

INSIDE

Feature

More to suicide rates than economic factors 1

Editorial 2

News

2009 symposium 4

Webcasts reach wider audience 5

Our pamphlets at a glance 5

New staff 5

Research 6

Sector updates

Access and Te Ira Tangata 8

Suicide prevention training 8

Suicide postvention response service 9

Te Pou 9

Whakawhanaungatanga 10

Nga Tai O Te Awa 11

Statistics 11

Contact us 12

More to suicide rates than economic factors

By Dr Sunny Collings

Recent articles in the media have suggested that the recession is having an impact on suicide rates. For example, in the UK a death by suicide was reported as being the 'first suicide due to the economic downturn'. Irrespective of the details of the individual case, this claim is an oversimplification. The causes of suicide are complex and both individual level factors and societal/cultural factors are important.

Suicide rates rose in New Zealand during the Great Depression with a peak in 1930.¹ The international rise in suicide rates during the Depression was probably due to the rise in unemployment.² Evidence of a link between unemployment and suicide has been shown in New Zealand, with an odds ratio of about 2.5, meaning that people who are unemployed are more likely to complete suicide.³

However, mental disorder was estimated as accounting for about half of the increased risk. Furthermore, because suicide rates fluctuate year on year, it would be difficult to be certain about attributing any rise solely to the recession. We have also seen rises in overall rates during times of relative economic prosperity, so the given evidence does not build a strong case for assuming that overall suicide rates will inevitably rise during a recession. For example, unemployment has more of an effect on suicide when it is



1 Deavoll, B.J., Mulder, R.T., Beautrais, A.L., Joyce, P.R. (1993). One hundred years of suicide in New Zealand. *Acta Psychiatrica Scandinavica* 87(2), 81-85.

2 Mishara, B. L. (2008). News bulletin, International Association for Suicide Prevention (IASP), 1.

3 Blakely, T., Collings, S., Atkinson, J. (2003). Unemployment and suicide. Evidence for a causal association? *Journal of Epidemiology and Community Health* 57, 594-600.

Editorial

Kia ora koutou and welcome to the second edition of our newsletter.

With only three weeks to go until our symposium, *Culture and Suicide Prevention in Aotearoa*, the team is busy with preparations. I encourage you to diarise September 10-11 and join us in Wellington for two days of sharing and learning from each other. Confirmed keynote speakers so far include Prof. Mason Durie, Dr. Tracy Westerman, Dr. Nic Coupe, Dr. Simon Hatcher, and Dr. Monique Faleafa. For more information about the symposium, see the update in this newsletter, or visit our [website](#).

Also in this edition, we look at the relationship between economic downturns and suicide rates, given the current economic uncertainty being experienced worldwide. Senior lecturer and researcher Dr Sunny Collings from Otago University notes that while there is some evidence that unemployment is a risk factor for suicide, the evidence doesn't build a strong case for assuming that suicide rates will inevitably rise during an economic recession.

However, because difficult economic times naturally increase the stress in our lives, now is a great time to seek support and look for ways to enhance our wellbeing. Depression is a major risk factor for suicide, so if you are concerned about your mental wellbeing, or that of someone you know, encourage and support them to seek help. A good place to start is the [National Depression Initiative](#), or for young people, [The Lowdown](#). For five practical ways to increase your wellbeing, check out the findings of [The Foresight Project](#), and look for ways to connect, be active, take notice, keep learning and give.

To receive our [newsletter](#) in your inbox automatically, sign up through our website. You can also sign up for alerts (via RSS feeds) to keep you up-to-date between newsletters with news, research and resources in suicide prevention, both locally and internationally.

Merryn Statham
Director SPINZ



Feature article ... Continued

rare in a community.⁴ Also, contextual factors such as socio-economic conditions do not affect suicide among all social groups equally. Men, for example, are more vulnerable to socio-economic conditions than women.⁵ We therefore cannot assume that any effects of economic recession on suicide rates will be uniform between countries, or possibly even between social groups within countries.

