

Briefing

Options for developing the next suicide prevention action plan

Date due to MO: 19 December 2023 **Action required by:** 15 January 2024

Security level: IN CONFIDENCE **Health Report number:** H2023034247

To: Hon Matt Dooney, Minister for Mental Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

| Name | Position | Telephone |
|---------------|--|-----------|
| Robyn Shearer | Deputy Director-General, Clinical, Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |
| Kiri Richards | Associate Deputy Director-General, Mental Health and Addiction, Clinical, Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Options for developing the next suicide prevention action plan

Security level: IN CONFIDENCE **Date:** 19 December 2023

To: Hon Matt Doocoy, Minister for Mental Health

Purpose of report

1. This briefing provides you with options for progressing work to develop the next suicide prevention action plan and seeks your agreement to a preferred approach.

Summary

2. *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 (He Tapu te Oranga)* is a 10-year whole-of-society and whole-of-government suicide prevention strategy. A significant programme of work is underway to prevent suicide; however, more needs to be done to bring suicide rates down.
3. The current action plan for the strategy expires at the end of 2024. This briefing provides options for progressing work to develop a new suicide prevention action plan. There are options in relation to both scope (ie, refreshing the entire strategy and action plan, or just the action plan) and timing, which largely relates to the preferred scope and level of engagement or formal consultation.
4. We recommend maintaining the current strategic framework and focusing on developing a new action plan with clear milestones for delivery over the next five years. Given the high level of public interest and cross-sector buy-in needed for successful suicide prevention, we recommend that development of a new action plan is supported by a formal public consultation process, which would require Cabinet approval.
5. We consider this option provides the best balance between setting a clear direction for suicide prevention aligned with the Government’s priorities, timeliness, and fostering public and cross-government buy-in.

6. s 9(2)(f)(iv)

7. s 9(2)(f)(iv)

8. We welcome the opportunity to discuss your preferred approach and any priorities you would like to see reflected in the direction set for suicide prevention.

Recommendations

We recommend you:

- a) **Note** that collective efforts to prevent suicide in New Zealand are guided by *He Tapu te Oranga*, a 10-year whole-of-government and whole-of-society strategy lasting from 2019–2029
- b) **Note** that the current suicide prevention action plan under *He Tapu te Oranga* expires at the end of 2024
- c) **Note** that health officials have started initial work to develop the next suicide prevention action plan to cover the remaining five years of *He Tapu te Oranga*
- d) **Indicate** your preference for progressing this work:
 - i. s 9(2)(f)(iv) **Yes/No**
 - ii. Develop a new action plan supported by formal public consultation, s 9(2)(f)(iv) **Yes/No**
(recommended)
 - iii. Develop a new action plan supported by extended formal public consultation, s 9(2)(f)(iv) **Yes/No**
 - iv. Refresh the strategy and develop a new action plan supported by formal public consultation, s 9(2)(f)(iv) **Yes/No**
s 9(2)(f)(iv)
- e) **Note** subject to your agreement to approach (ii) above officials will provide a draft public consultation document and associated Cabinet paper by 28 February 2024.



Robyn Shearer
Deputy Director-General
Clinical, Community and Mental Health |
Te Pou Whakakaha

Date: 19 December 2023

Hon Matt Doocey

Minister for Mental Health

Date:

