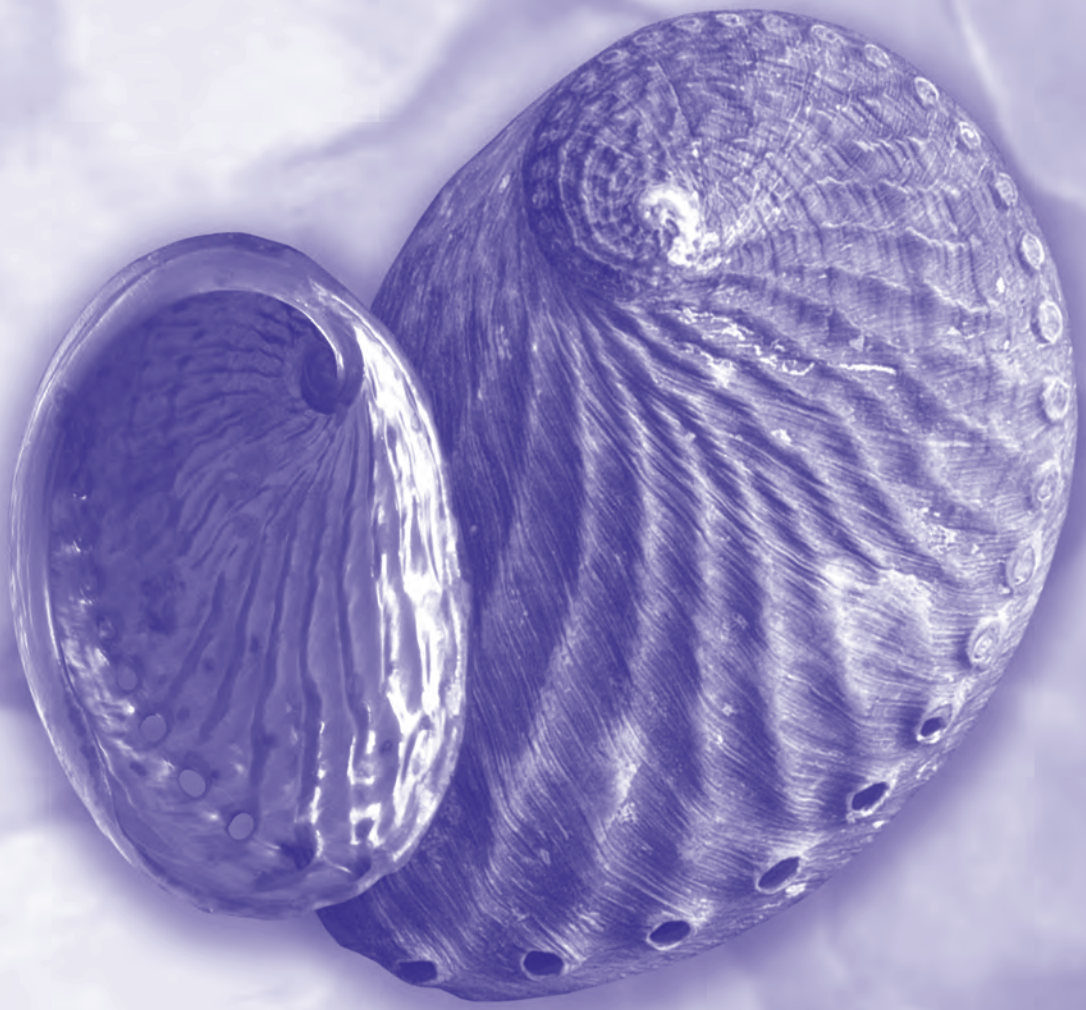
MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Suicide Prevention Action Plan

2008–2012

The Summary for Action



New Zealand Government

New Zealand
Suicide Prevention
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The Summary for Action

Cover description: The paua shell represents the protective structure that nurtures and supports the individual, family/whānau, and the community.

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Foreword

The suicide of a loved one has a devastating impact on friends, family and communities. At a personal level the grief of losing someone to suicide can be overwhelming. As a society it is a tragedy that our most vulnerable members feel they have no other option than to take their own lives.

Suicide is complex and its prevention requires the combined efforts of many individuals and organisations across a wide range of sectors. We can all contribute at different points in people's lives and in a variety of environments. I believe by taking a long term and collaborative approach we can make a difference to the lives of New Zealanders.

In recent years there have been many achievements in suicide prevention. We now know a great deal more about the risk factors for suicide, we have a comprehensive range of policies, programmes and services across sectors, and we have seen almost a 20 percent decrease in suicide since the late 1990s. However, there are still too many New Zealanders taking their own lives and there is still much more we need to do.

I was proud to release the *New Zealand Suicide Prevention Strategy 2006–2016*, which is a comprehensive document providing a national framework for suicide prevention. This Action Plan provides more detail about how the high level goals of the Strategy will be achieved. It describes the types of actions required across the range of sectors involved in suicide prevention.

The Action Plan is made up of two companion documents. This document, *The Summary for Action*, provides detailed tables outlining outcomes, actions, milestones, whānau ora considerations, timeframes and agencies responsible for implementing the actions. It should be read alongside the companion document, *The Evidence for Action*, which provides detail about the evidence, rationale and context underlying the actions.

Together the Strategy and Action Plan will help guide and co-ordinate suicide prevention. But it is the broad range of people working together throughout New Zealand who really make a difference. I recognise that there are already many people with a great deal of expertise and commitment to suicide prevention.

I hope this Action Plan will help us move towards the vision of the *New Zealand Suicide Prevention Strategy* – of a society where people feel they are valued and nurtured, where they value their own life, where they are supported and strengthened if they experience difficulties, and where they do not want to take their lives or harm themselves.

Hon Jim Anderton
Associate Minister of Health

Acknowledgements

The development of this Action Plan has been a complex task and has benefited from the valuable input of a wide range of people representing diverse perspectives, many of whom have dedicated many hours to this process. As Appendix 3 shows, those involved have included researchers, funders, government agencies, community organisations, people providing support and services to those at risk of suicide and their families/whānau, people who have experienced suicidal thoughts or behaviour, and those who have lost a loved one to suicide. We trust that the resulting action plan provides a strong, evidence-based and practical framework for guiding the implementation of the *New Zealand Suicide Prevention Strategy 2006–2016* for the next five years.

We would like to express our sincere gratitude to all who contributed to the development of the Action Plan and our appreciation for the support and encouragement we have received. We would particularly like to acknowledge the valuable contributions of:

- the Suicide Prevention Action Plan Taskforce
- the Suicide Prevention Action Plan Māori Caucus
- the Suicide Research Network Advisors
- the Inter-Agency Committee on Suicide Prevention
- the Suicide Prevention Action Plan Pacific Advisors
- the Te Kōkiri Work Group district health board representatives
- New Zealand reviewers
- international peer reviewers.

Contents

Introduction

Purpose and target audience

In 2006 the Government released the *New Zealand Suicide Prevention Strategy 2006–2016* (the Strategy), which provides a high-level framework for reducing the rates of suicide and suicidal behaviour in New Zealand (Associate Minister of Health 2006). This framework is outlined in Appendix 1.

Subsequently, the *New Zealand Suicide Prevention Action Plan 2008–2012* (the Action Plan) has been developed to translate the goals of this Strategy into action. The Action Plan is the Government's statement of how the Strategy will be implemented over the next five years. The Action Plan will:

- provide a uniform set of evidence-based directions to guide suicide prevention activities
- help identify where new investment is needed
- assist government and non-government policy advisors, service planners, service providers, researchers, professional groups and communities to work more closely together to gain a common understanding of where they fit within the overall spectrum of suicide prevention.

This detailed programme of action is based on the best available evidence and encompasses the spectrum of suicide prevention initiatives in New Zealand. It is intended primarily as a guide for government and non-government agencies involved in planning, funding and delivery of suicide prevention initiatives.

The Action Plan is not intended to be a 'best-practice' guideline or a detailed prescription for how specific suicide prevention activities should be provided at a local level.

This document is one of two companion documents that make up the Action Plan.

1. *The New Zealand Suicide Prevention Action Plan – The Evidence for Action* is intended for those who wish to gain a better understanding of suicide prevention and in particular the evidence behind the recommended actions. An introductory chapter provides the context for action, including the scope of the issues, key considerations for Māori and issues for specific population groups. Each of the following seven chapters maps onto one of the seven goals of the Strategy. Each chapter describes in detail: the rationale and justification for the goal, including the evidence base; key areas for consideration in relation to the goal; a review of relevant current New Zealand initiatives; perspectives for Māori as tangata whenua; issues for other population groups; and key areas for action.
2. This document, *The New Zealand Suicide Prevention Action Plan – The Summary for Action*, is intended for all those involved in funding, planning and delivering suicide prevention activities. It summarises the information outlined in *The Evidence for Action* and brings the actions to the forefront. It identifies outcomes, actions, milestones, whānau ora considerations, timeframes and the lead agency or agencies responsible for implementing the actions. Agencies will be monitored against the actions outlined in each table. Through this monitoring, the Government will be able to measure progress towards achieving the goals of the Strategy.

