

Suicide prevention deep dive

17 June 2024

Agenda

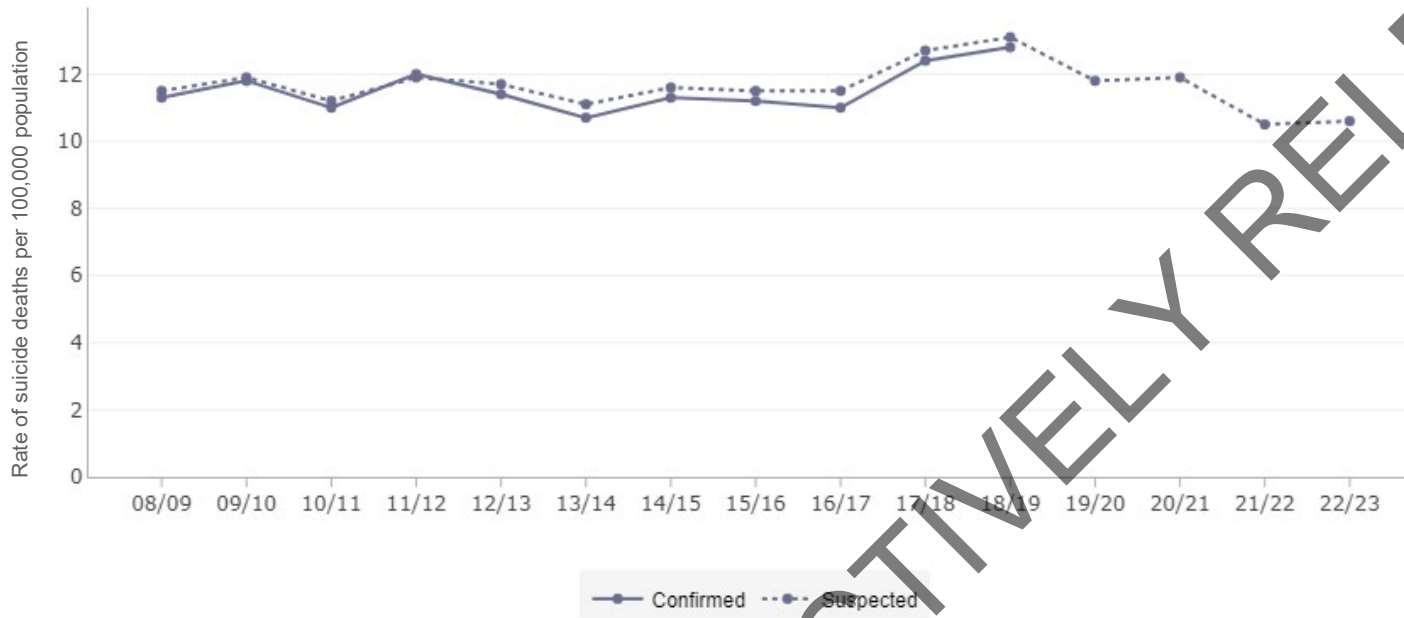
- **What we know about suicide and suicide prevention in New Zealand**
- **Current suicide prevention strategy, action plan and investment overview**
- **Options for shaping the next suicide prevention action plan**
- **Process and timeframes for developing the action plan**
- **Information about a potential suicide prevention summit at Parliament**
- **Role of different agencies in the suicide prevention space**

Suicide prevention

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Suicide rates over time

Suicide rate between 2008/09–2022/23



- Suspected self-inflicted death rate in 2022/23: 10.6 per 100,000 (565 deaths) - 9.2% lower than the average rate over the past 14 years. This was not a statistically significant difference
- Confirmed suicide rate in 2019: 13.1 per 100,000 (673 deaths) - 13% higher than the average rate of confirmed suicides over the last 10 years. This was a statistically significant difference

