Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Minister for Mental Health

Updated Suicide Prevention Action Plan: Release of Consultation Document

16 October 2024

These documents have been proactively released by the Ministry of Health on behalf of the Minister for Mental Health, Hon Matt Doocey.

Titles of Cabinet papers:

- Annual update on suicide prevention progress and approval to consult on a new suicide prevention action plan
- Updated suicide prevention action plan consultation document

Titles of Cabinet minutes:

- Suicide Prevention: Progress and Approval to Consult on a New Suicide Prevention Action Plan (SOU-24-MIN-0038)
- Report of the Cabinet Social Outcomes Committee: Period Ended 10 May 2024 (CAB-24-MIN-0158)
- Updated Suicide Prevention Action Plan: Release of Consultation Document (SOU-24-MIN-0104)
- Report of the Cabinet Social Outcomes Committee: Period Ended 30 August 2024 (CAB-24-MIN-0327)

Titles of briefing documents:

- Briefing - Options for developing the next suicide prevention action plan (H2023034247)
- Aide-Mémoire - Suicide prevention action plan progress (H2024039013)
- Aide-Mémoire - Cabinet paper for lodging: Suicide prevention action plan consultation document and annual update (H2024040439)

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant sections of the Act that would apply have been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction code/s:

- Out of scope
- S 9(2)(a) to protect the privacy of natural persons.
- S 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.
- S 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency.

In Confidence

Office of the Minister for Mental Health

Cabinet Social Outcomes Committee

Updated suicide prevention action plan consultation document

Proposal

1 This paper seeks agreement to release a draft suicide prevention action plan for public consultation [SOU-24-MIN-0038 refers].

Relation to government priorities

2 The proposal in this paper contributes to the Government's priority of delivering better health outcomes, in particular improving mental health.

Executive Summary

3 This Government has committed to do more to improve mental health and addiction outcomes and prevent suicide through the establishment of a dedicated Mental Health portfolio and confirmation of related priorities [SOU-24-MIN-0054 refers].

4 With the current five-year suicide prevention action plan ending in 2024, we have an opportunity to develop a second action plan to drive suicide prevention efforts during the remaining five years of *Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029* (the suicide prevention strategy).

5 Although suicide rates have decreased slightly over the past 14 years, they remain high and inequitable. More can and needs to be done to significantly reduce rates. In particular, more action is needed to prevent suicide among young people, as our youth suicide rates are amongst the highest in the world; to fill gaps in the continuum of support, particularly in terms of wellbeing promotion and support for people in distress; and to listen and respond to the needs of people with lived experience and those bereaved by suicide.

6 It is within this context that *A new suicide prevention action plan for 2025–2029: Public consultation document* (the draft action plan) has been developed. It aligns proposed suicide prevention actions with our Government's priorities for mental health, addiction, and suicide prevention. These are increasing access to support, growing the workforce, strengthening the focus on prevention and early intervention, and improving effectiveness of support.

7 This paper also informs you of my intention to use existing mental health and addiction funding to better support the Government's mental health, addiction and suicide prevention priorities. The draft action plan includes new initiatives using this funding to increase access through crisis recovery cafés/hubs, enhanced bereavement support, and community funding; to expand suicide prevention training; and to strengthen wellbeing promotion.

8 The draft action plan also includes specific deliverables for health agencies and other government agencies, with clear milestones and owners, to help ensure accountability. Together this will drive change to move us closer to a future where there is no suicide in New Zealand.

9 I am seeking your agreement to release the attached *Draft Suicide Prevention Action Plan for 2025–2029: Public consultation document*. I will report back to Cabinet s 9(2)(f)(iv) on findings from the public consultation process and to seek your approval to a final suicide prevention action plan for 2025–2029.

Background

10 Suicide prevention activity in New Zealand is currently guided by Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 (the suicide prevention strategy) and the associated Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand (the action plan). With the action plan coming to an end, the second action plan will drive our suicide prevention efforts during the remaining five years of the strategy (2025–2029).

11 In May 2024, the Cabinet Social Outcomes Committee invited me to report back with an updated consultation document that seeks feedback on a new suicide prevention action plan, following consultation with other relevant Ministers [SOU-24-MIN-0038 refers].

12 Development and implementation of a new suicide prevention action plan is a key piece of work that will support progress against my priorities for the Mental Health portfolio, in particular my priority to strengthen the focus on prevention and early intervention. It will also contribute to growing the workforce, increasing access to supports and improving effectiveness of supports [SOU-24-MIN-0054 refers].

Our suicide rates remain persistently high and inequitable

13 Data for 2022/23 shows that there were 565 suspected suicide deaths: an annual rate of 10.6 suspected suicide deaths per 100,000 population. While this rate is 9.2% lower than the average rate over the past 14 years, this is not a statistically significant decrease and reflects a substantial loss to hundreds of families and whānau each year.

14 Suicide also has significant societal costs. It impacts on and is impacted by many other outcomes we are trying to achieve across government. Supporting people into employment, improved school attendance and educational achievements, greater access to secure housing, and preventing family violence and sexual violence will mitigate some of the factors that can lead to suicidal distress. Conversely, supporting people's mental health and resilience will improve productivity and outcomes across sectors.

15 Suicide rates also continue to vary between different groups. This includes higher rates among Māori, males, young people aged 15–24 years, mental health service users, and people living in rural areas, and likely higher rates among other groups including Rainbow communities, disabled people, people who have care experience of child protection, and pregnant women and new mothers.

16 The current action plan contains 57 actions covering eight broad ranging areas. Implementation is supported largely by funding within agencies' baselines. This includes the Budget 2019 Vote Health investment in suicide prevention of approximately $10 million per annum, bringing total Vote Health suicide prevention specific investment to approximately $18 million per annum.

17 As summarised in Appendix 1, progress has been made in a number of areas under the current action plan. This has however not been enough to significantly reduce suicide rates. The current action plan has also faced criticism for its lack of specific owners, milestones or end points, and for not ensuring sufficient accountability from government agencies for delivering on the action plan.

18 I acknowledge that preventing suicide is complex. There is no single intervention that will eliminate suicide, however there is more we can and must do to prevent suicide. We already have some work underway that will support improved suicide prevention efforts, such as our investment in Gumboot Friday to provide young people aged between 5 and 25 years with free mental health counselling services, our establishment of a mental health and addiction innovation fund, and work to transition to a multi-agency response to 111 calls for people in mental distress.

19 We need to build on this work and other effective suicide prevention efforts that are already in place. There is a growing need to do more to prevent suicide among young people, with increasing levels of distress among young people and New Zealand's youth suicide rates typically among the highest in the world. Key gaps also exist in the continuum of support, particularly around promoting wellbeing and supporting people in distress or crisis.

A focused approach is needed to drive actions in the next action plan

20 The attached proposed action plan will help build a stronger and more sustainable foundation for suicide prevention efforts in New Zealand, moving us closer to achieving the overarching vision in the suicide prevention strategy of a future where there is no suicide in New Zealand.

21 I have consulted with a range of relevant Ministers to develop this updated draft action plan for public consultation. The draft action plan has also been informed by research, evidence, available suicide data, and insights people have shared about what is needed to prevent suicide.

22 The attached document differs from the consultation document attached to my previous paper *Suicide Prevention: Progress and Approval to Consult on a New Suicide Prevention Action Plan* [SOU-24-SUB-0038 refers], and the current action plan in the following key ways:

22.1 it more strongly reflects the priorities of this Government, in particular the priorities for the Mental Health portfolio that have since been confirmed by Cabinet [SOU-24-MIN-0054 refers]

22.2 it provides a draft suicide prevention action plan for consultation, rather than seeking broad input on what should be included in the next action plan. This will help inform more targeted consultation on where to focus actions over the next five years

22.3 it is more concise and focused on what government agencies will do, helping to ensure clear accountability for delivery against an achievable set of deliverables

22.4 it includes information about how progress will be monitored. This will help show how the actions in the action plan are intended to contribute to building a strong foundation for achieving the overarching vision of a future where there is no suicide in New Zealand.

Overview of the draft action plan

23 The draft action plan is focused on four overarching actions, closely aligned to our priorities for mental health, addiction and suicide prevention. These are:

23.1 improve access to suicide prevention and postvention (after a suicide) support

23.2 grow a capable and confident suicide prevention and postvention workforce

23.3 strengthen the focus on prevention and early intervention

23.4 improve the effectiveness of suicide prevention and our understanding of suicide.

24 Each action in the draft action plan is accompanied by a clear set of specific deliverables, milestones and government agency owners underneath them.

25 The health system has an important role to play in preventing suicide and supporting people impacted by suicide. The Ministry of Health and Health New Zealand will lead actions including through:

25.1 expanding the range of supports available to people in crisis or experiencing suicidal distress, and increasing support for people bereaved by suicide

25.2 strengthening support for people working in suicide prevention and postvention roles, as well as support for wider workforces, communities, families and whānau

25.3 focusing on wellbeing promotion and supports for children and young people, and creating safer and more supportive environments for people within government facilities and through safer discussions in the media

25.4 improving the timeliness and quality of suicide data, and reviewing the effectiveness of current suicide prevention investment.