Overview of suicide in New Zealand

Suicide is a major health and social issue in New Zealand, acting as an indicator of the level of both the mental health and the social wellbeing of the population. Each year approximately 500 people take their lives, and there are over 5000 hospitalisations for intentional self harm. These figures represent a tragic loss of potential and a tremendous impact to those families, friends, workplaces and communities that are affected by the loss of someone through suicide.

People take their own life usually as a result of a complex range of factors that interact together, but it is often just one or two things that trigger them into making a plan or an attempt on their life. Most often suicide results from an accumulation of risk factors. These factors, and how they work together, are illustrated in a model in Appendix 2. This diagram shows that at the most general level a wide range of biological, psychological, familial, social, economic and cultural factors contribute to both vulnerability and resiliency to mental disorders and suicidal behaviours. These factors have informed the high-level framework of the Strategy and are reflected in the activities outlined in this Action Plan.

Even with the increasing amount of information and evidence now available, suicide is still very hard to predict at an individual level. However, the population rate of suicide can be reduced with a comprehensive approach at a number of levels and across a range of sectors. It is vital, therefore, that suicide prevention activities are well co-ordinated and well planned.

Suicide facts

- Each year approximately 500 New Zealanders die by suicide.
- The rate of suicide has decreased by 19 percent since the late 1990s.
- Among those who die by suicide, the number of men is approximately three times the number of women.
- Approximately twice as many women are hospitalised for intentional self-harm as men.
- Māori have higher rates of suicide and hospitalisation for intentional self-harm compared with other New Zealand ethnic groups.
- The overwhelming majority of Māori who die by suicide are aged 15–35 years. This pattern differs from general population trends. Over recent years the Māori suicide rate for this age group appears to have been increasing.
- Those living in the most deprived areas of New Zealand have higher rates of suicide than those living in the least deprived areas.
- In selected international comparisons, New Zealand has a high rate of suicide for those aged 15–24 years.
- The most common risk factor for suicidal behaviour is the presence of a mental disorder.

Source: Ministry of Health 2006; Ministry of Health 2007a.

Guiding principles

All suicide prevention initiatives undertaken within the framework of the Strategy and the Action Plan are expected to reflect the following principles (Associate Minister of Health 2006).

- **Be evidence based:** Where possible, all suicide prevention initiatives should be based on the best available research and supported by the experiences and knowledge of those working in suicide prevention, including indigenous time-honoured knowledge. In areas where robust evidence is lacking, a plan to build the evidence base that includes appropriate evaluations is necessary.
- **Be safe and effective:** It is imperative that initiatives are carefully developed, informed by evidence and best practice, assessed for safety issues and comprehensively evaluated to ensure they make a positive difference and do not place vulnerable people at an increased risk of suicide.
- **Be responsive to Māori:** While it is acknowledged that a range of different strategic frameworks and responses guide work to achieve whānau ora, it is essential that all interventions are accessible and effective, and appropriately reflect realities and priorities for Māori. Achieving whānau ora requires measures that account for the needs and aspirations of Māori in all of an organisation's activities – in particular, in its core business activities.
- **Recognise and respect diversity:** To be effective, the design and delivery of prevention programmes and services must be responsive to and respectful of the realities and needs of the population they target such as those based on ethnicity, culture, gender, sexual orientation and age.
- **Reflect a co-ordinated multisectoral approach:** Services will be most effective when they are co-ordinated, integrated, and supported by collaboration across sectors and communities.
- **Demonstrate sustainability and long-term commitment:** Suicide prevention is a complex issue and requires sustained action at a range of levels, supported by a commitment to long-term investment.
- **Acknowledge that everyone has a role in suicide prevention:** Suicide prevention is a shared responsibility for the whole of New Zealand society. It is most effective when everyone is clear about their specific role and is participating within the parameters of evidence and safety towards a common goal.
- **Have a commitment to reduce inequalities:** It is important that all approaches to suicide prevention focus on addressing the factors that contribute to higher rates of suicide and suicidal behaviour for particular population groups, including Māori.

Māori as tangata whenua

Māori are over represented in suicide statistics. It is crucial that all suicide prevention activities under this Action Plan address this disparity. In contrast with general population trends, the overwhelming majority of Māori who die by suicide are aged 15–35 years. Over recent years the suicide rate for this age group appears to have been increasing. The perspectives and potential of Māori as tangata whenua must be recognised and addressed in the implementation of all the actions throughout the Action Plan. This includes consideration of Māori models of health such as te pae mahutonga, te whare tapa whā and te wheke (Durie 1999,1994; Pere 1984). A key consideration for Māori is that cultural identity can contribute to good mental health and wellbeing and therefore may play a role in suicide prevention.

It is also important to support Māori-centred initiatives, based on the concept of whānau ora – Māori families supported to achieve maximum health and wellbeing. *He Korowai Oranga: The Māori Health Strategy* (Minister of Health and Associate Minister of Health 2002) seeks to achieve the following outcomes:

- whānau experience physical, spiritual, mental and emotional good health and have control over their own destinies
- whānau members live longer and enjoy a better quality of life
- whānau members participate in Te Ao Māori and wider New Zealand society.

He Korowai Oranga sets out four pathways to achieve whānau ora:

1. development of whānau, hapū, iwi and Māori communities
2. Māori participation in the health and disability sector
3. effective health and disability services
4. working across sectors.

This Action Plan indicates how actions should be implemented to follow these whānau ora pathways and contribute to reducing the rates of suicide for Māori, as well as for the general population. The 'whānau ora pathways' column of the action tables highlights the pathways that are most relevant for specific actions. All four pathways to whānau ora, however, should be considered when implementing each action.

For further information on considerations for Māori as tangata whenua, please refer to *The Evidence for Action*.

Other population groups

Effective suicide prevention requires that the issues and needs of particular population groups are addressed both within general population programmes and, where appropriate, through targeted programmes.

The Strategy identified a number of issues for a range of population groups in New Zealand. When developing programmes and services to implement the Action Plan, it is important that issues specific to certain population groups are taken into consideration. These groups include:

- males and females
- children and young people
- older people
- gay, lesbian, bisexual, transgender and intersex (GLBTI) people
- Pacific peoples
- Asian immigrants and refugees
- people with disabling physical health conditions and long-term impairments.

For further information on population group issues, please refer to *The Evidence for Action*.

Reducing inequalities in health

Specific groups in New Zealand, defined by socioeconomic status, ethnicity, gender and other factors, consistently experience poorer outcomes in health and other domains than the rest of the population. Addressing these inequalities is a whole of government priority.

Health inequalities are pronounced in New Zealand. They can be seen clearly when comparing different ethnic groups. Māori health status is demonstrably poorer than that of other New Zealanders. Pacific peoples also have poorer health than New Zealand Europeans/Pākehā.

New Zealand's suicide rates reflect the patterns of health inequalities in the general population. The Action Plan alone cannot tackle the broader socioeconomic determinants that are the main influence on these inequalities. However, it can encourage funders, planners and service providers to consider how their policies and services address the needs of their populations who are most at risk.

A number of tools have been developed to assist the sector in developing interventions with an equity focus. These include:

- the *Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health* (Wellington School of Medicine and Health Sciences 2004)
- the *Whānau Ora Health Impact Assessment*, which looks at whānau ora as an aim and emphasises determinants of health that are known to have a particular impact on Māori (Ministry of Health 2007b).

These tools are available on the Ministry of Health website (www.moh.govt.nz) and can be applied to all the actions outlined in the Action Plan.

Safety

When developing and implementing specific actions within the plan, it is important to ensure that no unintended harm is done.

Safety is promoted by ensuring that:

- actions are based on the best available evidence
- new initiatives are piloted before wider roll-out wherever feasible
- individuals involved in service delivery are appropriately trained and have clearly defined roles
- mechanisms are put in place to audit programme safety
- evaluation is a key component of the programme.

Implementing the Action Plan

The Action Plan clearly identifies which agencies are responsible for implementing specific actions under each goal. Successful implementation will require intersectoral commitment from all those working in the area of suicide prevention.

The Ministry of Health will lead, monitor and review the implementation of the Action Plan at a national level. It will also foster collaboration and co-ordination across the sector.

The Ministry of Health will be supported in its role by:

- an interagency steering group, which will provide oversight and guidance with overall implementation and monitoring
- a Ministry of Health/District Health Board (DHB) forum to jointly lead the health-related work programme
- technical advisory groups established as required for specific programmes or initiatives
- Māori representation on key governance groups
- representation of Pacific peoples and other specific populations as appropriate
- regional DHB-based suicide prevention co-ordinators. These positions will initially be piloted in selected DHBs. The co-ordinators will support local communities to work collaboratively across agencies to translate the national Action Plan into a programme of action that meets the needs of their populations.

