



Draft Suicide Prevention Action Plan for 2025– 2029

Public consultation document

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Foreword from the Minister for Mental Health

Suicide affects far too many New Zealand families, whānau and communities. Every year, over 550 people die by suicide in New Zealand, and every death by suicide is a tragedy. Our suicide statistics are confronting, and we must and can do better as a country to address this problem.

The establishment of New Zealand's first Minister for Mental Health in November 2023 reflects the importance this Government places on improving mental health and addiction outcomes and preventing suicide.

With the first suicide prevention action plan under *Every Life Matters – He Tapu te Oranga o ia Tangata, Suicide Prevention Strategy 2019–2029* coming to an end, it is timely to refresh the focus of our suicide prevention efforts to ensure we meet the current challenges and context.

In particular, we are seeing increasing levels of distress among our young people, and New Zealand's youth suicide rate remains unacceptably high. Also, while we have made some progress towards strengthening our suicide prevention and postvention (after a suicide) system, there are still gaps – particularly in relation to sustained wellbeing promotion and support for people whose distress escalates into a crisis. This draft action plan helps address these gaps.

The circumstances and factors that lead to suicide are complex and require a whole-of-society response. Government does not hold all the answers – communities, families, whānau and those with lived experience of suicidal distress know the solutions to their own challenges. This draft action plan draws from the insights that communities, families, whānau and people with lived experience have shared around what they need from government to prevent suicide.

The draft action plan proposes a small set of critical actions, informed by research, evidence and the available data that will drive progress and focus suicide prevention efforts across government. The actions reflect the Government's mental health portfolio priorities, which in this context are to:

- improve access to suicide prevention and postvention support
- grow a workforce that is able to support those at risk of or impacted by suicide
- strengthen our focus on prevention and early intervention across the range of factors that can influence suicide
- improve the effectiveness of suicide prevention and postvention supports by improving research and data collection.

This smaller set of focused actions with clear milestones and lead agencies will help ensure we can hold agencies to account for delivering the actions.

I look forward to hearing people's feedback on the draft actions. There are instructions for how you can have your say at the end of this document. Your feedback is crucial to ensure we have a strong approach to preventing suicide over the next five years.

Achieving our overarching vision of a future where there is no suicide in New Zealand will not happen overnight, but I am confident this next action plan will move us closer to our goal.

Hon Matt Doocey
Minister for Mental Health

Current data

Our suicide rates are persistent and inequitable.

New Zealand's suicide rates have decreased in recent years, but these decreases are not significant, and many different population groups still experience inequitably high suicide rates.

For the 2022/23 year, the rate of suspected self-inflicted deaths was 10.6 per 100,000 population, reflecting 565 people suspected of having died by suicide in that year.

For the 2018/19 year, the rate of confirmed deaths by suicide was 13.1 per 100,000 population, reflecting 673 people suspected of having died by suicide in that year.

Data for the two most recently available financial years (2021/22 and 2022/23) shows that the average rate of suspected suicide has **decreased by 10.6%** from the historical average for the previous 13 years of data (2008/09 to 2020/21). However, this was not a statistically significant decrease.

Figure 1: Confirmed and suspected suicide rates for New Zealand, 2008/09–2022/23



Note: A death is confirmed as suicide following a coroner's investigation. There is a lag between when suspected suicide deaths are reported and confirmed suicide data. However, confirmed suicide rates typically follow the same pattern as suspected suicide rates.

Suicide data for different groups

- **Māori** experience around 1.8 times the suicide rate experienced by non-Māori (Health New Zealand 2024; data from 2022/23).
- **Young people aged 20–24 years** have the highest suspected suicide rate of 20.1 per 100,000 (Health New Zealand 2024; data from 2022/23).

