

In Confidence

Office of the Minister of Health

Cabinet Social Wellbeing Committee

First annual update on suicide prevention progress

Proposal

- 1 This paper provides the first annual update on progress preventing 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)*.

Relation to government priorities

- 2 Suicide prevention efforts support the Government's focus on improving mental wellbeing, as well as the response to and recovery from COVID-19.

Executive Summary

- 3 *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)* highlighted strong calls for action on suicide prevention. In acknowledgement of this, our response prioritised the development and implementation of a new suicide prevention strategy and action plan.
- 4 *He Tapu te Oranga* is a 10-year whole-of-society, whole-of-government strategy, with a five-year action plan that guides work to reduce New Zealand's suicide rates. It outlines a clear vision that by working together we can achieve a future where there is no suicide in Aotearoa New Zealand.
- 5 We have made substantial progress enhancing our suicide prevention efforts. This includes:
 - 5.1 establishing a Suicide Prevention Office that is providing strengthened national leadership and driving collective efforts to prevent suicide
 - 5.2 progressing delivery of the Budget 2019 suicide prevention investment. New Zealanders now have access to a wider range of mental wellbeing supports, as well as free counselling for suicide bereavement and increased suicide postvention support across the country. There has also been substantial investment into Māori and Pacific suicide prevention initiatives and increasing mental health, addiction and suicide prevention literacy in frontline workforces and communities
 - 5.3 implementing the Government's response to the suicide prevention recommendations in *He Ara Oranga* – of the three accepted recommendations two have been completed and scoping work related to the third recommendation has commenced

- 5.4 progressing wider work to respond to *He Ara Oranga* and transform our approach to mental health and addiction, including the whole-of-government approach being taken to address the social determinants of mental wellbeing such as income adequacy, employment, housing, family violence and sexual violence, and social inclusion.
- 6 Everyone has a role to play in suicide prevention, including government agencies, non-governmental organisations, service providers, individuals, families, whānau and communities. Work in this first year provides us with a strong foundation from which to build ongoing momentum for further work.

Background

- 7 Over the last decade official suicide rates have decreased slightly. However, more recent provisional self-inflicted death data from the Office of the Chief Coroner indicates that official suicide rates are likely to continue to fluctuate, and that rates in some population groups may increase.
- 8 The latest official suicide data shows that in 2016, 554 people died by suicide in New Zealand; a rate of 11.3 per 100,000 population. More recent provisional data suggests the number of people dying by suicide in New Zealand is higher, with 654 provisional suspected self-inflicted deaths in 2019/20; a rate of 13.0 per 100,000. Moreover, every year an estimated 150,000 people think about taking their own life, 50,000 make a suicide plan and 20,000 attempt to take their own life.
- 9 Māori, in particular, are disproportionately affected: Māori account for 20 percent of all suicides. Young people aged 15–24 years, particularly young Māori and Pacific peoples, are also disproportionately affected with the highest suicide rate of any life-stage age group. Among Māori, 15–24-year olds account for around half of all suicide deaths, and among Pacific peoples they account for around 40 percent of all suicide deaths. Our youth suicide rates are also regularly amongst the highest when compared to other countries in the Organisation for Economic Co-operation and Development.
- 10 In response to New Zealand's persistently high suicide rates and the call for urgent action to prevent suicide in *He Ara Oranga*, the Government prioritised the development of a new suicide prevention strategy and action plan.

He Tapu te Oranga

- 11 *He Tapu te Oranga* was released in September 2019. It guides whole-of-society, whole-of-government work to prevent suicide in New Zealand and outlines a clear vision – that by working together we can achieve a future where there is no suicide in Aotearoa New Zealand.
- 12 *He Tapu te Oranga* includes a five-year action plan to guide our suicide prevention efforts with actions focused on both:
- 12.1 building a strong system to prevent suicide and support wellbeing

- 12.2 responding to people's needs across the continuum of care to increase protective factors and reduce risk factors for suicide. These actions include efforts to promote wellbeing and prevent and respond to distress and suicidal behaviour, while also supporting individuals, whānau and communities after a suicide.