We can assume, however, that the recession is likely to propel more people into situations where they are potentially vulnerable, either through sudden unemployment; or because financial hardship and other stressors such as worry about losing a home can affect some people's mental health.



There is a substantial body of evidence on the causal mechanisms of suicide. In 2005, the Ministry of Health-commissioned suite of projects *Social Explanations for Suicide in New Zealand* was published.⁶ This complemented the existing large body of work focusing on individual-level risk factors for suicide. A review of the evidence on suicide prevention was recently summarised in a New Zealand-specific document.⁷ Together, the research from these two perspectives offers some suggestions for mitigating any possible effects of the recession on suicide rates in New Zealand.

Individual level risk factors such as mental disorder will continue to play an important part in eventual suicides. We are fortunate that there has been a considerable expansion of mental health services for the common mental disorders over the past five years, and it is now much easier to access help directly from primary care providers. The significant investment in public awareness of the treatability of mental disorders such as depression, for example the [National](#)

4 Platt, S. & Kreitman, N. (1984). Trends in parasuicide and unemployment among men in Edinburgh. *British Medical Journal* 289(6451), 1029-32.

5 Deavoll, B.J., Mulder, R.T., Beautrais, A.L., Joyce, P.R. (1993). One hundred years of suicide in New Zealand. *Acta Psychiatrica Scandinavica* 87(2), 81-85.

6 Collings, S. & Beautrais, A. (2005). *Suicide prevention in New Zealand: a contemporary perspective*. Wellington: Ministry of Health.

7 Beautrais, A. & Collings, S. et al. (2005). *Suicide Prevention: a review of evidence of risk and protective factors, and points of effective intervention*. Wellington: Ministry of Health.

Feature article

... Continued

[Depression Initiative](#), should have fostered a more general acceptance of help-seeking. The ongoing work of the [Like Minds, Like Mine](#) anti-stigma programme may have assisted this too. However, we know that among already vulnerable people, unemployment or financial hardship is an additional source of stress that can dramatically increase suicide risk. People who are especially vulnerable will include those who have poor mental health and endure what has been called 'social complexity' i.e. combinations of social problems such as housing insecurity, family discord, lack of financial resources and social support. The new primary mental health services, as well as existing community agencies and non-government organisations, can now support a number of these people. Most of these services include opportunities for people to develop more psychological and practical coping strategies.

Modifying individual level risk factors is not the only potential mitigating influence. Structural and cultural influences in society can also affect suicide rates, and these are also modifiable to some extent. We know this is true because the social environments of countries change over time and can do so in response to government policies: in New Zealand, it is plausible that policies have influenced, for example, the social acceptability of drinking and driving, and of tobacco smoking. In respect of suicide, it has been argued that New Zealand's policy response to the economic shock of the late 1980s/early 1990s was a contributor to high suicide rates among those aged 15-24.⁸ While this research was not conclusive it does at least point to the importance of policymakers being sensitive to possible unintended consequences that inadvertently increase risk for vulnerable groups.

In challenging times it is important to act thoughtfully and keep a balanced view guided by evidence, whether focusing on individual or societal level risk factors for suicide. Some possible risk factors that seem intuitive may not be the problems we suspect: for example, a recent study of neighbourhood fragmentation and suicide showed no consistent association in the New Zealand context.⁹

The best evidence suggests that early professional help for individuals, particularly men, with mental disorders and milder mental health problems; moderation of alcohol use; access to social support; and support and coaching in the practical solution of social problems

and responses to life crises where possible; are likely to reduce suicide risk in vulnerable people. In this recession it will be important to ensure that existing access to these sources of help is at least maintained, and augmented for those most at risk.

As always, if you are concerned about somebody's mental wellbeing and think they might be at risk, encourage and support them to seek professional help. For practical problems such as job loss and financial issues, there are community agencies that will assist with problem-solving. Health, social services and educational professionals should learn about what is available locally. Those making the policies that will help steer New Zealand out of this difficult time, and those whose decisions will affect the availability of services to vulnerable people, should be thoughtful about possible unintended consequences.