- Rates for **Pacific peoples aged 20–24 years** are approximately 1.4 times higher than for non-Māori, non-Pacific, non-Asian people (New Zealand Mortality Collection; data from 2019).
- Suicide rates of **Asian people** have been slowly rising, from 5.93 per 100,000 in 2007/08 to 7.63 in 2018/19 (Health New Zealand 2024).
- **Mental health service users** experience around 18.7 times the rate of suicide compared with non-service users (Ministry of Health 2019; data from 2015).
- **Males** have approximately 2.5 times higher rates of suicide than females (Health New Zealand 2024; data from 2022/23).
- In **rural communities**, the rates of suicide are approximately 40% higher for males and 20% higher for females than the rates for those living in urban areas (New Zealand Mortality Collection; data from 2016 to 2018).
- 64% of **Rainbow young people** had thought about suicide, and 10% had attempted suicide (Fenaughty et al 2022; data from 2021).
- **Men in the construction industry** experience approximately 1.4 times the rate of suicide compared with men outside this industry (Jenkin and Atkinson 2021; data from 2007 to 2019).
- In work-related suicide deaths, 18.3% occurred among workers in the **agriculture, forestry and fishing** industry (WorkSafe 2024; data from 2017 to 2021).
- In the Australian **armed forces**, ex-serving males are 26% more likely to die by suicide, and ex-serving females are about twice as likely to die by suicide (Australian Institute of Health and Welfare 2023; data from 1997 to 2021).
- **Young people involved with Oranga Tamariki** were around 4 times as likely to have attempted suicide in the past 12 months as other young people (Fleming et al. 2022; data from 2019).
- Almost 1 in 2 **young disabled people** reported having serious thoughts of suicide in the last year, compared with a little more than one in four young people (Ministry of Social Development 2022; data from 2021).
- Approximately 26% of suicide deaths in New Zealand between 2007 and 2020 involved **acute alcohol use** (Crossin et al 2022).
- Suicide is the leading cause of death in **pregnant women and new mothers**, accounting for around 22% of maternal deaths (Perinatal and Maternal Mortality Review Committee 2024; data from 2006 to 2021).

Current system

A good foundation, but there are still gaps.

Where we started: September 2019

The *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand* document was published.

What we set out to do

1. Strengthen national leadership
2. Use evidence and collective knowledge to make a difference
3. Develop workforce capacity and capability
4. Evaluate and monitor the suicide prevention strategy
5. Promotion – Promoting wellbeing
6. Prevention – Responding to suicidal distress
7. Intervention – Responding to suicidal behaviour
8. Postvention – Supporting individuals, whānau and families, and communities after a suicide

Progress and investment

Implementing the 2019–2024 suicide prevention action plan has helped **build a stronger suicide prevention system**.

Vote Health investment has increased access to supports, services, resources and tools. Approximately **\$18 million of Vote Health funding** (the main source of funding for the health system) goes specifically towards suicide prevention activities each year (for more information, see *Where we are now: September 2024* below).

Cross-government contributions and strategies across sectors that aim to improve outcomes for specific population groups have also strengthened suicide prevention efforts.

Additionally, the **Government’s priorities**, including Government targets and investment in initiatives such as Gumboot Friday and the Mental Health and Addiction Community Sector Innovation Fund, will also contribute to preventing suicide.

Many of the existing suicide prevention efforts will continue and evolve under the next suicide prevention action plan, but **there are still gaps across the continuum** – particularly in relation to wellbeing promotion and support for people whose distress escalates into a crisis.

Where we are now: September 2024

We have a stronger suicide prevention system, and people have access to more and better supports, services, resources and tools to support their wellbeing and respond to their needs.

We continue to be guided by *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029*.

Existing initiatives

These are key initiatives that support suicide prevention and postvention. It includes information about the approximate Vote Health investment across focus areas. This does not include other initiatives funded by communities, philanthropy and non-government organisations.

Suicide prevention

Approximately \$11.7m from Vote Health

- Funding to support community initiatives: Māori and Pacific suicide prevention community funds and Rangatahi Manawaroa
- Māori Suicide Prevention Community Programme
- FLO: Pasifika for Life (Pacific national suicide prevention programme)
- LifeKeepers, national suicide prevention training, including Mana Akiaki: LifeKeepers for Māori
- Mind, Set, Engage, mental health promotion and suicide prevention programme
- Kia Piki te Ora Māori suicide prevention services
- Family and whānau suicide prevention information service
- Mental wellbeing and resilience in Asian communities services
- Mental wellbeing and resilience in Rainbow communities services

Suicide postvention (support after a suicide)

