

Newsletter

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The role of media in suicide prevention

SPINZ marked World Suicide Prevention Day in September 2008 with a series of seminars entitled The Role Of Media In Suicide Prevention, held in Auckland, Wellington and Nelson on September 10-12. The focus of the seminar series was on safer reporting and portrayal of suicide in the media, a priority goal in the Ministry of Health's New Zealand Suicide Prevention Strategy 2006-2016.

A broad range of stakeholders attended, including editors and journalists, public relations professionals, healthcare workers and researchers. One of the aims was to raise awareness of the types of media reporting which can increase suicide risk.

Media monitoring: The Australian experience

Associate Professor Jane Pirkis from the University of Melbourne provided the keynote address at all three seminars, drawing on both her internationally-recognised Media Monitoring Project, which examined the extent, nature and quality of media reporting of suicide and mental illness in Australia over a full year (see page 5, top), and *Suicide and the Media: A Critical Review*, an examination of more than 100 studies showing links between suicide portrayals in fictional and news media and actual suicides and suicide attempts.

Jane described the approach taken by various countries in developing resources to promote responsible reporting, which covered many similar themes. One notable difference, however, was in the UK, which was the only country to include guidelines taking into account the wellbeing of journalists working on suicide-themed stories.



The role of media in suicide prevention

... Continued

Editorial

Kia ora koutou and my best wishes to you for a happy and healthy 2009. This year will be a very exciting one for our team as we implement a number of changes to our service to better deliver quality suicide prevention information to the most people, in the most efficient way.

In 2008 we undertook a review of our services and as a result of that review; we have identified a number of ways to expand our reach into the communities that rely on our information to support their services.

In the news & updates section on page 6 of this newsletter, you will find details of those changes and I encourage you to feedback to us throughout the year your thoughts on our new direction.

One of the changes we've implemented is the creation of this newsletter which will be published 3 times a year and contain information relevant to the sector including feature articles, news & updates, latest research and sector developments. In this first edition we profile the 2008 SPINZ Seminar Series, held to mark World Suicide Prevention Day. This event focussed on news media and their role in suicide prevention. The series was presented in three cities over three days; quite an undertaking and from the feedback we have received from those who attended, the events were very worthwhile and informative.

In 2009 we will be hosting the SPINZ national conference. At this stage, we have set the dates and the location and further details will follow. I would encourage you to set aside 10-11 September 2009 in your diary to attend the conference, which will be held in Wellington.

To receive the *SPINZ Newsletter* in your inbox automatically, we ask you to [sign up](#) to the newsletter through our website. You can also sign up for alerts (via [RSS feeds](#)) that will keep you up-to-date between newsletters on matters such as the latest research and news in suicide prevention, in New Zealand and internationally, and new resources added to our website.

Merryn Statham
Director SPINZ



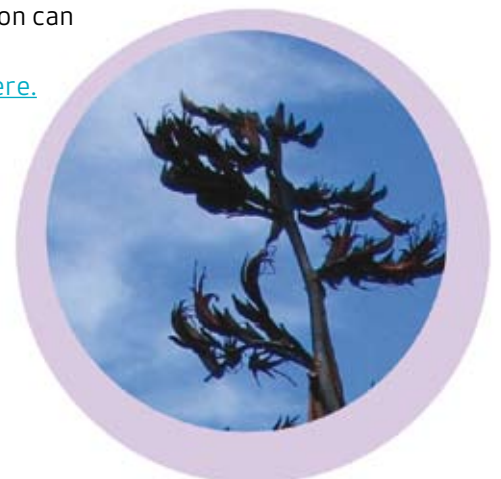
Changes in the Australian media's reporting of suicide were detailed in the Media Monitoring Project, using data from before and after the introduction of media guidelines. Following the introduction of guidelines, the number of stories on suicide in the Australian media more than doubled, and the overall quality of stories published had changed for the better.