Monitoring, evaluation and review

The Ministry of Health will develop a monitoring framework to track progress towards achieving the goals of the Strategy. It will set reporting requirements for government and non-government agencies responsible for specific actions, including DHBs. An interagency steering group will monitor overall progress. Annual progress reports will be presented to the Ministerial Committee on Suicide Prevention.

The Action Plan recognises the importance of evaluation as an essential component of implementation. Evaluation has several purposes in the context of the Action Plan: to build the evidence base to support planning; to ensure interventions align with best practice and achieve their objectives; to describe outcomes at individual and population levels; and to demonstrate accountability for taxpayer funds.

Factoring in an evaluation component is critical when implementing suicide prevention policies and interventions to support programme development, measure effectiveness, and assist quality improvement. Evaluation should be a component within all suicide prevention policies, programmes and initiatives.

The Action Plan has been developed for an initial five-year period. The Strategy spans 10 years. To determine whether the programme of action for the first five years is achieving its planned outcomes and achieving the overall purpose of reducing deaths by suicide and suicidal behaviour, the Ministry of Health will review the Action Plan towards the end of this five-year period. This review will inform planning for the following four-year period, including any major shifts in direction from the original Action Plan. This information from the review, combined with ongoing monitoring, will help to ensure that actions are achieving the desired outcomes. As research identifies more effective ways of preventing suicide and suicidal behaviour, new actions may be added or substituted.

The Programme of Action

This section provides the programme of action to implement the Strategy for 2008–2012. This programme has been developed to map to each of the goals of the Strategy. A brief rationale and action tables are provided for each goal. The tables are grouped according to the key areas for action for that goal. Each table identifies the desired outcomes, actions, milestones, timeframes and agencies responsible for leading implementation. The tables also identify the key pathways for achieving whānau ora as applicable to each action.

All the actions in this Action Plan have been carefully considered and should directly or indirectly contribute to reducing the rates of suicide and suicide attempt in New Zealand. However, given that not all the actions can be implemented at once, the templates identify which actions can be implemented in the short term (phase 1: years one to three) and longer term (phase 2: years three to five).

Five priority areas

Current evidence suggests that the greatest gains in reducing mortality and morbidity from suicide are likely to come from investment in five priority areas. These areas should be the focus for immediate implementation.

- Increase support for primary care providers in the recognition, treatment and management of the mental disorders commonly associated with suicide and suicide attempt. (See Goal 2, Action 2.6.)
- Develop integrated models of care for those at risk of suicide. (See Goal 2, Action 2.7.)
- Continue to implement and evaluate the guidelines for those at risk of suicide in acute settings. (See Goal 3, Action 3.1.)
- Develop integrated services to provide longer-term care and support to those who have made suicide attempts. (See Goal 3, Actions 3.2 and 3.3.)
- Review programmes for key community, institutional and organisational workers ('gatekeepers') to ensure best practice. (See Goal 2, Action 2.3.)

The Action Plan will be updated as implementation of the actions progresses, and in response to feedback from monitoring performance against the goals of the Strategy.

Goal 1: Promote mental health and wellbeing, and prevent mental health problems

Introduction

Goal 1 of the *New Zealand Suicide Prevention Strategy 2006–2016* aims to promote mental health and wellbeing and prevent the mental health problems associated with suicidal behaviour.

Rationale

A wide range of factors has been shown to contribute to vulnerability and resiliency to mental health problems and suicidal behaviours. These factors include individual, social, family, cultural and economic factors. Research findings in this area prompt consideration of the ways in which social, educational, economic and health policies across different government agencies, as well as associated programmes run by non-government organisations, may contribute to suicide prevention.

For Māori, as well as the protective factors experienced by the general population, secure cultural identity may contribute to mental health. Conversely, in addition to the general risk factors, Māori experience risk factors such as institutional racism and cultural alienation.

The key policy areas discussed under Goal 1 in the accompanying *Evidence for Action* document are:

- childhood and family
- alcohol and drugs
- life stress and trauma
- socioeconomic inequalities
- social cohesion and support
- cultural identity
- discrimination.

New Zealand has a range of polices and programmes in place to address these issues. While most are not necessarily developed primarily to prevent suicide, they do nevertheless have the potential to influence those factors that shape mental health and suicidal behaviour. The discussion under Goal 1 in *The Evidence for Action* does not lead to recommendations for specific new policies or programmes. Instead, it focuses on strengthening intersectoral collaboration and co-operation on polices and programmes that may contribute to the outcome of suicide prevention.

Actions to achieve Goal 1 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Promote mental health and wellbeing, and prevent mental health problems				
Key outcomes: Reduced risk and increased resilience in the following policy areas: • childhood and family • life stress and trauma • social cohesion and support • discrimination • alcohol and drugs • socioeconomic inequalities • cultural identity				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
1.1 Strengthen mechanisms for interagency collaboration and co-operation to ensure that issues relating to suicide are recognised and incorporated into both policies and programmes, and their evaluation.	A suicide prevention interagency steering group is established.	Phase 1 and ongoing	*Working across sectors*: Government agencies on the interagency steering group will share information and learnings to achieve best outcomes for Māori.	Ministry of Health (with other government agencies)
1.2 Develop structures to ensure that all policies and programmes are appropriate and effective for Māori.	Māori are represented in key implementation and governance structures for the Action Plan.	Phase 1 and ongoing	*Participation*: Māori will be supported to participate in implementation and governance structures.	Ministry of Health (with other government agencies)
1.3 Include a focus on reducing inequalities in policies and programmes that may contribute to suicide prevention.	Reducing inequalities is taken into consideration in key implementation and governance structures for the Action Plan.	Phase 1 and ongoing	*Working across sectors*: Government agencies will share information and learnings to reduce inequalities for Māori. *Participation*: There will be appropriate participation by Māori in key implementation and governance structures.	Ministry of Health (with Ministry of Social Development and other government agencies)

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

Goal 2: Improve the care of people who are experiencing mental disorders associated with suicidal behaviour

Introduction

Goal 2 of the *New Zealand Suicide Prevention Strategy 2006–2016* focuses on the development of strategies, policies and services that lead to improved recognition, treatment and management of people who are experiencing mental disorders that contribute to the development of suicidal behaviour.

Actions in this goal aim to build on *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan* (Minister of Health 2005) and its action plan, *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015* (Minister of Health 2006), which set out the steps for progressing improvements in mental health and addiction services over the next 10 years.

Rationale

Mental disorders are the strongest risk factors for suicidal behaviour. Estimates suggest that between 70 and 90 percent of all people who die by suicide or make a serious suicide attempt have a recognisable, but not necessarily diagnosed, mental disorder at the time of the attempt. More than 80 percent of people are untreated for their disorder when they die by suicide. Improving the health outcomes of those experiencing mental disorders most commonly associated with suicidal behaviours (such as mood disorders, anxiety disorders, substance disorders, personality disorders, schizophrenia and eating disorders), therefore, has the potential to reduce population rates of suicidal behaviours substantially.

Over the past 10 years major efforts have been made to improve mental health and addiction services. Emphasis has been placed on developing community mental health services, developing the mental health and addiction workforce, strengthening the primary health care sector's responsiveness to meeting the needs of those who are experiencing mental health problems, and the co-ordination of care across the health and social service sectors. The Strategy and its Action Plans will build on this work by focusing specifically on ways of meeting the needs of people with mental disorders associated with suicidal behaviour.

Māori generally experience higher rates of mental health and addiction disorders, experience more serious disorders and are less likely to visit a health care organisation for a mental health problem compared with most other ethnic groups. The delivery of services that provide equitable outcomes for Māori is essential. A key focus of this goal is to ensure the accompanying actions are appropriate and effective for tangata whaiora[1] and their whānau. This approach includes increasing access to and responsiveness of both general population and Māori-specific health services.

Goal 2 focuses on the following key areas for action:

- population-based strategies
- community-based approaches
- health services approaches
- institutional settings approaches.

Actions to achieve Goal 2 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

1 This term is translated as 'people seeking wellbeing' and is used to refer to people with experience of mental illness from all age groups: tamariki, mokopuna, rangatahi, taiohi, pakeke, kaumātua.