Significant progress has been made

- 13 This paper responds to Cabinet's invitation to provide an annual update to the Cabinet Social Wellbeing Committee on progress implementing *He Tapu te Oranga* [CBC-19-MIN-0034 refers]. It covers progress from September 2019 to February 2021.
- 14 As outlined below, and summarised in Appendix One, significant progress has been made over the last year to prevent suicide through implementing *He Tapu te Oranga* and progressing other initiatives related to suicide prevention and improving mental wellbeing. This provides a strong foundation for further work to prevent suicide, and momentum is continuing to build.
- 15 Work to prevent suicide is also crucial to supporting the psychosocial response to and ongoing recovery from COVID-19. Provisional suspected suicide data from the Office of the Chief Coroner indicates that there was no increase in suicide rates during the COVID-19 lockdown. The economic effects of COVID-19 and uncertainty about the future may, however, have cumulative effects on people's mental wellbeing and suicide risk over time, further heightening the need to progress suicide prevention efforts.
- 16 Some work was delayed as a result of the COVID-19 pandemic, however, the additional investment in and focus on wellbeing as part of the COVID-19 response is making a valuable contribution to preventing suicide. Our \$15 million psychosocial response investment has supported a range of tools and resources, including wellbeing promotion campaigns, digital self-help tools, and targeted supports for priority populations such as Māori, Pacific peoples, Asian communities, older adults and rural communities. These have been accessed by thousands of New Zealanders.
- 17 It is too soon to measure what effect our initiatives and activities have had on suicide rates as these are influenced by many factors. Annual reductions in suicide rates are needed for at least five consecutive years before we can begin to consider whether suicide rates may be decreasing. Achieving our aspiration of a future where there is no suicide is a longer-term vision that requires a whole-of-society, whole-of-government approach and working collectively with individuals, families and whānau, hapū, iwi, communities and wider society to support meaningful change.

There is strengthened national leadership for suicide prevention

- 18 The Suicide Prevention Office was officially opened in November 2019 to provide strengthened national leadership for suicide prevention and drive collective societal and whole-of-government efforts. The Office has been initially established as a team within the Ministry of Health. It is led by the Director, Carla na Nagara.
- 19 Since its establishment in November 2019, work undertaken by the Suicide Prevention Office includes:
 - 19.1 undertaking extensive engagement with communities and the suicide prevention sector to build relationships to drive the necessary collective action
 - 19.2 establishing external Māori and lived experience advisory functions to shape the approach to suicide prevention, particularly to address the disproportionately high suicide rates experienced by Māori
 - 19.3 improving the evidence base and understanding of suicide prevention in New Zealand through progressing a review of regional and community-level suicide prevention and postvention (activities to support bereaved people and to prevent subsequent suicidal behaviour) services. This will inform future suicide prevention approaches and investment.

Delivery of suicide prevention investment is supporting a range of new and enhanced suicide prevention activities

- 20 Delivery on the Budget 2019 suicide prevention investment of \$40 million over four years is well underway. This investment more than doubled Vote Health targeted investment in suicide prevention and postvention services prior to 2019.
- 21 To date, Budget 2019 suicide prevention investment has supported:
 - 21.1 establishment of Māori and Pacific Suicide Prevention Community Funds. In the first funding round there was a total of 74 successful recipients for the Māori fund and 18 successful recipients for the Pacific fund, receiving a combined total of \$2.5 million. This funding is supporting Māori whānau, hapū and iwi and Pacific families and communities across the country to develop solutions to prevent suicide, including wānanga to build inclusive Māori communities, strengthen resilience and support whānau living with grief and loss; workshops for rangatahi and Pacific youth; a digital application for Pacific youth; and a Pacific youth peer mentoring programme