Approximately \$4.8m from Vote Health

- Suicide bereavement peer support
- Aoake te Rā, the national bereaved by suicide service
- Initial support after a suicide death
- Postvention support in learning settings
- Training for facilitators of the Waves bereavement programme
- Community Postvention Response Service (CPRS)

System supports

Approximately \$1.4m from Vote Health

- National leadership: a suicide prevention office
- Coronial Suspected Suicide Data Sharing Service (CDS)
- Engaging media on suicide reporting service
- Suicide media reporting restrictions and guidelines
- Towards Wellbeing, advice to social workers who work with children and young people
- Traumatic incident (TI) coordinators and service
- Suicide prevention and postvention coordinators
- Suicide webtool
- *Ara Poutama Aotearoa Suicide Prevention and Postvention Action Plan 2022–2025*
- Independent coroners' court and review of suspected self-inflicted deaths
- Workforce development (eg, for Police and Social Development)

Wider contributions to suicide prevention

- Mental health and addiction services and supports
- Other public services (eg, health, housing, social services, schools, Police)
- Work to support the Government Targets across sectors
- Pae Ora health strategies
- Family violence and sexual violence strategies and initiatives
- Child and Youth Wellbeing Strategy
- Better Later Life – He Oranga Kaumātua 2019 to 2034
- The Veteran, Family and Whānau Mental Health and Wellbeing Policy Framework
- Other government policies and strategies around alcohol, crime, employment and income support, and social investment
- Wider societal context, including factors such as the economic climate, labour market, and natural disasters

Current insights

Research and feedback from communities highlight what is needed.

1: Approach to suicide prevention

A whole-of-government, whole-of-society approach is needed – suicide is not solely a health issue. Clear accountabilities and interventions across government agencies are needed to address societal factors associated with suicide (for example, economic factors, housing, discrimination and violence). More kaupapa Māori approaches to suicide prevention are also needed.

2: Leadership of suicide prevention

There is a need for stronger national leadership and coordination across the suicide prevention system. There also needs to be greater government leadership of and investment in suicide prevention activities that are led by communities and whānau.

3: Suicide prevention workforce development

There is a need to grow and develop the suicide prevention and postvention workforce, including families and whānau, community members and people with lived experience of suicide. This includes strengthening cultural competency, particularly Māori cultural competency, and ensuring adequate training to equip people with the knowledge and practical tools needed to prevent suicide.

4: Using data and evidence

Data and evidence need to be more timely and more widely used to support appropriate responses. There needs to be more investment in New Zealand and kaupapa Māori research.

5: Restricting access to means

More needs to be done to restrict access to means. Key areas where more work is needed include restricting access to ligature points and reducing alcohol intoxication and misuse.

6: Talking about suicide

There is a need for more conversations in our communities about how to navigate the experience of thinking about suicide and how to support people through such a time. More support is needed to enable people to have these hard conversations in ways that can prevent suicide. At the same time, there is a need to ensure appropriate mechanisms are in place to protect people from reporting on and use of suicide and suicide-related content such as in articles, songs, movies and recorded content.

7: Access to supports

There needs to be access to a greater range of mental health, crisis recovery, wellbeing and suicide prevention and postvention services that meet people's needs. There also need to be services for populations groups with higher needs (for example, Māori). This needs to include services and supports for individuals, families, whānau and communities from both the health system and other systems. Easy-to-access wrap-around supports are needed (for example, whole-of-school-based supports).

8: Supporting people after a suicide

People, families, whānau and communities bereaved by suicide need tailored supports. The coronial process for investigating suspected suicide deaths also needs to be improved to make the process less drawn out, less transactional and easier to navigate.

Draft suicide prevention action plan for 2025–2029

Where we are now

- Currently, there are persistently high suicide rates in New Zealand with inequitable outcomes for some population groups.
- Our current suicide prevention system provides us with a strong foundation.
- There is a range of suicide prevention and postvention supports, services, resources and tools to support people’s wellbeing and respond to their needs.
- There is a range of cross-government policies and strategies that contribute to preventing suicide.
- The wider societal contexts are changing. This will influence suicide prevention needs and efforts.

The gaps

There is a need for:

- greater access to and a broader range of supports to prevent suicide and support people after a suicide, particularly for children and young people
- a comprehensive continuum of care, with existing gaps around sustained wellbeing promotion and crisis recovery supports
- greater national system leadership
- more workforce development
- better local suicide prevention data and evidence
- safer environments
- efforts to address the wider social determinants that impact on suicide rates.