We are able to provide electronic copies of the research referenced in this article. Please email Russell Tuffery at info@spinz.org.nz or tel: 09 300 7035 for more information.



Dr. Sunny Collings

Sunny is the Director of the Social Psychiatry & Population Mental Health Research Unit at the University of Otago Wellington. Her clinical role is at the Regional Personality Disorder Service at CCDHB, which works with people often at high risk of self-harm. Her research interests centre on the social and health service context of mental illness, mental health and suicidal behaviours. Current projects led by Sunny include development of an ultra-brief intervention for mental health problems presenting in primary care, developing a sustainable approach to primary care mental health services, and a multi-level intervention for suicide prevention. Sunny's most recent [publication](#) investigates social fragmentation and suicide in New Zealand.

⁸ Howden-Chapman, P., & Hales, S. et al. (2005). The impact of economic recession on youth suicide: a comparison of New Zealand and Finland. Wellington: Ministry of Health.

⁹ Collings, S., & Ivory, V. et al. (2009). Are neighbourhood social fragmentation and suicide associated in New Zealand? A national multilevel cohort study. *Journal of Epidemiology and Community Health*, in press

News



SPINZ NATIONAL SYMPOSIUM 2009 CULTURE AND SUICIDE PREVENTION IN AOTEAROA

*Nāu te rourou, nāku te rourou. Ka ora ai ngā iwi.
We each contribute to the health of the people.*

Be a part of our 2009 SPINZ symposium

Pipitea Marae & Mercure Hotel, Willis St, Wellington. September 10-11.

Registrations are open and planning is well underway for this year's [SPINZ symposium](#), hosted in partnership with [Regional Public Health](#) (Wellington), [Te Rau Matatini](#), and the [Ministry of Health](#). Titled *Culture and Suicide Prevention in Aotearoa*, the symposium reinforces the [International Association for Suicide Prevention's](#) (IASP) World Suicide Prevention Day theme, Suicide Prevention in Different Cultures.

The symposium theme of Culture and Suicide Prevention has been chosen in the context of increasing concern about suicide rates among Māori, which have declined but not matched a trend of decreases in the general population. The symposium aims to increase the knowledge and understanding of those working with Māori and other cultures, and to foster good working relationships. Confirmed keynote speakers [Dr. Mason Durie](#) and [Dr. Tracy Westerman](#) will present their work in this area. Overall, the symposium will highlight approaches to suicide prevention that acknowledge both clinical and cultural expertise.

If you work with Māori or other cultures, or would like to learn more about the cultural aspects of suicide prevention, the symposium is an opportunity to share approaches and learn from others working in the sector. Wherever you fit in suicide prevention, we warmly invite you to join us in Wellington for what promises to be a great event.

The symposium will open with a powhiri at Pipitea Marae, followed by keynote and ministerial addresses and lunch. We will then move to the Mercure Hotel for the remainder of the day, closing with the symposium reception, where entertainment, drinks and nibbles will be provided. Day two will also be held at the Mercure Hotel.

Registrations are \$270 (GST included) and can be completed [online](#).

On the day registration is subject to places still being available.

Nāu te rourou, nāku te rourou. Ka ora ai ngā iwi.

We each contribute to the health of the people.



Dr. Mason Durie



Dr. Tracey Westerman

Webcasts to reach a wider audience

Production has just been completed on the first three of a series of SPINZ webcasts, which will be available to view on our [website](#). These webcasts incorporate information from past SPINZ workshops, ensuring greater accessibility for different audiences. The first three webcasts to go online will be: *Introduction to SPINZ*; *Risk Factors*; and *Warning Signs*.

Future webcasts include *Statistics and Trends*; *Managing Risk*; *Postvention*; *Suicide Myths*; *Caring for Someone who is Suicidal*; and *Suicide Bereavement*.