- 21.2 establishment of the Suicide Bereaved Response Service, Aoake te Rā, to provide free counselling for people bereaved by suicide, through investment of \$9.1 million over four years. It is available online, and face-to-face services are being rolled out with national coverage expected by mid-2021. Between March and December 2020, 112 referrals were connected with support from Aoake te Rā providers. For much of this time, the service had not formally been launched, so awareness of the service was limited. The number of referrals is expected to increase as the service is rolled out and awareness builds
 - 21.3 expansion of the family and whānau suicide prevention information service to improve information available for families and whānau through investment of \$1.2 million over four years. This provides families and whānau across the country access to a range of free resources, such as on how to talk to taiohi and young people about suicide, as well the development of new resources
 - 21.4 additional suicide postvention capacity in all 20 district health boards through providing funding of \$1.5 million over 18 months for 10.5 additional FTE. District health boards are using this additional capacity in a way that best meets the needs of their populations
 - 21.5 work in partnership with the Broadcasting Standards Authority to engage media and commence development of new media guidelines for suicide reporting to help support responsible discussion on and depiction of suicide across media and social media
 - 21.6 reviews of the Coronial Data Sharing Service and regional and community-level suicide prevention services and resources. The findings provide us with better information about how the suicide prevention sector might be more effectively structured. Action is underway to implement many of the recommendations.
- 22 The breadth and diversity of funded services and activities reflects that there is no single way to prevent suicide. Preventing suicide requires a wide-ranging, multi-faceted approach. A wide range of factors interact to influence people's risk of suicide, and these factors influence people in varying ways throughout their lives.
 - 23 Delivery of the wider cross-government Budget 2019 mental wellbeing package of \$1.9 billion over four years is also supporting work to prevent suicide through increasing access to support and reducing risk factors.
 - 24 In addition to cross-government investment aimed at addressing determinants of mental wellbeing, we have expanded access and choice of primary mental health and addiction supports in general practices, as well as youth-specific, kaupapa Māori and Pacific services. The services in general practice are now available to an enrolled population of over 1,250,000 people, which exceeds original progress expectations. We have also built community supports; boosted crisis services; strengthened specialist alcohol and other drug services; and expanded and enhanced school based health services.

- 25 These services and supports are already making a meaningful difference to thousands of people. However, we are in the early days of transforming our approach to mental health and addiction, and there is much more still to do to ensure people have access to the support they need when and where they need it.
- 26 The Budget 2019 suicide prevention investment and wider mental wellbeing package is complemented by existing suicide prevention investment, which continues to support a wide range of suicide prevention activities. This includes:
- 26.1 Waka Hourua, the Māori and Pacific National Suicide Prevention Programme. This \$2 million per annum investment offers a range of programmes and initiatives to support mental health and wellbeing, including education, research, community events and supporting young people to lead local initiatives
- 26.2 LifeKeepers, the national suicide prevention training programme. Between 1 July 2019 and 31 December 2020, over 2,750 people have attended LifeKeepers and gained valuable suicide prevention skills.

The responses to the suicide prevention recommendations in He Ara Oranga are close to being fully implemented

- 27 As acknowledged by the Initial Mental Health and Wellbeing Commission's *He Ara Oranga Progress Report: Mā Te Rongo Ake*, work to implement the response to the suicide prevention recommendations in *He Ara Oranga* is well progressed.
- 28 *He Ara Oranga* made four recommendations related to suicide prevention as part of its calls for urgent action to prevent suicide, of which the Government accepted three recommendations. The Government did not accept the fourth recommendation, to set a suicide reduction target, as one death by suicide is one too many.
- 29 With the release of *He Tapu te Oranga*, commencement of work to implement the action plan, the Budget 2019 investment in suicide prevention and the opening of the Suicide Prevention Office, two of the three accepted recommendations have been completed.
- 30 Work to further progress the third recommendation to review processes for investigating deaths by suicide is expected to commence by mid-2021.

Work across government to improve mental health and wellbeing is supporting our suicide prevention efforts

- 31 Work to prevent suicide contributes to and is enhanced by our wider work across government and society to improve mental health and wellbeing through implementing the response to *He Ara Oranga* and transforming our approach to mental health and addiction. Mental wellbeing influences suicide risk, and they share many of the same social determinants.