Where we want to get to

In the shorter term

- People can access high-quality and timely support for themselves or to support others.
- People and communities bereaved by suicide can access high-quality and timely supports.
- There is strong national leadership.

- The suicide prevention workforce has a clear understanding of its role and competencies.
- More robust data and evidence informing suicide prevention and postvention efforts.
- People’s environments are safer and more supportive.

In the longer term

- Suicide and self-harm rates are reduced. (Note: Not all self-harm is with the intent to die.)
- Suicidal thoughts, plans and attempts are reduced.
- Mental wellbeing is improved.

The next suicide prevention action plan will build on what we have with an emphasis on addressing the gaps and helping get us to where we want to be.

1. Improve access to suicide prevention and postvention supports.
2. Grow a capable and confident suicide prevention and postvention workforce.
3. Strengthen the focus on prevention and early intervention.
4. Improve the effectiveness of suicide prevention and our understanding of suicide.

Proposed Health-led actions

1: Improve access to suicide prevention and postvention supports

Impact: More people in suicidal distress or impacted by suicide can access the support they need, when they need it.

Table 1: Access – proposed health-led actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none"> • Establish a suicide prevention community fund focused on populations with higher needs (for example, maternal, youth and rural communities) to complement existing Māori and Pacific funds. 	By 31 Dec 2025
<ul style="list-style-type: none"> • Roll out enhanced suicide bereavement supports. 	By 30 June 2026
<ul style="list-style-type: none"> • Establish and evaluate six crisis recovery cafés/hubs/services. 	By 30 June 2028
<ul style="list-style-type: none"> • Improve the cultural appropriateness of initial supports after a suicide death and Aoake te Rā, bereaved by suicide service. 	By 31 Dec 2028

2: Grow a capable and confident suicide prevention and postvention workforce

Impact: The capacity and capability across suicide prevention workforces is improved and communities, families and whānau are better equipped.

Table 2: Workforce – proposed health-led actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none"> Increase access to suicide awareness training for communities, families and whānau. 	By 31 Dec 2025
<ul style="list-style-type: none"> Develop induction materials and improve ongoing best-practice supports for suicide prevention and postvention coordinators and Kia Piki te Ora workforces. 	By 30 June 2026
<ul style="list-style-type: none"> Publish a national competency-based framework for workforces, communities, and family and whānau members. 	By 30 June 2026
<ul style="list-style-type: none"> Develop and publish enhanced guidance for health professionals on assessing and supporting people who might be suicidal or experiencing suicidal distress. 	By 30 June 2028

3: Strengthen the focus on prevention and early intervention

Impact: There are safer and more supportive environments, particularly for children and young people.

Table 3: Prevention and early intervention – proposed health-led actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none"> Invest in enhanced acute, respite or crisis recovery services for young people in at least two regions. 	By 30 June 2025
<ul style="list-style-type: none"> Launch a new wellbeing promotion campaign that includes targeted resources for youth. 	By 31 July 2025
<ul style="list-style-type: none"> Develop and implement a national alcohol screening and brief intervention programme that includes suicide prevention aspects. 	By 30 June 2027
<ul style="list-style-type: none"> Develop and publish updated suicide media guidelines and supplementary resources for different types of media. 	By 31 Dec 2028
<ul style="list-style-type: none"> Create safer environments in inpatient mental health and addiction facilities by progressing work to remediate and minimise ligature points. 	By 30 June 2029

4: Improve the effectiveness of suicide prevention and our understanding of suicide

Impact: More effective and efficient suicide prevention efforts are in place.

Table 4: Effectiveness – proposed health-led actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none">Review the effectiveness of Vote Health suicide prevention services investment and implement any changes.	By 30 June 2026
<ul style="list-style-type: none">Explore options for testing a real-time suicide data tool to provide timelier and improved suicide data.	By 31 Dec 2026

Proposed cross-government actions

1: Improve access to suicide prevention and postvention supports

Impact: More people in suicidal distress or impacted by suicide can access the support they need, when they need it.

