plans with a focus on emergency department settings, including funding for additional FTEs. All districts now have these plans, and 9.1 of the 10.7 contracted FTEs are in place.	In light of the health system reforms, there is an opportunity to take another look at the systems and range of responses that are in place.  There are however ongoing issues identifying people who have attempted suicide for a number of reasons, including that they may not disclose their injury was the result of a suicide attempt.
Scope additional support for the assessment and response to suicidal behaviour within the rural population.	ONGOING	The Ministry of Health, Te Whatu Ora and the Ministry for Primary Industries have been working together around mental wellbeing supports for rural communities, particularly in light of COVID-19 and significant events. There are 14 Rural Support Trusts throughout New Zealand who provide training and connect with mental health providers to improve access to mental health services for rural clients. As part of the response to COVID-19, the National Council of Rural Support Trusts received funding to run an ongoing psychosocial messaging campaign in Farmers Weekly as well as online, and purchase additional marketing material for Rural Support Trusts, to amplify the reach of their existing mental health promotion initiatives.  In March 2023, Te Whatu Ora launched a new website to help people find an Access and Choice service near them. This includes a rural wellbeing support page.  Farmstrong is a mental wellbeing programme funded by ACC, with support from the Mental Health Foundation, the Movember Foundation and FMG Insurance. It is available nationwide specifically aimed at farmers, growers and rural communities to help them live well.  The Māori Suicide Prevention Community Fund and the Youth Mental Wellbeing Fund also included initiatives aimed at rural communities.	It is expected that the Ministry of Health, Te Whatu Ora, and the Ministry for Primary Industries will continue to work together to identify supports that may be needed for rural communities.  The development of the rural health strategy, which is mandated by the Pae Ora (Health Futures) Act 2022, will consider the mental wellbeing needs for rural communities.
Resources and Tools	1		
Work with Māori to develop suicide intervention resources for former DHBs, NGOs, iwi, hapū and whānau that recognise and support te ao Māori practices.	ONGOING	<ul> <li>There is a work through ongoing engagement with Māori (eg, through the Taumata the Suicide Prevention Office has established) that support the development of suicide intervention resources, as well as a number of specific initiatives including:</li> <li>the Māori Suicide Prevention Community Fund, which enables Māori whānau and groups to apply for funding to support new suicide intervention resources</li> <li>Te Aka Whai Ora continues to invest in the national Māori suicide prevention programme delivered by Te Rau Ora.</li> </ul>	Te Aka Whai Ora is now leading health sector commissioning of suicide prevention activity which will contribute to stronger relationships and further work with Māori.  It is also expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to work with Māori to develop suicide intervention resources that recognise and support te ao Māori practices.
Work with Pacific peoples to develop suicide intervention resources for former DHBs, NGOs, whānau and families and communities that recognise and support Pacific practices.	ONGOING	<ul> <li>There is a range of work through ongoing engagement with Pacific peoples and NGOs, as well as a number of specific initiatives including:</li> <li>the Pacific Suicide Prevention Community Fund, delivered by Le Va, which enables Pacific groups to apply for funding to support new suicide intervention resources</li> <li>Te Aka Whai Ora continues to invest in the national Pacific suicide prevention programme delivered by Le Va.</li> </ul>	It is expected that government agencies and NGOs active in the mental wellbeing and suicide prevention space will continue to work with Pacific peoples to develop suicide intervention resources that recognise and support Pacific practices.
Work with Māori and people with lived experience of suicidal behaviours to develop national guidelines for managing suicide risk to be used within former DHBs and NGOs.	UNDERWAY	Work is underway to consolidate feedback from a series of workshops run across the country with Māori communities to develop themes, guidance and areas of risk within the suicide prevention system and landscape.  The University of Auckland is also co-designing a new suicide risk assessment tool.	As the health system reforms embed there is an opportunity to take another look at the need for national guidelines.  While still under development, the work to consolidate feedback could be used to inform any potential future national guideline development and service delivery with Māori communities and people with lived experience.

		IN CONFIDENCE	
Action	Status	Work to date	What next?
Consider developing a national quality framework for monitoring and managing suicidal distress and behaviour within primary health care services and NGO and former DHB mental health and addiction services, including accountability and reporting frameworks.	ONGOING	Consideration has been given to developing a national quality framework. With COVID-19 and the health system reforms, progressing the development of a national quality framework is not considered to be a current priority.	As the health system reforms embed and with the development of the next suicide prevention action plan, further consideration will be given to whether there is a need for developing a national quality framework specifically for monitoring and managing suicidal distress and behaviour within primary health care services and mental health and addiction services.