26 However, suicide prevention requires more than just action within the health sector. The draft action plan also highlights activities non-health government agencies will be undertaking. This includes work led by:

26.1 Oranga Tamariki to enhance support and advice for workforces and carers working with children and young people (including care experienced and youth justice) who might be suicidal or experiencing suicidal distress

26.2 the Department of Corrections to continue creating safer environments in custodial facilities and develop robust suicide postvention response processes at prison sites, including support for whānau and Corrections' staff

26.3 the Ministry of Education to strengthen support provided by schools to students experiencing self-harm and after a suicide through implementation of postvention and self-harm resources in schools, and promotion of appropriate communication about suicide and self-harm for school staff and whānau

26.4 the Ministry of Justice to improve the effectiveness of online coronial recommendations recaps

26.5 the Ministry of Social of Development to increase support and advice provided to the Elder Abuse Response Services workforce and related organisations who work with older people who might be suicidal or experiencing suicidal distress.

27 The focused set of actions will sit alongside the range of ongoing suicide prevention activities already in place (see Appendix 2). This includes free suicide prevention training for approximately 3,000 people each year, free national support for people bereaved by suicide, approximately $2.5 million per annum distributed as part of Māori and Pacific community funds, Kia Piki te Ora Māori suicide prevention programmes in 23 sites across the country, and suicide prevention and postvention coordination at a district level across the country.

28 Wider government policies, strategies and initiatives that contribute to improving mental health and addiction outcomes and preventing suicide, will also complement the activities in the draft action plan. This includes the Government targets, the mental health and addiction targets, as well as other initiatives such as our investment in Gumboot Friday referenced earlier.

Funding to support implementation of the next suicide prevention action plan

29 Funding for implementation of the next suicide prevention action plan will come from within baselines, including the approximately $18 million per year of existing Vote Health investment in suicide prevention services.

30 As signalled in the *Mental Health portfolio priorities* Cabinet paper, I have been working with the Minister of Health, given his overall responsibility for Vote Health, on ways to use existing mental health and addiction ringfence funding to progress our mental health, addiction, and suicide prevention priorities [SOU-24-SUB-0054 refers]. Officials have identified a range of funding from Budget 2019 and Budget 2022 mental health and addiction investment that could be freed up, including future annual funding increases appropriated as part of the initiatives.

31 This means that up to $10.41 million in 2024/25, $26.13 million in 2025/26 and $26.41 million in 2026/27 and outyears could be used to better support progress towards our priorities (see Appendix 3 for details).

32 I intend to use this funding for the package of initiatives outlined in Appendix 3. These initiatives are broadly aligned with the original intent of the funding to improve mental health and addiction outcomes and services, and will help drive progress towards our priorities

33 Six of the initiatives to be funded are proposed to be included as part of the next suicide prevention action plan:

33.1 crisis recovery cafés or hubs to help ensure more people in crisis are able to receive timely and compassionate support

33.2 additional acute, respite or crisis recovery services for young people to help ensure young people with higher needs are able to receive timely and tailored support

33.3 a new mental wellbeing promotion campaign, including elements tailored for young people and for populations with greater needs, to support improved wellbeing

33.4 strengthened bereavement support to improve the support available to people bereaved by suicide

33.5 a new suicide prevention community fund focused on populations with higher needs to support community-led solutions

33.6 increased access to suicide prevention training for communities, families and whānau to better equip people with the knowledge and practical tools to prevent suicide.

34 The latter three initiatives specifically focus on suicide prevention. This would increase Vote Health suicide prevention specific funding s 9(2)(f)(iv) [redacted] from around $18 million to s 9(2)(f)(iv) [redacted]

35 Should any funding need to be moved between appropriations to give effect to these initiatives, I will seek the Minister of Finance's approval for this through the upcoming October Baseline Update process.

Next steps

36 It is crucial that the next action plan reflects the voices of people working in the community to prevent suicide, as well as the voices of people with lived experience and people affected by suicide. Communities know the solutions to their own challenges, including in relation to suicide prevention. Subject to Cabinet agreement, I therefore intend to release the draft action plan for public consultation at an event acknowledging World Suicide Prevention Day on 10 September 2024.

37 Public consultation would then run for approximately seven weeks, and end on 1 November 2024. This will include opportunities for people to provide in person and written feedback. I expect the process will also include engagement with population groups with higher needs and those with lived experience.

38 Feedback received through the public consultation process will be independently analysed and will inform the final suicide prevention action plan for 2025–2029.

39 I intend to bring the final suicide prevention action plan to the Cabinet Social Outcomes Committee s 9(2)(f)(iv) [redacted] alongside a summary of the public consultation findings. This will include further information about how the action plan will be delivered and implemented.

Cost-of-living Implications

40 The proposals in this paper do not have any cost-of-living implications.

Financial Implications

41 The proposals in this paper do not have any financial implications. The actions included in the draft action plan will be delivered within agencies' baseline funding.

Legislative Implications

42 The proposals in this paper do not have any legislative implications.

Impact Analysis

Regulatory Impact Statement

43 The impact analysis requirements do not apply to this paper as no regulatory changes are proposed.

Climate Implications of Policy Assessment

44 A Climate Implications of Policy Assessment is not required as no substantial changes to greenhouse gas emissions will result from this proposal.

Population Implications

45 Suicide disproportionately affects some population groups in New Zealand, including:

45.1 young people (particularly young Māori and Pacific peoples) – the 20–24-year-old age group had the highest suspected suicide rate in 2022/23, with a rate of 20.1 per 100,000

45.2 Māori – in 2022/23 the rate of suspected suicide for Māori was 16.0 per 100,000 population, compared to 9.1 per 100,000 population for non-Māori

45.3 males – male suicide rates in 2022/23 were approximately 2.5 times higher than female suicide rates

45.4 people living in rural areas – the suicide rate for people living in rural areas is approximately 40% higher for males and 20% higher for females when compared to those living in urban areas.

46 There is also information (eg, from research, coroners' findings, mortality reviews and surveys) that suggests various other population and occupational groups are disproportionately affected. This includes Rainbow communities, disabled people, people who have care experience of child protection and the justice system, older Asian communities, pregnant women and new mothers, people working in trades, and veterans.

47 The proposed actions in the draft suicide prevention action plan have been developed with an intent to address issues facing populations at greater risk of suicide. The proposed public consultation process will also be undertaken in a way that will help ensure the voices of people from a range of population groups and those with lived experience are heard and inform the final suicide prevention action plan.

Human Rights

48 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Use of external Resources

49 No external resources were employed in developing the proposals in this paper.

Consultation

50 The following agencies were consulted on this paper: the Accident Compensation Corporation; the Department of Corrections | Ara Poutama; the Department of Internal Affairs; Health New Zealand | Te Whatu Ora; the Ministries of Business, Innovation and Employment, Education, Justice, Social Development (including the Child Wellbeing and Poverty Reduction Group) and Youth Development; the Ministries for Ethnic Communities, Pacific Peoples, Primary Industries, and Women; New Zealand Defence Force (Veterans' Affairs); New Zealand Police; the Office for Seniors; Oranga Tamariki; the Social Investment Agency; Te Puna Aonui; Te Puni Kōkiri; the Treasury; Ministry of Disabled People | Whaikaha and WorkSafe New Zealand. The Department of the Prime Minister and Cabinet has been informed.

Communications

51 Subject to Cabinet agreement, I intend to announce the release of the draft action plan at an event on 10 September 2024. This will be followed by a press release to notify stakeholders and the public about consultation on the draft action plan. I expect agencies will also notify their relevant networks with an interest in suicide prevention.

Proactive Release

52 I intend to proactively release this paper and any associated minutes, subject to any redactions as appropriate under the Official Information Act 1982, alongside release of the draft action plan for public consultation.

Recommendations

The Minister for Mental Health recommends that the Committee:

1 note that progressing work to prevent suicide will support the priorities for the Mental Health portfolio as well as contribute to wider Government priorities such as the Government targets;

2 note that the current Suicide Prevention Action Plan 2019–2024 is due to end this year;

3 note that suicide rates in New Zealand remain persistently high and inequitable and more needs to be done to prevent suicide;

4 note that in May 2024, Cabinet invited the Minister for Mental Health to report back with an updated consultation document that seeks feedback on a new suicide prevention action plan, following consultation with other relevant Ministers [SOU-24-MIN-0038 refers];

5 note the Minister for Mental Health intends to use existing mental health and addiction funding as outlined in Appendix 3 to better align with the Government's priorities for mental health, addiction, and suicide prevention;

6 approve the release of the attached document *A new suicide prevention action plan for 2025–2029: Public consultation document* (the draft action plan) for public consultation;

7 note that editorial amendments may be made to the draft action plan prior to its release;

8 note that public consultation on is expected to commence on 10 September 2024, with submissions closing on 1 November 2024;

9 invite the Minister for Mental Health to report back to the Cabinet Social Outcomes Committee s 9(2)(f)(iv) on the public consultation findings and a proposed final suicide prevention action plan for 2025–2029.