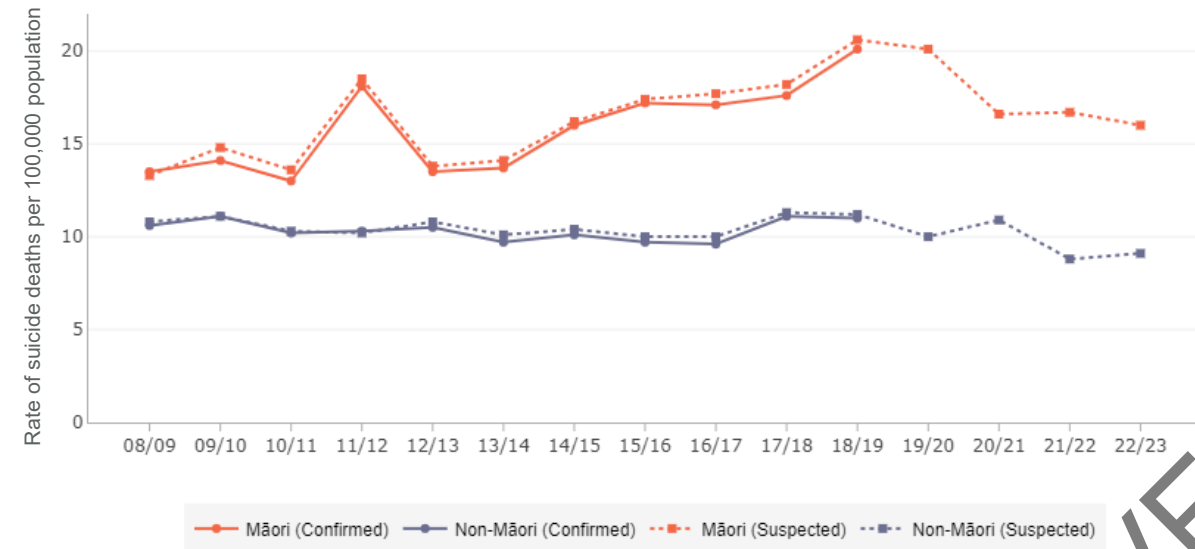
Note:

- Trends can only be considered over a five-to-ten-year period, or longer.
- There is a time lag between suspected self-inflicted death data and confirmed suicide data due to the time coroners need to complete their inquiries and confirm the death is a suicide.
- Confirmed suicide rates generally follow the same pattern as suspected suicide rates and the suspected suicide rates have decreased and remained stable across 2019-2022

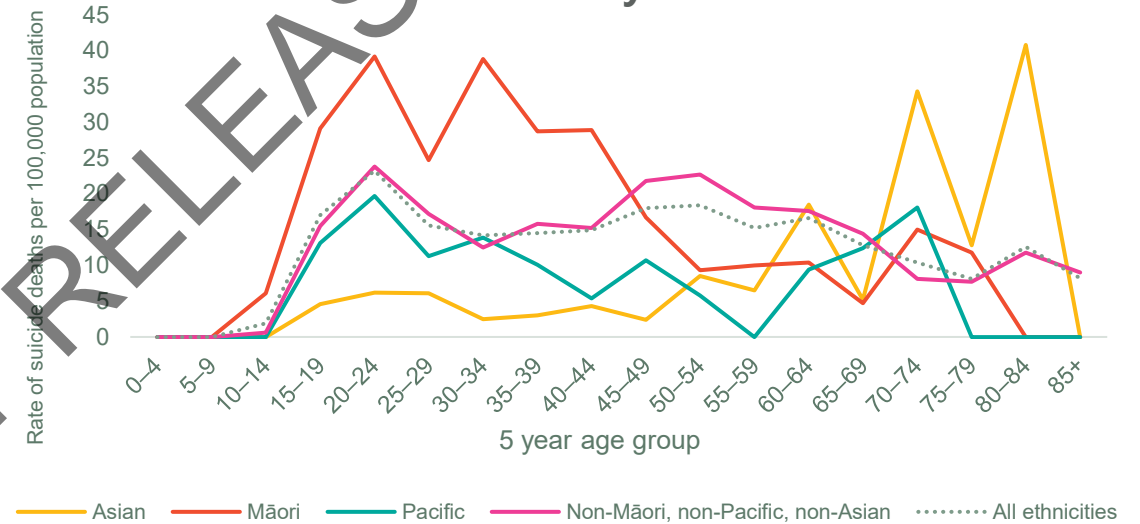


Suicide rates differ by ethnicity, age and other factors

Suicide rate between 2008/09–2022/23 for Māori and non-Māori



Suicide rate between 2008/09–2022/23 by age group and ethnicity



Other groups experiencing disproportionately higher suicide rates including:

- **Males** – approx. 2.5 times the rate of females in 22/23
- **People living in rural areas** – approx. 40% higher rate among males, 20% higher among females
- **Rainbow communities** – 2022 survey found 64% of rainbow young people had thought about suicide in the past 12 months and 10% had attempted suicide
- People in particular occupations – NZ studies have found higher suicide rates among **construction workers, tradespeople** and those working in **farming, fishing, or forestry**



The impact of suicide is substantial...