Developing the next suicide prevention action plan

Context

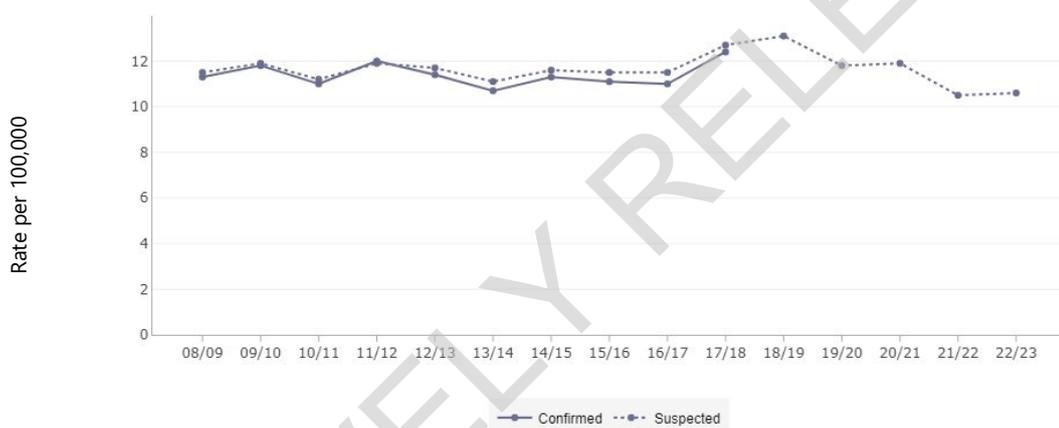
1. *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand (He Tapu te Oranga)* guides New Zealand’s suicide prevention efforts. *He Tapu te Oranga* strategy is a 10-year whole-of-society and whole-of-government suicide prevention strategy that outlines the framework and strategic direction for suicide prevention efforts. A copy of the framework is attached as **Appendix One**.
2. There is good stakeholder support for the current strategy, in particular the whole-of-society, whole-of-system approach. The development of the strategy was informed by previous suicide prevention public consultation processes, as well as engagement through the 2018 inquiry into mental health and addiction. The strategy is underpinned by international best evidence for collective and community action.
3. The current suicide prevention action plan expires at the end of 2024. It includes 57 actions with delivery responsibility sitting across agencies and communities. Actions are grouped into eight areas.
 - a. The first four areas of the action plan cover activities to strengthen the system:
 - i. support the coordination of work across government
 - ii. improve the availability of data
 - iii. upskill workforces
 - iv. monitor and evaluate progress.
 - b. The remaining four areas span the suicide prevention continuum, covering activities to support people’s wellbeing and respond to their needs, including to:
 - i. promote wellbeing
 - ii. respond to distress
 - iii. deliver targeted suicide prevention interventions
 - iv. postvention support (support after a suicide).
4. The Suicide Prevention Office sits within the Ministry of Health | Manatū Hauora (the Ministry) and provides national leadership and oversight for suicide prevention, including monitoring and overseeing progress implementing *He Tapu te Oranga*.
5. The Māori Health Authority | Te Aka Whai Ora (the Māori Health Authority) holds responsibility for most of the Vote Health suicide prevention funding and programmes in acknowledgment of the disproportionate impacts of suicide on Māori.
6. Te Whatu Ora | Health New Zealand (Health NZ) maintains some key suicide prevention functions, including regional suicide prevention and postvention coordinators who work across the spectrum of suicide prevention, intervention and postvention.

While good progress has been made, more still needs to be done to prevent suicide

Suicide rates in New Zealand

7. 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 New Zealand that year.¹ This is not statistically significantly different from the rate over the past 14 years. Figure 1 (below) presents the data in financial years to align with the suspected intentionally self-inflicted death data.
8. The most recent suspected intentionally self-inflicted death data for the financial year 2022/23 showed there were 565 suspected self-inflicted deaths in New Zealand (a rate of 10.6 per 100,000 population). This is not statistically significantly different from the average rate of suspected self-inflicted deaths over the last 14 financial years.

Figure 1: Rate of suicide deaths in New Zealand between 2008/09–2022/23



Source: Health New Zealand | Te Whatu Ora Suicide Webtool

9. Suicide disproportionately affects some groups in New Zealand's population, including Māori, young people aged 15–24 years (particularly young Māori and young Pacific peoples), and males.
 - a. 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 of suspected intentionally self-inflicted death for the financial year 2021/22, at 21.4 per 100,000 people.
 - b. In the 2021/22 financial year, the rate of suspected intentionally self-inflicted deaths for Māori males was 24.7 per 100,000 Māori population compared to non-Māori males who had a rate of 12.9 per 100,000 non-Māori population.
 - c. 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, where Māori rates were 2.1 times those for non-Māori.