Authorised for lodgement

Hon Matt Doocey

Minister for Mental Health

Appendix 1. Suicide prevention action plan 2019–2024: Progress to date

September 2019

WHERE WE STARTED

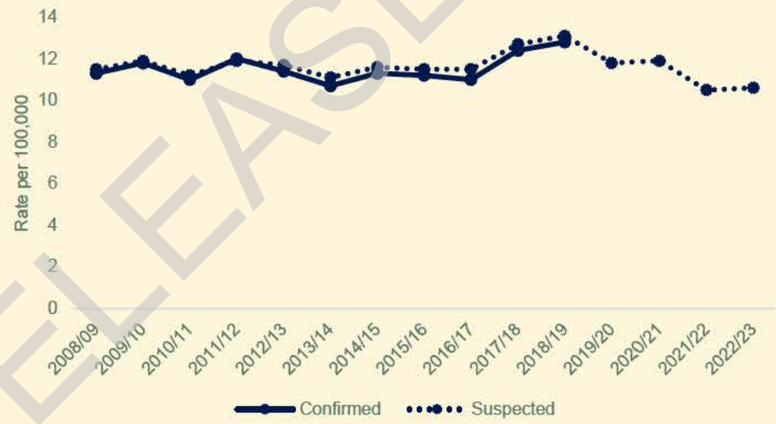
Release of Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand

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

Suspected suicide rates have decreased and remained stable across 2019–2022

Suicide rate in 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. Confirmed suicide rates generally follow the same pattern as suspected suicide rates.

September 2024

WHERE WE ARE NOW

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 the 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 with the approximate Vote Health investment across focus areas.

This does not include other initiatives funded by communities, philanthropy and non-government organisations

SUICIDE POSTVENTION (SUPPORT AFTER A SUICIDE) (~$4.8m from Vote Health)

- Suicide Bereavement Peer Support
- Aoake te Rā, 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

SUICIDE PREVENTION (~$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 suicide prevention programme)
- LifeKeepers suicide awareness 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 & Resilience in Asian Communities
- Mental Wellbeing & Resilience in Rainbow Communities

SYSTEM SUPPORTS (~$1.4m from Vote Health)

- National leadership: a Suicide Prevention Office
- Coronial Data Sharing Service
- 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 TI Service
- Suicide prevention and postvention coordinators
- Suicide webtool
- Corrections' Suicide Prevention and Postvention Action Plan 2022–2025
- Independent Coroners court and review of suspected self-inflicted deaths
- Ministry of Social Development, Corrections and Police workforce 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

Appendix 2. Role of the next suicide prevention action plan

WHERE WE ARE NOW

- Persistently high suicide rates with inequitable outcomes for some population groups
- Foundation of a strong suicide prevention system
- A range of suicide prevention and postvention supports, services, resources and tools to support people's wellbeing and respond to their needs
- A range of cross-government policies and strategies that contribute to preventing suicide
- Changing wider societal contexts that will influence suicide prevention needs and efforts

WHERE ARE THE GAPS

There is a need for:

- greater access to and 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 resolution 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 bereaved by suicide are able to access high quality and timely support
- Strong national leadership
- A suicide prevention workforce that has a clear understanding of their role and competencies
- Robust data and evidence that informs suicide prevention and postvention efforts
- People's environments are safer and more supportive

... in the longer term

- Reduced suicide and self-harm rates (note: not all self-harm is with the intent to die)
- Reduced suicidal thoughts, plans and attempts
- Improved mental wellbeing

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

Improve access to suicide prevention and postvention support

Strengthen the focus on prevention and early intervention

Grow a capable and confident suicide prevention and postvention workforce

Improve the effectiveness of suicide prevention and our understanding of suicide

Appendix 3. Overview of mental health and addiction funding and proposed initiatives to be funded

Mental health and addiction funding identified to support progress towards the Mental Health portfolio priorities

Funding available ($m)	2024/25 ($m)	2025/26 ($m)	2026/27 & outyears ($m)
Budget 2019			
Expanding Access and Choice of Primary Mental Health and Addiction Support	-1.60	-1.60	-1.60
Expanding Telehealth and Digital Supports for Mental Wellbeing	-1.00	-0.72	-1.00
Forensic Mental Health Services for Young People	-0.19	-0.19	-0.19
Budget 2022			
Increasing Availability of Specialist Mental Health and Addiction Services	-7.27	-23.27	-23.27
Continuing the Alcohol and Other Drug Treatment Courts	-0.35	-0.35	-0.35
Total	**-10.41**	**-26.13**	**-26.41**

Proposed initiatives to be funded

Initiative	2024/25 ($m)	2025/26 ($m)	2026/27 and outyears ($m)	What is the initiative purchasing
Mana Ake in Hawke's Bay and Tairāwhiti	1.40	2.80	3.70	• Sustainable funding for ongoing service delivery of Mana Ake wellbeing services in primary and intermediate schools (currently funded with time-limited investment from the response to the North Island Weather Events that ends in 2024) • Reach of approximately 10,800 primary and intermediate school-aged children living in Tairāwhiti and Hawke's Bay
s 9(2)(f)(iv) [redacted]				

Initiative	2024/25 ($m)	2025/26 ($m)	2026/27 and outyears ($m)	What is the initiative purchasing
Crisis recovery cafés/hubs	s 9(2)(f)(iv)			• s 9(2)(f)(iv) • Will involve mix of clinical and peer workforces, with a focus on peer workforces, and allows for a mix of operating hours across sites to test efficiency • Includes funding for evaluation
Specialist infant, child and adolescent services (ICAMHS) incl. initiatives to build the youth acute/crisis continuum	s 9(2)(f)(iv)			• s 9(2)(f)(iv) • Funding to develop or bolster child and adolescent acute, respite or crisis recovery service in two regions
Mental wellbeing promotion campaign	s 9(2)(f)(iv)			• National mental wellbeing promotion campaign including elements targeted at populations with greater needs
Suicide Prevention Action Plan implementation	s 9(2)(f)(iv)			• Funding to support implementation of the following proposed actions: o establish a new Suicide Prevention Community Fund focused on populations with higher needs o enhancing suicide bereavement support o increasing access to suicide prevention training for communities, families and whānau
Workforce: Psychiatrists and psychologists (including associate psychologists)	s 9(2)(f)(iv)			• s 9(2)(f)(iv) •
Total	**10.41**	**19.74**	**20.64**	

CAB-24-MIN-0327

Cabinet

Minute of Decision

Report of the Cabinet Social Outcomes Committee: Period Ended 30 August 2024

On 2 September 2024, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 30 August 2024:

Out of scope

SOU-24-MIN-0104	**Updated Suicide Prevention Action Plan: Release of Consultation Document** Portfolio: Mental Health	CONFIRMED

Out of scope

Rachel Hayward
Secretary of the Cabinet

SOU-24-MIN-0104

Cabinet Social Outcomes Committee

Minute of Decision

Updated Suicide Prevention Action Plan: Release of Consultation Document

Portfolio **Mental Health**

On 28 August 2024, the Cabinet Social Outcomes Committee (SOU):

1 **noted** that progressing work to prevent suicide will support the priorities for the Mental Health portfolio, as well as contribute to wider Government priorities such as the Government targets;

2 **noted** that the current Suicide Prevention Action Plan 2019–2024 is due to end in 2024;

3 **noted** that suicide rates in New Zealand remain persistently high and inequitable, and more needs to be done to prevent suicide;

4 **noted** that in May 2024, SOU invited the Minister for Mental Health (the Minister) to report back with an updated consultation document that seeks feedback on a new suicide prevention action plan, following consultation with relevant Ministers [SOU-24-MIN-0038];

5 **noted** that the Minister:

5.1 proposes to use existing mental health and addiction funding, as outlined in Appendix 3 attached to the submission under SOU-24-SUB-0104, to better align with the Government's priorities for mental health, addiction, and suicide prevention; but

5.2 will meet with relevant Ministers to discuss and agree the use of this funding to support Government targets;

6 **approved** the release of the document *Draft suicide prevention action plan for 2025-2029: Public Consultation document* (the consultation document), attached to the submission under SOU-24-SUB-0104, for public consultation;

7 **agreed** that editorial amendments may be made to the draft action plan prior to its release;

8 **noted** that public consultation is expected to commence on 10 September 2024, with submissions closing on 1 November 2024;

9 **invited** the Minister to report back to SOU s 9(2)(f)(iv) on the public consultation findings and a proposed final suicide prevention action plan for 2025–2029.