Our pamphlets 'At a Glance'

Two of our most popular resources have been updated, and streamlined to make the information more accessible and easier to read.

[At A Glance: Suicide Statistics, Risk Factors and Warning Signs](#) is for those working with people at risk of suicide, while [At A Glance: Preventing Suicide - What Makes A Difference?](#) covers safe and unsafe practice and is for those planning and/or funding suicide prevention programmes and interventions.

Both resources are available to download - just click on the links above or go to the [Resource Finder](#) and type "At A Glance" into the keyword box. Alternatively, to request hard copies email Russell Tuffery at info@spinz.org.nz or tel: 09 300 7035.

New staff at SPINZ

[Rob Berg](#) joined us in March, taking up the Development Manager role based in Auckland. His primary responsibilities are co-ordinating the monitoring and evaluation of our work, the development of services, and reviewing policies and procedures. Rob has a background in community development, change and operations management and mental health, gained from his work in London, Israel and now Auckland. In his spare time, Rob enjoys football (soccer not rugby), teaching his kids tennis and generally spending time with his family.



[Sarah Doddrell](#) started in February, as the Resource Development Coordinator based in Auckland. Sarah's main responsibilities are co-ordinating the development of new resources and the updating of existing resources, producing our newsletter, and maintaining the website. Her background is in domestic violence support services, business development, psychology and public health. Outside of work, Sarah enjoys trips to Borders, going to the beach and doing 'coffee and cake' with friends.



Research

This section showcases recent research in the field of suicide prevention. We have chosen these projects as they support the goals of the [New Zealand Suicide Prevention Strategy 2006-2016](#).



1. Removing bridge barriers stimulates suicides: an unfortunate natural experiment

This research paper supports Goal 4: Reduce access to the means of suicide and Goal 7: Expand the evidence about rates, causes and effective interventions.

Beautrais, A. L., Gibb, S. J., Fergusson, D. M., Horwood, L. J., & Larkin, G. L. (2009). *Aust N Z J Psychiatry*, 43(6), 495-497.

[Abstract](#)

Summary

This study, jointly led by researchers from the University of Otago, Christchurch, and Yale University in the United States, examined the impact on the number of suicides following the removal of safety barriers from Auckland's Grafton Bridge in 1996, and their subsequent re-installment using an improved design in 2003.

The study compared national mortality data for suicide from three periods: 1991-1995 (old barrier in place); 1997-2002 (no barriers in place); 2003-2006 (after barriers were reinstated).

Results showed that after the removal of the barriers, suicide rates from the bridge increased five-fold,

leading to a decision to re-install the barriers. Since the re-installment, there have been no suicides from the bridge.

On the basis of these results, and the strong reversal design of the study (barriers in place-barriers removed-barriers in place), the study illustrates that safety barriers are an effective suicide prevention tool. When the barriers were removed, the suicide rate increased; once they were reinstated, the suicide rate decreased.

This finding contributes to a growing body of evidence suggesting that safety barriers are the most effective form of suicide prevention at bridges that have become popular or iconic jumping sites.

Earlier study: Beautrais, A. L. (2001). [Effectiveness of barriers at suicide jumping sites: a case study](#). *Aust N Z J Psychiatry*, 35(5), 557-562.

For a full-text electronic copy of this research email Russell Tuffery at info@spinz.org.nz or tel: 09 300 7035.



Grafton Bridge barriers, Auckland
Photo: NZ Herald

2. Comparisons of the Australian 2007 National Survey of Mental Health and Wellbeing and the 2003-2004 New Zealand Mental Health Survey

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

Wells, J. Elisabeth (2009). *Australian and New Zealand Journal of Psychiatry*, 43(7), 585-590

Abstract: None. [Full text](#)

Summary

This study compared the findings from the Australian 2007 National Survey of Mental Health and Wellbeing (NSMHWB) with the 2003-2004 New Zealand Mental Health Survey (NZMHS).