¹ Note: There is a time lag between when confirmed suicide data are available and suspected intentionally self-inflicted deaths, as a coroner needs to complete their inquiry and confirm the death is a suicide.

Good progress is being made under the current action plan

10. Following an invitation from the Cabinet Social Wellbeing Committee for annual updates on progress with implementing *He Tapu te Oranga* [CBC-19-MIN-0034 refers], three updates have been provided (one each in 2021, 2022 and 2023).
11. The most recent update in July 2023 reported that overall progress against the 57 actions is largely occurring as anticipated, 3.5 years into the action plan [SWC-23-MIN-0077 refers]. The update noted that nine actions were complete, 35 ongoing (actions that do not have defined milestones for completion), and 12 underway (actions that are underway and have end points, with specific pieces of work being undertaken to contribute to the actions). The remaining one action is considered 'not yet applicable' as it relies on work outside of the health system that has not yet occurred.
12. Additionally, earlier this year the Department of the Prime Minister and Cabinet's Implementation Unit conducted a suicide prevention stocktake that included a review of progress of 'supports and services' in areas 5 to 8 of the suicide prevention action plan. This review commented that while there was a wide range of activity underway, it was difficult to assess progress against the actions due to the lack of specific delivery milestones and progress measures. The review also noted the need to consider the trade-off between specifying outputs and milestones and assigning accountabilities, versus the current, more flexible and enabling approach. This enabling approach fosters collective ownership and action including and beyond government agencies.
13. Both reports referenced in paragraphs 11 and 12 above have been proactively released, and we have provided copies to your office.

Developing the next suicide prevention action plan

14. As signalled in the joint briefing to the incoming Minister for Mental Health, officials have commenced work to develop the next action plan to cover the remaining time under *He Tapu te Oranga* strategy (2025–2029).
15. The general approach to developing a new action plan consists of the following steps:
 - a. agreeing scope and high-level timeframes for the work (the focus of this briefing)
 - b. undertaking foundational work, such as drafting planning and background documents, and identifying lessons learned from the current action plan. Some initial work on this is already underway
 - c. undertaking engagement, including with other government agencies and entities and/or public consultation – this has not yet commenced. This often involves presenting a draft document, which you will have the opportunity to approve prior to it being shared. Any formal public consultation will also require Cabinet approval
 - d. finalising a draft action plan for release. This will include analysis of any engagement and consultation feedback, and subsequent amendments to the draft action plan. The final action plan will require your approval, and likely Cabinet approval given the cross-government nature of the work. You may subsequently wish to formally release the action plan (eg, through a launch event or press release).

16. The development of the next action plan is being informed by lessons learned from implementing the current action plan, including the findings from the Implementation Unit's suicide prevention stocktake, as well as engagement with stakeholders. Based on lessons learned, we anticipate the next action plan will include a more refined set of actions with consideration given to specific delivery milestones and progress measures.
17. As the strategy is cross-government we will continue to work with other agencies and entities on the next action plan.