Key action area: Population-based strategies				
Key outcomes: Reduced stigma and discrimination and improved understanding about mental health problems. Improved community responsiveness to people with mental health problems. Improved access to and effectiveness of services for those experiencing mental health problems.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.1 Implement population-based strategies, including mental health and depression awareness, mental illness destigmatisation and telephone counselling. 2.2 Evaluate the effectiveness of these population-based programmes in leading to improved mental health outcomes and associated reductions in suicidal behaviours. This action includes evaluating effectiveness for Māori specifically.	Continue to implement the *Like Minds, Like Mine National Plan 2007–2013*. Continue to implement and evaluate the National Depression Initiative. Review current provision of telephone helpline services. Investigate options to facilitate consistent quality assurance processes, including evaluation, for telephone helpline and online services.	Phases 1 and 2 Phases 1 and 2 Phase 1 Phase 1	*Participation:* Participation by Māori, as deemed appropriate by Māori, will occur at all levels. *Effective service delivery*: Services will be appropriate and responsive to Māori. Evaluation will demonstrate that Māori receive equitable benefits.	Ministry of Health

Key action area: Community-based approaches				
Key outcome: Improved responsiveness of key community 'gatekeepers' , to identify those who are experiencing mental health problems associated with suicidal behaviour and to facilitate help-seeking.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.3 Review current guidelines, programmes and initiatives for community, institutional and organisational workers. 2.4 Where necessary, develop, implement and evaluate new programmes, initiatives or best-practice guidelines. This action includes evaluating whether programmes, initiatives or guidelines are culturally appropriate and effective for whānau, hapū, iwi and Māori communities.	Continue to implement guidelines, programmes, and initiatives for key workers. Undertake a review of relevant guidelines, programmes and initiatives, including assessing alignment with the evidence and cultural appropriateness.** Where necessary, implement changes and/or implement new programmes or initiatives. Evaluate the effectiveness of the programmes and initiatives.	Phases 1 and 2 Phase 1 Phases 1 and 2 Phases 1 and 2	*Effective service delivery*: Evaluation will demonstrate that programmes, initiatives or best-practice guidelines will be appropriate and effective for Māori. *Participation:* Participation by Māori, as deemed appropriate by Māori, will occur at all levels (development, implementation and evaluation). *Working across sectors*: Government agencies that provide programmes, initiatives or best-practice guidelines will share information and learnings to achieve best outcomes for Māori.	Ministry of Health Ministry of Education New Zealand Police Ministry of Social Development (Child, Youth and Family, Family and Community Services, Work and Income) Department of Corrections Accident Compensation Corporation

** (This action is aligned with actions 2.14 and 3.4)

Key action area: Health services approaches				
Key outcome: Improved mental health and addiction services.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.5 Continue to develop more and better mental health and addiction services as described in the New Zealand mental health and addiction plan for 2005-2015 *Te Tāhuhu* (Minister of Health 2005) and its action plan, *Te Kōkiri* (Minister of Health 2006).	Implement a range of service improvement initiatives as part of *Te Kōkiri* (2006–2015).	Phases 1 and 2	*Participation:* Participation by Māori – including participation by tangata whaiora – will occur, as deemed appropriate by Māori, in building and broadening mental health and addiction services. *Effective service delivery:* Services will be responsive to and effective for Māori. *Development:* Māori mental health workforce will be developed as outlined in *Te Kōkiri*.	Ministry of Health, DHBs
Key outcome: Improved responsiveness of primary health care services to those experiencing common mental health and addiction disorders and suicidal behaviours.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.6 Develop, implement and evaluate a best-practice guideline for primary health care providers in the assessment, management and treatment of depression, other common mental disorders and suicidal behaviours. This guideline must include best-practice information for providers working with Māori tangata whaiora.	Develop and implement the guideline. Evaluate the effectiveness of the guideline.	Phase 1 Phases 1 and 2	*Participation:* Participation by Māori, as deemed appropriate by Māori, will occur at all levels (development, implementation and evaluation). *Development:* Māori primary health care providers (general population and Māori-specific) will have equal opportunity to improve responsiveness through the implementation of the guideline. *Effective service delivery:* Māori will receive equitable benefits from the implementation of the guideline.	Ministry of Health

Key action area: Health services approaches				
Key outcomes: Improved access to health services for those experiencing mental health problems associated with suicide. Improved responsiveness of primary health care services for those who are experiencing mental health problems associated with suicide.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.7 Develop, implement and evaluate demonstration projects aimed at providing integrated models of care. These projects will include a focus on increasing access to health services and supporting the better management of depression, common mental disorders and suicidal behaviours.	Develop and implement proposed model(s) of care. Evaluate the effectiveness of model(s). Develop a plan for national roll-out of the model(s) found to be effective.	Phase 1 Phases 1 and 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (development, implementation and evaluation). *Effective service delivery:* Initiatives will be accessible and culturally appropriate to ensure Māori receive equitable benefits. *Development:* Māori will be actively supported to have equal access to participate in any training initiatives.	Ministry of Health, DHBs
Key outcome: Improved service provision and transition care for those who are discharged from mental health inpatient services.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.8 Develop, implement and evaluate interventions to reduce risks of suicide and suicidal behaviours among those experiencing mental disorders just prior to and following discharge from mental health inpatient services.	Develop and implement a trial of promising interventions. Evaluate the effectiveness of the interventions. Develop a plan for national roll-out of any interventions that are effective.	Phase 1 Phases 1 and 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (development, implementation and evaluation). *Effective service delivery:* Interventions will be culturally appropriate to ensure Māori receive equitable benefits.	Ministry of Health, DHBs

Key action area: Health services approaches				
Key outcome: Improved and effective mental health and addiction services for Māori tangata whaiora.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.9 Develop a process to begin to evaluate the effectiveness of general population health services provided to Māori experiencing mental health and addiction disorders most commonly associated with suicidal behaviours.	Evaluate the effectiveness of general population health services delivered to Māori at high risk of suicidal behaviour. Following the results of the evaluation, if necessary, re-orient services to be more effective for Māori.	Phases 1 and 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Effective service delivery:* These actions encompass this pathway by measuring and providing effective health services to Māori. *Development:* Providers will receive knowledge and, if necessary, training on effective services for Māori.	Ministry of Health
2.10 Develop a process to begin to evaluate the effectiveness of Māori-specific health services provided to Māori tangata whaiora experiencing mental health and addiction disorders most commonly associated with suicidal behaviours.	Evaluate the effectiveness of Māori-specific health services delivered to Māori at high risk of suicidal behaviour. Following the results of the evaluation, if necessary, reorient services to be more effective for Māori.	Phases 1 and 2 Phase 2		Ministry of Health
2.11 Monitor new and/or emerging Māori models of health and, as necessary, evaluate whether the implementation of these models is effective.	Develop a system for monitoring new and emerging Māori models. Evaluate the effectiveness of models that are put into practice. If necessary, implement effective models nationally.	Phase 1 Phases 1 and 2 Phase 2		Ministry of Health
2.12 Disseminate best-practice examples of implementing Māori models of care to Māori health providers.	Disseminate best-practice examples.	Phases 1 and 2		Ministry of Health
Key outcome: Improved and appropriate service delivery for Pacific peoples who are experiencing mental disorders and suicidal behaviours.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.13 Develop, implement and evaluate Pacific models of care for those in the Pacific population who are experiencing mental health and addiction disorders commonly associated with suicidal behaviours.	Consult with key stakeholders about the provision of Pacific models of care. Develop and implement model(s) of care. Evaluate the effectiveness of the model(s) of care. Develop a plan for further roll-out of the model(s) if effective.	Phase 1 Phases 1 and 2 Phases 1 and 2 Phase 2		Ministry of Health, DHBs

Key action area: Institutional settings approaches				
Key outcome: Improved responsiveness of care in institutional settings for those who are experiencing mental health problems associated with suicidal behaviour.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
2.14 Continue to implement programmes, policies and strategies within institutional settings and, where appropriate, review and evaluate them and address any gaps identified. This action includes evaluating their effectiveness for Māori specifically.	Continue to implement guidelines, programmes, and initiatives in key institutional settings. Undertake a review of relevant guidelines, programmes and initiatives, including assessing alignment with the evidence and cultural appropriateness.** Where necessary, implement changes and/or implement new programmes or initiatives. Evaluate the effectiveness of the programmes and initiatives.	Phases 1 and 2 Phase 1 Phases 1 and 2 Phases 1 and 2	*Effective service delivery:* Programmes, policies and strategies will be appropriate and effective for Māori. *Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (implementation, review and evaluation). *Working across sectors*: Government agencies that provide programmes, policies or strategies will share information and learnings to achieve best outcomes for Māori.	Ministry of Health Ministry of Justice Department of Corrections New Zealand Police Ministry of Social Development (Child, Youth and Family) Ministry of Education

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

** This action is aligned with actions 2.3 and 3.4)

Goal 3: Improve the care of people who make non-fatal suicide attempts

Introduction

Goal 3 of the *New Zealand Suicide Prevention Strategy 2006–2016* focuses on the development of policies, strategies and services that lead to better assessment, treatment, management and support of those making non-fatal suicide attempts.

Rationale

People who make suicide attempts are at high risk of making further non-fatal suicide attempts and of dying by suicide, as well as by other means such as homicide and road traffic accidents. Improving the care of people who make suicide attempts may therefore reduce morbidity and mortality from suicidal behaviours. In addition, given the associations between suicidal behaviours and other risk factors, improved care may address a broad range of social, interpersonal and mental health issues.

Services to improve the care of those who make suicide attempts must meet the needs of groups who have higher rates of suicide attempt. These groups include younger people, females, people who have a lower socioeconomic status, Māori and Pacific peoples (Ministry of Health 2006). In particular, young Māori females have higher rates of suicide attempt than any other group.