Jenny Vickers
Committee Secretary

Present:
Hon David Seymour
Hon Nicola Willis (Chair)
Hon Paul Goldsmith
Hon Louise Upston
Hon Tama Potaka
Hon Matt Doocey
Hon Casey Costello
Hon Penny Simmonds
Hon Nicola Grigg
Hon Karen Chhour
Hon Nicole McKee

Officials present from:
Office of the Prime Minister
Officials Committee for SOU

In Confidence

Office of the Minister for Mental Health

Cabinet Social Outcomes Committee

Annual update on suicide prevention progress and approval to consult on a new suicide prevention action plan

Proposal

1 This paper:

1.1 provides the fourth annual update on progress to prevent suicide as part of implementing *Every Life Matters – He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019–2029 (He Tapu te Oranga) and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand* [SWC-23-MIN-0077 refers]

1.2 seeks Cabinet's agreement to release the document *Have your say: Consulting on a new Suicide Prevention Action Plan* for public consultation.

Relation to Government priorities

2 The proposal in this paper contributes to the Government's priority of delivering better health outcomes, in particular improving mental health.

Executive Summary

3 *He Tapu te Oranga* was released in 2019 [CBC-19-MIN-0034 refers]. It provides the strategic framework needed to prevent suicide in New Zealand and was designed to be supported by two five-year action plans that would contain the practical activities to drive change.

4 With New Zealand's current suicide prevention action plan ending in 2024, officials are working towards an action plan that will deliver a targeted suite of suicide prevention activities across government, that will drive change by utilising evidence-based levers. This will be in the context of relevant cross government strategies and work programmes that can contribute to suicide prevention. Activities will have clear owners and milestones.

5 I am seeking Cabinet's agreement to issue a public consultation document in May 2024. Feedback and input gained through public consultation will inform the development of a final suicide prevention action plan for 2025–2029.

6 I intend to report back to Cabinet by s 9(2)(f)(iv) on the findings from public consultation and to seek agreement to the final suicide prevention action plan for 2025–2029.

7 Cabinet requested annual updates on progress with suicide prevention efforts [CBC-19-MIN-0034 and SWC-23-MIN-0077 refers]. I have included a summary of progress to close off the actions in the action plan for 2019–2024, acknowledging that many of these actions are ongoing and will continue to feature in our suicide prevention efforts. The new action plan will build on progress made to date.

Background

8 Suicide prevention refers to a wide range of efforts and approaches to reduce the number of people dying by suicide. *He Tapu te Oranga* is New Zealand's 10-year whole-of-society and whole-of-government suicide prevention strategy. It aims to reduce the suicide rate and achieve wellbeing for all while working together towards the long-term vision of a future where there is no suicide in New Zealand.

9 The current action plan outlines 57 actions with delivery responsibility sitting across agencies and communities. Actions are grouped into areas covering system-focused activities to strengthen national leadership; better use of evidence and knowledge; workforce capacity and capability; monitoring and evaluating progress; as well as service-level activities across the continuum to promote wellbeing, respond to distress, respond to self-harm and suicide attempts, and support people after a suicide.

Progress against the current action plan

10 The current action plan does not prescribe end points or sole owners of actions, but rather intends to foster collective and broad ownership across all government agencies, community organisations, sectors, businesses, iwi, hapū, whānau, and individuals.

11 The implementation of the current action plan was supported by Budget 2019 Vote Health investment of approximately $10 million per annum to strengthen suicide prevention efforts within the health system, bringing Vote Health investment in suicide prevention to approximately $20 million per annum. Following the 2022 health system reforms, Te Aka Whai Ora – the Māori Health Authority led Vote Health suicide prevention commissioning, in acknowledgement of the disproportionate impact of suicide on Māori. This responsibility has now transitioned to Te Whatu Ora – Health New Zealand.

12 Key progress highlights under the current action plan and with the investment noted above include the following.

12.1 A major strengthening of Kia Piki Te Ora kaupapa Māori suicide prevention services, which have expanded from 9 providers to 23 providers delivering across 24 sites nationwide.

12.2 National rollout of Aoake te Rā, a free service to support whānau bereaved by suicide. This service now has providers in every region. In the quarter ending 30 June 2023, approximately 660 bereavement support sessions were delivered.

12.3 Establishment of Māori and Pacific suicide prevention community funds. These funds distribute approximately $2.5 million to community initiatives each year.

12.4 An uplift in resourcing for the health district suicide postvention coordinators, with approximately $1 million provided to districts in 2022/23.

12.5 Increased wellbeing support for children and young people in places of learning. This includes expansions in recent years of School Based Health Services to decile 5 schools and activity centres, and of the Mana Ake wellbeing programme for primary and intermediate school-aged children in 8 districts. The Ministry of Education has also supported the development of new resources for schools, teachers and children and young people.

12.6 A review of the coronial process for investigating deaths by suicide, published in late 2023. The report documents the co-designed recommendations for improvements to the coronial process that were developed with people with lived experience of suicide bereavement.

12.7 Improvements to the current monitoring system that allows much timelier identification of, and response to, emerging means of suicide, as well as locations where suicide deaths occur often.

12.8 Development of a competency-based framework for the suicide prevention workforce that will guide future efforts to ensure a consistent suicide prevention and postvention standard of skills, attitudes, attributes, and values necessary for the workforce.

13 More detail of progress against the current action plan is contained at Appendix A. As noted above, the actions in the current plan do not have defined end points; many will be an ongoing focus of our future suicide prevention efforts. The next action plan will build on these actions and progress to date.

Suicide data shows more work is needed

14 Data for 2022/23 shows that the annual rate of suspected suicide was 10.6 per 100,000. This rate is 9.2% lower than the average rate over the past 14 years. The most recent data available for those deaths confirmed by a coroner as suicide are for 2019 and typically follow a similar pattern to suspected rates.

15 The data also shows that suicide affects different groups at different rates. This includes differences in rates between different ethnicities, genders, and age groups. Māori in particular experience inequitably higher suicide rates:

15.1 While the 2022/23 overall rate of suspected suicide was 10.6 per 100,000, the rate for Māori was 16 and for non-Māori was 9.1. For Māori males the rate was 24.6 per 100,000. In terms of age groups, the age group with the highest overall rate was the 20–24 year old age group with a rate of 20.1 per 100,000.

15.2 For confirmed suicide deaths (most recent data 2019), Māori males had the highest rate, which is about 1.8 times that of non- Māori males. That of Māori females, while lower than that of Māori males, was around 2.3 times greater than that of non-Māori females. The age group with the highest rate was 30–34 years.

16 There are also varying levels of evidence and information (including international evidence, survey data and anecdotal information) suggesting higher risks of self-harm and suicide for a range of groups including Rainbow communities, people who experience family violence or sexual violence, veterans, disabled people and their carers, people with fetal alcohol spectrum disorders, people who have experience of child protection and the justice system, and those who live in isolated areas.

17 Implementation of the current action plan will continue until such time as the next suicide prevention action plan is released. With the current action plan coming to an end in 2024, we have an opportunity to put in place a focused action plan for preventing suicide during the remaining time (2025–2029) under *He Tapu te Oranga*.

Public consultation document

18 I want to ensure that the next action plan reflects the voices of people working in the community to prevent suicide as well as those of people affected by suicide. Officials have therefore prepared the attached draft public consultation document, informed by evidence and engagement with other government agencies, and drawing on previous relevant public consultations.

19 The public consultation document sets out my desire to move from an expansive first action plan with 57 actions to a more focused second action plan. The new plan will have a smaller number of highly effective suicide prevention actions that will work together as a suite, with clear delivery milestones and owners. The action plan will factor in other government strategies that contribute to improving wellbeing and preventing suicide, s 9(2)(f)(iv) [redacted]

20 I expect this smaller set of focused actions will include both those at a population level to address cross-government factors influencing the risk of suicide, as well as more targeted actions focused on supporting people at greater risk of suicide.

21 The consultation document therefore seeks input into the nature of the actions that should be included in the action plan and requests assistance from key stakeholders and the public in prioritising them.

22 The Ministry of Health | Manatū Hauora will lead the public consultation process. It is important that there are multiple approaches to engage with the communities and sectors impacted by suicide and those working hard to prevent suicide and support people and family/whānau impacted. Officials will therefore be seeking feedback both in person and in writing over a period of six weeks, between May and July 2024.

23 My officials will work with key population groups including Māori, tāngata whai ora, people with lived experience of suicide, and with representatives of disabled communities to ensure a high level of engagement in the consultation. Accessible information in alternate formats will be prepared.

Next steps

24 Subject to Cabinet approval, I intend to release the public consultation document in May for responses over a period of six weeks. The feedback received through consultation will be independently analysed and will inform the final suicide prevention action plan. I intend to bring this action plan, alongside a summary of the findings from the public consultation, back to Cabinet by s 9(2)(f)(iv) [redacted]

Cost of living implications

25 The proposals in this paper do not have any cost-of-living implications.

Financial Implications

26 The proposals in this paper do not have any immediate financial implications.

Legislative Implications

27 The proposals in this paper do not have any legislative implications.

Impact Analysis

Regulatory Impact Statement

28 The impact analysis requirements do not apply to this paper as no regulatory changes are proposed.

Climate Implications of Policy Assessment

29 A Climate Implications of Policy Assessment is not required as no substantial changes to greenhouse gas emissions will result from this proposal.