- 32 This Government has taken significant steps to improve mental health and wellbeing in New Zealand, including through establishing the Mental Health and Wellbeing Commission to provide system-level oversight of mental health and wellbeing, and focusing on wellbeing and early intervention by expanding access and choice of primary mental health and addiction support. This is supported by our Budget 2019 mental wellbeing package.
- 33 We are also taking a whole-of-government approach to addressing the social determinants of mental wellbeing which include income adequacy, employment, housing, family violence and sexual violence, and social inclusion. Many government agencies have work underway focused on promoting mental wellbeing, increasing the mental health literacy of their workforces and ensuring more people can access the mental health and addiction support they need. These efforts play a crucial role in preventing suicide by helping improve mental wellbeing and reduce suicide risk.
- 34 In December 2020, the Ministry of Health released *Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Plan (Kia Kaha)*. *Kia Kaha* represents the first phase of a longer-term transformation pathway and guides collective efforts to mitigate the mental wellbeing impacts of COVID-19. It outlines key cross-government actions to be undertaken during 2021 that will support mental wellbeing and contribute to reducing suicide risk.
- 35 There are also significant efforts being undertaken across government that are contributing to implementing *He Tapu te Oranga* and preventing suicide. This includes:
- 35.1 work by Ara Poutama Aotearoa – Department of Corrections to develop the Ara Poutama Suicide Prevention and Postvention Action Plan. The Action Plan will outline activities to prevent suicide across Corrections’ services
 - 35.2 investment by the Ministry of Social Development in mental health literacy training for client-facing staff to improve support for clients who may be in distress – 465 staff members completed this training during the 2019/20 financial year
 - 35.3 Oranga Tamariki – Ministry for Children’s partnership with 54 community organisations to establish a Transition Support Service. This Service helps around 600 young people who leave Oranga Tamariki care or custody each year on their journey into adulthood
 - 35.4 rollout by the Ministry of Social Development of suicide awareness training for people in frontline roles over the coming 24 months. To date, over 1,000 staff members have completed this training
 - 35.5 work by ACC in partnership with the Ministry of Health to identify what aggregated self-harm claim information could be shared to help the Ministry of Health and district health boards better identify and provide support to groups that need it most.

- 36 Our continued work across government to improve mental wellbeing and address the social determinants of mental wellbeing, implementation of *Kia Kaha* and the next phase of the longer-term transformation pathway for mental health and wellbeing will also be key to contributing to preventing suicide. These collective efforts will help address suicide risk and ensure people can access the support they need.

Next steps for enhancing our suicide prevention efforts

- 37 We are still in the early stages of delivery of the *He Tapu te Oranga* action plan, and more work across government is needed to address the factors that contribute to suicide risk. However, we already have a strong foundation from which momentum for further suicide prevention work can build.
- 38 Over the coming year, the Suicide Prevention Office will continue to strengthen its links to the sector, communities and across government and to deliver the remainder of Budget 2019 suicide prevention investment. Additional key focus areas for progressing implementation of *He Tapu te Oranga* include:
- 38.1 coordinating a new nationally organised, regionally-led approach to Māori suicide prevention, informed by advice from the Māori advisory function and supported with investment in community-led Māori suicide prevention approaches
 - 38.2 development of the Ara Poutama Aotearoa – Department of Corrections suicide prevention and postvention action plan to support suicide prevention in Corrections' services
 - 38.3 finalising the monitoring and evaluation framework for *He Tapu te Oranga* to enable us to have more structured information about how implementation is progressing and what effect it is having on addressing inequity, social determinants and other factors associated with suicide risk, and ultimately on suicide rates
 - 38.4 reviewing the process for investigating deaths by suicide. The review is expected to be undertaken during 2021 and will include engagement with families and whānau of people who have died by suicide. The review will inform consideration of what changes may be needed to improve the coronial process, and intersection of that process with other inquiries, particularly for families and whānau.
- 39 The Initial Mental Health and Wellbeing Commission also recommended in its progress report that work continue to implement and expand local innovation and approaches to preventing suicide. This will be considered as part of delivering the remainder of the Budget 2019 suicide prevention and postvention investment.

Financial Implications

- 40 This paper does not have any immediate financial implications.

Legislative Implications

41 This paper does not have any legislative implications.

Impact Analysis

42 The impact analysis requirements do not apply to this paper.

Population Implications

43 Suicide disproportionately affects some groups in New Zealand's population, including Māori, young people aged 15–24 years (particularly young Māori and Pacific peoples), and males.

44 There is also information that indicates suicide may disproportionately affect other population groups, including disabled people, Rainbow communities, rural communities, Asian communities and older people.

45 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. Specific investment has and will continue to be set aside for suicide prevention initiatives by and for Māori and other populations disproportionately affected by suicide.

46 Over time, it is anticipated that approaches developed with and tailored to population groups will reduce disparities in suicide rates and improve mental wellbeing for all people in New Zealand.

