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18 June 2025

s 9(2)(a)

Ref: H2025066560

Tēnā koe s 9(2)(a)

Response to your request for official information

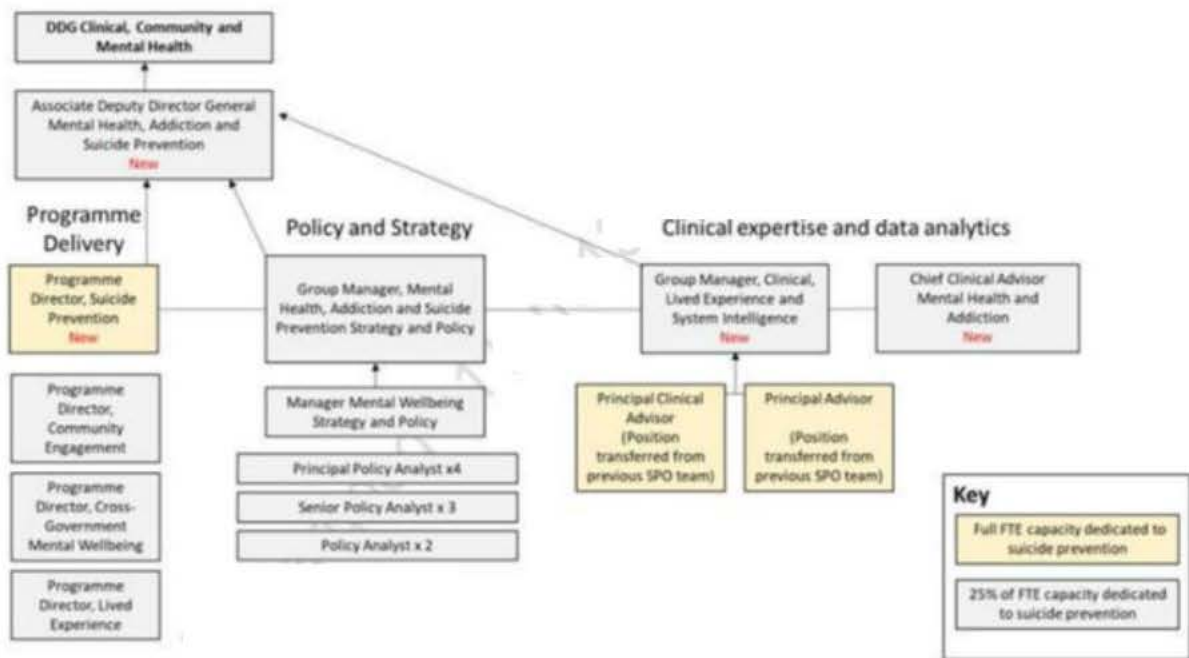
Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 7 May 2025 for information regarding suicide prevention and mental health.

On 16 May 2025, the Ministry contacted you in accordance with section 18B of the Act, as your request was for a very large volume of information and may be refused under section 18(f) unless a refinement to the scope is made. On the same day, you agreed to refine your request.

Each part of your refined request is addressed in turn:

“What is the current staffing structure of the Suicide Prevention Office (SPO), including full-time equivalent roles, team structure, and reporting lines as of April 2025?”

The Suicide Prevention Office is a multi-disciplinary team within the Ministry of Health’s Clinical, Community and Mental Health Directorate with capacity equivalent to 7.5 full-time equivalent (FTE) positions. A diagram outlining the current structure, FTE capacity structure and reporting lines of the Suicide Prevention Office is as seen on the next page.



What is the current annual budget allocation for the SPO or its replacement functions in 2024/25?

There is no specific annual budget allocation for the Suicide Prevention Office. Budget allocations for activities related to the Suicide Prevention Office are a subset of the wider Mental Health, Addiction and Suicide Prevention group’s budget and are not necessarily specifically tagged to Suicide Prevention Office-related activities.

What functions previously delivered by the SPO have been reassigned, and to which directorates or teams?

With the Health System reforms in July 2022, responsibility for funding, commissioning, and monitoring of Vote Health funded suicide prevention services transitioned from the Suicide Prevention Office to the then Māori Health Authority, Te Aka Whai Ora. Following the disestablishment of the Māori Health Authority on 30 June 2024, these functions transferred to the Hauora Māori Service in Health New Zealand – Te Whatu Ora.

Please provide any internal assessments, emails, risk memos, or briefing papers from 2023–2024 that discuss risks or mitigation strategies related to reducing SPO staffing.

By way of context, in early 2024, there was a proposed change from 5.5 FTEs associated with the Suicide Prevention Office to 6.5 FTEs working on suicide prevention across teams within the Mental Health, Addiction and Suicide Prevention Group. The final decisions saw this increase to 7.5 FTEs in a multi-disciplinary team as outlined above. As the number of FTE positions associated with the Suicide Prevention Office was not reduced or proposed to reduce between 2023 and 2024 no specific risks or mitigation strategies relating to reducing Suicide Prevention Office staffing were discussed.

This part of your request is therefore refused under section 18(g)(i) of the Act as the information requested is not held by the Ministry of Health and there are no grounds for believing connected more closely with the functions with another agency subject to the Act.

What funding has been allocated annually to Kia Piki te Ora and other Māori-specific suicide prevention services since 2023 please include forecasts for the years 2025/2026? Has there been any change to the level or model of funding for Kia Piki te Ora following the disestablishment of Te Aka Whai Ora? Please provide any related briefings or communications.