- Far-reaching impacts on families, friends and communities
- 6 to 135 people affected by each suicide
- Economic and non-economic costs
- \$2 bn in 2013

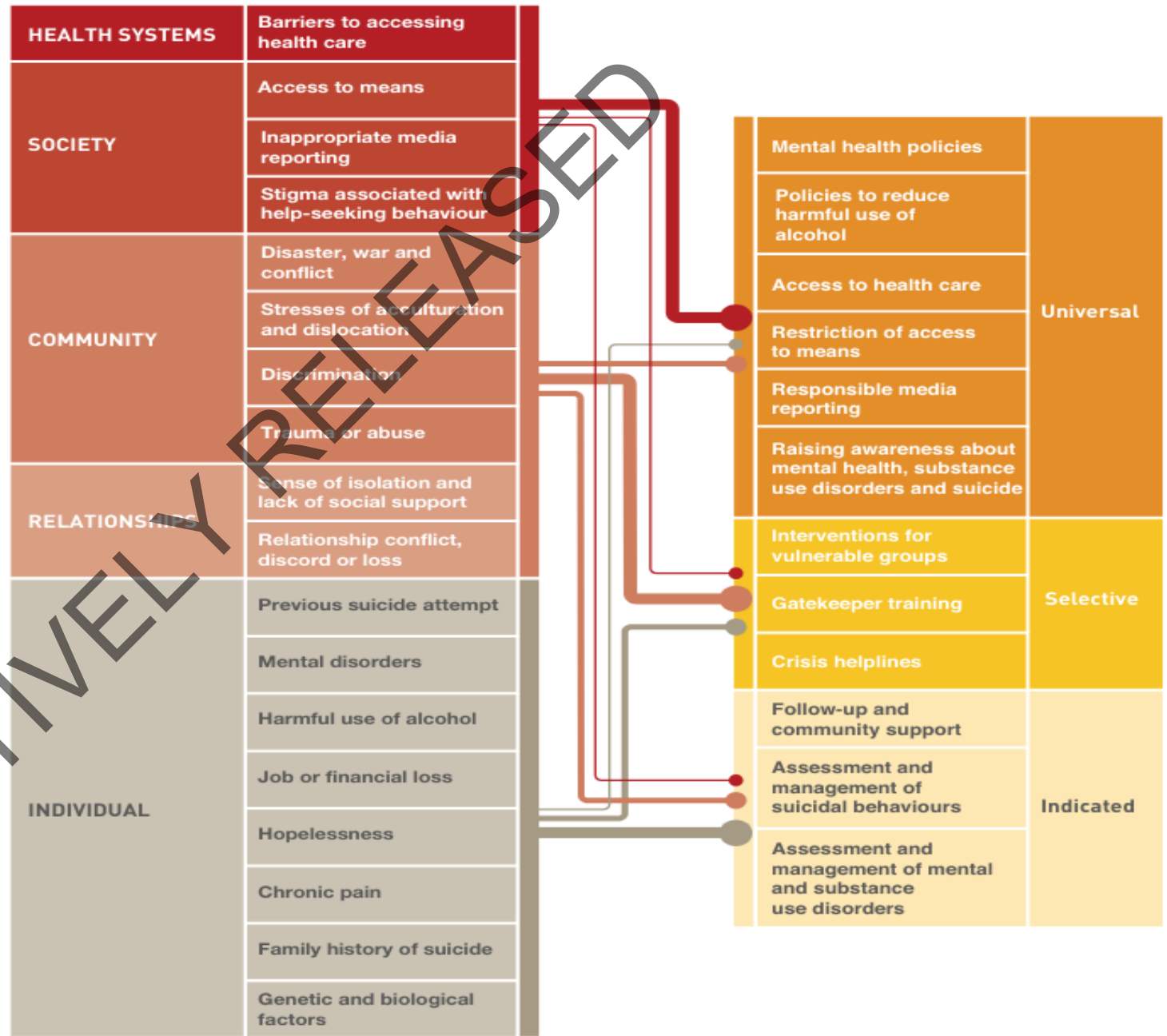


... but suicide is preventable.

- There is no one-size fits all approach
- It requires more than just the health system and access to mental health and wellbeing supports
- Evidence shows that strong, healthy, connected whānau, families and communities are an important protective factor against suicide
- Addressing social determinants such as poverty, racism, discrimination, housing and food instability, precarious employment, and incarceration also make a difference



Key risk factors for suicide and relevant interventions



Source: World Health Organization. 2024. Preventing suicide: A global imperative. URL: <https://www.who.int/publications/i/item/9789241564779>

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

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He Tapu te Oranga

Vision

We believe that every life matters and, by working together, we can achieve a future where there is no suicide in Aotearoa New Zealand.