Table 5: Access – proposed cross-government actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none">Complete development of site-based, local postvention response processes at prison sites (Ara Poutama Aotearoa Department of Corrections).	By 31 Dec 2025

2: Grow a capable and confident suicide prevention and postvention workforce

Impact: The capacity and capability across suicide prevention workforces is improved and communities, families and whānau are better equipped.

Table 6: Workforce – proposed cross-government actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none">Enhance the Elder Abuse Response Services workforce suicide prevention knowledge and practices (Ministry of Social Development).	By 30 June 2028
<ul style="list-style-type: none">Update practice guidance and supports for social workers and carers working with children and young people who might be suicidal or experiencing suicidal distress (Oranga Tamariki).	By 30 June 2029

3: Strengthen the focus on prevention and early intervention

Impact: There are safer and more supportive environments, particularly for children and young people.

Table 7: Prevention and early intervention – proposed cross-government actions with completion dates

Proposed action	Date completed
<ul style="list-style-type: none">Promote wellbeing and strengthen supports provided by schools to students experiencing distress or self-harm and after a suicide (Ministry of Education).	By 30 June 2026
<ul style="list-style-type: none">Create safer environments in correctional facilities through work to remediate and minimise ligature points (Ara Poutama Aotearoa Department of Corrections).	By 30 June 2028

4: Improve the effectiveness of suicide prevention and our understanding of suicide

Impact: More effective and efficient suicide prevention efforts are in place.

Table 8: Effectiveness – proposed cross-government actions with completion dates

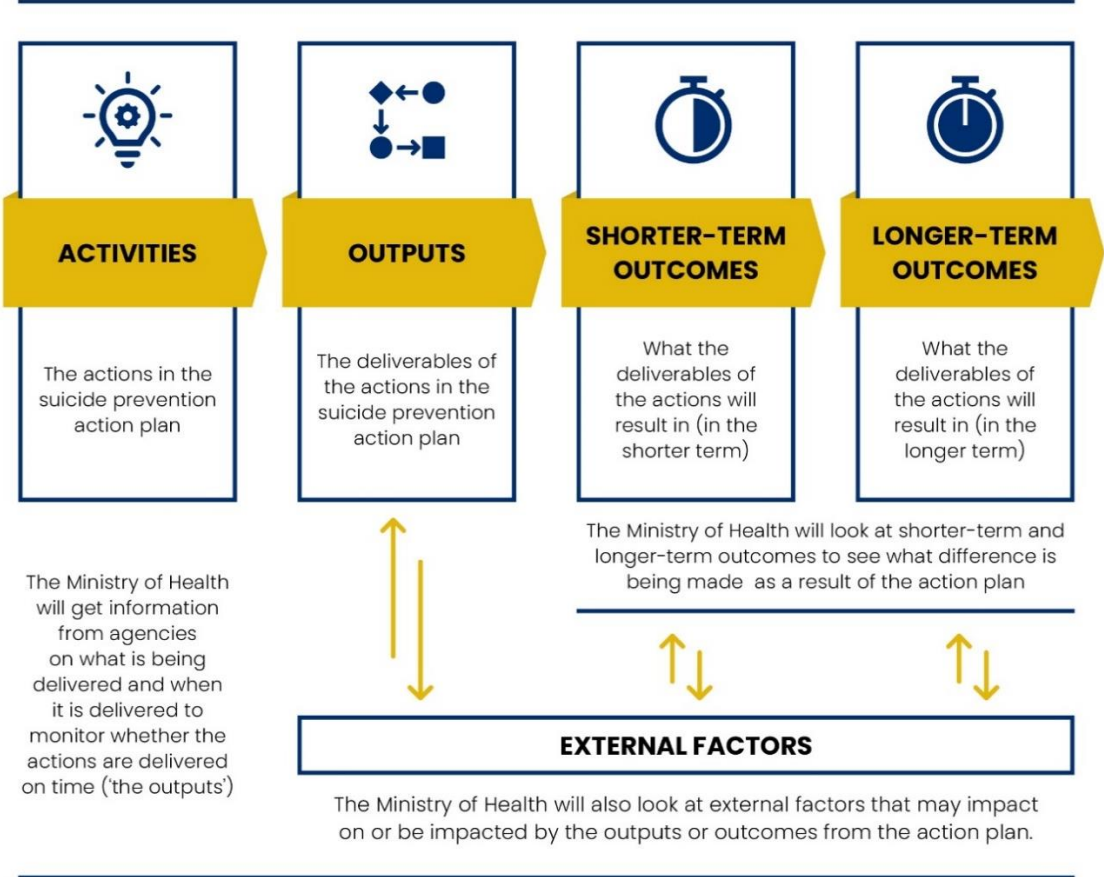
Proposed action	Date completed
<ul style="list-style-type: none">Support exploration of testing of a real-time suicide data tool to provide timelier and improved suicide data (Ministry of Justice).	By 31 Dec 2026
<ul style="list-style-type: none">Improve the effectiveness of online coronial recommendations recaps (Ministry of Justice).	By 30 June 2029

