Five key solutions for suicide prevention in New Zealand:
a submission to the Government Inquiry into Mental Health and Addiction – Oranga Tāngata, Oranga Whānau

Thank you for the opportunity to comment on the **Government Inquiry into Mental Health and Addiction – Oranga Tāngata, Oranga Whānau**. This submission is made by a group of organisations and individuals contributing to suicide prevention in New Zealand. Our names are provided at the end of this document.

We express a **collective view** that New Zealand needs a **focused public health approach** to suicide prevention that focuses on **protective factors, wellbeing** and **addressing inequities**, has **strong leadership** and is **committed to continuously reflecting and learning**.

In this submission, we offer these five key solutions for suicide prevention. Many of our organisations will also provide individual submissions with more detail on our positions, and on other aspects of mental health and addictions. This submission does not offer specific recommendations on clinical practice within mental health services.

Suicide in New Zealand

Suicide is arguably the most devastating public health issue that New Zealand faces. It is the single leading cause of death for young New Zealanders aged 15-24[i], and disproportionately affects men, Māori and people living in socioeconomic deprivation[ii]. Evidence also illustrates that suicide disproportionately affects Pasifika[iii,iv,v] and rainbow communities[vi,vii,viii,ix,x,xi], men aged over 85[xii], people who are themselves bereaved by suicide[xiii,xiv], and people who are in contact with mental health services[xv], particularly those who have survived a previous suicide attempt[xvi,xvii].

Defined more broadly, suicidal behaviour - including non-lethal attempts, planned attempts and suicidal ideation – disproportionately affects women[xviii,xix,xx] and is associated with a range of negative health and social outcomes[xxi].

While New Zealand's suicide rate has decreased since its peak in the 1990s, it has not continued to decrease over the last decade[xxii]. Over this time, New Zealand's youth suicide rate has consistently been one of the highest among OECD countries[xxiii].

Pathways to suicidal behaviour are complex[xxiv], and differ between population groups. To prevent suicide, a range of responses are needed that prevent suicidal behaviour from developing, intervene when an individual is at risk, and provide postvention support to those left behind after a death.

New Zealand first implemented a national suicide prevention strategy in 1998[xxv], initially focused on youth and rangatahi Māori. Following the expiry of the last national strategy[xxvi] and incomplete consultation on a draft suicide prevention strategy in 2017[xxvii], there is currently no articulated nationally strategy or direction for suicide prevention in New Zealand.

Among the range of interventions needed to prevent suicide, the need for a comprehensive national strategy is fundamental[xxviii]. It is critical that the Inquiry makes strong recommendations for the development of a new national approach to preventing suicide.

1. Support strong, well-connected leadership

A national strategy is needed that articulates a clear, ambitious approach that everyone living in New Zealand can contribute to. The strategy needs to articulate a narrative of hope, confidence and commitment to overcoming the challenges of suicide in New Zealand. While not shying from the issues, it must also demonstrate successes, and promote a sense of hope and optimism that collectively Aotearoa New Zealand can make significant progress towards preventing suicide.

The strategy should be paired with a specific action plan which is well-resourced and includes clear shared goals that are time-specific and measurable, related to reducing suicide and the impact of suicide, suicidal behaviour and distress.

Suicide prevention is complex, and requires action at national, local and whānau levels, by people in a range of roles. Strong, well-connected leadership is needed to coordinate our national approach:

- at Government level, with a named Minister responsible, and a cross-Ministerial structure that includes relevant portfolios (such as Education, Justice and Corrections, Work and Income, Oranga Tamariki and Te Puni Kōkiri).
- at policy level, with strong cross-agency oversight (for example, from a new Mental Health Commission through a named Suicide Prevention Commissioner) that is well informed by evidence, and a clear collaborative, coordinated approach across all relevant agencies.
- outside of government, with community-level plans (such as those led by DHBs or Iwi) that contribute as a key mechanism for delivering on the Strategy, and well-resourced community-led solutions that contribute to developing the local evidence base.
- space for communities and individual champions to contribute to a shared vision. Through our work and engagement with the public conversation in the media and online, we know that there is a high level of public interest in suicide prevention. Many New Zealanders are motivated to get involved, but lack knowledge and opportunities.

At each of these levels, our national approach needs to value and include leadership from people with lived experience of suicidal behaviour and suicide bereavement, through service design, research, education, advocacy and facilitation of support groups and other contributions.