Human Rights

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

Consultation

48 The Ministry of Health prepared this paper in consultation with the Ministries of Education, Housing and Urban Development, Justice, Social Development, and Business, Innovation and Employment; the Ministries for Pacific Peoples, Primary Industries, and Women; Ara Poutama Aotearoa – the Department of Corrections, the New Zealand Police, Oranga Tamariki – Ministry for Children, Te Puni Kōkiri, the Accident Compensation Corporation, the Social Wellbeing Agency, Te Kawa Mataaho – Public Service Commission, the Department of the Prime Minister and Cabinet (Policy Advisory Group and the Child Wellbeing Unit), the Department of Internal Affairs, the Office for Disability Issues, Veterans' Affairs and the Treasury.

Communications

- 49 The Ministry of Health will make the summary of progress provided in Appendix One publicly available on its website as soon as possible following Cabinet's consideration of the update, subject to editorial and minor technical changes.

Proactive Release

- 50 This paper will be proactively released as soon as possible following Cabinet's decisions, subject to redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister of Health recommends that the Committee:

- 1 **note** that in September 2019, Cabinet:
 - 1.1 agreed to adopt *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)*
 - 1.2 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];
- 2 **note** that this represents the first annual update to Cabinet Social Wellbeing Committee on progress against the actions in *He Tapu te Oranga*;
- 3 **note** that good progress is being made towards implementing *He Tapu te Oranga* and improving suicide prevention efforts;
- 4 **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 the next financial year in June 2022.

Authorised for lodgement

Hon Andrew Little

Minister of Health

Appendix One: Summary of suicide prevention progress

Progress against the action areas in *He Tapu te Oranga*

Progress made preventing suicide against the eight action areas during the first year of implementing *He Tapu te Oranga* is outlined below.

Action area 1: Strengthening national leadership

A large focus for the first year implementing *He Tapu te Oranga* has been establishing the Suicide Prevention Office to provide stronger and sustained leadership on action to prevent suicide. Reducing New Zealand's suicide rate requires collective action. The Suicide Prevention Office's role is to provide a central place for oversight and leadership of suicide prevention and postvention work across New Zealand.

The Office was established and opened in November 2019. Initially established as a team within the Ministry of Health, the Suicide Prevention Office is led by the Director, Carla na Nagara. Ms na Nagara has significant experience in dealing with suicide having worked as a Coroner for 12 years prior to becoming the Director of the Suicide Prevention Office.

In its first year the Suicide Prevention Office has helped strengthen national leadership by:

- establishing Māori and lived experience advisory functions to understand effective strategies to prevent Māori suicide
- engaging with a wide range of suicide prevention stakeholders and communities, including with other government agencies
- hosting a webinar for the suicide prevention sector on 10 September 2020 to mark World Suicide Prevention Day and enable information sharing
- working closely with the Office of the Chief Coroner, particularly in relation to addressing concerns about whether suicide increased during the COVID-19 lockdown period and around the release of provisional suspected suicide data for the 2019/20 year
- investing in work to enhance the family and whānau suicide prevention information service
- partnering with the Broadcasting Standards Authority to develop new media guidelines on suicide reporting
- supporting the psychosocial response to COVID-19 and implementation of *Kia Kaha, Kia Māia, Kia Ora Aotearoa - COVID-19 Psychosocial and Mental Wellbeing Recovery Plan*.

Action area 2: Use evidence and collective knowledge to make a difference

To build a strong system for suicide prevention we need to use evidence and collective knowledge to make a difference. Key developments that demonstrate initial progress against this action area include:

- the Suicide Prevention Office commissioned reviews of the Coronial Data Sharing Service and of regional and community-level suicide prevention services and resources. The findings provide information about how the suicide prevention sector might be more effectively structured
- in March 2020, the Suicide Mortality Review Committee released *Te Mauri The Life Force – Rangatahi suicide report*, 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