Whakataukī

Tirohia te pae whānui, tuātui te pō.
Tūramarama ki te ora, whakamauā kia tīnā!
See the broad horizon (beyond the darkness), hold on to life!

Outcomes

Reduced suicide rate

Wellbeing for all

Focus areas

Building a strong system...

National leadership

Using evidence to make a difference

Developing the workforce

Evaluation and monitoring

...that supports wellbeing and responds to people's needs

Suicide prevention continuum

Promotion
Promoting wellbeing

Prevention
Responding to suicidal distress

Intervention
Responding to suicidal behaviour

Postvention
Supporting after a suicide

Collective ownership

Existing Vote Health suicide prevention services

Service	Approx. per annum funding (\$ m)
Kia Piki te Ora kaupapa Māori suicide prevention services	2.2
Māori and Pacific Suicide Prevention Community funds	3.1
National Māori and Pacific suicide prevention programmes	2.1
Mental Wellbeing & Resilience for Asian communities and Rainbow communities	2.3
Family and whānau information service	
Suicide bereavement peer support service	1.3
Suicide media response service (works with media to report on suicide and related issues safely and responsibly)	
LifeKeepers (suicide prevention literacy training)	0.8
Coronial Suspected Suicide Data Service (provides provisional data to districts to support suicide prevention and postvention responses)	0.8
Community Postvention Response Service (identifies potential suicide contagion or clusters, and supports communities when there is a concern about contagion or a cluster)	
Initial bereavement support (provides initial support following a suspected suicide death)	1.1
Aoake te Rā (free support for people bereaved by suicide)	2.3
Suicide Postvention Coordinators	1.0
Other (eg, one-off service review, time-limited funding for a mental wellbeing programme, and bereavement support)	0.6
TOTAL	17.6

What we've learned from the current action plan

- A wide range of evidence informed activities are underway across government agencies.
- It is unclear who is responsible for doing what.
- The action plan lacks specific delivery milestones, progress measures and indicators.
- Some actions are broad and require ongoing efforts which means there is mixed achievement.
- A large number of actions means it is difficult to know where to prioritise resources and focus efforts.
- Stronger system leadership is needed on suicide prevention and implementation of the action plan across government agencies.

Developing the next suicide prevention action plan

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Proposed approach

Small set of actions with clear milestones and timeframes



- Enables actions to have clear owners and deliverables to support delivery and accountability
- More achievable
- Allows for short-term (Year 1), medium-term (Years 2–3) and longer-term (Years 4–5) actions, providing a dedicated focus on areas that require sustained efforts over the next 5 years



- Could generate criticism there isn't enough being done to prevent suicide, so would need to be managed with clear messaging that the plan does not capture all action
- Constrained in what actions can be included without new investment becoming available, unless further actions are added through report-backs to Cabinet on progress

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Potential actions

01 Leadership

Strengthen cross-government leadership & governance infrastructure

Establish cross-government senior officials' group to strengthen ownership and accountability with regular reporting

Drive focus on effectiveness of cross-government actions and interventions

Health (lead), Education, Corrections, Social Development, Oranga Tamariki, WorkSafe

02 Workforce

Grow and develop the suicide prevention workforce

Refresh suicide risk assessment guidelines (2003) to reflect best evidence and for broader workforces

Joint development of workforce competencies framework and embed suicide prevention competencies across health and other workforces

Opportunities for new and expanded training

Strengthen support for suicide prevention and cross-sector workforces incl. induction and guidance

Regular sector forums and symposiums for sharing

03 Data

Enhance the quality and timeliness of suicide data

Implement real-time data surveillance including dashboard development and establishment of national, regional and local data flows

Review of mental health service user accidental deaths and deaths by suicide

Improve consistency and completeness of data related to suspected self-inflicted deaths (eg, occupational data)

04 Services and supports

Increase support provided to families, whānau and communities to prevent suicide and support people after a suicide

To be developed with Health NZ in conjunction with investment planning and Hauora Māori services review, for example:

- Mental wellbeing promotion across populations and settings
- Design and delivery of targeted interventions for at-risk groups or underserved populations

05 Children & young people

Strengthen suicide prevention and postvention support for children and young people

To developed with Health NZ, Education, Oranga Tamariki, for example:

- Support for social workers working with children and young people experiencing suicidal distress
- Support provided by schools to students experiencing self-harm and after a suicide
- Support for young people bereaved by suicide

06 Safe environments

Build safer environments, with an initial focus on media and creating safer spaces and places within Government funded facilities