Population Implications

30 Suicide disproportionately affects some population groups in New Zealand, including Māori, young people aged 15–24 years (particularly young Māori and Pacific peoples), males and rural communities. There is also information that suggests other population groups, including disabled people and their carers, Rainbow communities, older Asian communities, people with fetal alcohol spectrum disorder, people who have care experience of child protection and the justice system, and veterans are disproportionately affected.

31 Achieving equity underpins the *He Tapu te Oranga* strategy and will be key to my new action plan. I recognise that different suicide prevention approaches and resources will be needed for different population groups to achieve equitable outcomes.

32 A mix of suicide prevention approaches for everyone, as well as specific approaches developed with and tailored to specific population groups, will help reduce disparities in suicide rates and improve the mental health and wellbeing of all people in New Zealand.

Human Rights

33 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Use of External Resources

34 The Ministry of Health has not engaged any contractors or consultants in the development of the policy advice in this paper. It is however expected that analysis of the findings from public consultation will likely require the use of external resources to ensure the analysis is independent.

Consultation

35 This paper was prepared by the Ministry of Health in consultation with the Ministries of Education, Justice, Social Development, Business, Innovation and Employment, Pacific Peoples, and Primary Industries; Ara Poutama Aotearoa – Department of Corrections, the New Zealand Police; Oranga Tamariki – Ministry for Children; Te Puni Kōkiri; the Department of the Prime Minister and Cabinet; the Office for Seniors; Defence (Veterans Affairs); Whaikaha – Ministry of Disabled People; the Department of Internal Affairs; Te Puna Aonui; WorkSafe New Zealand; and Te Whatu Ora – Health New Zealand.

Communications

36 Subject to Cabinet's decisions, I will issue a press release to notify stakeholders and the public about consultation on the public consultation document *Have your say: Consulting on a new Suicide Prevention Action Plan* taking place.

Proactive Release

37 I intend to proactively release this paper and its associated minute alongside release of the public consultation document, subject to redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister for Mental Health recommends that the Committee:

1 **note** that in September 2019, Cabinet invited the Minister of Health to provide annual updates to the Cabinet Social Wellbeing Committee on progress against the actions in *He Tapu te Oranga Suicide Prevention Action Plan 2019–2024* [CBC-19-MIN-0034 refers].

2 **note** that this paper presents the 2024 update to Cabinet on progress against the action areas in *He Tapu te Oranga Suicide Prevention Action Plan 2019–2024.*

3 **note** that *He Tapu te Oranga Suicide Prevention Action Plan 2019–2024* is due to end later this year.

4 **approve** the release of the attached document *Have your say: Consulting on a new Suicide Prevention Action Plan* for public consultation.

5 **note** that minor editorial amendments may be made to *Have your say: Consulting on a new Suicide Prevention Action Plan* prior to its release.

6 **note** that I expect to release *Have your say: Consulting on a new Suicide Prevention Action Plan* in May 2024, with submissions closing six weeks later.

7 **invite** the Minister for Mental Health to report back to the Cabinet Social Outcomes Committee s 9(2)(f)(iv) on the public consultation findings and a proposed final suicide prevention action plan for 2025–2029, including the approach to future reporting on progress.

Hon Matt Doocey

Minister for Mental Health

Appendix One: Progress overview of actions in *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand* (*He Tapu te Oranga*)

The following table provides an overview of progress made against the actions in each action area of *He Tapu te Oranga* suicide prevention action plan 2019–2024.

He Tapu te Oranga suicide prevention strategy emphasises the need for collective ownership and that everyone can contribute to its actions and outcomes. This is reflected in the open-ended nature of the actions in *He Tapu te Oranga* action plan and is intended to enable broader activity.

Many of the actions below relate to work that will continue to feature in our suicide prevention efforts. The second action plan under *He Tapu te Oranga* will build on these actions and the progress made to date.

Actions	Progress highlights
Action Area 1: Strengthening national leadership • **KEY ACTION:** Establish a Suicide Prevention Office (SPO). • Establish a Māori advisory function to advise on the work of the SPO and implementation of *Every Life Matters*. • Establish a lived-experience advisory function to advise on the work of the SPO and implementation of *Every Life Matters*. • Develop guidance, systems and opportunities for local, national and international collaboration and integration of suicide prevention services and supports. • Enhance suicide prevention information, guidance and resources, including guidance on the evidence base for suicide prevention activities and programmes. • Explore joint funding options to enable better cross-government coordination and support for community participation in preventing suicide. • Consider current whānau-centred national programmes to identify opportunities for collaboration.	• Suicide Prevention Office (SPO) was established in late 2019 as a team within the Ministry of Health • SPO established a Māori Expert Reference Panel in 2019/20, replaced with a Taumata in 2022 to guide their work • Lived experience advice gained through the Mental Health Foundation Suicide Bereavement Rōpū and the mental health and addiction Clinical Advisory and Lived Experience group within the Ministry of Health • SPO maintains international connections with counterparts in Australia and through the International Association of Suicide Prevention to facilitate collaboration and knowledge sharing • SPO provides guidance and support to district suicide prevention and postvention coordinators and disseminates evidence, research and best practice • Health New Zealand funds the Mental Health Foundation to provide the suicide prevention information service, which disseminates and develops information and resources • SPO developed media guidelines for reporting on suicide and is enhancing guidance about suicide and social media alongside the development of resources • Established a range of community wellbeing funds across sectors as part of psychosocial responses to COVID-19 and the North Island weather events, to address structural determinants that can reduce suicide • Expansion of the Kia Piki te Ora Māori suicide prevention programme from 9 providers to 23 providing whānau-centric support nationally • Māori Health Authority held a National Suicide Prevention and Postvention Hui 2023, bringing Māori and non-Māori partners/providers together • SPO, with Māori Health Authority, discussed suicide prevention at four regional Pae Ora wānanga hosted by Te Pou Hauora Māori in the Ministry of Health

Action Area 2: Use evidence and collective knowledge to make a difference
• **KEY ACTION:** Develop and progress a national research plan that identifies and addresses gaps in suicide prevention and postvention information, data and research and supports ongoing coordination of research.
• Establish a research advisory function with membership from Māori, people with lived experience, suicide prevention and postvention experts, and academic institutions to support development and implementation of the national research plan.
• Support the suicide prevention and postvention aspects of the Crown's response to the Waitangi Tribunal Wai 2575 – Health Services and Outcomes Inquiry.
• Facilitate easier access to current research, including the ability to share research; identify research gaps; promote research funding streams and disseminate information, evidence-informed guidance, and research to individuals, whānau and families and communities.
• Identify and implement opportunities for data integration where it will provide useful insight for suicide prevention.
	• Completed suicide prevention evidence synthesis to identify research gaps and inform ongoing research focus areas
	• Te Rau Ora coordinated a group of leaders in suicide prevention research who developed a report: 'Rangahau Priorities in Māori Suicide Prevention-Research Agenda'
	• SPO disseminates information, evidence-informed guidance, and research to suicide prevention workforces, including advice following the North Island weather events
	• Ministry of Health (including SPO), Health New Zealand, the Ministry of Justice and the Office of the Chief Coroner worked together to create a centralised suicide data tool that integrates both the provisional suspected intentionally self-inflicted death data and the confirmed suicide data
	• Completed review of the Coronial Suicide Data Sharing Service to help identify opportunities to improve sharing of provisional suspected intentionally self-inflicted death data
	• Health Quality & Safety Commission developed research reports including:
	  ○ *Te Mauri The Life Force – Rangatahi suicide report,* which looks at suicide rates among Māori young people and provides information about what can be done to prevent young people from taking their own lives
	  ○ Population-focused reports on working age males and Pasifika peoples
	• Department of Corrections – Ara Poutama rolled out an updated reporting system to enable the collection of more detailed data related to mental health service delivery, a dashboard to display this data is expected to be completed by July 2024
	• Note: the Waitangi Tribunal Wai 2575 – Health Services and Outcomes Inquiry has not yet started hearing claims related to suicide prevention and postvention