How many Māori staff were employed across all government-supported suicide prevention or mental health roles as of April 2023? How many Māori staff currently work in these services following recent public sector restructures?

On 10 June 2025, these parts of your request were transferred to Health New Zealand. You can expect a response from that agency in due course. Health New Zealand can be contacted at: HNZOIA@tewhatauora.govt.nz.

In April 2023, the Ministry of Health had five staff who identified as Māori employed in roles in the Mental Health and Addiction Group. As at 30 April 2025, the Ministry of Health had six staff who identified as Māori employed in the Mental Health, Addiction and Suicide Prevention Group. Please note that this data is collected voluntarily only.

·Please provide any documents, briefings or emails relating to guidance issued since 2023 regarding culturally specific services (such as kaupapa Māori models) in national suicide prevention planning and in mental health service.

The Ministry of Health does not hold any documents, briefings, or emails relating to guidance issued since 2023 specifically regarding culturally specific services in national suicide prevention planning and in mental health services. As such this part of your request is refused under section 18(g)(i) of the Act.

You may however be interested in the Oranga Hinengaro System and Service Framework which was published in April 2023 and includes core principles identified by Māori that should underpin the mental health and addiction system and services. You can find a copy at: www.health.govt.nz/publications/oranga-hinengaro-system-and-service-framework.

Health New Zealand is responsible for funding and commissioning national suicide prevention services and mental health services and may hold information within the scope of your request. On 10 June 2025, this part of your request was therefore transferred to Health New Zealand. You can expect a response from their agency in due course.

Are there any specific initiatives or pilots currently targeted at rural or geographically isolated communities? If so, please provide a list of the initiatives

On 10 June 2025, this part of your request was transferred to Health New Zealand. You can expect a response from their agency in due course.

Has the Ministry commissioned or reviewed any assessments of rural service accessibility for crisis mental health care? If so, please provide the findings

The Ministry of Health has not commissioned or reviewed any specific assessments of rural service accessibility for crisis mental health care in the past year. However, you may be interested in the Government's recent announcements around boosting support for rural resilience and wellbeing and improving after-hour services in remote rural locations. You can view these announcements at: www.beehive.govt.nz/release/government-backing-rural-resilience-and-wellbeing and www.beehive.govt.nz/release/new-and-improved-urgent-and-after-hours-healthcare.

What suicide postvention services (e.g., bereavement support, school or community response frameworks) are currently funded or delivered under the Ministry's guidance?

The Ministry of Health does not currently directly fund or deliver any suicide postvention services. The Ministry of Health does provide evidence informed guidance or input where this is sought by those funding or delivering services but we do not consider that this amounts to any services being funded or delivered under the Ministry's guidance. As such your request is refused under section 18(g)(i) of the Act as the information requested is not held by the Ministry of Health and there are no grounds for believing connected more closely with the functions with another agency subject to the Act.

*What budget has been allocated to postvention activities annually since 2023?
What budget has been allocated annually for the next year*

On 10 June 2025, this part of your request was transferred to Health New Zealand. You can expect a response from their agency in due course.

How many secondary schools have access to a dedicated on-site mental health worker (e.g., trained counsellor, nurse) as of April 2025?

Information relating to this part of your request is more closely aligned with the functions of the Ministry of Education. However, as you have made the same request to that agency, a formal transfer of this question under section 14 of the Act is deemed unnecessary. You can expect a reply from the Ministry of Education in due course. They can be contacted at ministerial.requests@education.govt.nz.

Has the Ministry conducted or received evaluations of any of these school-based suicide prevention initiatives since 2023 - If so, please provide the findings.

The Ministry of Health has not conducted or directly received evaluations specifically of any school-based suicide prevention initiatives in New Zealand since 2023. This part of your request is refused under section 18(g)(i) of the Act. You may however be interested in the suicide prevention and postvention evidence synthesis published on the Ministry of Health's website last year. A copy of this evidence synthesis is available at: <https://www.health.govt.nz/publications/evidence-synthesis-of-the-research-on-suicide-prevention-and-postvention-aotearoa-new-zealand-and>.

Has the Ministry conducted or received any analyses examining the relationship between suicide risk and housing insecurity, poverty, or long-term unemployment since 2023?

The Ministry of Health has not conducted or received any analyses specifically examining the relationship between suicide risk and housing insecurity, poverty, or long-term unemployment since 2023. However, the suicide prevention and postvention evidence synthesis linked above may be of interest as it includes some information related to these factors.

Are there currently any cross-agency data-sharing agreements or policies in place that address suicide prevention in relation to social determinants (e.g., between MoH, MSD, HUD, or Oranga Tamariki)?

On 10 June 2025, this part of your request was also transferred to Health New Zealand under section 14 of the Act. You can expect a response from their agency in due course.

The Ministry of Health does not currently have any data-sharing agreements or policies with other government agencies in place that specifically address suicide prevention in New Zealand in relation to social determinants. The Ministry of Health does have access to the Integrated Data Infrastructure which includes a range of datasets including from various government agencies. This includes some information related to suicide, and information related to a range of social determinants.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

A handwritten signature in blue ink that reads "Kiri Richards".

Kiri Richards
Acting Deputy Director-General
Clinical, Community and Mental Health | Te Pou Whakakaha