2. Build a coordinated public health approach

Suicide prevention is not a single activity, but a range of responses to a range of complex health and social issues. To be effective, the strategy needs to be built on a clear public health framework, with a range of coordinated, evidence-informed actions and activities that:

- address the social determinants of health and create a more accepting and equal community
- promote resilience and positive mental health
- increase safety and reduce access to suicide means
- equip whānau and communities with the skills and confidence to support each other
- facilitate self-care, self-management and self-efficacy
- provide effective joined-up support for crisis and suicidal distress
- support recovery from suicidal crisis
- provide postvention and support people through grief associated with suicide loss

a. address the social determinants of health and create a more accepting and equal community

New Zealand's suicide rates are higher in areas which are more socioeconomically deprived[xxix] and recognised risk factors for suicide include financial problems, childhood adversity, unemployment

and loss of financial status[xxx]. Discrimination against sexual and gender minorities also leads to higher rates of suicidal behaviour and risk[xxxi,xxxii,xxxiii,xxxiv,xxxv,xxxvi,xxxvii].

Our national response to suicide should articulate the need for a joined-up community response to issues such as discrimination, misuse of alcohol and drugs, poverty, unemployment, childhood adversity[xxxviii,xxxix,xl], and family violence[xli] and dysfunction. These issues are significant barriers to addressing our nation's suicide risk.

b. promote resilience and positive mental health

Preventing suicide should include a focus on prevention of distress, promoting wellbeing (understood as including mental, emotional, social, physical and spiritual wellbeing[xlii]) and growing individuals' capacity to respond well to life's problems[xliii,xliv]. This includes promoting individual wellbeing skills (such as mindfulness, distress tolerance, sleep hygiene, physical activity, stress management and nutrition), whānau cohesion[xlv,xlvi] and supportive environments within schools[xlvii], workplaces[xlviii] and communities[xlix] across New Zealand.

c. increase public safety and reduce access to suicide means

Reducing access to lethal means of suicide is a key element of suicide prevention[l]. Wherever possible, measures should be taken to ensure safe environments. These measures include a range of approaches spanning: observance of media reporting and portrayal guidelines; adherence to legal restrictions on access to means; and proactive advice regarding new buildings, safe prescribing, access to medications and poisons, removal of ligature points, installation of barriers and restrictions to novel and other methods as they emerge.

Promoting safer and more informed public conversations also creates a safer environment for people at risk of suicide. This includes providing strong media guidelines[li,lii,liii] and working with media, entertainment producers and social media influencers to support a positive, safe and non-judgemental public dialogue about suicide and related issues, and safe online environments. Updated suicide reporting standards are needed that are well supported with a programme of dissemination, promotion, education and evaluation, as recommended in the Law Commission's 2014 review of suicide reporting in New Zealand[liv].

d. equip whānau, workplaces and communities with the skills and confidence to support each other

Growing communities' ability to support each other includes building social inclusion for people experiencing distress and eliminating the prejudice and discrimination they face[lv]. Awareness and behaviour change campaigns such as Like Minds, Like Mine[lvi,lvii] and the National Depression Initiative have helped people to talk about mental health and distress. However, shame and discrimination still form major barriers to people seeking support and participating in work, education and life.

The support of loved ones can be critical in getting through a suicidal crisis and recovering from distress. Growing community capacity also includes equipping people with empathy, skills and knowledge to have safer conversations about suicide, be supportive of whānau, colleagues and friends who are experiencing distress or addiction, and know how to access additional help.

e. facilitate self-care, self-management and self-efficacy

Self-management techniques are an important part of support and recovery for people who are suicidal[lviii]. Encouraging and enabling self-care is important for recovery from suicidal crisis as well as ongoing management of suicidality.

Self-care is also important for people who are supporting others' suicidality or who have lost loved ones to suicide. It is critically important for healthcare and social service staff working with people who are suicidal, as well as people experiencing distress and addiction more generally.

f. provide effective joined-up support for crisis and suicidal distress

When a person is in suicidal crisis, support should be joined-up, timely, person-centred and available whether they reach out through a helpline, mental health crisis team, Emergency Department, Police, ambulance services, addiction service, disability service, primary care or social services provider, or to a support person in the community, or they are identified to Police or health services through a third party.

Crisis and distress support should be available based on an individual's need rather than, for example, their sobriety or alignment with diagnostic criteria for mental illness. It needs to be culturally-relevant, trauma-informed, and driven by best practice[lix] (for example, incorporating safety planning and timely, caring follow-up). Whānau or support networks need to be supported to be part of this process as relevant, guided by the individual's circumstances and context.

Through our work with communities, we are aware of gaps in crisis provision, with individuals or their support people left trying to navigate an over-complicated, under-resourced system at a time when they are extremely vulnerable. Service gate-keeping (for example, a mental health crisis team being unable to support a person who is not already registered with mental health services) result in significant missed opportunities to support people when they reach out for help. There is growing use of Police to respond to individuals in crisis[lx] which can result in use of force[lxi] and non-therapeutic detention practices[lxii]. Our national response should include timely, multi-disciplinary crisis response that has a clear therapeutic focus.

g. support recovery from suicidal crisis

When someone has been through a suicidal crisis or is experiencing suicidal thoughts, they need a range of options[lxiii] for support that are recovery-focused, trauma-informed[lxiv], non-compulsory, engaged with whānau and support networks, informed or led by peers who have been through similar experiences, and culturally responsive.