Jane's current work involves several new projects. The first includes monitoring of suicide coverage on the Internet. "There's a view that while traditional media is important, newspapers, radio and television are less of a primary source of information these days, particularly for young people. Online is where it's at."

This new project will monitor selected blogs, and the online vs print edition content of three major national newspapers for issues relating to suicide and mental illness. The project doesn't extend to other Internet sites, such as social networks. "They're very hard to monitor," Pirkis explains. "They're volatile in that the content changes so quickly, and there's also privacy issues involved with accessing data."

The project also involves looking at positive stories. "I think it's often the case that when people talk about media reporting of suicide they talk about the negative aspects, but we're interested in whether there's positive stories," Pirkis says. "So we're doing some studies with colleagues in Belgium and Denmark. Our three countries all have awards for responsible reporting of suicide, so we're interviewing the recipients of those awards, asking them whether it's made a difference to how they report on suicides, how they communicate about suicide reporting to other journalists, and how they went about writing the stories."

Jane's presentation can be [viewed here](#), or [downloaded here](#).



The role of media in suicide prevention

... Continued

Suicide and the media: New Zealand research

Media in New Zealand have noted for some time that no local research has been available regarding the link between media reporting of suicide and actual suicidal behaviour. One such project is now underway, and Dr Brian McKenna, Director of the Centre for Mental Health Research, presented an overview of this study at the Auckland seminar.

The parameters of the New Zealand study will be wider than in Australia, including Internet news sites, and will provide specific information on suicide reporting involving Māori and Pasifika population groups.



The project began in July. “This will be an important local perspective,” McKenna says. “There’s no shortage of clips coming through. At this stage the dominant source of clips are newspapers and the Internet. We believe we’ll have over 2,000 items by the time we’ve finished collecting data.”

Analysing the data will firstly involve logging and describing every suicide-related item appearing in the media over a year. Another component of the research involves taking five topical subjects and doing an in-depth qualitative case study.

“It’s called a framing analysis,” McKenna explains. “We look at the types of words used, how the topic is discussed in terms of sentence and paragraph structure, where it’s situated in the newspaper...it looks at the total depiction within the media used, what sources of information are or aren’t used, it’s an in-depth qualitative analysis. It gives more context but also specifically focuses on how the topic is portrayed to the general public.”

The research is due to be published in October 2009. Brian’s presentation can be [viewed here](#), or [downloaded here](#).

Local media perspectives on suicide reporting

The seminars also included a strong line-up of media representatives, including Jim Tucker, former editor of the Auckland Star and current Head of Journalism at Whitireia Journalism School, Paul Thompson, Group Executive Editor at Fairfax, and Keri Welham, award-winning Senior Writer for the Dominion Post.

Jim Tucker argued against a more liberal approach to coverage of suicide cases, providing an example of one case where a major local newspaper had done significant harm to a bereaved family in covering the suicide of a high-profile individual. At the same time, he acknowledged the pressures of the modern newsroom, and gave some background to current tensions between the news media and the Ministry of Health over restrictions on suicide reporting.



Jim’s presentation can be [viewed here](#).

Paul Thompson argued that responsible journalists should challenge the taboo about talking openly and honestly about suicide. He detailed his own experiences of doing so while editor of The Press, and discussed recent examples of suicide reporting – both good and bad – in Fairfax papers both locally and in Australia.

He also pointed out that Fairfax in New Zealand have adopted their own suicide reporting protocols, and that there is now more awareness among editors about the need to exercise care and restraint when covering suicide.



Paul’s presentation can be [viewed here](#).

The role of media in suicide prevention

... Continued

Keri Welham's presentation added further substance to earlier discussions about policy and ethics by concentrating on the individual journalist's perspective. Keri talked the audience in Nelson through several



samples from her portfolio of award-winning recent work examining suicide and suicide-related issues, giving the story behind the story and the thoughtful preparation that had gone into each.