A key priority for Māori will be to ensure that quality mental health treatment and support services are available, accessible, culturally appropriate and effective for those who have made a suicide attempt. This focus is important because, similar to other ethnic groups, poor mental health is the key risk factor associated with attempted suicide among Māori.

Goal 3 focuses on the following key areas for action:

- improving the acute management of those who make a suicide attempt
- improving the longer-term management of those who make a suicide attempt
- improving the management of suicide attempt in institutional settings.

Actions to achieve Goal 3 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Improving the acute management of those who make a suicide attempt				
Key outcomes: Improved care for those who present to an emergency department with suicidal behaviour. Improved working relationships among emergency department staff, mental health services and Māori health services. Improved collaboration among service providers, consumers/tangata whaiora and family advisors.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
3.1 Continue to implement and evaluate the guidelines for the assessment and management of those at risk of suicide in acute settings.	Continue to implement and evaluate this initiative in 10 DHBs. Extend this initiative to achieve national roll-out. Continue ongoing evaluation of the initiative, including evaluation of effectiveness for Māori.	Phases 1 and 2 Phases 1 and 2 Phases 1 and 2	*Participation:* Participation from tangata whaiora and Māori health services will continue, as deemed appropriate by Māori. *Development:* Training opportunities will continue to be available to Māori health providers. *Effective service delivery:* Services will be equally accessible by, responsive to and effective for Māori.	Ministry of Health DHBs

Key action area: Improving the longer-term management of those who make a suicide attempt				
Key outcome: Improved longer-term care for those who have made a suicide attempt.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
3.2 Develop, implement and evaluate the effectiveness of services and interventions for the longer-term care for those who have made a suicide attempt.	Review current provision of follow-up and support for those who have made a suicide attempt. Identify and implement opportunities for improving the longer-term care for those who have made a suicide attempt. Evaluate the effectiveness of these services and interventions. Based on the evaluation findings, develop a plan for implementing effective models nationally.	Phase 1 Phase 1 Phases 1 and 2 Phase 2	*Effective service delivery:* Services and interventions must be accessible, culturally appropriate and effective for Māori so that Māori receive equitable benefits. *Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (development, implementation and evaluation). *Working across sectors:* Cross-sector provision of care will include Māori service providers.	Ministry of Health
3.3 Develop, implement and evaluate the effectiveness of services and interventions for the longer-term care for Māori who have made a suicide attempt.	Scope current provision of services and interventions in both general population and Māori-specific services for Māori who have made a suicide attempt. Based on the scoping findings, develop and implement services and interventions for the longer term care of Māori who have made a suicide attempt. Evaluate the effectiveness of these services and interventions. Based on the evaluation findings, develop a plan for implementing effective models nationally.	Phase 1 Phases 1 and 2 Phases 1 and 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Effective service delivery:* These actions encompass this pathway by measuring and providing effective services and interventions to Māori. *Development:* Information and, if necessary, training on effective services and interventions for Māori will be available for providers.	Ministry of Health

Key action area: Improving the management of suicide attempt in institutional settings				
Key outcome: Improved care for those who have made a suicide attempt in key institutional settings.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
3.4 Review and, if necessary, revise and evaluate initiatives (including policies, procedures, screening and assessment tools, forms and guidelines) for managing the aftermath of a suicide attempt in key institutional settings. This action includes evaluating whether these initiatives are culturally appropriate and effective for Māori specifically.	Undertake a review of relevant guidelines, programmes and initiatives, including assessing alignment with the evidence and cultural appropriateness (this is aligned with actions 2.3 and 2.14). Where necessary, implement changes to the initiatives to address any of the above matters identified in the assessment. Evaluate the effectiveness of the initiatives.	Phase 1 Phase 1 Phase 2	*Effective service delivery*: Initiatives will be appropriate and effective for Māori. *Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (review, revision and evaluation). *Working across sectors*: Government agencies that provide these initiatives will share information and learnings to achieve best outcomes for Māori.	Ministry of Health Ministry of Education New Zealand Police Ministry of Social Development (Child, Youth and Family) Department of Corrections

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

Goal 4: Reduce access to the means of suicide

Introduction

Goal 4 of the *New Zealand Suicide Prevention Strategy 2006–2016* focuses on reducing access to, and the lethality of, the means of suicide. 'Means of suicide' are objects, substances or locations that are used by a person attempting suicide.

Rationale

The evidence is clear that if access to a particular method of suicide is restricted, fewer people will use that method for suicide or suicide attempts. Potentially, therefore, restricting access to means could reduce overall suicide rates. However, over time, one method may simply be replaced with another. Because of this complex relationship between access to means and suicidal behaviours, interventions for restricting access to means need to be thoroughly monitored and evaluated. In some situations it may be ethical to remove access to a particular means of suicide even when there is risk of substitution, especially if it becomes apparent that some specific feature of the social or physical environment is facilitating or encouraging suicidal behaviour.

In New Zealand, hanging is the most common method of suicide, followed by poisoning with gases and vapours (usually vehicle exhaust), poisoning with solids and liquids, using firearms and explosives, and other methods (eg, jumping, sharp object, lying or jumping in front of a moving object). Suicide by hanging is more common amongst Māori than Non-Māori. Self-poisoning results in relatively few deaths; however, it contributes to the majority of hospitalisations for self-harm. While there are significant challenges to reducing access to common means of suicide in New Zealand, there are nevertheless potential interventions that may prove effective.

Goal 4 focuses on the following key areas for action to reduce suicide:

- hanging
- vehicle exhaust gas
- self-poisoning
- firearms
- jumping
- overarching actions.

Actions to achieve Goal 4 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Hanging				
Key outcome: Reduced risk of suicide by hanging in institutions by providing safe physical environments for people at risk of suicide.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.1 Review and revise institutional policies for preventing and responding to suicide attempts by hanging, to ensure they meet international evidence-based best-practice guidelines.	Undertake a review of institutional policies and procedures**. Provide recommendations to agencies that oversee institutions.	Phase 1 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health

** (this action is cross referenced with action 3.4).

Key action area: Vehicle exhaust gas				
Key outcome: Reduced risk of suicide by poisoning using vehicle exhaust gas.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.2 Review the feasibility of incorporating changes into the vehicle fleet to achieve reductions in the rate of suicide attempt by vehicle exhaust gas.	Engage with relevant government agencies dealing with vehicle emission issues.	Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health, Ministry of Transport
4.3 Consider the extent to which the regulation of vehicle exhaust might be changed by alignment with clean air and related policies.	Engage with relevant government agencies on 'clean air' issues and provide information about suicide prevention issues.	Phases 1 and 2	*Development*: Take into account the impact of fleet changes on the wellbeing of whānau, hapū, iwi and Māori communities. *Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health, Ministry of Transport, Ministry for the Environment

Key action area: Firearms				
Key outcome: Reduced risk of suicide by firearms.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.4 Continue to promote awareness of personal responsibilities of gun ownership, including secure storage of guns and ammunition.	Undertake a publicity campaign promoting secure firearm storage.	Phase 1	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	New Zealand Police
4.5 Strengthen monitoring checks of firearms security of licence holders during the 10-year licensing period and at change of address.	Implement a mandatory security inspection at the key points in the firearms licensing process.	Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	New Zealand Police
4.6 Encourage health professionals to enquire routinely about guns in homes, and to advocate for their removal from the home where patients are depressed or suicidal.	Include messages about firearms in best practice guidelines for managing depression, common mental health problems and suicidal behaviours.	Phase 1	*Effective service delivery:* Health professionals will provide best-practice advice to tangata whaiora and their whānau. *Working across sectors*: Health agencies will work collaboratively with police where appropriate.	Ministry of Health, DHBs

Key action area: Self-poisoning				
Key outcome: Reduced risk of suicide by poisoning using medicines.				
Actions	**Milestones/ measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.7 Review the feasibility of tightening regulations to reduce the risks posed by paracetamol.	Investigate making an application to the Medicines Classification Committee to tighten regulation of paracetamol.	Phase 1	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Development:* Ensure that the impact of regulation changes on the wellbeing of whānau, hapū, iwi and Māori communities is taken into account.	Ministry of Health
4.8 Ensure that best practice guidance on the treatment of mental illness includes advice on prescribing less toxic medicines to individuals at risk of suicide.	Include such guidance in all new and updated best practice guidelines.	Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health
4.9 Continue existing information campaigns and institute new ones to encourage the return of unused medicines.	Develop and implement unused medicine disposal campaigns.	Phase 2	*Effective service delivery:* Campaigns will be culturally appropriate and effective for Māori. *Development:* Māori communities are empowered to appropriately manage disposal of unused medicines.	Ministry of Health, DHBs