Options for progressing development of the next suicide prevention action plan

18. We are seeking your direction on your preferred approach to this work, including confirming whether you would like us to progress with the development of a new action plan. One option would be to let the current action plan lapse and to continue suicide prevention efforts under the high-level strategy set out in *He Tapu te Oranga*. However, we would recommend progressing a new action plan for the following reasons:
 - a. Development of a new action plan presents an early opportunity for you to demonstrate that suicide prevention is a priority and for you to set the direction for suicide prevention activities.
 - b. A new suicide prevention action plan can also help demonstrate how the Government is putting the *He Tapu te Oranga* suicide prevention strategy into action and what it is doing to prevent suicide. This is something the suicide prevention sector as well as communities, whānau/families and individuals often look to the Government for concrete information about.
 - c. A suicide prevention action plan provides the opportunity to clearly communicate and document specific, tangible activities that will be the focus of suicide prevention efforts. It will provide a clear set of activities that progress can be measured against which can help drive suicide prevention action across government agencies.
19. If you would like to progress with the development of a new action plan, we seek your direction on your preferred approach to both the scope of the work and the approximate timeframes for progressing. Options, including key features of each option, are outlined in **Table 1** and are briefly discussed below.
20. As Table 1 shows, in terms of scope there are two main options:
 - a. **Option 1:** develop a new suicide prevention **action plan** covering 2025–2029 (the remaining years covered by the *He Tapu te Oranga* suicide prevention strategy).
 - b. **Option 2:** develop a refreshed suicide prevention **strategy and new action plan**. Both could cover 2025–2029 or the refreshed strategy could cover 10 years (2025–2035) and the action plan five years in line with the current approach.
21. The scope chosen will impact on the timeframes that are feasible.
 - a. If the scope is confined to developing a new action plan, there are three main timeframe options, depending on the type of engagement desired. To accelerate timeframes, we could limit the process to targeted sector engagement, which would not require Cabinet approval. The other option is to undertake full public consultation, which would require Cabinet approval in advance. The three timeframe options would allow a projected release of the new suicide prevention action plan in:

- i. September 2024 (**Option 1a**) – this would involve **targeted engagement only**
s 9(2)(f)(iv)
 - ii. late 2024 (**Option 1b**) – this provides for a **condensed public consultation** following Cabinet approval
 - iii. early 2025 (**Option 1c**) – this provides for a **longer public consultation** period.
- b. If the scope includes refreshing the suicide prevention strategy alongside developing a new action plan, only the third timeframe outlined above is considered feasible (**Option 2**). This reflects the fact that refreshing both the strategy and action plan will require more work and more fulsome engagement and consultation. It will therefore take longer than only developing a suicide prevention action plan.

We recommend developing a new action plan s 9(2)(f)(iv)

22. We recommend progressing the work to develop a new suicide prevention action plan s 9(2)(f)(iv) (**Option 1b**).
- a. Scope – as referenced earlier in the paper, there is strong sector support for the current suicide prevention strategy, which has a further five years before it is set to end. The strategy is also aligned with international evidence and best practice. Given this and the additional resources required to develop both a refreshed suicide prevention strategy and new action plan, we suggest focusing on developing a new action plan (Options 1a–1c).
 - b. Timeframes – given the high level of public interest in suicide prevention, there is merit in undertaking wider public consultation, rather than only targeted engagement. Public consultation will provide more diverse insights needed to develop a fit-for-purpose action plan than targeted engagement alone and will help foster buy-in to the plan. While consultation may generate public expectations of additional government spending on suicide prevention, these expectations can be managed through clear communication. We consider option 1b balances the need for wide consultation with the desire for swift action to demonstrate the Government’s commitment to preventing suicide.

Table 1. Overview of options for progressing work to develop the next suicide prevention action plan