Actions	Progress highlights
Action Area 3: Develop workforce capacity and capability • **KEY ACTION:** Develop a suicide prevention and postvention workforce plan, with a focus on increasing and supporting the peer and Māori suicide prevention workforce. • Create and promote new and existing training programmes and resources to build the clinical, cultural and trauma-informed competency of the suicide prevention workforce (including community and clinical champions, peer support workers and whānau, hapū and iwi). • Develop a suicide prevention and postvention workforce competency-based framework with Māori, suicide prevention experts and people with lived experience. • Support the wellbeing of the suicide prevention workforce by promoting supervision and training options. • Promote resources that support first responders and health professionals who have been supporting someone who dies by suicide.	• Development of a competency-based framework for the suicide prevention workforce that will guide future efforts to ensure a consistent suicide prevention and postvention standard of skills, attitudes, attributes and values necessary for the workforce • Expanded LifeKeepers suicide prevention training through Budget 2019 investment, with approximately 3,000 people receiving Vote Health-funded training per annum • A range of workforce development efforts are underway across agencies such as: o Māori Health Authority funds the FLO Talanoa programme, a training programme designed to be led by the Pasifika community, for the community o Health New Zealand leads a broad mental health and addiction workforce development programme, which includes a focus on growing Māori and peer support workforces and competencies to support mental wellbeing o New Zealand Police provides suicide prevention training via their initial instructors as part of a suite of three e-learning modules designed to help police recognise mental distress; understand what is going on for people experiencing mental distress; and be aware of suicide indicators and how to meaningfully engage with someone threatening or attempting suicide o Ministry of Social Development delivers Suicide Awareness (a virtual suicide prevention programme). Between April 2022 and March 2023, 575 staff completed the programme. An additional 514 client-facing staff have completed general mental health training during this time o Department of Corrections – Ara Poutama has delivered Mental Health 101 training to frontline staff, as well as providing further training focusing on suicide prevention and personality disorders to staff who support vulnerable populations within prisons o Oranga Tamariki continues to promote the Towards Wellbeing programme, provided by Clinical Advisory Services Aotearoa, to its staff. This programme provides training on responding to suicide risk as well as support for staff on a case-by-case basis • A range of resources are available to first responders and health professionals working with people in the context of suicide including: o In some regions district suicide prevention coordinators provide training to first responders and health professionals o New Zealand Police app that provides immediate learning for police when attending mental health related events including suicidal risks. The app provides factors to consider when responding, including tactical capability via the Police Negotiation Team o a range of mental health and addiction services available, such as Access and Choice primary and community-based services and the 1737 service which provides support via phone and text
Action Area 4: Evaluate and monitor *Every Life Matters* • **KEY ACTION:** Develop a monitoring and evaluation framework for *Every Life Matters* in partnership with Māori and people with lived experience of suicidal behaviour. • Work alongside key agencies and organisations to gather data, information and evaluative reports that contribute to monitoring and evaluating progress towards the outcomes sought in *Every Life Matters*. • Support processes, systems and mechanisms for service providers to share relevant data, information and updates to support the ongoing monitoring of the effectiveness of *Every Life Matters*. • Work alongside Māori and people with lived experience to evaluate the effectiveness of suicide prevention and postvention programmes. • Review *He Tapu te Oranga* action plan and develop a second action plan.	• Improvements to current monitoring system that allow much timelier identification of, and response to, emerging means of suicide, as well as locations where suicide deaths occur often • Initial monitoring and evaluation framework for *He Tapu te Oranga* developed by SPO, which will be further developed with Kaupapa Māori evaluation expertise alongside development of the second action plan • Government agencies continue to monitor contracted suicide prevention services and programmes, with independent evaluations such as: o the Aoake Te Rā, bereaved by suicide service evaluation which is co-led by Māori with lived experience o evaluation of Mana Akiaki, Māori LifeKeepers programme o the evaluation reports of the Māori and Pacific community fund initiatives o Māori Health Authority 2023 review of contracted suicide prevention and postvention programmes • Implementation Unit in the Department of the Prime Minister and Cabinet completed a 2023 stocktake of delivery of the suicide prevention action plan • Initiatives underway to support service providers to share data, information and updates include quarterly reporting to funders and regular engagement with the SPO
Action Area 5: Promotion – Promoting wellbeing **Supports and Services** • **KEY ACTION:** Provide increased wellbeing support for children and young people in places of learning (including through developing culturally responsive resources that support inclusive education, enhancing and expanding school-based health services and establishing a resource for high school students transitioning into further study or work). • Work with Māori to identify current whānau, hapū, iwi and community-based wellbeing initiatives that support Māori (particularly tamariki and rangatahi Māori) to connect to their culture and build a strong cultural identity.	• Kia Piki te Ora Kaupapa Māori Suicide Prevention (23 sites) deliver on Tūramarama ki te Ora to promote suicide prevention and mental health across communities. • Initiatives to provide increased wellbeing support for children and young people in places of learning include: o expansion of School Based Health Services to decile 5 secondary schools and activity centres and increased service delivery in kura kaupapa o expansion of mental wellbeing support for primary and intermediate school-aged students to 8 districts through the Mana Ake programme o national rollout of mental wellbeing supports for tertiary students o Ministry of Education development of guidelines for how to deliver the mental health curriculum o Ministry of Education's Counselling in Schools initiative, which funds schools to bring in local community counselling support

Actions	Progress highlights
• Establish a relationship-based transition response service for young people moving from care and youth justice. • Support former district health boards (DHBs) to develop and update population-based suicide prevention plans. • Support the delivery of wellbeing programmes by community-based organisations and NGOs with a focus on young people, Māori, men, Pacific peoples and rainbow and rural communities. **Resources and Tools** • Develop a framework for district suicide prevention coordinators to follow in their work with key stakeholders to identify and promote culturally appropriate activities that support wellbeing and have a focus on populations at higher risk. • Support the delivery of wellbeing, mental health, and addiction literacy programmes. • Promote and support online therapy and suicide prevention tools. • Develop, implement and evaluate new suicide media guidelines, with an additional focus on social media and entertainment media, to encourage responsible reporting.	◦ a School Leavers' Toolkit developed and launched to provide advice and resources for people after leaving school ◦ the Inclusive website provides practical guidance for teachers on creating an inclusive learning community with 4 resources that help schools support the wellbeing of rainbow young people ◦ Sparklers, which provides a range of activities and guidance for teachers and whānau to support the wellbeing of students in years 1–8 ◦ Education's Tu'u Mālohi (Pacific Wellbeing Initiative) has funding for 15 locations and is delivered by schools and communities ◦ Te Ara Hāpara (Research Centre of the University of Auckland) has developed guidelines for the management of self-harm in schools as well as a resource for parents of young people who have engaged in self-harm • Funding provided for the delivery of wellbeing programmes by community-based organisations and NGOs, including: ◦ the Māori Suicide Prevention Community Fund, which enables Māori whānau and groups to apply for funding to support community-based initiatives that contribute to preventing suicide ◦ the Rangatahi Manawaroa fund delivered by Te Puni Kōkiri which supports community initiatives delivered in a Te Ao Māori setting to rangatahi Māori ◦ the Pacific Suicide Prevention Community Fund, with priority groups including men, youth, rainbow communities and rural communities ◦ a one-off Youth Wellbeing Fund, with a focus on supporting young people most affected by COVID-19 and lockdowns ◦ the Rule Foundation to offer grants for initiatives to help rainbow communities ◦ a one-off Mental Wellbeing Innovation Fund, which supported the Key to Life Charitable Trust and the MATES in Construction suicide prevention programme • Oranga Tamariki partnered with community organisations to establish the Transition Response Service to support eligible young people aged 15–25 years who are leaving Oranga Tamariki care or a youth justice residence programme and transitioning to adulthood • Manatū Taonga | Ministry for Culture and Heritage has partnered with Ara Poutama – Department of Corrections to deliver creative arts and cultural wellbeing programmes in prisons through the Creative Arts Recovery and Employment (CARE) Fund • Suicide prevention toolkit is available to all Health New Zealand districts • Wellbeing, mental health, and addiction literacy programmes funded by government agencies (primarily health entities for community places, and other agencies for their workforces or frontline staff) including: ◦ LifeKeepers, a national suicide prevention training programme developed in and for New Zealand communities ◦ Mental Health 101 and Addiction 101 literacy programmes ◦ Mind Set and Engage, a programme to help players, coaches, support staff and families in the rugby community to support their wellbeing and that of others • Online therapy and suicide prevention tools promoted and supported by a range of different organisations and agencies, including: ◦ Small Steps, a website with a range of digital tools to support people to take steps to improve their wellbeing ◦ Groov (previously Mentemia), a free digital tool to support people 19 years and older with their day-to-day mental wellbeing and at times of increased stress or distress ◦ Headstrong, a chatbot platform co-designed with young people. Aimed at 12-to-18-year-olds, it supports brief interactive chat sessions ◦ Aunty Dee, a free online tool for people who need help to work through a problem or problems from a Pacific world view ◦ Manawa – a personal safety plan application developed as a collaboration between the Mental Health Foundation and the Suicide Prevention team at Health New Zealand Counties Manukau (formerly Counties Manukau District Health Board) ◦ Ministry of Social Development provides funding to promote and increase access to Puāwaitanga, a free virtual health and wellbeing counselling service. Clients on a Work and Income benefit are able to self-refer to the service ◦ All Sorts, a website with support, tips and advice to help people look after their mental health ◦ BRO – a safety planning app for young people developed by Te Ata Hāpara • SPO has an ongoing focus on social media and developing resources to manage harmful content on social media, including delivery of #Chatsafe (tools and tips for young people to help them communicate safely online about suicide) • Health New Zealand funds the Mental Health Foundation to deliver a media response service which monitors media for harmful reporting and provides support and education to journalists around responsible reporting