Key action area: Jumping				
Key outcome: Reduced risk of suicide by jumping.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.10 Undertake data surveillance to identify jumping sites that are emerging as favoured locations for suicide by jumping.	Collect and analyse data from the Coroners' database, and where necessary respond to emerging trends.	Phase 1	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Working across sectors*: Health system, coronial system and local government will work together to promote wellbeing of Māori.	Ministry of Justice, Ministry of Health
4.11 Scope the need for guidance on managing favoured jump sites.	Scope the need for and, if required, develop information resources for managing jump sites.	Phase 2	*Effective service delivery:* Guidance will be culturally responsive to Māori.	Ministry of Health

Key action area: Overarching actions				
Key outcome: Increased surveillance of methods of suicide.				
Actions	**Milestones/ measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
4.12 Consider the feasibility of establishing a suicide mortality review committee,** with one of its roles being to report regularly on the relationship of method access to suicide and suicide attempt.	Draft feasibility report. If appropriate, establish the committee.	Phase 1 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. This includes Māori participation on the committee should it be established.	Ministry of Health
Key outcome: Reduced access to means of suicide for people at risk of suicide who are being cared for in their homes.				
4.13 Promote guidance to advise family, whānau and others who are caring for people at risk of suicide to remove potential means of suicide, such as obvious ligature points, firearms and toxic substances (including unnecessary medications), from the home.	Ensure that new and updated resources contain key messages about removing means of suicide from the home.	Phases 1 and 2	*Effective service delivery:* Best-practice advice will be provided to tangata whaiora and their whānau. *Development*: Resources will be disseminated to Māori community organisations and health providers.	Ministry of Health, DHBs

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

** This action is aligned with action 7.3.

Goal 5: Promote safe reporting and portrayal of suicidal behaviour by the media

Introduction

Goal 5 of the *New Zealand Suicide Prevention Strategy 2006–2016* aims to promote good practice among the media in reporting and portraying suicidal behaviour, to minimise the potential for 'copycat' suicide. It applies to a range of types of media, including print, television, film, radio, drama and the Internet, and to both fictional and non-fictional genres.

Rationale

Evidence suggests that some ways of reporting and portraying suicide in the media may influence vulnerable people to make suicide attempts and increase rates of suicidal behaviour. The risk of suicidal behaviour following media reports seems most likely to increase when: a method of suicide is specified; the story is reported or portrayed dramatically and prominently; suicides of celebrities are reported; the reporting of suicide is repetitive; or reporting attributes the cause of suicide to common life stress.

A number of approaches, including developing media guidelines, have been implemented internationally and in New Zealand to minimise the risk of harm from suicide reporting and portrayal. In New Zealand, the Ministry of Health has produced guidance to the media, and more recently a 'media-owned' protocol has been developed by media organisations to provide guidance on safe reporting of suicide. It is essential that guidelines or protocols and other initiatives are developed and implemented as a collaborative effort between people working in the media and those working in suicide prevention.

All media, including Māori media, need to be aware of the risks associated with media reporting and portrayal of suicide and be involved in the implementation of guidelines or protocols and other initiatives. Equally, the reporting and portrayal of Māori suicide in mainstream media needs to be culturally appropriate.

Goal 5 focuses on the following key areas for action:

- collaboration
- guideline/protocol development, implementation and evaluation
- education and support
- Internet.

Actions to achieve Goal 5 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Collaboration				
Key outcome: Greater stakeholder collaboration on the issue of suicide in the media.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
5.1 Promote opportunities for exchange of ideas and information, discussion and collaboration among the media, the research community and policy makers, as well as other key stakeholders as appropriate (eg, clinicians, consumers / tangata whaiora and Māori).	Identify existing opportunities for collaboration, and support new opportunities when required.	Phases 1 and 2	*Participation:* There will be appropriate participation by Māori media, Māori communities and other Māori stakeholders in collaborative opportunities.	Ministry of Health (with media)

Key action area: Guideline/protocol development, implementation and evaluation				
Key outcome: Safer reporting and portrayal of suicidal behaviour in the media.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
5.2 Further develop, implement and evaluate guidelines or protocols for the reporting and portrayal of suicide in the media.	Revise and/or develop new guidance/protocols in consultation with key stakeholders. Develop a comprehensive implementation and dissemination plan to ensure all existing media and new people entering the industry report and portray suicide safely. Evaluate the implementation of the guidance/protocols and monitor media reporting and portrayal of suicide.	Phase 1 Phase 1 Phase 2	*Participation*: Māori media will participate as appropriate in the development and implementation of guidance/ protocols.	Ministry of Health (with media)

Key action area: Education and support				
Key outcome: Improved knowledge of the implications of reporting and portraying suicide in the media.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
5.3 Provide ongoing support, information and incentives to the media and those working with the media.	Develop a resource/guide to assist people working with the media on issues of suicide. Investigate options for providing incentives for positive reporting and portrayal of suicide in the media. Consider and consult on the best way to provide additional and ongoing support to the media and people working with the media. Provide information to coroners on suicide and media issues, as required.	Phase 1 Phase 1 Phase 1 Phase 1	*Participation*: Information and support will be provided to Māori media and Māori organisations that are likely to be working with the media.	Ministry of Health (with media)
5.4 Encourage the inclusion of evidence and issues about media reporting of suicide in journalism training programmes.	Develop relationships with journalism training organisations. Discuss options for including or strengthening media reporting of suicide in training programmes. Develop appropriate information/resources for use as part of the training, as agreed with the training organisations. Work with journalism training organisations to implement the initiatives developed above. Evaluate the uptake and effectiveness of the initiatives.	Phase 2 Phase 2 Phase 2 Phase 2 and ongoing Phase 2 and ongoing	*Participation*: Relevant Māori media and Māori organisations will be involved in journalism training initiatives, as appropriate.	Ministry of Health (with media)
Key outcome: Safer fictional portrayal of suicidal behaviour.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
5.5 Provide guidance about fictional portrayal of suicidal behaviour in films, television and drama. This action may involve considering specific approaches and target groups and including issues about fictional portrayal in more general resources and information.	Consider fictional media in development of new guidelines/protocols. Consider specific approaches and target groups to promote safe fictional portrayal of suicidal behaviour. Include fictional media in implementation and evaluation of guidelines/ protocols and other initiatives.	Phase 1 Phase 2 Phase 2	*Participation*: Appropriate Māori participation will occur in specific approaches and target groups for fictional media.	Ministry of Health (with media)

Key action area: Internet				
Key outcome: Fewer harmful effects from suicide-related Internet sites.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
5.6 Monitor international developments to mitigate potentially harmful effects of Internet sites that encourage suicide.	Identify and maintain contact with appropriate international organisations and forums.	Phases 1 and 2	*Participation*: Māori participation will occur as appropriate.	Ministry of Health

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

Goal 6: Support families, whānau, friends and others affected by a suicide or suicide attempt

Introduction

Goal 6 of the *New Zealand Suicide Prevention Strategy 2006–2016* focuses on the development of policies, strategies and services to: support families, whānau, friends and significant others after a suicide or suicide attempt; and minimise risks of contagious suicidal behaviour and the development of suicide clusters.

Rationale

The death of a loved one by suicide is a highly stressful experience. Many people who are bereaved by suicide report feelings of guilt, blame and responsibility for the death. In turn, these reactions may increase their own risk of mental health problems and associated suicidal behaviour. Most support to those bereaved is provided informally by family, whānau and friends. However, those who require additional support after a suicide should be able to access a range of services that meet their needs, both in the immediate aftermath of the death and in the longer term.

Similarly, suicide attempts that do not result in death can cause significant stress and distress for family members, whānau, friends and significant others. It is important that information, emotional and practical support, clinical advice, crisis assistance and respite care are available, if required.

A further issue related to suicide bereavement concerns the development of suicide clusters. Clusters suggest imitation or 'copycat' suicides may have occurred. Preventing and managing clusters will contribute to reducing the risk of suicide in the overall population, as well as minimise the community anxiety and distress that accompany suicide clusters.

For Māori, support after a suicide is usually provided in the first instance by the whānau, followed by hapū and iwi. Existing Māori, iwi and community service providers are often well established within a community. General population services should seek opportunities for partnerships with iwi and Māori providers so that Māori are more likely to use general population services. Not all Māori have access to wider whānau support after a suicide or suicide attempt. Therefore, regardless of circumstances, services must continue to be responsive to and supportive of the individual and their whānau.

Goal 6 focuses on the following key areas for action:

- services for those bereaved by suicide, those affected by suicide attempt, and community organisations needing to respond to emerging or occurring clusters
- resources for those bereaved by suicide, those affected by suicide attempt, those working with the bereaved and affected, and key institutions.