| Option | Scope | § 9(2)(f)(iv) | Nature of engagement | § 9(2)(f)(iv) | Other key features |
|--------|--|---------------|--|---------------|---|
| 1a | New suicide prevention action plan | § 9(2)(f)(iv) | Targeted engagement only | § 9(2)(f)(iv) | <ul style="list-style-type: none"> Targeted engagement allows for the most accelerated timeline and Cabinet approval would not be required prior to engagement commencing Limiting engagement presents risks of the final action plan not representing public views and may generate criticism given the high level of public interest Allows for seamless transition from the end of the current action plan § 9(2)(f)(iv) |
| 1b | | § 9(2)(f)(iv) | Public consultation (over approx. 6–8 weeks) | § 9(2)(f)(iv) | <ul style="list-style-type: none"> Shorter public consultation balances a desire for timeliness while also ensuring opportunities for wide public and stakeholder input § 9(2)(f)(iv) Allows for seamless transition from the end of the current action plan § 9(2)(f)(iv) |
| 1c | | § 9(2)(f)(iv) | Public consultation (over approx. 10–12 weeks) | § 9(2)(f)(iv) | <ul style="list-style-type: none"> Allows for more fulsome preparatory work to ensure planning reflects the Government priorities and extended consultation for maximum input § 9(2)(f)(iv) Extended timeframe results in a short period without a current action plan § 9(2)(f)(iv) |
| 2 | Refreshed suicide prevention strategy and a new suicide prevention action plan | § 9(2)(f)(iv) | Public consultation (over approx. 10–12 weeks) | § 9(2)(f)(iv) | <ul style="list-style-type: none"> Presents an opportunity to reset the strategic direction for suicide prevention coupled with a clear action plan May generate criticism of changing the generally accepted strategic direction and delaying further action Most resource intensive approach so may require trade-offs with other priorities § 9(2)(f)(iv) Extended timeframe results in a short period without a current action plan § 9(2)(f)(iv) |

Equity

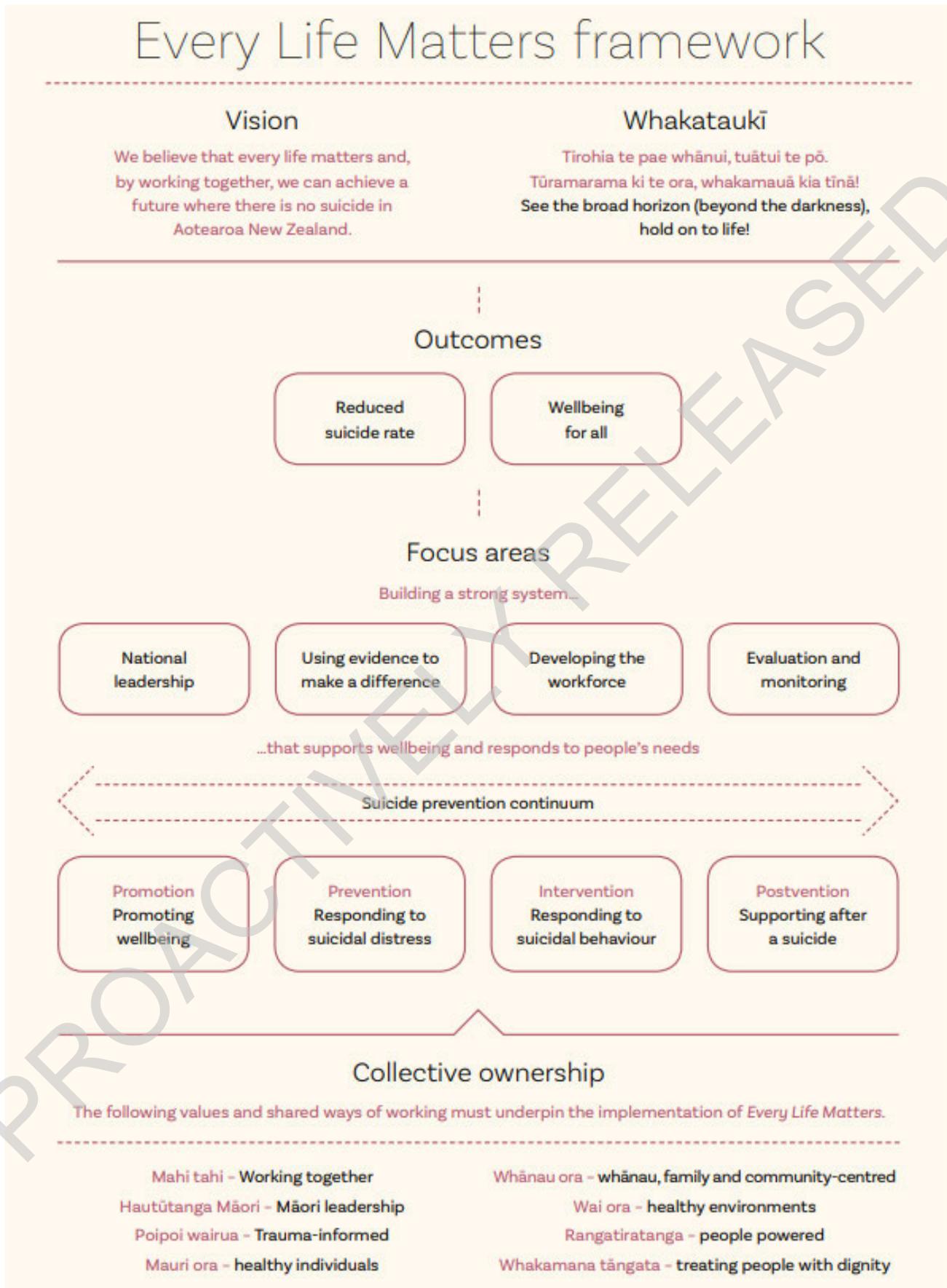
23. As noted earlier, suicide disproportionately affects some groups in New Zealand's population. The next action plan will continue to address inequities through developing and supporting suicide prevention responses that include a mix of specific investment for some populations disproportionately affected by suicide, as well as approaches for all population groups.
24. We will partner with stakeholders and build on earlier engagement to ensure equitable approaches are built in early. This includes partnering with the Māori Health Directorate within the Ministry of Health to ensure the consultation builds on earlier engagement through *Pae Tū: Hauora Māori Strategy 2023*.