Her presentation showed the possible ways in which a reporter covering suicide could work within the basic guidelines without compromising on the strength or significance of their story.

Other perspectives included presentations from District Health Board and Ministry of Health representatives, as well as the Hon Jim Anderton, then Associate Minister of Health, who addressed the audience in Wellington.

Jim Anderton said that the news media is generally responsible in their approach to the reporting and portrayal of suicide, although this needs to be constantly monitored.

"My impression is that when journalists and editors understand the issues surrounding suicide, the result is, more often than not, well-considered, safe and balanced reporting. But there is always scope to do better," he added. Watch a [webcast here](#).



For a full list of presentations, [visit our website](#).

For the Ministry of Health's 1999 guidelines on reporting and portrayal of suicide in the media, [click here](#).

Panel Sessions

Seminar presentations were followed by a panel session which generated constructive debate.

Answering a question from the audience in Wellington, Paul Thompson of Fairfax Media said that editors often play it very safe when it comes to reporting on suicide and that 'getting the balance right' is one of the toughest things they face. He also pointed out that journalists have a proactive role to play in suicide prevention along with others in our society, such as suicide prevention community groups.

Answering a question about reporting of suicide clusters in a community, Paul said editors should meet with local agencies and people to discuss how best to act should the issue ever arise in their community.

Other issues raised included the trade-off between the right to privacy versus the public's right to information and how best to report on suicide without breaching the rights of the bereaved; the influence of media in copycat suicides; and the impact of new and more volatile media (such as the Internet and texting).

The well-being of journalists reporting on suicide was also discussed. Paul said that editors should not put their staff in difficult situations and leave them in a vulnerable position. "Being aware that it is quite difficult, particularly when dealing with issues of grief, and it's ok to talk about it and be open - I don't think we've always had that culture", he said.

SPINZ Director Merryn Statham said that the principle of modelling safe practice should apply in newsrooms, as they do in any other employment environment.

"Hopefully, the environment in newsrooms is changing and people can talk about being negatively impacted by their work or traumatised, and then having the support to manage that effectively - whether that means having some time off, going onto some different stories for a while, or getting some more training in a particular area."

As with all SPINZ events, professional clinical support to manage distressed or bereaved people in the audience was available on site.

The Australian media monitoring project – A snapshot

The media monitoring project tracked reporting of suicide and mental illness in the Australian mainstream media over a 12 month period, from March 2000 to March 2001.

- The research found that reporting of suicide during this period was of a lower quality, and less appropriate than reporting of mental illness; both were subject to extensive coverage.
- In 50% of cases, the method of suicide was described in detail. This is despite formal and informal industry codes that recommend that the method of suicide not be described.
- 41.7% of items on suicide used inappropriate language which suggested that completed suicide was a desirable outcome, e.g., “failed suicide attempt”, “successful suicide bid”
- In most cases, suicide stories did not include interviews with the bereaved – in only 18% of items were the bereaved interviewed

- Only 6.5% of suicide and 6.6% of mental illness stories provided information on help services available; often, this was only a brief mention.

Pirkis, J. et al. (2001). The Media Monitoring Project: A Baseline Description of How the Australian Media Reports and Portray Suicide and Mental Health and Illness. Commonwealth Department of Health and Aged Care: Canberra, ACT.

The Media Monitoring Project was repeated in 2006, to see if there had been any changes during the intervening five years. The full report has yet to be released, but preliminary findings show that, in the second project, there were a greater number of articles which:

- Provided information on help services
- Linked suicide to mental illness
- Held back on presenting details of method
- Refrained from using the word “suicide” in the headline

Legislation affecting the reporting of suicide in New Zealand

New Zealand media are required by law to comply with **The Coroners Act 2006**, which states that:

No person may, without a coroner’s authority, make public any particular relating to the manner in which a death occurred if there is reasonable cause to believe the death was self-inflicted and no inquiry into the death has been completed.

