

New Zealand Suicide Prevention Action Plan 2013–2016



Minister's foreword



Every week, on average, 10 people die in New Zealand by suicide. Many more are treated in hospital after a suicide attempt, having seriously harmed themselves. Suicide is devastating for all those personally affected and a tragedy for our society as a whole. Suicide rates have fallen by almost 24 percent since the peak in 1998, but they are still far too high. Sadly, we have some of the highest youth suicide rates in the developed world, and suicide rates for Māori are 54 percent higher than for non-Māori.

As a government we owe it to New Zealanders to address this matter with determination and commitment. As communities we need to be looking at what we can do to help our neighbours and networks. As family members we owe it to one another to help someone if we think they are struggling. In the end that is what will make a difference – the support and commitment of all New Zealanders.

People who take their own lives usually do so as a result of a complex range of factors. Because these risk factors are so wide ranging, actions to prevent suicide also need to be wide ranging. They need to have multiple components and work at both an individual level and across the population. *The New Zealand Suicide Prevention Strategy 2006–2016* brings together the work of researchers, academics, community organisations, providers of health and social services and multiple government agencies. It outlines a framework and a clear direction for preventing suicide.

Good work has been carried out with the *New Zealand Suicide Prevention Action Plan 2008–2012* and I am proud of what we have achieved so far. As a government we have established some innovative initiatives, some of which have captured international attention such as The Journal, a self-management programme, which is part of the National Depression Initiative fronted by Sir John Kirwan, and the Lowdown for young people. We have introduced information and support services for people bereaved by suicide, and for communities managing situations of suicide and suicide risk, to prevent further suicide and self-harm. These and other initiatives will continue alongside the new action plan, which provides a springboard for our efforts over the next four years.

This *New Zealand Suicide Prevention Action Plan 2013–2016* builds on the advances we have made. It contains new initiatives and significant improvements to existing services in 30 actions, designed to help reduce suicide and the harm that suicide causes.

A key feature of the new plan is a stronger focus on supporting families and communities, and helping them to prevent suicide. Those who are closest to people who are struggling are often in the best position to know when something is wrong and to seek help. The plan improves access to important training and information for families and communities on how to help their loved ones who are in distress. The plan also expands the range and accessibility of support for those bereaved through suicide.

The Government is also making a significant commitment to building the capacity of Māori and Pasifika communities to find their own solutions for preventing suicide. I would like to acknowledge Hon Tariana Turia and her integral role in forming this plan as Associate Minister of Health and Minister for Whānau Ora.

Along with traditional forms of media, technology is playing a more significant role in how we find information and communicate with each other. Social media is an emerging area that has potential for both harm and benefit. This action plan explores how we can limit the harm and examine the potential for benefit by using social media to reduce suicide contagion and intervene with individuals at risk.

I believe that together we can be successful in reducing the number of New Zealanders who die as a result of suicide – a goal worth pursuing. In this action plan the Government has made a solid commitment to suicide prevention over the next four years. However, suicide prevention is everybody's business. When all parts of society pull together, we have the greatest chance of making a real difference to the lives of New Zealanders who are at risk.

Hon Peter Dunne
Associate Minister of Health

Introduction



Suicide is a major issue that is of real concern to New Zealand communities. Every year approximately 500 people take their own lives by suicide, affecting the lives of many others. These deaths are preventable.

Multiple risk factors and life events are involved in a person ending their life. The link between mental illness and suicidal behaviour is well known, but other risk factors include exposure to trauma, a lack of social support, poor family relationships and difficult economic circumstances.

The prevention of suicide is both complex and challenging, and no single initiative or organisation can prevent suicide on its own. A comprehensive and coordinated approach is required across government and non-governmental organisations, and in partnership with the community.

Cross-government suicide prevention is directed by the *New Zealand Suicide Prevention Strategy 2006–2016*. The *New Zealand Suicide Prevention Action Plan 2013–2016* continues to work toward the goals of the Strategy and sets clear objectives to:

- support families, whānau, hapū, iwi and communities to prevent suicide, and reduce the impact of suicide
- improve the range, coverage and targeting of suicide prevention services
- lift the quality of information and evidence for effective suicide prevention.