- Ara Poutama Aotearoa – Department of Corrections completed a thematic review of suicides for the 2019/20 financial year in July 2020. The findings and recommendations from this review have informed the development of the Ara Poutama Suicide Prevention and Postvention Action Plan. The Action Plan will detail activities to prevent and mitigate against suicide across Corrections' services
- in 2020, the Suicide Prevention Office appointed a principal clinical advisor, and during early 2021 recruitment was started for a principal Māori clinical advisor. These positions will help progress further work in this area and ensure both academic knowledge and Mātauranga Māori (time-honoured Māori knowledge) are considered
- ACC is working with the Ministry of Health to identify what aggregated self-harm claim information (in particular related to children and young people) ACC holds that could be shared on an ongoing basis to help the Ministry and district health boards better identify and provide support to the groups that need it most
- Ara Poutama Aotearoa – Department of Corrections has developed a Memorandum of Understanding with the Suicide Mortality Review Committee to facilitate sharing of data, learning and insights related to suicide.

Action area 3: Develop workforce capacity and capability

Workforce development is key to ensuring we have enough people in the suicide prevention workforce with the right skills to meet current and future needs.

Developing a suicide prevention and postvention workforce development plan is a key action within *He Tapu te Oranga*. First, there needs to be a clear picture of the current workforce; the review of the regional and community suicide prevention landscape that was completed in 2020 helps build this picture. The Suicide Prevention Office is considering its findings and will use the information to help develop a plan for a suicide prevention workforce that can effectively meet the needs of New Zealanders.

While the review was underway, action was taken across government to support workforce development, including:

- Ara Poutama Aotearoa – Department of Corrections is supporting staff in their own wellbeing, providing tailor-made training in suicide prevention and rolling out supervision to custodial staff working in Intervention and Support units
- the Ministry of Health increased funding for mental health and addiction literacy training for cross-sector workforces and communities so that more workshops can be held around the country
- the Ministry of Social Development is investing in mental health literacy training for client facing staff, with 465 staff members having completed this training during the 2019/20 financial year, as well as in a peer support network for staff and specialist mental health training for managers
- the Ministry of Social Development is rolling out suicide awareness training for people in frontline roles. To date over 1,000 staff members have completed this training and it is intended to be offered to all Ministry of Social Development staff over the coming 24 months
- the Ministry of Health is working closely with the mental health and addiction workforce centres (Te Rau Ora, Le Va, Werry Workforce Whāraurau and Te Pou) and other key stakeholders to grow and support the mental health and addiction workforce, including the suicide prevention workforce.

Action area 4: Evaluate and monitor He Tapu te Oranga

One of the outcomes *He Tapu te Oranga* is seeking to achieve is to reduce New Zealand's suicide rate. To ensure positive progress, it is important to evaluate and monitor progress against the outcomes set out in *He Tapu te Oranga* regularly.

Developing a monitoring and evaluation framework was a key focus for the Suicide Prevention Office following its establishment, and into 2020. This work was paused to allow the Suicide Prevention Office to contribute to the COVID-19 response. The monitoring and evaluation framework is now expected to be completed by the end of 2021.

Engaging with Māori and people with lived experience is a crucial part of developing a monitoring and evaluation framework that effectively addresses inequities experienced by Māori. Further engagement with these groups and other key stakeholders is planned for the coming months.

The Initial Mental Health and Wellbeing Commission has also developed a draft mental health and wellbeing outcomes and monitoring framework. This will inform the implementation of the permanent Mental Health and Wellbeing Commission's monitoring and outcomes framework and their assessments about progress and what difference has been made.

Action area 5: Promotion – Promoting wellbeing

Good mental wellbeing plays an important role in preventing suicide. Therefore, it is a key focus within *He Tapu te Oranga*, especially for young New Zealanders who are often experiencing multiple life transitions and stressors.

The onset of COVID-19 in 2020 drew further attention to the importance of wellbeing and ensuring New Zealanders had access to tools and resources to support their mental wellbeing.

In line with the need for a collective response to suicide prevention, there is work underway across government to promote wellbeing, including:

- Department of Internal Affairs:
 - launched the 'Keep It Real Online' campaign in June 2020 which is focussed on creating a safe online environment for children and young people. The campaign aims to increase awareness of harms that young New Zealanders are facing online
 - working to amend regulations as a result of the recent amendment to the Films, Videos, and Publications Classification Act 1993 to require specific commercial video on-demand providers to display ratings, classifications and descriptions on content they make available in New Zealand. The coronial recommendation for all television programmes and films depicting suicide to have a specific label supports the need for this change to the current classification framework. The new labelling regime is expected to come into force on 1 August 2021.
- Ministry of Business, Innovation and Employment:
 - currently consulting nationally on a bullying and harassment at work issues paper. The consultation concludes on 31 March 2021 and will inform future work health and safety and employment relations policy focused on worker wellbeing.