If a coroner has found a death to be self-inflicted, no person may, without a coroner’s authority, make public a particular of the death other than the name, address, and occupation of the person concerned and the fact that the coroner has found the death to be self-inflicted.

The only grounds on which a coroner may authorise the making public of particulars of the death are that the making public of particulars is unlikely to be detrimental to public safety.

Fines of up to \$5,000 can be levied if the Act is breached.

For further information, including details on situations in which the Coroner can lift restrictions, see the text of the Act at the [following link](#):

(sections 71 and 139)

The Code of Broadcasting Practice

In addition to being mindful of Coroners Act guidelines, Section 2f of the Free-to-Air TV Broadcasting Code states that programmes should not glamorise suicide and should not show or explain suicide methods in detail.

View the Code [in full here](#).

News

SPINZ services in 2009

SPINZ has recently introduced significant improvements to our services. The changes, including publication of this newsletter, are designed to help us reach a larger number of people with the information they need.

We are a national service that collects, manages, and disseminates 'best practice' information about suicide prevention and we work with a wide variety of audiences, such as family and friends affected by suicide, health practitioners, community groups, and the media.

Since SPINZ was established in 1999, national suicide prevention efforts have expanded their focus from young people to people of all ages, reflecting a strategic change at government level. For SPINZ, this meant a substantial increase in the amount of information we handle and the range of audiences we work with. Over the past ten years there have also been major changes in technology and how people access information.

As our tenth anniversary approached, we took the opportunity to review our work and consider how best to meet the needs of diverse audiences in the future. An external consultant was engaged to help with the process and in 2008 we began implementing the recommendations that arose from the review.

In practical terms, this has meant redeveloping services to provide more tailored information for specific audiences, and relying more heavily on new technology to reach a broader range of people. An example is the redevelopment of the [SPINZ website](#) - where the content is now broken down by audience so that people can immediately access the information relevant to them.

Some of the changes have involved behind-the-scenes work such as redevelopment of SPINZ policies for information collection and communication, a review of the roles of our staff and expert advisors, and a

new plan for monitoring and evaluating our work. Changes that will be more apparent to external audiences include as previously mentioned, the redevelopment of the SPINZ website, introduction of this newsletter and the replacement of generic workshops with workshops and webcasts for specific audiences, and the change from an annual SPINZ conference to holding conferences and seminars in alternate years.

Professor Robert Goldney: effective suicide prevention

Professor Robert Goldney, Head of Psychiatry at the University of Adelaide and internationally renowned suicide and depression researcher, visited New Zealand late last year to share his expertise on suicide prevention.

As part of his visit Professor Goldney presented a public lecture entitled Suicide Prevention is Possible to a full house in Wellington on October 15th, 2008. He discussed various suicide prevention approaches and international research supporting their effectiveness, practical strategies for managing suicidal behaviour, and the success of suicide prevention initiatives in New Zealand and overseas. He concluded that effective suicide prevention depends on a number of factors including social action against early 'antecedents' (early life events or experiences) such as child abuse and family violence, greater knowledge of the factors that contribute to suicide, and adequate treatment for people experiencing emotional distress.

Professor Goldney visited New Zealand with a Capital and Coast District Health Board (CCDHB) Chad Buckle Fellowship. The fellowship was introduced after Chad Buckle took his own life in 2003 while he was a patient at the CCDHB mental health unit. It aims to strengthen knowledge and connections to assist suicide prevention, and to help the CCDHB improve its mental health service systems and practices. To this end, as well as presenting the public lecture, Professor Goldney met with key CCDHB staff and reviewed current mental health service practices and facilities. He also delivered presentations to CCDHB staff on topics such as pragmatic approaches to suicide prevention, and the association between psychotic illness and suicide. Professor Goldney's visit generated considerable media interest, with reports published in newspapers across the country.



Research

This section showcases examples of recent research in the field of suicide prevention. SPINZ has chosen these projects with particular regard to how they support the goals of the New Zealand Suicide Prevention Strategy 2006-2016.