Actions to achieve Goal 6 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Services for those bereaved by suicide, those affected by suicide attempt, and community organisations needing to respond to emerging or occurring clusters				
Key outcomes: Improved services and support for those bereaved by a suicide and affected by a suicide attempt. Improved community postvention responses.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
6.1 Continue the development of a comprehensive Postvention Support Initiative. This work includes: • developing an effective suicide bereavement service • identifying and monitoring the availability of specialised local services for those bereaved by suicide and responding to emerging needs – which will include consideration of services for specific population groups such as Māori and Pacific peoples • developing a service for identifying and responding to emerging or occurring suicide clusters • providing co-ordinated management plans to ensure communities are prepared to respond in the event of a suicide • developing appropriate support services for those affected when someone close to them makes a suicide attempt. All these services must be developed and evaluated to be culturally appropriate and effective for Māori.	Implement the initial phase of this initiative, which is the staggered roll-out of services underpinned by a research and development model. Consider future service provision and development based on the results of the research and development evaluation. Implement future service provision. Provide ongoing evaluation and implement quality improvements to services.	Phase 1 Phase 2 Phase 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Effective service delivery:* Services will be responsive to and effective for Māori so that Māori receive equitable benefits. *Working across sectors:* Appropriate Māori health and social service providers will have equal opportunity to be involved in community postvention responses. *Development:* Māori providers will have equal opportunity in participating in training and postvention planning.	Ministry of Health

Key action area: Services for those bereaved by suicide, those affected by suicide attempt, and community organisations needing to respond to emerging or occurring clusters				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
6.2 Implement recommendations from the review of the Traumatic Incidents Response Service. This work includes: • providing a nationally consistent, evidence-based service – part of this service will be to utilise and revise resources appropriate to age and culture, including a support manual and pre-planning support workshops for schools and early childhood services • developing a communications strategy to inform the sector of this service • continuing to roll out the pre-planning training package to schools and early childhood services • continuing training for traumatic incident staff.	Revise the Ministry of Education's Traumatic Incidents Response manual. Provide regional training to traumatic incident co-ordinators and their managers. Complete pre-planning support to schools and early childhood services in all regions. Externally evaluate the traumatic incident resources, staff training and pre-planning support to schools and early childhood services.	Phase 1 Phase 1 Phase 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Effective service delivery:* Services will be responsive to and effective for Māori so that Māori receive equitable benefits. *Development:* Māori educational providers will have equal opportunity to participate in training and pre-planning support.	Ministry of Education

Key action area: Resources for those bereaved by suicide, those affected by suicide attempt, those working with the bereaved and affected, and key institutions				
Key outcomes: Improved quality and utilisation of evidence-based information resources for: • people bereaved by suicide • people affected by a suicide attempt • people working with those bereaved by suicide • key institutional settings that manage the aftermath of a suicide or suicide attempt.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
6.3 Develop, implement and evaluate best-practice guidelines for establishing suicide support groups. These guidelines must be culturally appropriate and effective for Māori.	Consult with key stakeholders about the development of these guidelines. Develop the guidelines. Develop and execute an implementation plan for these guidelines. Evaluate the implementation, utilisation, usefulness and cultural appropriateness of these guidelines.	Phase 1 Phase 1 Phases 1 and 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (development, implementation and evaluation). *Effective service delivery:* Māori will receive equitable benefits from the implementation of these guidelines.	Ministry of Health
6.4 Review existing information resources, guidelines and protocols on managing the aftermath of suicide or suicide attempt for: • people who are bereaved • key personnel who have regular contact with people who are bereaved • people who are affected by a suicide attempt • key institutional settings. All these resources, guidelines and protocols must be evaluated for cultural appropriateness and effectiveness for Māori.	Review existing key resources, guidelines and protocols and consider any quality improvements, including identifying key gaps. If required, develop, implement and evaluate any new or revised resources.	Phase 1 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels (development, implementation and evaluation). *Effective service delivery:* Māori will receive equitable benefits from the implementation of these guidelines.	Ministry of Health Ministry of Education New Zealand Police Ministry of Social Development (Child, Youth and Family, Work and Income) Department of Corrections Accident Compensation Corporation

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

Goal 7: Expand the evidence about rates, causes and effective interventions

Introduction

Goal 7 of the *New Zealand Suicide Prevention Strategy 2006–2016* focuses on approaches to improve suicide data; expand current knowledge about the rates of suicidal behaviour, contributing factors and effective interventions to inform and guide prevention efforts; and ensure this knowledge is effectively disseminated.

Rationale

The availability of good quality and timely statistical information and research is fundamental to not only understanding the extent and nature of suicidal behaviours, but to inform how best to prevent them. Likewise, evaluation is vital to determine whether prevention efforts are effective and what is needed to improve them.

While New Zealand has internationally well-regarded suicide classification systems, there is scope for improvements in the timeliness and consistency of suicide mortality data. There is also potential in analysing existing databases as well as establishing new systems to monitor and keep abreast of emerging trends in suicide. Consistency of hospitalisation data for self-harm currently varies across DHB regions. Improvements would contribute to a greater understanding of the prevalence and management of self-harm behaviours across different population groups and regions in New Zealand.

There is a growing body of international and New Zealand evidence about the nature, causes and consequences of suicidal behaviours. There is a need to continue to build the evidence, and to conduct research that addresses the unique features of suicidal behaviour in New Zealand and, in particular, for specific population groups. Increasingly, both international and New Zealand research is moving towards translational research, which moves 'science to practice'. A key focus of this is the rigorous evaluation of programmes and policies in order to determine that prevention interventions are making a positive difference.

A further aspect of this goal is ensuring that all those involved in suicide prevention have the appropriate knowledge and skills for their role. This requires having mechanisms for effective, accurate and safe dissemination of statistical information and research evidence to all those involved in suicide prevention.

To reduce inequalities, it is imperative that statistical data on suicidal behaviour continue to be analysed by ethnicity. In addition, it is critical to invest in further research to achieve equitable outcomes in preventing suicide and suicidal behaviour by Māori. Further research, including specific kaupapa Māori research and larger-scale general population studies in partnership with Māori researchers, is required to explore why there are higher rates of suicidal behaviours among Māori, and to develop effective solutions.

Goal 7 focuses on the following key areas for action:

- improving the quality and timeliness of suicide data
- expanding the research base
- improving the dissemination of research and information.

Actions to achieve Goal 7 are outlined below. All actions are expected to reflect the guiding principles of the Strategy.

Key action area: Improving the quality and timeliness of suicide data				
Key outcomes: Improved timeliness and quality of suicide data. Improved surveillance of and responsiveness to trends in suicide data.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
7.1 Improve the quality of suicide-related data.	Develop a plan to improve the quality and consistency of national and regional suicide-related data. Scope the feasibility of establishing surveillance sites for suicide attempt data. Implement quality improvement recommendations. Monitor the impact of implementing any recommendations, including the impact on improving the quality and consistency of Māori suicide data.	Phase 1 Phase 1 Phases 1 and 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health
7.2 Address issues regarding the timeliness of suicide data.	Establish the national coronial database. Assess whether the new coronial database has enabled access to timely and appropriate information, including information on Māori suicide. Develop a plan to improve the timeliness of suicide data. Implement recommendations.	Phase 1 Phases 1 and 2 Phase 1 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Development:* Establish formal mechanisms to engage whānau, hapū, iwi and Māori communities with the new coronial system.	Ministry of Justice
7.3 Scope the feasibility of establishing a suicide mortality review committee.**	Scope the feasibility of establishing a suicide mortality review committee. If appropriate, establish the committee.	Phase 1 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. Māori participation on the committee should it be established.	Ministry of Health