Strengthen responsible media reporting and coverage of suicide through refreshed guidelines and social media campaigns (Health)

Enhance the safe spaces and places available in Correctional facilities (Corrections)

Enhance the safe spaces and places available in in-patient MH&A facilities (eg, anti-ligature) (Health)

Potential presentation of actions in the draft action plan for public consultation

HEADLINE ACTION	
Why: Description and rationale	What is the action, why do we need it, why has this action has been prioritised
What: Sub-actions	What we will deliver under this action
When: Milestones	Phasing of the sub-actions with specific milestones
Who: Lead and involved agencies	Which agency is accountable for delivery, what other agencies are involved
Impact	What impact will the action will have, who will the action support, what change and outcome will be achieved
Measure	How will we measure the impact, indicators of progress towards the outcomes and delivery
Link to overarching priorities	Show how this action contributes to Minister for Mental Health's priorities and links to the strategic framework

Process and consultation planning

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Process and indicative timelines for developing the next action plan



JUN 24

Preparing draft action plan with input from other government agencies and initial testing with key external advisers

LATE JUL 24

Draft action plan for public consultation considered by SOU

AUG – SEP 24

Public consultation on draft action plan

OCT 24 – JAN 25

Analysis of public consultation findings and development of final action plan (including advisory group input)

FEB/ MAR 25

Final action plan considered by SOU

MAR/ APR 25

Release of final suicide prevention action plan

Approach to gathering and analysing feedback



Consulting on a draft action plan with questions on actions to be included/ focused on in the action plan



Written submissions – online, by post or by email



Online and in person sessions – some open, some closed to ensure safety of participants and ensuring priority population engagement



Independent analysis of feedback

Potential Parliamentary Summit

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Potential options

- 1** August 2024: Kick off public consultation process to develop the next suicide prevention action plan
- 2** March 2025: Launch the final suicide prevention action plan
- 3** 2026/ 2027: Hold partway through the suicide prevention action plan term to gather insights on progress, signalling intent in action plan

Potential options: Considerations

Option	Timing	Considerations include:
1. As part of public consultation process on draft action plan	August 2024	<ul style="list-style-type: none"> ✓ More timely response to calls for a national suicide prevention conference/hui ✓ Allows feedback to be incorporated in the next action plan ✗ Could raise expectations of new funding for suicide prevention initiatives ✗ May not be well received in the current fiscal environment (eg, non-Wellington based NGOs may not be able to attend without travel assistance)
2. Launch event for new action plan	March 2025	<ul style="list-style-type: none"> ✓ Could provide a platform for collective action to implement the next action plan ✗ May generate feedback and expectations that can't be met ✗ May not be well received in the current fiscal environment
3. Gather insights on progress with new action plan	2026 or 2027	<ul style="list-style-type: none"> ✓ Provide renewed focus on suicide prevention – Opportunity to ensure there is funding set aside for it ✗ Less timely response to calls for a suicide prevention conference/hui

Role of different agencies in the suicide prevention space

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Role of the Ministry of Health

- **National leadership for suicide prevention and implementation of strategy and action plan**
- **Using evidence and collective knowledge to make a difference**
- **Developing workforce capacity and capability**
- **System-level oversight, evaluation and monitoring**

The Ministry supports in areas such as the interface with Ministers and other government agencies.

The Ministry leads development of the Action Plan.

Role of Health New Zealand

- **Responsible for Vote Health suicide prevention funding (~\$18 m per annum)**
 - **commissioning suicide prevention services**
 - **monitoring suicide prevention services**
- **Administering and publishing suicide data**
 - **confirmed suicide data**
 - **suspected self-inflicted death data with the Chief Coroner**
- **Health New Zealand will contribute to developing Health's contribution to the action plan and will lead implementation of some actions**
- **Health New Zealand will work with other agencies on joint suicide prevention efforts**

Role of other government agencies

- Responsible for determinants of suicide
- Caring for population groups at greater risk of suicide
- Funding suicide prevention and postvention initiatives and supports and services for their populations
- Will contribute to developing and implementing the action plan



And other agencies...

Role of Mental Health and Wellbeing Commission

- Provides independent system-level oversight of mental wellbeing including a unique mandate to assess cross-government contributions
- To date, no specific focus on suicide prevention beyond Budget 2019 investment
- Recommend focus on the functioning of the both the health and wider wellbeing systems in relation to suicide prevention
- Including the effectiveness of suicide prevention leadership and efforts across health and other sectors
- We have asked that the Commission give visibility and priority to monitoring of suicide prevention in their accountability and planning documents