Next steps

25. Officials are available to discuss the proposed approach to developing the next suicide prevention action plan. We can also support you with any discussions you may wish to have about seeking increased resources for suicide prevention efforts through Budget 2024 to support implementation of a new action plan.
26. If you agree to progressing the work in line with the recommended option (Option 1b), this will mean that you will receive a draft Cabinet paper seeking approval to publicly consult on a draft suicide prevention action plan by the end of February 2024^{s 9(2)(f)(iv)}
27. 
28. Depending on the preferred timeframes for progressing work to develop the next suicide prevention action plan, there may also be opportunities to combine seeking Cabinet approval for the draft action plan with the 2024 annual update on suicide prevention progress. Officials will provide further advice on this at a closer time.

ENDS.

Appendix One: *He Tapu te Oranga* framework



Minister's Notes

PROACTIVELY RELEASED

Aide-Mémoire

Suicide prevention action plan progress on consultation document and annual update

Date due to MO: 9 April 2024 **Action required by:** 10 April 2024

Security level: IN CONFIDENCE **Health Report number:** H2024039013

To: Hon Matt Dooney, Minister for Mental Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

| Name | Position | Telephone |
|---------------|---|-----------|
| Robyn Shearer | Deputy Director-General, Clinical Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |
| Kiri Richards | Associate Deputy Director-General, Mental Health and Addiction, Clinical Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |

Aide-Mémoire

Suicide prevention action plan progress on consultation document and annual update

Date due: 9 April 2024

To: Hon Matt Doocoy, Minister for Mental Health

Security level: IN CONFIDENCE **Health Report number:** H2024039013

Purpose This aide-mémoire updates you following government agency consultation on the draft Cabinet paper: *Annual update on suicide prevention progress and approval to consult on a new suicide prevention action plan*, and recommends you now undertake Ministerial consultation.

Comment:

Context

- On 27 March 2024 [HR 2024037655 refers] we sought your feedback and approval to begin agency consultation on an early draft Cabinet paper that seeks Cabinet's agreement to:
 - release a public consultation document to inform the development of the next suicide prevention action plan for 2025 to 2029.
 - the fourth annual update on the progress to prevent suicide as part of implementing *Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 (He Tapu te Oranga) and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand*.