The action plan also has a clear focus on suicide prevention for Māori and Pasifika. One in five people who die by suicide are Māori, rates of youth suicides are two-and-a-half times higher for Māori youth compared with non-Māori youth, and there is growing concern that suicide is increasing among Pasifika communities. The plan includes actions to build the capacity of Māori whānau, hapū and iwi, Pasifika families and communities to prevent suicide, supported by stronger leadership and culturally relevant education and training. All agencies will design and implement initiatives in a manner that will be effective for Māori and Pasifika, and adopt an approach that empowers people and builds their resilience.

These initiatives do not stand alone in the prevention of suicide. They accompany several other suicide

prevention initiatives established and continuing from the time of the previous action plan. They also work alongside several other work programmes across government that share a focus on the risk and protective factors for suicide. These programmes include:

- Better Public Services – improving support for vulnerable children, boosting skills and employment and reducing crime and long-term welfare dependency
- the Prime Minister’s Youth Mental Health Project – acting early to address mild to moderate mental health problems among young people
- Whānau Ora – building whānau resilience and developing whānau solutions to whānau problems
- Addressing the Drivers of Crime – reducing offending, victimisation, and harmful drinking
- Social Sector Trials – focusing on positive social outcomes for young people aged 12–18 years
- the *Children’s Action Plan* – identifying, supporting and protecting vulnerable children
- legislative reviews, including the Coroners Act 2006, the Harassment Act 1997 and the Local Government (Alcohol Reform) Amendment Act 2012
- the Government’s response to the Law Commission’s recommendations on Harmful Digital Communications
- the *Mental Health and Addiction Service Development Plan 2012–2017* – improving New Zealanders’ mental health and wellbeing and addressing addiction
- the education sector’s Positive Behaviour for Learning – intervening early to address behavioural problems among school-aged children.

The 30 actions that Government will be taking over the next four years are outlined in the following tables. Together, these actions will work to reduce the rate of suicide and suicidal behaviour, and reduce the harmful effect and impact associated with suicide and suicidal behaviour on families, whānau, friends and communities.

Objective 1: Support families, whānau, hapū, iwi, and communities to prevent suicide

Action areas	Actions	Timing	Lead agencies
<p>1. Build the capacity of Māori whānau, hapū, iwi, Pasifika families and communities to prevent suicide.</p> <p>The Government cannot prevent suicide without strong partnerships with communities and recognition that suicide prevention is everybody's responsibility. Communities are often best placed to reach people who are not in contact with government services.</p>	<p>1.1 Support Māori whānau, hapū, iwi, Pasifika families and communities to develop solutions to suicide through:</p> <ul style="list-style-type: none"> • building the capacity and capability of Māori whānau, hapū and iwi and Pasifika families and communities, to prevent suicide • ensuring that culturally relevant education and training are available to Māori whānau, hapū and iwi and Pasifika families and communities that focuses on building resilience and leadership • build the evidence base of what works for Māori whānau, hapū and iwi and Pasifika families and communities to prevent suicide, through research carried out by, with and for these groups building the leadership for suicide prevention • build the leadership for suicide prevention. 	Developed by September 2013 Implemented by April 2014	Ministry of Health
	<p>1.2 Support community-based organisations to create opportunities for young people to be involved in community development projects. Identify and share factors associated with successful community suicide prevention programmes.</p>	Implemented by July 2014	Ministry of Youth Development
	<p>1.3 Support small communities to build the resilience to overcome the loss of a major employer or industry.</p>	Developed by December 2013 Implemented by April 2014	Ministry of Social Development
<p>2. Ensure good-quality information and resources on suicide prevention are available to families, whānau, hapū, iwi, communities and frontline workers</p> <p>Suicide and mental illness are stigmatised issues that people may be reluctant to discuss openly. As a result, many people lack knowledge about these issues and are unsure what to do when they or someone they know is experiencing mental health problems or suicidal behaviour.</p>	<p>2.1 Reorient the existing suicide information service to ensure the right information gets to the people who need it, particularly whānau, families and friends of people at risk or people who have died, and to provide good information to the media.</p>	Developed by September 2014 Implemented by December 2014	Ministry of Health
	<p>2.2 Develop and disseminate a toolkit for district health boards with guidance about best practice for preventing suicide and responding to suicide clusters or contagion.</p>	Developed by April 2014 Implemented by July 2014	Ministry of Health
	<p>2.3 Disseminate the new resource kit <i>Preventing and Responding to Suicide</i> and foster sector engagement and use of the resource kit.</p>	Developed by July 2013 Implemented by December 2013	Ministry of Education