Because the surveys had a similar design, both cross-sectional and used the same interview style and technique - they are able to be compared with each other and with other surveys in the World Mental Health Surveys Initiative.

Results showed that the reported prevalence for depression was lower in Australia, with a life-time prevalence of 11.6%, compared to 16% in New Zealand. It is possible that some of this difference may be explained by the different diagnostic system used in each survey: the NSMHWB used ICD-10, whilst the NZMHS used DSM-IV.

Comparing prevalence of suicidal ideation, plan and attempt is more straightforward because there are no diagnostic differences to consider, and the same questions were asked in each survey. Again, the prevalence of ideation, plan and attempts were significantly lower in Australia, except the 12 month prevalence of attempts, where the prevalence was the same.

From these results, the study concludes that the lower prevalence of suicide plans and attempts correspond to the apparent lower prevalence of depression in Australia, and that these lower prevalences could reflect the changes in policy and strategy in Australia over the past decade. Rates of suicide in New Zealand have also decreased, but remain stable from 2003 when the survey was conducted.

These findings give additional weight to the importance in suicide prevention of programmes such as the [National Depression Initiative](#), which aims to strengthen individual, family and social factors that protect against depression, and improve community and professional responsiveness to depression.



Sector Updates

ACCESS and Te Ira Tangata

The ACCESS (After self-harm: Collaborative Care and Enriched Services Study) project was launched on August 3 by three District Health Boards (Waitemata, Counties Manukau and Northland). Funded by the Ministry of Health, ACCESS is a randomised controlled trial that will examine the effectiveness of a care package made up of several evidence-based components that have been shown to be beneficial to people who have attempted suicide. This will include support implementing the emergency department discharge plan, follow-up by 'postcards' over a year and brief problem solving therapy. The Principal Investigator is Dr Simon Hatcher, Senior Lecturer at the University of Auckland.

Adults who present to hospital emergency departments following an episode of self-harm will be eligible for inclusion if they are able to give informed consent. The intention is to recruit 900 participants in an 18-month period. The primary aim is to find out if the ACCESS intervention is effective in reducing repetition of self-harm and if people who receive it experience improvements in measures of psychosocial distress and quality of life.

ACCESS will be running alongside its 'sister study' Te Ira Tangata. The aim of Te Ira Tangata is to discover whether, in Māori who present to hospital with self-harm, a culturally informed intervention, plus treatment as usual, produces better outcomes than treatment as usual alone. The study will also incorporate a structured cultural assessment, and the intervention will be informed by Māori tikanga. The potential health impact is a reduction in the Māori self-harm and suicide rate, and a demonstration that explicitly taking into account cultural factors in health care improves outcomes.

Cynthia Sharon
Project Manager
ACCESS



Suicide Prevention Training

Suicide affects people from all walks of life. A life cut short through suicide is a tragedy, and is also devastating for those left behind. But it is preventable. Do you know what to say, what to do and how to act when someone you know is at risk for suicide? Question Persuade Refer (QPR) is an evidence-based suicide prevention training programme. Offered at three levels, [QPR New Zealand](#) has programmes appropriate for all.

Level I - QPR Suicide Screening: This on-line training programme is a comprehensive first-level suicide screening method for people in all walks of life, lay and professional, individuals and organisations. It equips them to confidently and competently question someone about thoughts of suicide and then to persuade them to accept a referral to a professional.

Level II - QPR Suicide Triage training teaches participants how to probe for, and initially assess immediate risk factors for suicidal behaviours, and how to immediately enhance protective factors. This more advanced training builds on the skill offered in Level I training, going beyond basic first-level screening. The target audience are school counsellors, nurses, helpline staff, social workers, case managers, clergy, police, correctional staff, probation officers, ambulance officers and other professionals in a position to have first contact with persons at risk for suicidal behaviours.