To view the Strategy, [click here](#).



1. Re-presentation and suicide rates in emergency department patients who self-harm

This research paper supports - Goal 3: Improve the care of people who make non-fatal suicide attempts

Howson, M. A., Yates, K. M., Hatcher, S. (2008).
Emergency Medicine Australasia, 20(4), 322-327.

To view abstract, [click here](#).

Summary

The study aimed to investigate adult presentations following deliberate self harm (DSH) to determine re-presentation and suicide rates, and investigate the characteristics of those who re-present.

Data were collected between 2001 and 2002 from 754 patients (aged 15 years or over) with a diagnosis of DSH presenting to Auckland's North Shore Emergency Department, on 105 occasions. This group is at higher risk of suicide, and morbidity and mortality rate not due to suicide*.

In line with similar studies, the re-presentation rate over the next year was 18%, and the suicide rate 1.1%. More females repeatedly self-harmed.

The study emphasises the need to intervene, particularly with this high risk group of re-presenters. Interventions, such as cognitive therapy and problem-solving therapy, have shown promise. See Dr Simon Hatcher's work by [clicking here](#).

Other health interventions are called for, too, as death from accidents and other diseases is a feature of this group.

*** Hawton, K., Harriss, L., & Zahl, D. (2006). Deaths from all causes in a long-term follow-up study of 11,583 deliberate self-harm patients. *Psychol Med*, 36(3), 397-405.** Suicides were 17 times more frequent than expected and undetermined causes of death and accidental poisonings 15 times more frequent. Significantly more than expected numbers of deaths from most natural causes were found, including respiratory disease, circulatory, neurological, endocrine, digestive, skin and musculoskeletal and connective tissue disorders, and symptoms, signs and ill-defined conditions. Possible explanations include lifestyle factors, physical disorders contributing to initial risk of DSH, and social disadvantage.

2. Cross-national prevalence and risk factors for suicidal ideation, plans and attempts

This research paper supports - Goal 7: Expand the evidence about rates, causes and effective interventions

Nock, M.K., Borges, G., Bromet, E.J., Alonso, J., Angermeyer, M., Beautrais, A., et al. (2008). *British Journal of Psychiatry*, 192, 98-105.

To view abstract, [click here](#).

To view commentary, [click here](#).

Summary

This study, with data from the World Health Organization Health Survey Initiative, is the largest, most representative examination of suicidal behaviours ever conducted. It looked at prevalence and risk factors in 17 countries, with 84,850 adults interviewed regarding suicidal behaviours and socio-demographic and psychiatric risk factors.

Overall lifetime prevalence was found to be 9.2% for ideation, 3.1% for plans and 2.7% for attempts. Although the authors found wide variation across countries, they also found important consistencies, including that moving from ideation to first attempt more often occurred within the first year of ideation starting. They also found these common risk factors: female gender, younger age, less education, unmarried status and the presence of a mental disorder.

The probability of a suicide attempt among people with both suicidal thoughts and a plan was 56%, but only 15.4% among those without a plan. Among people with suicidal thoughts, the probability of ever making a suicide plan was 33.6%, and of ever making a suicide attempt 29%.

Across all 17 countries, the risk of having suicidal thoughts increased sharply during adolescence and young adulthood.

Having any mental disorder was associated with significantly increased risk of suicidal behaviours, and across all countries, the more mental disorders a person had, the higher their risk of suicidal behaviours.

The strongest risk factors for suicidal behaviours were mood disorders in high income countries, as opposed to impulse-control disorders in low- and middle-income countries.

Among people with suicidal thoughts, the risk of making an attempt was highest in those with substance misuse and impulse-control disorders, suggesting these disorders are most strongly associated with acting on suicidal thoughts when they are present.