Action areas	Actions	Timing	Lead agencies
<p>3. Train community health and social support services staff, families, whānau, hapū, iwi and community members to identify and support individuals at risk of suicide and refer them to agencies that can help</p> <p>There is strong evidence that this kind of training can change knowledge and attitudes among people who are in a position to help those at risk.</p>	3.1 Train community health and social support services staff, families, whānau, hapū, iwi and community members to identify and support individuals at risk of suicide and refer them to agencies that can help.	Developed by April 2014 Implemented by December 2014	Ministry of Health
	3.2 Train relevant frontline police officers on how to appropriately respond to people in the community who are at risk of suicide and/or are experiencing poor mental health.	Developed by December 2013 Implemented by July 2014	New Zealand Police
	3.3 Upskill Work and Income staff on how to appropriately respond to people who are at risk of suicide and/or are experiencing poor mental health.	Implemented by December 2013 (ongoing)	Ministry of Social Development
	3.4 Improve training for District Court security staff, victims' advisors and Family Court Coordinators in suicide awareness and prevention.	Developed by December 2014 Implemented by July 2015	Ministry of Justice

Objective 2: Support families, whānau, hapū, iwi and communities after a suicide

Action areas	Actions	Timing	Lead agencies
<p>4. Ensure a range of accessible support services is available for families, whānau and others who are bereaved by suicide</p> <p>People bereaved by suicide are at increased risk of suicide themselves. Currently there are insufficient specialist support and advisory services for people bereaved by suicide.</p>	4.1 Expand the Initial Response Service, which provides specialist practical and emotional support to families, whānau and others bereaved by suicide, so that it is available nationwide.	Developed by December 2013 Implemented by January 2014	New Zealand Police Ministry of Health
	4.2 Expand the availability of specialist-facilitated group support programmes for people bereaved by suicide.	Developed by December 2013 Implemented by April 2014	Ministry of Health
	4.3 Establish an umbrella organisation to provide support and guidance for suicide bereavement peer support groups.	Developed by December 2013 Implemented by April 2014	Ministry of Health

Action areas	Actions	Timing	Lead agencies
<p>5. Support communities to respond following suicides, especially where there are concerns of suicide clusters and suicide contagion</p> <p>Coordinated community responses are essential for dealing with suicide clusters. Communities dealing with suicide contagion are often doing so for the first time and need advice and guidance to respond quickly and appropriately.</p>	<p>5.1 Increase the capacity of the Community Postvention Response Service to respond where there is high demand from communities experiencing suicide clusters or suicide contagion.</p>	<p>Developed by April 2014 Implemented by July 2014</p>	<p>Ministry of Health</p>

Objective 3: Improve services and support for people at high risk of suicide who are receiving government services

Action areas	Actions	Timing	Lead agencies
<p>6. Improve services and support for people experiencing mental health problems and alcohol and other drug problems</p> <p>Primary care services and emergency departments are the two critical intervention points in the health system that can reach people with mental health problems and/or self-harm behaviour who are at risk of suicide.</p>	<p>6.1 Provide training for primary health care practitioners on recognising and managing common mental disorders, including depression, anxiety and substance abuse.</p> <p>6.2 Improve the care of people presenting to emergency departments with self-harm injuries, and ensure there is appropriate follow-up after discharge.</p>	<p>Developed by April 2014 Implemented by July 2014</p> <p>Developed by April 2014 Implemented by July 2014</p>	<p>Ministry of Health</p> <p>Ministry of Health</p>