Level III - QPRT Suicide Risk Assessment & Management. QPRT stands for Question, Persuade, Refer, Treat. This course is designed for professionals - psychiatrists, psychologists, counsellors, social workers, substance abuse treatment providers, and or any registered professionals who evaluate and work with suicidal persons.

QPR is offered exclusively in New Zealand by [Clinical Advisory Services Aotearoa](#).

Stephen Lisk
Chairman
Clinical Advisory Services Aotearoa

Sector Updates

... Continued

Suicide Postvention Response Service for Wellington Region

In 2006, Wellington Regional Public Health established a service to assist agencies and communities to respond to the impact of suicide. The need for a formalised response was identified when a number of deaths were reported within one community.

The Regional Suicide Postvention Response Service operates across the Capital and Coast and Hutt Valley DHBs.

After a suicide there is a risk of others taking their lives. This is often referred to as 'copycat suicides' or 'suicide contagion'. Past experience has shown that agencies in a community are often unsure of what to do, or communities lack a process to bring the relevant agencies together to provide a co-ordinated response. The fear of other suicides can also increase community demand for something to be done. This may result in well-intentioned activities being undertaken that may not be beneficial and may even increase the risk of suicides.

The Regional Suicide Postvention Response Service is population-based, and works with agencies, rather than individuals who may have been affected. Victim Support provides initial support to individuals and families affected by the suicide.

Local response teams (health and social support agencies) have been established in Wellington City, Porirua, Kapiti, Lower Hutt and Upper Hutt to respond to a suicide within their area or a suicide that affects that area. The local response teams are supported with technical information, training, supervision and debriefing. The role of the Regional Suicide Postvention Co-ordinator is to support the services already operating in the local community but also have the capacity to bring in other agencies where some specialist service is required.

The Regional Suicide Postvention Co-ordinator receives information from the Police at the time of a suicide and, within 48 hours, calls together the relevant community 'team' to develop a co-ordinated response. Contact continues with the group for up to one year - after the first six weeks, six months and then at the anniversary. There will be occasions when there is far greater contact required.

Strategies are developed to reduce the risk of suicide contagion and promote the healthy recovery of the affected community. The service provides support, technical advice and guidance to affected services about 'safe' suicide postvention strategies as well as to

facilitate a process to bring together relevant agencies.

The service is at present being externally evaluated, and the co-ordinator is happy to discuss the findings.

For further information about the Service:
Regional Suicide Postvention Co-ordinator
Jennie Jones

Phone: (04) 381-4867

Mobile: 027 273 4762

Email: postvention@huttvalleydhb.org.nz

Funded suicide prevention research

[Te Pou](#) is currently managing eight suicide prevention research contracts on behalf of the Ministry of Health. These studies contribute towards the implementation of the Suicide Prevention Action Plan 2008-2012. Many of these studies are well underway with recruitment, data collection and preliminary data analysis. A ninth study to review and update the suicide prevention guidelines for schools will be underway by July 2009.

Two studies examine media reporting of suicides in New Zealand. The first focuses on the content and quality of media reporting in New Zealand and the second is interviewing young people to investigate how suicide reporting may impact on self-harm behaviours.

Two further studies focus on describing and examining suicidal behaviour in the community. One will examine suicide methods and locations, while the other study investigates trends in clusters of suicides and suicide attempts based on an analysis of completed and hospital admissions suicide attempt data. The researchers will seek to identify what characteristics are associated with these clusters and who may be at risk.



Sector Updates

... Continued

Informing the development of clinical interventions is the aim of two more studies. The first investigates the role of dynamic family factors in at-risk families to identify characteristics that may be taught within interventions with at-risk families. The second investigates the feasibility of conducting a randomised controlled trial on the use of dialectical behaviour therapy (DBT) for self-harming adolescents.

A further study is evaluating the Self-harm and Suicide Prevention Collaborative: Whakawhanaungatanga work managed by the New Zealand Guidelines Group. The final study will report youth suicide and self-harm statistics based on the results of the Youth2000 and Youth2007 school health surveys.