- Ministry of Education:
 - is implementing the \$199 million education wellbeing package funded through the COVID-19 Response and Recovery Fund as an integrated suite of supports for the wellbeing of learners, their families and whānau and school staff
 - established the Pacific Innovation Fund to support curriculum and wellbeing of Pacific learners where needs have increased due to COVID-19
 - is expanding the Free and Healthy School Lunch programme to cover 200,000 (a quarter of all school-aged children) students by the end of 2021.
- Ministry of Health:
 - published *Whakamaua: Māori Health Action Plan 2020–2025* to help achieve better health outcomes for Māori by setting the government’s direction for Māori health advancement over the next five years
 - implemented investment of \$15 million to support the psychosocial response to COVID-19. This investment has supported wellbeing promotion campaigns, digital self-help tools, telehealth services and targeted supports for priority populations such as Māori, Pacific peoples, Asian communities, older adults and rural communities. These tools and resources have been accessed by thousands of New Zealanders
 - published *Kia Kaha, Kia Māia, Kia Ora Aotearoa: Psychosocial and Mental Wellbeing Plan (Kia Kaha)*. *Kia Kaha* is a cross-sectoral plan that guides collective efforts to mitigate the mental wellbeing impacts of COVID-19
 - developed *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*. This action-based framework identifies priority areas and high-level actions to drive more effective and equitable health and wellbeing outcomes for Pacific peoples.
- Oranga Tamariki – Ministry for Children:
 - partnered with 54 community organisations to establish a Transition Support Service. The Transition Service has been established to help the 600 eligible young people who leave Oranga Tamariki care or custody each year. This helps ensure these young people are better supported on their journey into adulthood.
- Ministry of Primary Industries:
 - continued to provide rural communities with wellbeing support through the Rural Support Trust
 - provided Adverse Events Recovery Services and community hubs to support community wellbeing and resilience outcomes in rural and farming communities.
- Ministry of Social Development:
 - announced the establishment of 125 Community Connector positions within the community and throughout the country to focus on helping people connect with the services they need to support recovery post COVID-19
 - is working with Homecare Medical, which runs the national telehealth service, to promote and increase access to Puāwaitanga, a free virtual health and wellbeing counselling service. Reporting from Homecare Medical shows that over half of Ministry of Social Development referrals to the service are Māori.
- Ministry of Youth Development:
 - published the *Youth Plan 2020–2022: Turning Voice into Action – Rebuilding and Recovering*, which focuses on mitigating the effects of COVID-19 on rangatahi, including a focus on supporting and strengthening the wellbeing of rangatahi, their whānau and their communities.
- Joint Venture for Family Violence and Sexual Violence:
 - is creating new ways of working to address family violence and sexual violence.

- Veterans' Affairs:
 - changes to the Veterans' Support Act 2014 in October 2020 have enabled Veterans' Affairs to fund:
 - the cost of a veteran's treatment for mental illness before consideration of the veteran's application for support has been completed
 - treatment and rehabilitation for veterans, who may have previously been excluded from entitlements because of alcohol or substance use or misuse
 - counselling for family members and other support persons who are suffering stress due to the support they are providing to a veteran undergoing rehabilitation.

Action area 6: Prevention – Responding to suicidal distress

Being able to recognise early signs of distress or that someone is thinking about suicide or self-harm and having the confidence to talk to that person about their thoughts, can open a door to early intervention and support before the person becomes more distressed.