Action areas	Actions	Timing	Lead agencies
<p>7. Improve services and support for children and young people in contact with Child, Youth and Family (CYF)</p> <p>Children and young people in contact with CYF tend to have multiple risk factors for suicide and fewer protective factors. Providing specialised training in the identification and management of suicide and self-harm risk will provide carers and frontline staff with the tools to confidently engage with children and young people and connect with the appropriate services to manage their risk.</p>	<p>7.1 Provide specialist training for CYF carers to recognise and respond to self-harm and suicide risk in children and young people in the care of CYF.</p> <p>7.2 Deliver specialist training to all care and protection, and youth justice residential staff.</p> <p>7.3 Strengthen suicide identification and assessment as part of a new assessment framework being rolled out to all social work practitioners.</p> <p>7.4 Design and implement enhanced training in suicide identification assessment and management for social work practitioners.</p>	<p>Implemented by April 2013 (ongoing)</p> <p>Implemented by July 2013</p> <p>Developed by July 2013 Implemented by December 2013</p> <p>Developed by December 2013 Implemented by December 2014</p>	<p>Ministry of Social Development (CYF)</p>
<p>8. Improve services and support for people in prison</p> <p>People in custody and incarcerated people are at increased risk of mental illness and suicide. Early identification, treatment and proactive management of the risk is likely to reduce the number of suicides that occur in prison.</p>	<p>8.1 Improve mental health and suicide screening tools used in prisons at critical points throughout a person's sentence.</p> <p>8.2 Improve information and training for Corrections staff on mental health, suicide awareness and prevention.</p> <p>8.3 Ensure that prisoners at the greatest risk of suicide can access support services and those with mental health issues can access additional support from a health practitioner.</p> <p>8.4 Provide information and support to prisoners, staff and prisoners' support people after a suicide death or non-fatal attempt.</p> <p>8.5 Reduce access to the means of suicide in correctional facilities, particularly focusing on removing potential hanging points.</p>	<p>Developed by December 2013 Implemented by March 2014</p> <p>Developed by December 2013 Implemented by December 2014</p> <p>Developed by July 2013 Implemented by December 2013</p> <p>Developed by July 2014 Implemented by September 2014</p> <p>Implemented in 2013 (ongoing)</p>	<p>Department of Corrections</p>

Objective 4: Use social media to prevent suicide

Action areas	Actions	Timing	Lead agencies
<p>9. Identify and respond to suicide contagion through social media Emerging evidence shows that social media can be an effective suicide prevention tool in certain circumstances.</p>	<p>9.1 Trial an initiative to monitor and respond to suicide contagion on social media sites during a suicide cluster.</p>	<p>Developed by April 2014 Implemented by July 2014</p>	<p>Ministry of Health New Zealand Police</p>
<p>10. Reduce cyber-bullying Cyber-bullying is a contributing factor to suicidal behaviour, both in New Zealand and overseas.</p>	<p>10.1 Ensure information, tools and resources on good cyber citizenship and reducing cyber-bullying continue to be available to schools, parents and young people.</p>	<p>Implemented during 2013 (ongoing)</p>	<p>Ministry of Education</p>

Objective 5: Strengthen the infrastructure for suicide prevention

Action areas	Actions	Timing	Lead agencies
<p>11. Make better use of the data the government already collects on suicide deaths and self-harm incidents Currently, little is known about risk factors, trends and situations specific to people who die by suicide in New Zealand. Better use of available data will improve understanding of how best to address suicide.</p>	<p>11.1 Trial a suicide mortality review mechanism to improve knowledge of contributing factors and patterns of suicidal behaviour in New Zealand, and to better identify key intervention points for suicide prevention.</p> <p>11.2 Establish a function to analyse and share up-to-date provisional coronial data on suicide deaths with agencies working in local areas to help prevent further suicides.</p> <p>11.3 Develop a Suicide Prevention Outcomes Framework to provide a better framework for monitoring and measuring suicide and suicide risk factors in New Zealand.</p>	<p>Developed by October 2013 Implemented by April 2014</p> <p>Developed by October 2013 Implemented by January 2014</p> <p>Developed by July 2014 Implemented by October 2014</p>	<p>Ministry of Health Health Quality and Safety Commission</p> <p>Ministry of Health</p> <p>Ministry of Health</p>