Visit [Te Pou](#) for more information about these studies. Any further funding opportunities for suicide prevention research through Te Pou will be listed in the [Te Pou e-bulletin](#) and on the [Government Electronic Tenders website](#)

Jenny Long
Researcher
Te Pou

Self-harm and Suicide Prevention Collaborative: Whakawhanaungatanga

Of the 21 District Health Boards in New Zealand, 14 are currently participating in the Self-harm and Suicide Prevention Collaborative: Whakawhanaungatanga. Capital & Coast DHB is the most recent to join the collaborative.

The aim of the collaborative is to ensure people who present to emergency departments with self-harm or who are at risk of self-harm and suicide get timely and appropriate care. This will be achieved by supporting DHBs to comply with best practice as defined in the guideline 'Assessment and Management of People at Risk of Suicide' (NZGG & MoH, 2003). Whakawhanaungatanga is the core concept for the collaborative, meaning recognising service users and fellow providers as kin or whanau.

The methodology used by the project team for the improvement work is evidence-based and well-used in health services internationally. It includes the measurement of progress against four national targets, including the key requirements in the clinical pathway for access, assessment, discharge and follow-up. It also builds both structures and processes for creating common understanding, sharing knowledge, fostering co-

operation, and achieving clinical practice change.

Begun in 2006 as part of the New Zealand Suicide Prevention Strategy, the project is now in its second phase, which commenced in October 2008 and is running for 18 months. The participating DHBs are developing, have implemented or are in the process of implementing a range of improvements to specific aspects of service delivery. These include:

- Risk assessments - more effective and timely
- Waiting times - reduced
- Cultural competency of services - enhanced
- Follow-up on discharge - improved
- Stigma towards people at risk - reduced
- Communication between services - increased

Each DHB has executive management sponsors, a project co-ordinator and project team.

The project team includes people from the emergency department, mental health services, Māori health/mental health services, and consumer and family advisor networks. The ongoing consumer perspective is central to this project, ensuring that improvements to services make a positive difference to people's experiences.

Potential benefits for consumers include improved responsiveness, better referral and co-ordination between emergency and mental health services, improved access to services, improved follow up, culturally appropriate services, and involvement of family, whanau and friends.

For more information, email NZGG.info@nzgg.org.nz.

Reference: New Zealand Guidelines Group & Ministry of Health (2003) *Assessment and Management of People at Risk of Suicide*. Wellington: New Zealand Guidelines Group

Christine Priestley
Project Leader/Quality Improvement Advisor
New Zealand Guidelines Group

Sector Updates

... Continued

Nga Tai O Te Awa

The National Hui for the Kia Piki O Te Ora Kaimahi was held in Ahuriri (Napier) 5-7 May, and warmly hosted by one of its seven sites, Te Kupenga Hauora.

Co-ordinators, management, Ministry of Health and a number of other organisations and services were in attendance over the three days.

The focus on this year's hui was around workforce development and presentations were given by SPINZ, the Mental Health Foundation of New Zealand, Ministry of Health, Whariki Research Group (Massey University) and Te Rau Matatini.

Some of the subject areas covered during the hui included:

- Development of Programme Logic Model for the future service delivery of Kia Piki Te Ora
- Evaluation of interventions
- Planning programmes
- Māori resources
- Reporting

Because of the geographical spread of the sites, whakawhanaungatanga amongst the co-ordinators happens very rarely so every opportunity was seized to ensure the best use of time that people were together.

The New Zealand Suicide Prevention Strategy addresses suicide prevention across all age groups and this creates a better fit with the 'whanau ora' approach on which many sites base their programmes.

Collaboration, project and programme development as well as community leadership and participation continues to be a core ingredient in ensuring sites continue to deliver effective strategies to help their communities.

