• a national information service provided by the Mental Health Foundation of New Zealand.
• provides high quality information to promote safe and effective suicide prevention activities.
• contracted by the Ministry of Health to support the New Zealand Suicide Prevention Strategy 2006-2016.
“Suicide and suicidal behaviours are a major health and social issue in New Zealand. Each year approximately 500 people take their own lives. This figure represents a tragic loss of potential and a tremendous impact on those families, friends, workplaces and communities that are affected by the loss of someone through suicide”.

Ministry of Health (2012)
Suicide in NZ: 2010

- A total of 522 people died by suicide
- This equates to 11.5 deaths per 100,000 population (age-standardised).
- The 2010 suicide rate was 23.6% below the peak rate in 1998.
Demographics

• **Gender:** Male rate 2.5 x higher than female
• **Ethnicity:** significantly higher for Māori.
• **Age:** similar between adults and youth. NZ’s youth rates are high within OECD.
• **Sexuality & gender identity:** higher risk for LGBTTI populations.
• **Location:** higher rates for rural males and people who live in socioeconomically deprived areas.

*Ministry of Health (2012)*
Pathways and risk factors

Associate Minister of Health (2006)

Contextual factors
1. Cultural factors
2. Institutional settings
3. Media climate
4. Physical environment

Suicidal behaviour
- Suicide, suicide attempts, deliberate self-harm, suicidal ideation

Mental health problems
- (e.g., mood disorders, substance use disorders, antisocial behaviour/disorders, anxiety disorders, psychotic disorders, eating disorders)

Individual factors
- eg, personality, genes - ✓
- Exposure to trauma
  - eg, family violence, child abuse, bullying - ✓
- Family factors
  - eg, parental separation, mental illness - ✓
- Life events
  - eg, marital/legal financial problems, unemployment, discrimination - ✓
- Social supports
  - eg, social isolation, living alone - ✓
- Socioeconomic factors
  - eg, income, education, housing, mobility - ✓
- Cultural factors
  - eg, extent of acculturation, integration, autonomy, language, identity - ✓
- Macrosocial/economic factors
  - eg, economic restructuring, birth, divorce, unemployment rates - ✓

Biological → Social continuum

✓ Denotes New Zealand evidence is available.
“Whakamomori has been described as a journey that is enclosed in a deep-seated sadness and is more powerful than a passing feeling. Whakamomori has an extremely severe impact on the wairua and mauri of the person affected. If left untreated whakamomori can lead to attempts of suicide.”

Ihimaera, L., & MacDonald, P. (2009)
Protective factors may include:

- connectedness to family
- personal resilience, coping and problem-solving skills
- responsibility for children
- family communication patterns
- presence of a significant other
- good physical and mental health
- positive beliefs and values
- community and social integration
- economic security in older age
- connection to culture

Commonwealth of Australia. (2005) + others
New Zealand Suicide Prevention Strategy 2006-2016

Key area of input for Auckland Council:

Goal 1. Promote mental health and well-being, and prevent mental health problems

Associate Minister of Health. (2006).
www.spinz.org.nz