Progress

- You agreed to our proposed approach and did not have any feedback on the draft Cabinet paper or draft consultation document.
- For the purposes of open engagement, the public consultation document includes prompts to stimulate thinking rather than a series of specific actions and responsible agencies for feedback. These will be determined post-consultation and with your input.
- We have now completed agency consultation with the Ministries of Education, Justice, Social Development, Business, Innovation and Employment, Defence (Veterans' Affairs), Whaikaha | Disabled People, Pacific Peoples and Primary Industries; the Departments of Corrections and Internal Affairs;

New Zealand Police; Oranga Tamariki; WorkSafe; Te Puni Kōkiri | Ministry of Māori Development; Te Puna Aonui; the Office for Seniors; Te Aka Whai Ora | Māori Health Authority and Health New Zealand | Te Whatu Ora; and the Department of the Prime Minister and Cabinet.

- Agencies generally had minor feedback, mostly relating to specific population groups rather than to the overall proposals or content of the papers. This has been reflected in the updated version of the draft Cabinet paper.
- The most substantial change sought by some agencies, including Te Puni Kōkiri and Te Aka Whai Ora, was enhanced language making explicit a commitment to equity through the forthcoming Action Plan. This is to reflect that Māori communities are substantially overrepresented in suicide statistics for a range of reasons.
- We have made minor changes throughout the document to strengthen this perspective. However, on your request, more significant change could be made such as the addition of a standalone 'commitment to equity' section in the consultation document, or reference to *Pae Tu: Hauora Māori Strategy*.
- Otherwise, we consider the Cabinet paper is ready for Ministerial consultation and we can provide you with support to respond to any related queries if needed.

Next steps

- Proposed next steps for advising Cabinet through to release of a new suicide prevention action plan are outlined in the following table.

| Process | Indicative timeframe |
|--|--|
| Ministerial consultation on the draft Cabinet paper | Wednesday 10 April – Friday 19 April 2024 |
| You will receive the final Cabinet paper reflecting the outcomes of Ministerial consultation for your approval to lodge with Cabinet Social Outcomes Committee (SOU) | Tuesday 23 April 2024 |
| Lodge Cabinet paper | Wednesday 24 April 2024 (assumes earlier lodging due to ANZAC Day) |
| Officials will provide an aide memoire with talking points to support you at SOU | Monday 29 April 2024 |
| Consideration by SOU | Wednesday 1 May 2024 |
| Consideration by Cabinet | Monday 6 May 2024 |

| | |
|---|--|
| Public consultation | ~ Mid-May – June 2024 (approx. 6 weeks) |
| Independent analysis of public consultation findings and preparation of new suicide prevention action plan | ~ July – August 2024 |
| You will receive a draft Cabinet paper reflecting the public consultation findings and seeking approval to the new suicide prevention action plan | s 9(2)(f)(iv) |
| Consideration by SOU and Cabinet of the new suicide prevention action plan for release | |
| Release of the new suicide prevention action plan | |

- Should you want more time for Ministerial consultation then there is an option to take the Cabinet paper to SOU on 8 May 2024 instead of 1 May 2024.
- Note that if any processes in the above table are delayed, this would likely result in timeframes for subsequent processes needing to be pushed out to a later date.
- We will keep you updated on progress between key milestones via the Weekly Report and through regular engagements with you and your office.
- This aide-mémoire discloses all relevant information.