Models of care need review to ensure that services are responsive to suicide risk and individual need, rather than providing standard care without reviewing its efficacy or relevance[lxv]. Professionals engaged with people who are suicidal should have regular mandated training in suicide prevention. As well as mental health professionals including psychologists and psychiatrists, this should include counsellors, primary care doctors and the wider health and social services workforce.

A wider range of support options need to be available – in particular talk therapies need to be much more widely available. New Zealand's mental health services need to move away from over-use of compulsory treatment and outdated, non-therapeutic practices such as seclusion and restraint, which are used more with Māori than other groups[lxvi],[lxvii]. The new Mental Health and Addiction Quality Improvement Programme led by the Health Quality and Safety Commission is promising, and should continue focus on service issues relevant to suicide prevention.

Services should provide holistic social and clinical support, including factors such as cultural connection, strengthening whānau relationships, housing, employment and education, to support individuals to lead lives where they have choices and dignity.

h. provide postvention and support people through grief associated with suicide loss

People who have lost loved ones to suicide need support to work through their grief. While some specialist support is available through Victim Support and CASA, adequate resourcing is needed to ensure low- or no-cost specialist counselling[lxviii] and wrap-around support for family, whānau and friends to equip them to support each other well.

Currently there are major differences in support for families who have lost loved ones to suicide compared with homicide or accidental sudden death. There is no good rationale for this disparity; suicide loss can be just as shocking, traumatic and devastating as other forms of sudden loss. It can also lead to further suicidal behaviour[lxix],[lxx]. Our national response to suicide should include adequate support for people exposed to or affected by suicide.

3. Focus on protective factors and building wellbeing

Suicide prevention is not only about managing risk, but is about inviting people to find a life worth living. Research shows that there are skills and strengths that individuals, whānau and communities can develop that protect against developing suicidal ideation.

A focus on protective factors would include providing community-based social and health support, peer support and services that build protective factors across the lifespan. It would include:

- Strengthening connection with culture and cultural identity
- Building social connection and positive and meaningful relationships, and addressing isolation and loneliness
- Growing family cohesion, supporting positive parenting and nurturing whānau connections
- Developing skills for wellbeing, problem solving and distress tolerance
- Services and supports (including peer support) that focus on recovery and hope, and provide care and follow-up after a mental health crisis, suicide attempt or experience of suicidality.

Strengthening protective factors is not a role that is best led by health services alone, but by whānau, hapū and iwi, Pasifika, rainbow and other communities, schools and early childhood education, workplaces, sports groups, faith centres, social services, organisations that support positive parenting, youth development, and positive ageing, and a range of other community sectors.

4. Address inequalities, target responses to where needs are greatest

Our national response must reflect the disproportionate burden of suicide experienced by Tangata Whenua, the Māori-specific responses required to address this, and the Crown's responsibilities under Te Tiriti o Waitangi. Indigenous solutions should be upheld, such as the *Turamarama Declaration*[lxxi] and *Turamarama ki te Ora: National Māori Strategy for Addressing Suicide*[lxxii].

Pasifika young people and their families also experience a disproportionate burden of suicide, and unmet needs for support. Pasifika leadership should be supported to grow Pasifika capacity and capability to prevent suicide from within their own communities, strengthened by Pasifika-led research[lxxiii],[lxxiv],[lxxv] and models[lxxvi].

Rainbow communities also experience disproportionate rates of suicidal behaviour, as well as health and social outcomes that are risk factors for suicide[lxxvii]. As a population they have been under-recognised in our national suicide prevention efforts to date. Rainbow community leaders must be supported to develop appropriate responses that address their specific risk and protective factors.

Suicide prevention responses need a strong understanding of age and gender differences and a range of options and initiatives that employ principles of youth development and positive ageing, and gender-informed approaches. As noted previously, men comprise the significant majority of suicide deaths in New Zealand, while women experience significantly more suicidal ideation and behaviour. New Zealand's youth suicide rate is high, and suicide is the leading cause of death for youth aged 15-24. While older adults over 65 have a lower rate when considered as a homogenous group, men aged 85 and older have the highest suicide rate of any age/gender group. As New Zealand's population ages[lxxviii] and the size of this population group grows, they should be a priority for suicide prevention efforts.

Actions and resourcing need to prioritise populations and settings where the needs are greatest: prioritising gender-informed responses and focusing on the significant male suicide rate[lxxix], continuing to focus on Māori and Pasifika communities, increasing focus on mandating and requiring best practice in healthcare settings, continuing to focus on the justice, social services and education sectors, resourcing approaches that are responsive to the needs of young people, older people (particularly older men), and resourcing community leadership among rainbow populations and those bereaved by suicide.