Please email Russell at SPINZ to obtain copies of the articles:
russell@mentalhealth.org.nz



Sector Updates

Suicide prevention research fund

The Ministry of Health has contracted Te Pou, The National Centre of Mental Health Research, Information and Workforce Development, to manage the suicide prevention research fund.

The fund aims to help address gaps in national research on suicide and the effectiveness of suicide prevention interventions by supporting small scale evaluation and research projects and feasibility studies.

For more information on the fund, [click here](#).

DHB Suicide Prevention Coordinator Pilot

The Ministry of Health's Suicide Prevention Coordinator Pilot was launched recently in five District Health Boards. Auckland, Counties Manukau, Lakes, Wairarapa, and Nelson Marlborough DHBs are currently taking part in the two-year pilot scheme envisioned as a key initiative for implementing the New Zealand Suicide Prevention Action Plan 2008-2012 at a local level.

The project entails establishing Suicide Prevention Coordinators in each of the five participating DHBs to work collaboratively with local sectors/agencies working in suicide prevention. Health (mental health, primary care, public health, and emergency departments), education (schools and tertiary institutions), police, social services, coroners, community agencies, suicide prevention service providers, iwi and hapu and Māori community services are some of the agencies likely to be involved in the pilots.

A key task of the Suicide Prevention Coordinators is to develop and implement a comprehensive, integrated and evidence-based district suicide prevention plan based on the goals of the national Suicide Prevention Strategy and Action Plan, but tailored to the local needs. This

Contact details for the DHB Suicide Prevention Coordinators

Lorraine Coelho, Auckland DHB

lcoelho@adhb.govt.nz

Barry Bublitz, Counties Manukau DHB

BublitzB1@middlemore.co.nz

Mapihi Raharuhi, Lakes DHB

Mapihi.Raharuhi@lakesdhb.govt.nz

David Hough, Nelson Marlborough DHB

David.Hough@nmdhb.govt.nz

Barry Taylor, Wairarapa DHB

Barry.Taylor@wairarapa.dhb.org.nz

requires performing a needs analysis within the DHB's district to identify district strengths, service gaps, needs and priorities. An important part of the coordinators' role is ensuring the specific needs of Māori and other population groups within local communities are being adequately addressed.

One of the first tasks facing the coordinators is to establish a district inter-agency steering group (IASG) on suicide prevention. The key purpose of IASG is to assist in the development of a district suicide prevention plan and to support district suicide prevention activities.

The coordinators are also expected to provide guidance on suicide prevention to their region and communicate emerging local issues to the Ministry of Health.

David Hough is the suicide prevention coordinator in the Nelson Marlborough district. He spoke at the recent SPINZ seminar series about the early stages of the Pilot project in this region.

The Ministry of Health has also appointed two independent evaluators to conduct process evaluation, formative evaluation and an initial impact analysis of the Pilot initiative, which will run until 2010.



Sector Updates

... Continued

Postvention Support Service

The Postvention Support Service is a new service provided by Victim Support and Clinical Advisory Services Aotearoa (CASA) and funded by the Ministry of Health. The service consists of three parts: the Community Postvention Response Service, the Initial Response Service and the Specialist Counselling Service.

Community Postvention Response Service

The Community Postvention Response Service (CPRS) is delivered by CASA and aims to provide postvention services to communities to prevent further suicides. Postvention is the term given to activities and programmes to assist and support people bereaved or otherwise affected by suicide. Contagion or 'copycat' suicides can occur when a suicide death is highly publicised, glorified or sensationalised, or through personal interactions, such as the suicide of a friend, family member or role model. This can result in suicide clusters.

Where there is a cluster of suicides occurring or where there are strong indications that a cluster may form, the CPRS can provide consultation and advice services. Anyone can make a referral to the team – e.g. concerned individuals, NGOs, and government organisations.