Robyn Shearer
Deputy Director-General,
Clinical Community and Mental Health |
Te Pou Whakakaha
Date:

Aide-Mémoire

Cabinet paper for lodging: Suicide prevention action plan consultation document and annual update

Date due to MO: 30 April 2024 **Action required by:** 2 May 2024

Security level: IN CONFIDENCE **Health Report number:** H2024040439

To: Hon Matt Doocey, Minister for Mental Health

Consulted: Health New Zealand:

Contact for telephone discussion

| Name | Position | Telephone |
|----------------------|---|-----------|
| Robyn Shearer | Deputy Director-General, Clinical Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |
| Kiri Richards | Associate Deputy Director-General, Mental Health and Addiction, Clinical Community and Mental Health Te Pou Whakakaha | s 9(2)(a) |

Aide-Mémoire

Cabinet paper for lodging: Suicide prevention action plan consultation document and annual update

Date due: 30 April 2024

To: Hon Matt Dooney, Minister for Mental Health

Security level: IN CONFIDENCE **Health Report number:** H2024040439

Details of meeting: Wednesday 8 May 2024, 10.30am-11.30am, 8.5 Cabinet Committee Room

Cabinet Committee: Cabinet Social Outcomes Committee (SOU)

Purpose: For Cabinet Social Outcomes Committee to consider the Cabinet paper: *Annual update on suicide prevention progress and approval to consult on a new suicide prevention action plan.*

Comment: **Context**

- On 27 March 2024 [H2024037655 refers] we sought your feedback and approval to begin agency consultation on an early draft Cabinet paper that seeks Cabinet's agreement to:
 - release a public consultation document to inform the development of the next suicide prevention action plan for 2025 to 2029
 - the fourth 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 (He Tapu te Oranga) and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand.*
- You agreed to our proposed approach and did not have any feedback on the draft Cabinet paper or draft consultation document.
- On 9 April 2024 we provided you with an updated version of the draft Cabinet paper and associated materials following government agency consultation [H2024039013 refers], with a recommendation that Ministerial consultation be undertaken.

Progress

- Ministerial consultation was completed on 29 April 2024, with feedback received from the office of Hon Mark Mitchell relating to the Police and Corrections portfolios.
- This feedback referenced the implications for both portfolios of activities to reduce suicide prevention and potential opportunities for further actions. No changes are proposed to the papers because of the feedback, but New Zealand Police and the Department of Corrections will be key agencies that the Ministry will engage with as the action plan is developed.
- The Cabinet paper is now ready to be lodged by 10am Thursday 2 May 2024 for consideration at Cabinet Social Outcomes Committee on 8 May 2024.
- The attached version of the consultation document for lodging includes some minor changes following a final review to ensure consistency with previous publications and advice.
- **Appendix One** provides talking points to support any discussion with the Cabinet Social Outcomes Committee.
- The talking points include information on suicide data as this is a matter that historically has often been of interest to other Ministers.

Next steps

- Proposed next steps are outlined in the following table:

| Process | Indicative timeframe |
|---|--|
| Lodge Cabinet paper | By 10am Thursday 2 May 2024 |
| Consideration by Cabinet Social Outcomes Committee | Wednesday 8 May 2024 |
| Consideration by Cabinet | Monday 13 May 2024 |
| Public consultation | ~ Late May – early July 2024 (approx. 6 weeks) |
| Independent analysis of public consultation findings and preparation of new suicide prevention action plan | ~ July – August 2024 |
| You will receive a draft Cabinet paper reflecting the public consultation findings and seeking approval to the new suicide prevention action plan | s 9(2)(f)(iv) |
| Consideration by Cabinet Social Outcomes Committee and Cabinet of | |

| | |
|--|--------------------------|
| the new suicide prevention action plan for release | |
| Release of the new suicide prevention action plan | s 9(2)(a), s 9(2)(f)(iv) |

- We will keep you updated on progress between key milestones via the Weekly Report and through regular engagements with you and your office.
- This aide-mémoire discloses all relevant information.

Robyn Shearer
 Deputy Director-General,
Clinical Community and Mental Health |
Te Pou Whakakaha
 Date: 30 April 2024

PROACTIVELY RELEASED

Appendix one: Talking points on the Suicide Prevention Action Plan consultation document and annual update Cabinet paper

s 9(2)(g)(i)



PROACTIVELY RELEASED