5. Include mechanisms to continually learn

Our national response to suicide prevention should use what we already know about needs and solutions through local research and evaluation, including findings from the Suicide Mortality Review Committee, the Waka Hourua research programme, the New Zealand Suicide Prevention Research Fund, major health and wellbeing studies including the New Zealand Health Survey, Youth2000 series, Christchurch Health & Development Study, and Dunedin Multidisciplinary Health and Development Study, as well as significant work undertaken by local suicide prevention researchers over the last three decades.

The national response should also be committed to continuously learning through ongoing research, evaluation and refinement. Prioritisation of suicide prevention in research agendas is needed, as well as systems and mechanisms to learn from experiences of suicide are needed. The new Suicide Mortality Review Committee is a promising initiative and should be supported. Other systems needed include timely and more informative Coroner's findings, consistent serious incident investigations in healthcare, and review of deaths in custody and Police attendance to suicide attempts. All initiatives funded as part of the national suicide prevention response should be evaluated.

Structures are needed to ensure that the national response continuously reflects on what is being learned through local and international research and practice to inform decision making. This could include developing technical advisory group structures to inform those within government agencies who are leading the response. It could also include drawing on scientific expertise within government, such as the Office for the Prime Minister's Chief Science Advisor. It also requires expertise within government agencies and District Health Boards, through specific lead roles that engage staff with expertise and experience in suicide prevention.

About the authors

Le Va is a national not for profit organisation focused on supporting Pasifika families and communities to unleash their full potential. Le Va does this by providing evidence-informed and culturally relevant resources, training, education and tools carefully tailored with solutions that meet the unique needs of the communities we serve. Their integrated portfolios span mental health, suicide prevention, addictions, disability support services, public health, violence prevention, and cultural competency programmes. **www.leva.co.nz**

Te Rau Matatini is the National Centre for Māori Health, Māori Workforce Development and Excellence, with a primary mission to strengthen the Māori workforce in order to advance the health of Māori and contribute to Māori wellbeing. Through Waka Hourua, Te Rau Matatini supports Māori whānau, hapū, iwi and communities to develop and enhance their capacity and capability to prevent suicide and to respond safely and effectively when and if suicide occurs. **www.teraumatatini.com**

Changing Minds leads collaborative social change projects aimed at reducing stigma and discrimination and improving mental health and wellbeing for communities and people. A consumer-led organisation, they also provide systemic advocacy for the rights of people with lived experience and up-to-date information on mental health and social development initiatives across Aotearoa. **www.changingminds.org.nz**

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Northland District Health Board collaborate widely across the region prioritising suicide solutions, to reduce risk and build resilience with taitamariki, whānau and community. Through the FUSION process the DHB is a partner in the overarching method of managing the flow of information and intelligence across government and non-government agencies to inform focus and intervention to those that needed it most. **www.northlanddhb.org.nz**

Clinical Advisory Services Aotearoa (CASA) delivers national services in the suicide prevention and postvention area through a team of highly experienced people with clinical and/or lived experience of suicide. We specialise in working collaboratively with agencies and communities to help them best manage suicide risk and improve wellbeing through the delivery of innovative programmes that are tailored to need and based on research and practice based evidence. **www.casa.org.nz**

Victim Support is a nationwide charitable organisation which provides a range of practical, advisory, and psychosocial support services to people affected by crime, trauma, and suicide. Victim Support is contracted with the Ministry of Health to provide a nationwide postvention support service to people affected by suicide. **www.victimsupport.org.nz**

Te Rūnanga o Ngāti Pikiao Trust is an iwi provider based in the Lakes District Health Board region. They currently hold a Kia Piki te Ora Contract with the Ministry of Health with particular focus on Māori suicide prevention from a public health perspective. The Trust is also responsible for bringing effect to the Turamarama Declaration which endorsed at the World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in 2016. **www.pikiaorunanga.org.nz**

Skylight is a national not-for-profit trust that supports children, young people and their whānau to navigate through tough times by building resilient individuals and communities. Skylight delivers sustainable, effective services through extensive community partnerships and networks to enable other organisations to deliver trauma informed practice and resilience-building outcomes throughout Aotearoa. In our school communities Skylight trains counsellors, deans and support staff

to deliver Travellers, an eight/ten-week resilience building course for Year 9 students. Skylight also trains key people in communities throughout Aotearoa to deliver Waves, a facilitated grief education programme designed for adults bereaved by suicide. **www.skylight.org.nz**

Mental Health Foundation of New Zealand works towards creating a society where all people can flourish and experience positive mental wellbeing. Suicide prevention is a core focus of our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. **www.mentalhealth.org.nz**

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