Draft suicide prevention action plan monitoring framework

Progress will be monitored using the framework shown below. Quarterly updates will be provided to the Minister for Mental Health, and annual updates will be provided to Cabinet to ensure strong oversight of progress. Annual updates will be made available on the Ministry of Health’s website.

The Mental Health and Wellbeing Commission – Te Hiringa Mahara is also expected to monitor suicide prevention as part of its independent and cross-government monitoring function for mental wellbeing.

Figure 2: Draft Suicide Prevention Action Plan Monitoring Framework



Outcomes and measures

Table 9: Shorter-term outcomes and measures

Outcome	Measure(s)
There is strong national leadership for suicide prevention.	Increased cross-agency awareness and collaboration on suicide prevention
The suicide prevention workforce clearly understands its role.	Positive feedback and engagement from suicide prevention workforces
More robust data and evidence inform suicide prevention and postvention efforts.	Improved comprehensiveness and completeness of suicide data
People can access high-quality and timely suicide prevention supports.	Increased awareness and uptake of suicide prevention services and supports
People and communities bereaved by suicide can access high-quality and timely supports.	Increased awareness and uptake of suicide postvention services and supports
People's environments are safer and more supportive.	Level of access to means in facilities The media increasingly follow suicide reporting guidelines and there is a reduction in inappropriate reporting instances

Table 10: Longer-term outcomes and measures

Outcome	Measure(s)
The self-harm hospitalisation rate has reduced.	Number of self-harm hospitalisations per 100,000 population
The suicide rate has reduced.	Number of suspected self-inflicted deaths per 100,000 population Number of suicide deaths per 100,000 population
There is a reduction in people reporting suicidal thoughts.	
There is a reduction in people reporting suicide plans.	From available survey data (for example, the youth health and wellbeing survey What About Me?)
There is a reduction in reports of suicide attempts.	
Mental wellbeing is improved.	Proportion of the population reporting high or very high levels of psychological distress (New Zealand Health Survey) Other measures to be informed by the Te Hiringa Mahara Mental Health and Wellbeing Commission He Ara Oranga Wellbeing Outcomes Framework

Have your say

Your feedback on the draft action plan is important.

It will help inform the new suicide prevention action plan, which is expected to be released in 2025.

Thank you for taking the time to provide your feedback.

Questions to help guide your feedback

1. Do you agree with the proposed actions for health and cross-government agencies? How could these actions be improved? Please include the reasons for your answer.
2. What other actions do you think could be included for government agencies to consider? Please include the reasons for your suggestions.
3. What do government agencies need to consider when implementing these actions to ensure what is delivered meets the needs of communities? Please include the reasons for your suggestions.
4. Is there anything else you want government agencies to know about what is needed to prevent suicide?

How to provide your feedback

The closing date for submissions is Friday 1 November 2024 at 5.00pm.

You can provide feedback by attending:

- in-person consultation sessions
- virtual consultation sessions.

For more information, see the **Ministry of Health website**.

You can provide feedback in writing:

- through our online tool at **consult.health.govt.nz**
- by email – you can email us at **mhaengagement@health.govt.nz**

For more information about the consultation process, please contact:
mhaengagement@health.govt.nz

Note: Under the Official Information Act 1982, anyone can request feedback from this consultation. If this happens, we would normally automatically redact personal information (for example, your name and any contact details) and then release your feedback to the person who asked for it. If you feel there are good reasons to withhold your submission in its entirety, please clearly indicate these in your feedback.

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