		Action Area 8: Postvention – Supporting individuals, whānau and families, and communities after a suicide	
Supports and Services			
KEY ACTION: Develop a national suicide bereavement counselling service, including support for first responders and mental health professionals.	COMPLETED	Aoake te Rā, the bereaved by suicide service, was funded as part of the Budget 2019 cross-government mental wellbeing package. It is a free national service, including for first responders and mental health professionals, and there is now at least one provider in every region. In the quarter 3 2022/23 period 447 bereavement support sessions were delivered with almost 4,000 bereavement support sessions delivered to date.	N/A
Review the Coronial Suspected Suicide Data Sharing Service.	COMPLETED	A review commissioned by the Suicide Prevention Office and conducted by KPMG was completed in 2020. The findings informed some initial changes to the Coronial Suspected Suicide Data Sharing Services. The review findings will also be considered as part of broader work related to the review of the process for investigating deaths by suicide.	N/A
Work with former DHBs to ensure suicide postvention plans promote utilisation of a former DHB interagency postvention group to monitor and support local and community-led postvention activity.	ONGOING	Budget 2019 funding has been provided for additional postvention FTEs in Te Whatu Ora districts (formerly DHBs), which include provision of ongoing coordination and facilitation of effective interagency postvention groups.  The Suicide Prevention Office has met regularly with districts to support the development and implementation of their suicide postvention plans, including promoting interagency postvention groups.	In light of the health system reforms, there is an opportunity to take another look at the arrangements in place around district level suicide postvention activity. In the meantime, the Suicide Prevention Office continues to meet regularly with the district suicide prevention and postvention coordinators.
Use the Suicide Mortality Review Committee to investigate deaths by suicide to inform best-practice.	ONGOING	The Suicide Mortality Review Committee is operational. It sits within the Health Quality and Safety Commission and is funded by the Suicide Prevention Office. The Suicide Mortality Review Committee has produced a number of reports related to deaths by suicide. Relevant government agencies and the Suicide Prevention Office review any report findings and recommendations to help inform their work and suicide prevention efforts.	Current work is considered to deliver on the intent of this action. The Health Quality and Safety Commission is currently reviewing the form of the Suicide Mortality Review Committee, but there is an expectation that further reports, findings and recommendations will continue to be considered by the Suicide Prevention Office and other government agencies.
KEY ACTION: Review the coronial investigative process  Scope and complete a review of the process for investigating deaths by suicide.	COMPLETED	A review of the coronial investigative process has been completed. Co-designed (with those with lived experience) recommendations are with the Chief Coroner and related agencies and will inform the development of implementation plans ('Phase 2' of the work).	N/A
Resources and Tools			
Develop resources that guide best postvention practices in schools and places of learning, and work with schools to ensure traumatic incident teams maintain positive learning environments following a traumatic incident.	ONGOING	The Ministry of Education has a suicide prevention toolkit for schools which includes postvention guidance. This toolkit for schools was updated in 2019 and is again being revised with the Suicide Prevention Office supporting this work.  The Ministry of Education also has:  guidance for schools around emergencies and traumatic incidents available online  Traumatic Incidents teams based in all learning support offices across the country. These teams can provide a range of support and advice, including on how to communicate about the incident and ensure the safety and wellbeing of children, young people and staff.	The current guidance available is considered to deliver on the intent of this action. There is an expectation that guidance will be updated on an as needed basis (eg, to reflect new research or emerging needs).  The updated suicide prevention toolkit for schools will include postvention resources and will be published September 2023.

Action	Status	Work to date	What next?
Develop guidance and resources for specific populations groups (eg, Māori, Pacific peoples and schools) for managing cluster and contagion events and to support culturally safe postvention responses for different populations groups (eg, Māori, Pacific peoples and refugee, youth, rainbow and rural communities).	ONGOING	Te Rau Ora and Le Va provide general postvention guidelines for Māori and Pacific peoples.  The Community Postvention Response Service, a service funded by Te Aka Whai Ora to support communities experiencing a suicide cluster or contagion, has a range of guidelines related to managing cluster and contagion responses and supporting culturally safe suicide prevention responses for different population groups.  The Ministry of Education's suicide prevention toolkit for schools also includes guidance on managing suicide contagion within a school setting.	The current guidance and resources available are considered to deliver on the intent of this recommendation.  There is an expectation that guidance and resources will be updated or developed for different population groups on an as needed basis (eg, if particular clusters or contagion events are emerging in a population group there aren't existing guidelines for).
Develop postvention resources for tangihanga and funeral celebrants.	COMPLETED	The Mental Health Foundation has developed and released resources for tangihanga and funeral celebrants. These resources were commissioned by the Suicide Prevention Office (under a contract for which responsibility has now transitioned to Te Aka Whai Ora).  Te Rau Ora has also developed <i>Ka Ao Ka Ao – Postvention for Māori</i> in 2019. This provides a view on the position of suicide for Māori.	N/A