The challenge for the Kia Piki O Te Ora whanau continues to be one of ensuring that Te Ao Māori concepts and health promotion initiatives are valued and recognised across the whole of the health sector.

Helping our people to achieve their own rangatiratanga and building on those protective factors that are intrinsically Māori can and does contribute to the protection of life. He aha te mea nui o te ao? He tangata, he tangata, he tangata!

Tracey Hiroa

New Statistics Available Soon

The 2007 statistics for intentional self-harm hospitalisations will be published in late August; and available on [our website](#).





Contact Us

The SPINZ newsletter is published electronically 3 times a year by the Mental Health Foundation of New Zealand.

Auckland

81 New North Road
Eden Terrace
Auckland

PO Box 10051
Dominion Road
Auckland 1446

Phone: (09) 300 7035
Fax: (09) 300 7020
Email: info@spinz.org.nz

Wellington

Level 5
Education House
178 Willis Street
Wellington

PO Box 6563
Marion Square
Wellington 6141

Phone: (04) 384 0352
Fax: (04) 384 4003

Media enquiries

For contact details and resources
for journalists, [click here](#).

NB: The Mental Health Foundation library, which houses the SPINZ collection, is located at our Auckland office.
You can contact a librarian by email: resource@mentalhealth.org.nz

URL references

If you are viewing this newsletter in hard copy, please find a list of relevant URLs below:

At A Glance: Suicide Statistics, Risk Factors and Warning Signs

http://dnload.net/?http://www.spinz.org.nz/file/dnload/downloads/pdf/file_144.pdf

At A Glance: Preventing Suicide – What Makes A Difference?

http://dnload.net/?http://www.spinz.org.nz/file/dnload/downloads/pdf/file_299.pdf

Clinical Advisory Services Aotearoa

www.casa.org.nz

Government Electronic Tenders website

www.gets.govt.nz

International Association for Suicide Prevention

<http://www.iasp.info/>

Like Minds, Like Mine

www.likeminds.org.nz

Ministry of Health – Suicide Prevention

www.moh.govt.nz/suicideprevention

National Depression Initiative

www.depression.org.nz

New Zealand Guidelines Group

www.nzgg.org.nz

QPR New Zealand

www.qpr.org.nz

Regional Public Health (Wellington)

<http://www.huttvalleydhb.org.nz/Article.aspx?ID=834>

Research

Bridge barriers

<http://www.ncbi.nlm.nih.gov/pubmed/19440879?dopt=Citation>

Earlier bridge barriers study

<http://www.ncbi.nlm.nih.gov/pubmed/11551268?dopt=Citation>

Survey comparisons – Australia/New Zealand

<http://www.informaworld.com/smpp/content-db=all~content=a912415209>

Suicide Prevention Information New Zealand

www.spinz.co.nz

Symposium

<http://www.spinz.org.nz/page/90-SPINZ-National-Symposium-2009+Welcome>

Keynote Speakers

<http://www.spinz.org.nz/page/95-SPINZ-National-Symposium-2009+Key-Note-Speakers>

Register

<http://www.spinz.org.nz/forms/show/symposium-registration/new/1/>

Resource Finder

<http://www.spinz.org.nz/resourcefinder/listings/search/>

Newsletter

<http://www.spinz.org.nz/page/11-Newsletter>

Sunny Collings publication on social fragmentation and suicide in New Zealand

<http://jech.bmj.com/cgi/rapidpdf/jech.2009.090985v1>

Te Pou

<http://www.tepou.co.nz/page/23-Welcome>

E-Bulletin

<http://www.tepou.co.nz/page/128-Electronic-Newsletters+e-bulletin-Subscription>

Suicide Prevention research

<http://www.tepou.co.nz/test/608-Suicide-prevention-research-fund+Funded-suicide-prevention-research>

Te Rau Matatini

http://www.matatini.co.nz/cms_display.php

The Foresight Project

http://www.neweconomics.org/gen/well-being_fiveways.aspx

The Lowdown

www.thelowdown.co.nz