** This action is aligned with action 4.12.

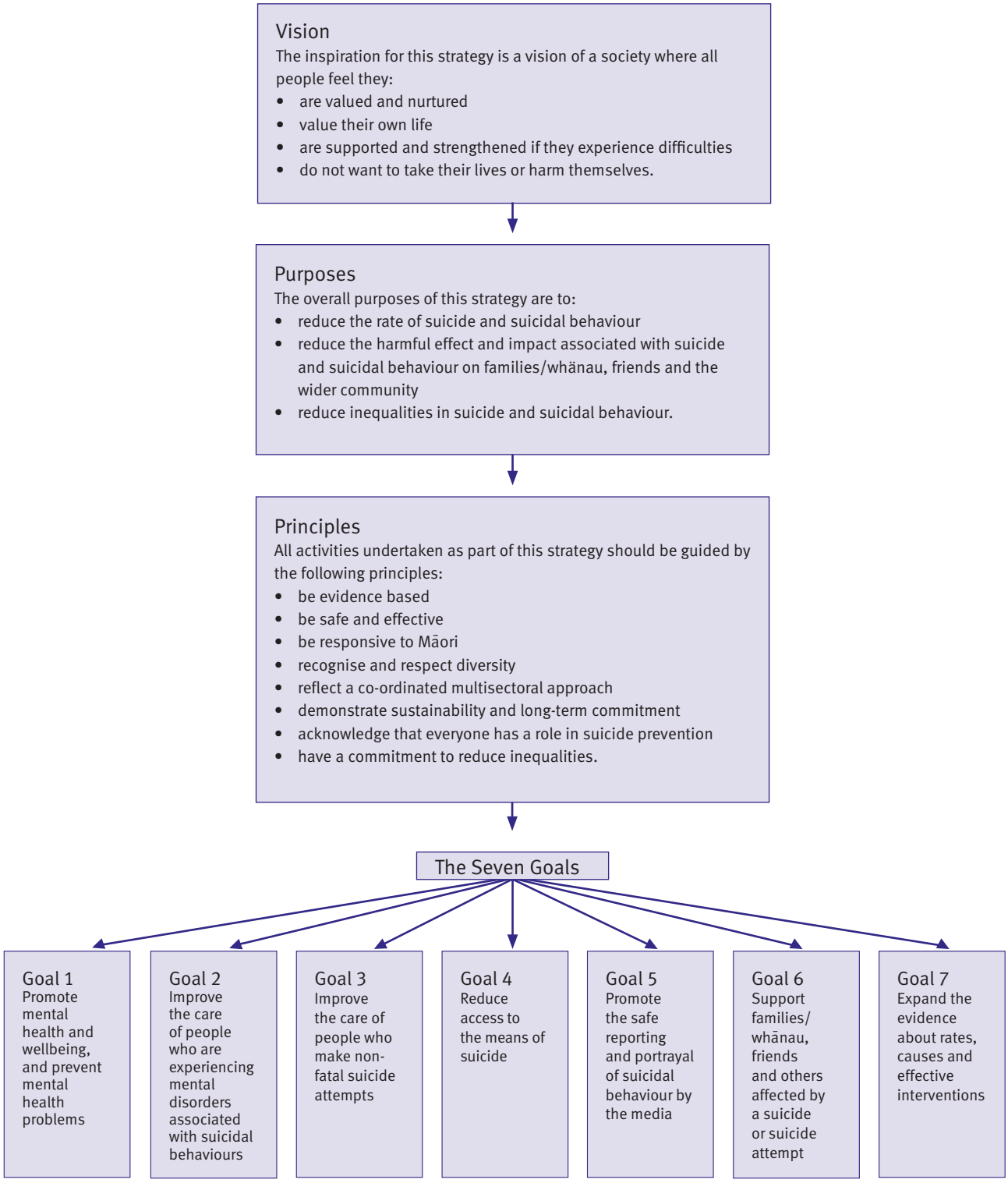
Key action area: Expanding the research base				
Key outcome: More and improved evidence-based knowledge about suicide, suicide prevention and effective interventions.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
7.4 Analyse existing suicide-related databases.	Monitor the further mining of suicide-related information in existing databases If required, investigate ways to commit further funding to ensure key areas of information in these databases are researched. Identify key gaps in existing databases for high-risk groups, including Māori, to inform potential research priorities.	Phases 1 and 2 Phases 1 and 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health
7.5 Evaluate new suicide prevention initiatives.	All actions in this Action Plan contain an overarching commitment to evaluation from the lead agency/agencies, wherever feasible.	Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Effective service delivery:* Both general population and Māori-specific services will be culturally appropriate and effective for Māori to ensure Māori receive equitable benefits.	All agencies leading actions in this Action Plan
7.6 Continue to fund suicide research through the Health Research Council (HRC).	Continue to have suicide research funded within HRC's research investment. Develop alignment between HRC, ACC and the Ministry of Health on suicide research priorities.	Phases 1 and 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Health Research Council Ministry of Health, ACC
7.7 Fund research using the Ministry of Health's Suicide Prevention Research Fund to support the implementation of the *New Zealand Suicide Prevention Strategy 2006–2016*.	Establish, manage and administer the Suicide Prevention Research Fund.	Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels. *Development:* This action encompasses this pathway through investing in Māori suicide research and Māori researchers.	Ministry of Health

Key action area: Expanding the research base				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
7.8 Invest in Māori suicide research.	Identify priorities for Māori suicide research. Fund Māori suicide research priorities using a range of research methods that are appropriate to Māori. Continue to implement Māori workforce development strategies as outlined in *Kia Puāwai Te Ararau*.	Phases 1 and 2 Phases 1 and 2 Phases 1 and 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, in the development and implementation of research with Māori participants.	Ministry of Health

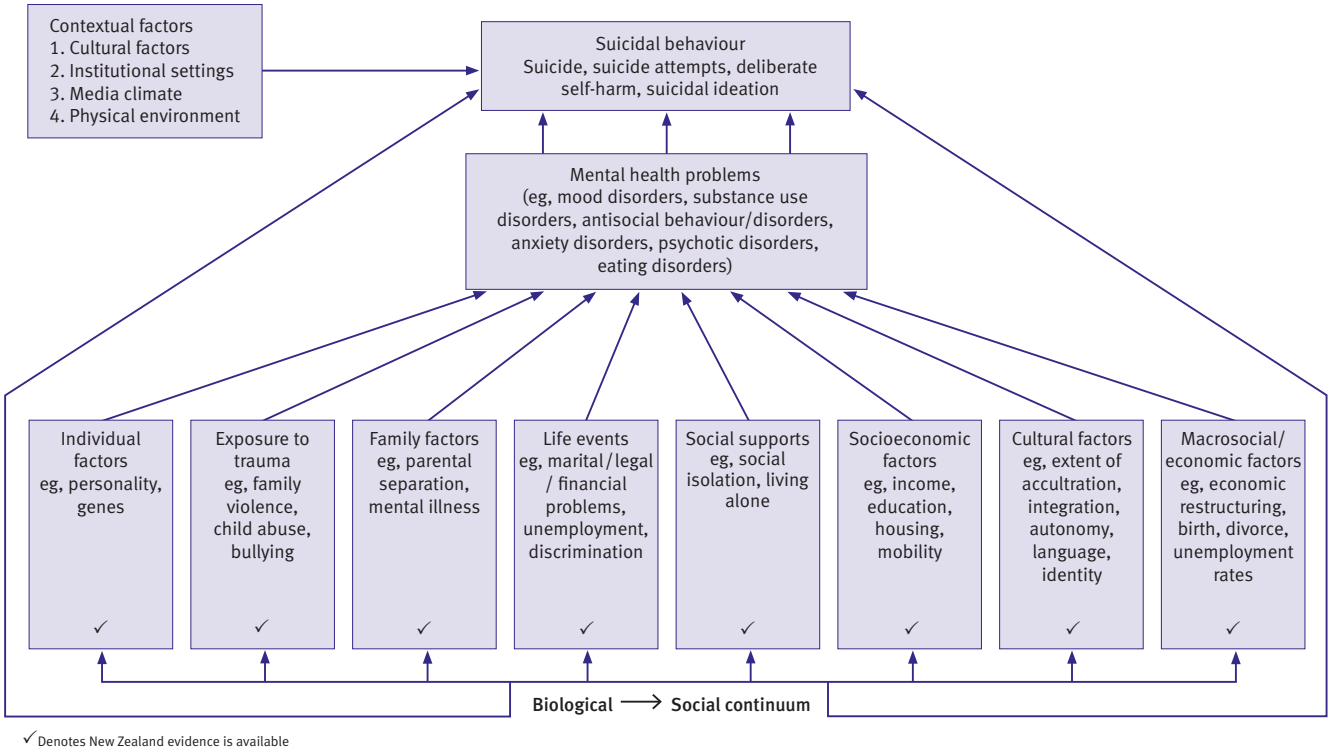
Key action area: Disseminating research and information				
Key outcome: Effective dissemination of evidence-based and safe information that meets the needs of different audiences.				
Actions	**Milestones/measures**	**Timeframes**	**Whānau ora pathways***	**Lead agency/ agencies**
7.9 Develop, implement and evaluate a suicide prevention research and information dissemination plan. This plan will specifically include meeting the needs of Māori service providers and communities.	Conduct a stocktake of current dissemination approaches and areas of need. Develop a suicide prevention research and information dissemination plan. This plan will consider ways to meet the needs of different audiences. Implement the dissemination plan. This will address the needs of specific audiences, such as district health boards, Māori and Pacific communities, through developing and implementing action-focused best-practice guidelines or toolkits. Evaluate the effectiveness of the plan in providing evidence-based and safe information and its impact on practice.	Phase 1 Phases 1 and 2 Phases 1 and 2 Phase 2	*Participation:* Participation by Māori will occur, as deemed appropriate by Māori, at all levels.	Ministry of Health

* This column highlights the pathways that are most relevant for specific actions. However, all four pathways to whānau ora should be considered when implementing each action.

Appendix 1:
New Zealand Suicide Prevention Strategy Framework



Appendix 2:
Pathways to suicidal behaviour



✓ Denotes New Zealand evidence is available

Source: New Zealand Suicide Prevention Strategy 2006–2016 (Associate Minister of Health 2006)

Appendix 3:
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Department of Corrections

Department of Internal Affairs

Ministry of Education

Ministry of Justice

Ministry of Pacific Island Affairs

Ministry of Social Development including Child, Youth and Family and the Ministry of Youth Development

Ministry of Women's Affairs

New Zealand Police

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