In the first year of implementing *He Tapu te Oranga*, initiatives that educate New Zealanders about suicide and help support people who may be at risk of suicide have been funded and supported:

- the Māori and Pacific Suicide Prevention Community Funds have been established to help address the high suicide rates of Māori and Pacific peoples. Within the funds several priority groups for initiatives were also identified, including men, young people and Rainbow communities. In its first year there were 74 successful recipients of the Māori fund (39 whānau/hapū initiatives, 19 community, 13 iwi providers, and three regional) that received a combined total of around \$1.6 million. There were 18 initiatives that received a combined total of around \$900,000 from the Pacific Fund. Initiatives are focused on developing and implementing suicide prevention and postvention resources tailored to Māori and Pacific communities. These resources will help support these communities to recognise suicidal distress and support people before they become more distressed, as well as supporting mental wellbeing
- the Suicide Prevention Office has increased investment in LifeKeepers, so that more people in communities and frontline roles can learn how to support people who may be at risk of suicide to get the help they need. Between 1 July 2019 and 31 December 2020 over 2,750 people attended LifeKeepers training and gained these valuable skills
- as part of the cross-government Budget 2019 mental wellbeing package, the Ministry of Health invested in expanding the capacity for telehealth on the 1737 platform to ensure that help is available to everyone at anytime
- Ara Poutama Aotearoa – Department of Corrections has commenced work to expand the mental health expertise available in prison health centres during 2021
- the '*Getting Through Together*' mental wellbeing programme includes a guide for workplace leaders on wellbeing at work during COVID-19 – it was developed to support conversations about wellbeing and help employers respond to distress in the workplace.

Action area 7: Intervention – Responding to suicidal behaviour

Having timely access to appropriate, culturally-responsive and safe, evidence-informed care is critical when someone's safety is at risk. This contact presents an opportunity to intervene early and to avoid crises from escalating.

A key action in *He Tapu te Oranga* is to work with Māori and people with lived experience of suicidal behaviours to develop national guidelines for managing suicide risk to be used with district health boards and non-governmental organisations. Work in this area is in its early stages. While it progresses, several initiatives are underway to improve responses to suicidal behaviour and help ensure people can access the support they need, when and where they need it:

- scoping work is underway to inform the design of peer-led support for people who have attempted suicide and have been discharged
- Ara Poutama Aotearoa – Department of Corrections has commenced work to develop multi-disciplinary mental health teams at three of the most complex sites and review the 'Improving Mental Health' suite of services aimed at improving the mental health of offenders experiencing mild to moderate mental health needs, to increase diversity and volume of service provision
- as part of the Ministry of Health's delivery on the Vote Health component of the cross-government Budget 2019 mental wellbeing package, the Ministry of Health has:
 - expanded access to and choice of primary mental health and addiction services. More than 9,000 sessions are provided each month, and this number is growing as the rollout continues
 - strengthened specialist alcohol and other drug services providing improved support for people with addiction
 - strengthened crisis services at all district health boards
 - commenced work to establish a community-based peer-led crisis response pilot, with service delivery expected to begin by mid-2021
 - expanded and enhanced school based health services.

Action area 8: Postvention – Supporting individuals, whānau and families, and communities after a suicide

The primary purpose of providing support after a suicide (postvention) is to support those impacted and prevent further suicidal behaviour. *He Tapu te Oranga* outlined two key deliverables in this action area:

- Implement a free national suicide bereaved counselling service
- Review the coronial investigative process.

In the first year of implementing *He Tapu te Oranga* significant progress has been made:

- the free national suicide bereaved response service, Aoake te Rā, has been established and provides free counselling online. Face-to-face services are being rolled out with national coverage expected by mid-2021. Between March and December 2020, 112 referrals were connected with support from Aoake te Rā providers
- the terms of reference for the review of the processes for investigating deaths by suicide are being developed. This is a collaborative process with input from the Suicide Prevention Office, the Ministry of Justice, Health Quality and Safety Commission, Health and Disability Commissioner and representatives of bereaved families and whānau. The review is expected to commence in April 2021, and to be completed by the end of 2021. The review findings will help inform what changes may be needed to the process for investigating deaths by suicide

- the Coronial Suicide Data Sharing Service has also been reviewed. This service helps ensure the right people (eg, district health board suicide prevention coordinators) have timely information about suspected suicide deaths so that support can be provided to the loved ones of the person who died. The final review report was received in late September 2020 and the Suicide Prevention Office is currently progressing work to implement improvements to the service as a result of the review findings
- to help ensure support is available to people following a suspected suicide death, the Suicide Prevention Office has also provided funding to all district health board regions for 10.5 additional FTE to provide additional suicide postvention capacity as part of the Budget 2019 investment in suicide prevention.

PROACTIVELY RELEASED