Services can include (but are not limited to):

- Analysing available information to ascertain if suicide contagion is occurring (or has occurred)
- Co-ordinating and facilitating intersectorial meetings when there is no identified lead agency so that sectors can plan together and have a co-ordinated approach
- Assisting the community to identify gaps and barriers in service provision to those at risk and planning to minimise the risk around this
- Providing training in first level suicide screening (QPR) or refresher training for professionals in suicide risk assessment
- Assisting the community with strategies for working with the media to ensure safe and helpful media reporting
- Working alongside the community to help them identify which people in the community may be at risk for further suicide attempts and planning how to mitigate those risks
- Providing resources to the communities on topics such as bereavement by suicide, suicide contagion, and how to form effective postvention working groups

- Providing consultation and advice on any specific issues that arise (eg memorial services, internet memorial sites, overcoming barriers to accessing necessary services)
- Facilitating a 'debriefing' meeting for service providers at the completion of the community response
- Providing advice on how to address the long term implications for a community (eg planning responses to anniversaries of the deaths)

The CPRS team can work either with an individual agency that requests support, or alternatively provide assistance to all sectors across a community. This is a national service and is free of charge.

Contact details: 0800 448 908

Web: www.casa.org.nz

Initial Response Service

Victim Support provides specialist postvention support to families, whānau and significant others bereaved by suicide. This service involves trained Victim Support workers providing practical and emotional support through a 24-hour, seven-day-a-week crisis response. It also includes some ongoing support using a case management model involving:

- immediate practical assistance
- self care advice
- information about loss and grief
- information about police and legal requirements
- referral and linkage with specialist counselling services and other appropriate agencies.



Sector Updates

... Continued

Specialist Counselling Service

Another postvention service offered by CASA is the Specialist Counselling Service (SCS). This service will provide up to 6 free counselling sessions for those affected by suicide or a suicide attempt. The SCS includes a specialist Maori service that will offer access to a Kaumatua, support by Kai Awhina (Maori Support Workers) and home visits. In addition, the SCS will provide supervision and support to local suicide support groups and training for PHO staff on suicide postvention and bereavement issues.

The **Initial Response Service** and the **Specialist Counselling Service** will be available in the following 7 DHB areas:

- Auckland
- Counties/Manukau
- Waitemata
- Tairāwhiti
- Hawkes Bay
- Nelson/Marlborough
- Canterbury

Services will be available in some areas in December 2008 with roll-out to all participating DHBs in early 2009. For further information on this service please contact Dr. Louisa Walker, Clinical Manager at CASA on 021 552 948 or Victim Support on 0800 VICTIM (0800 842 846).

Kia Piki Te Ora Community Development Project

The Kia Piki te Ora Community Development project was established in 2001 as part of the implementation of Kia Piki te Ora o te Taitamariki, one of the two key documents making up the New Zealand Youth Suicide Prevention Strategy.

Initially, there were six Kia Piki te Ora pilot sites throughout New Zealand, but this was subsequently extended to 7 sites (see table below for the list of sites and their providers). From 2006, the Kia Piki te Ora sites have transitioned to focus on suicide across all age groups consistent with the new New Zealand Suicide Prevention Strategy.

The programme aims to reduce the rate of Māori suicide and suicidal behaviour by promoting community action and improving service coordination across all the sectors that have an impact on the health and well being of Māori. Strengthening participation in healthy whānau and communities - which provide safety, security and a uniquely Māori sense of identity, can reduce the risk of suicide.

SPINZ will bring you updates from the site coordinators in future issues of the SPINZ e-newsletter.

Kia Piki te Ora Provider

Site

Ng_ Tai o Te Awa

Whanganui

Te Kupenga Hauora

Hawkes Bay

Te Ao Hou PHO

Bay of Plenty (Eastern & Western regions)

Provider to be confirmed

Nelson Marlborough

He Oranga Pounamu

Christchurch

Te Runanga o Te Rarawa in joint venture with Ngati Hine Health Trust Board

Northland (Kaitia/Whangarei)

Raukura Hauora O Tainui

Papakura



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