Actions	Progress highlights

Action Area 6: Prevention – Responding to suicidal distress
Supports and Services
• Work with Māori to support current investment for Māori from former DHB, NGO and community suicide prevention services and to develop and implement new kaupapa Māori suicide prevention and postvention resources.
• Work with Pacific peoples to support current investment for Pacific people from former DHB, NGO and community suicide prevention services and to develop and implement new suicide prevention and postvention resources.
• Develop a programme of activities that responds to the needs of young people experiencing suicidal distress within their learning environment (including providing resources that guide best practice in school-based suicide prevention activities and improving information sharing and referral pathways between school-based health services and other community mental health services).
• Develop systems and programmes that ensure young people in care and people in correctional facilities have access to intervention and support when experiencing self-harm or suicidal distress.
• Work with former DHBs to develop and implement a range of whānau and family and community-led responses for people experiencing suicidal distress.
• Develop self-harm prevention resources and guidelines with people with lived experience, for whānau and families, schools and health services.
 	
Resources and Tools
• **KEY ACTION**: Support the delivery of suicide prevention education programmes.
• Work with people with lived experience of trauma and suicidal behaviour to develop guidance on trauma-informed suicide prevention approaches for service providers.
• Work with rainbow communities to develop guidance on inclusive suicide prevention practices.
• Develop self-harm prevention resources and guidelines with people with lived experience, for whānau and families, schools and health services.
• Develop guidelines for workplaces to support safe conversations about suicidal distress and appropriate responses to suicidal distress.
	• As referenced above, there is a range of work through ongoing engagement with Māori, Pacific peoples and in schools, and other initiatives include:
	  ○ Māori Health Authority invests in the national Māori suicide prevention programme delivered by Te Rau Ora which regularly develops and implements new kaupapa Māori suicide prevention and postvention resources
	  ○ Health New Zealand invests in suicide prevention and mental health promotion services delivered by the Mental Health Foundation which includes the development of kaupapa Māori suicide prevention and postvention resources
	  ○ Māori Health Authority invests in the national Pacific suicide prevention programme delivered by Le Va which provides a range of suicide prevention and postvention resources, including a learning module to raise awareness of the effects of trauma, with a focus on a healing-centred approach, when working with Pacific people and families
	  ○ Ministry of Education is updating its suicide prevention toolkit to better support schools' responses to suicidal behaviour
	  ○ Tūturu program run by the New Zealand Drug Foundation includes a growing number of resources for schools on topics including alcohol, drugs, vaping, smoking, anxiety, wellbeing and preventing gambling harm
	• Ara Poutama – Department of Corrections has established a Suicide Prevention and Postvention Advisory Group, and developed a Suicide Prevention and Postvention Action Plan that outlines specific steps they will undertake to prevent and reduce suicide
	• The Mental Health Foundation provides resources to help prevent suicide and self-harm, such as a personal safety plan, as well as information about what people who are self-harming can do to recover, and what people can do when they are worried about someone else
	• New Zealand Police provides custodial risk awareness training designed to increase understanding of the types of risk in the custody environment and how to identify and manage them and monitor people in custody
	• Te Pou and Whāraurau (mental health and addiction workforce development centres funded by Health New Zealand) provide resources (including training) related to trauma-informed care and approaches
	• Health New Zealand funds delivery of rainbow competency training to mental health and addiction workforces and supports for rainbow young people
	• There are a range of guidelines and resources for workplaces, including:
	  ○ Mental Health Foundation resources around workplace wellbeing, and resources to support conversations about suicide
	  ○ 'First Steps' website, includes a range of resource to encourage business owners, managers and employees to prioritise wellbeing and awareness

Action Area 7: Intervention – Responding to suicidal behaviour
Supports and Services
• **KEY ACTION**: Work with former DHBs to develop and enhance early intervention, primary and secondary health care guidelines for people experiencing suicidal distress and to support community-led programmes.
• Design and implement a peer-led telehealth support for people who have attempted suicide and have been discharged to community services.
• Review the systems and range of current responses available for people who have been discharged from an emergency department or inpatient services following a suicide attempt.
• Scope additional support for the assessment and response to suicidal behaviour within the rural population.
	• Peer support line added to the 1737 telehealth service as part of psychosocial responses to significant events. This supports a wide range of people who may be at risk of suicide and recognises not everyone who attempts suicide will seek specialist services or inform services they have attempted suicide
	• A peer support crisis hub is being piloted in Hawke's Bay
	• Focused measure around acute inpatient post-discharge community care, which measures the percentage of acute inpatient discharges that are followed up in the community within 7 days immediately following discharge. This can be a particularly vulnerable time for people and is considered regularly through the sector-led Key Performance Indicator programme to support quality improvement
	• Each Health New Zealand district has a crisis capability plan in place with a focus on emergency department settings which is supported by Budget 2019 suicide prevention funding for additional FTEs
	• Ministry of Health, Health New Zealand and the Ministry for Primary Industries (MPI) have been working together on mental wellbeing supports for rural communities. Activities include:
	  ○ A network of 14 Rural Support Trusts (RSTs) throughout New Zealand provides peer support to farmers and growers experiencing challenges and connects them to mental health providers and other support and advice
	  ○ RSTs run GoodYarn workshops which includes a component on suicide risk assessment and other wellbeing events
	  ○ MPI contracted RSTs to deliver recovery support for their communities in the 2023/24 financial year, with the majority focused on recovery from the North Island weather events

Actions	Progress highlights
Resources and Tools • Work with Māori to develop suicide intervention resources for former DHBs, NGOs, iwi, hapū and whānau that recognise and support te ao Māori practices. • Work with Pacific peoples to develop suicide intervention resources for former DHBs, NGOs, whānau and families and communities that recognise and support Pacific practices. • Work with Māori and people with lived experience of suicidal behaviours to develop national guidelines for managing suicide risk to be used within former DHBs and NGOs. • Consider developing a national quality framework for monitoring and managing suicidal distress and behaviour within primary health care services and NGO and former DHB mental health and addiction services, including accountability and reporting frameworks.	○ Farmstrong is a mental wellbeing programme funded by ACC, with support from the Mental Health Foundation, the Movember Foundation and FMG Insurance. It is available nationwide specifically aimed at farmers, growers and rural communities to help them live well ○ In March 2023, Health New Zealand launched a new website to help people find an Access and Choice service near them. This includes a rural wellbeing support page • The Māori and Pacific Suicide Prevention Community Funds enables Māori and Pacific groups to apply for funding to support new suicide intervention resources • Te Rau Ora and Le Va (national Māori and Pacific mental health and addiction workforce development centres) develop and provide suicide prevention and response resources and supports with input from Māori, Pacific and people with lived experience • The University of Auckland is co-designing a new suicide risk assessment tool
Action Area 8: Postvention – Supporting individuals, whānau and families, and communities after a suicide **Supports and Services** • **KEY ACTION**: Develop a national suicide bereavement counselling service, including support for first responders and mental health professionals. • **KEY ACTION**: Review the coronial investigative process. • Review the Coronial Suspected Suicide Data Sharing Service. • Work with former DHBs to ensure suicide postvention plans promote utilisation of a former DHB interagency postvention group to monitor and support local and community-led postvention activity. • Use the Suicide Mortality Review Committee to investigate deaths by suicide to inform best-practice. • Scope and complete a review of the process for investigating deaths by suicide. **Resources and Tools** • Develop resources that guide best postvention practices in schools and places of learning, and work with schools to ensure traumatic incident teams maintain positive learning environments following a traumatic incident. • Develop guidance and resources for specific populations groups (e.g., Māori, Pacific peoples and schools) for managing cluster and contagion events and to support culturally safe postvention responses for different populations groups (e.g., Māori, Pacific peoples and refugee, youth, rainbow and rural communities). • Develop postvention resources for tangihanga and funeral celebrants. • Develop resources that guide best postvention practices in schools and places of learning, and work with schools to ensure traumatic incident teams maintain positive learning environments following a traumatic incident.	• Budget 2019 investment in the national rollout of Aoake te Rā, the bereaved by suicide service. It is a free national service, including for first responders and mental health professionals, and there is now at least one provider in every region • Completed review of the coronial investigative process. Co-designed (with those with lived experience) recommendations are with the Ministry of Justice, Office of the Chief Coroner, and related agencies to inform the development of implementation plans. The Ministry of Justice is working with the Office of the Chief Coroner, the Ministry of Health including the SPO and New Zealand Police to consider the recommendations • SPO commissioned a review of the Coronial Suspected Suicide Data Sharing Service in 2020 and initial changes were made. The review findings are also being considered as part of broader work related to the review of the process for investigating deaths by suicide • Budget 2019 funded additional postvention FTEs in Health New Zealand, which include provision of ongoing coordination and facilitation of effective interagency postvention groups • SPO has met regularly with districts to support the development and implementation of their suicide postvention plans, including promoting interagency postvention groups • The Suicide Mortality Review Committee operated until November 2023 and produced several reports related to deaths by suicide • Ministry of Education has: ○ Developed a suicide prevention toolkit for schools which includes postvention guidance and guidance on managing suicide contagion in a school setting. This toolkit was updated in 2019 and is again being revised with SPO supporting this work ○ Guidance for schools around emergencies and traumatic incidents available online ○ Traumatic Incidents teams based in all learning support offices across the country. These teams can provide a range of support and advice, including on how to communicate about the incident and ensure the safety and wellbeing of children, young people and staff • Te Rau Ora and Le Va provide general postvention guidelines for Māori and Pacific peoples. Te Rau Ora has also developed Ka Ao Ka Ao – Postvention for Māori in 2019. This provides a view on the position of suicide for Māori • Clinical Advisory Services Aotearoa (CASA), provides: 1) the Coronial Data Service, for provision of data to inform the local postvention response (via the Suicide Postvention Coordinator), 2) the Community Postvention Response Service, support communities experiencing a suicide cluster or contagion; and 3) Aoake Te Rā (as per above) • SPO commissioned the Mental Health Foundation to develop and release resources for tangihanga and funeral celebrants • Victim Support is funded to provide some initial bereavement support following a suspected suicide

Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Have your say: Consulting on a new Suicide Prevention Action Plan

2025–2029

2024

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Foreword

Improving wellbeing for all, and reducing deaths by suicide, are perhaps two of the most important tasks of any government. Every death by suicide is a tragedy, and one is too many. New Zealand has a strong strategic framework to address this issue, but it will take collective effort to ensure that it translates to action in a way that is robust, up to date and reflects people's views and wishes.

In 2019, *Every Life Matters: He Tapu Te Oranga o ia Tangata, Suicide Prevention Strategy 2019-2029 (He Tapu te Oranga)* was published. It contains the strategic framework needed to make a difference, and was designed to be supported by two five-year action plans that would contain the practical activities to drive change.

The first Suicide Prevention Action Plan, covering 2019–2024, will expire at the end of this year. While we have made gains over this period, the world has changed since 2019. For example, the COVID-19 pandemic has had significant impact on the lives of many. We also have a new approach to service delivery within the health system, with the establishment of Health New Zealand and a more streamlined Ministry of Health that are both strongly focussed on ensuring a fairer approach to service access. That said, suicide prevention is everyone's business and requires action from across government and sectors.

In the next Action Plan, we want to provide ongoing direction towards the goals of *He Tapu te Oranga*, ensuring cross-government leadership and guidance for communities, with a small and targeted set of activities that will drive progress. Being more targeted means we need your help on prioritising where to focus our attention.

It is important that there are multiple approaches to engage with the communities and sectors impacted by suicide and working hard to prevent suicide and support those people and family/whānau impacted. We are therefore taking a range of consultation approaches so that you can have your say including:

In person/virtual consultation sessions

- Meetings in a range of locations around New Zealand
- Online sessions so that anyone can participate anywhere in the country

Written

- Through the Consultation Hub
- By email – you can email us at XXXXX

If you would like more information about the consultation process, please contact **mhaengagement@health.govt.nz**

The feedback will be independently analysed as part of the compilation of a final action plan document.

Contents

Introduction: Suicide and suicide prevention in New Zealand

Suicide affects far too many of our families, whānau and communities in New Zealand. Every death is a tragedy, every life matters, and one death by suicide is too many.

Suicide rates

The rate of suspected suicide is showing encouraging signs of reducing. The most recent official data, for 2022/23, show that the annual rate of **suspected suicide** was 10.6 per 100,000 population, which was 9.2% lower than the average rate for the past 14 years.

However, this overall rate reflects averaging across different groups. Māori in particular experience higher suicide rates. In 2022/23 the rate of suspected suicide for Māori was 16 and for non-Māori was 9.1 per 100,000 population. For Māori males the rate was even higher, at 24.6 per 100,000.

The age group with the highest overall rate was the 20–24 year-old age group with a rate of 20.1 per 100,000.

The most recent data available for those deaths **confirmed by a coroner as suicide** are for 2019. In 2019, there were 673 confirmed suicide deaths in New Zealand. The rate of confirmed suicide deaths was 13.1 per 100,000 population.

Māori males had the highest rate, which was about 1.8 times that of non-Māori males. That of Māori females, while lower than that of Māori males, was around 2.3 times greater than that of non-Māori females. The Māori age group with the highest rate was 30-34, but over the period between 2009 and 2019 the rates for all five-year age groups in New Zealand were highly variable.

Further information about suicide rates can be found in the Appendix at the end of this document.

What is suicide prevention?

Suicide can be prevented. Evidence shows that strong, healthy, connected whānau, families and communities are an important protective factor against suicide, as is strong connection to culture.

But there is no one-size-fits-all in suicide prevention, and different cultural and ethnic groups must be supported and empowered to design and deliver their own approaches to suicide prevention. Suicide prevention requires work to address social determinants such as poverty, racism, discrimination, colonisation, housing and food instability, precarious employment, and incarceration.

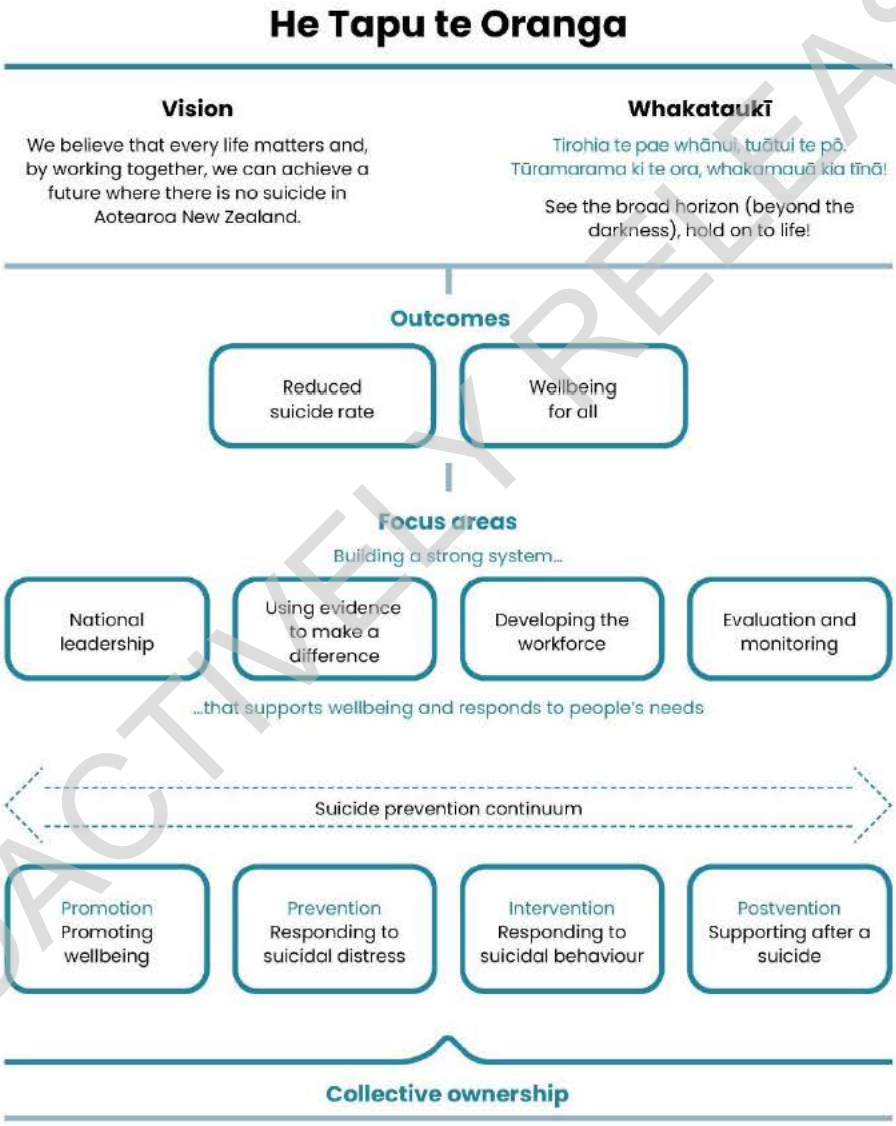
Mental health and wellbeing supports and services can also make a difference. Services and supports for suicide prevention sit across a continuum from preventing distress, promoting wellbeing, intervening in distress early, and delivering specialist services of many different kinds including postvention (support for people who have been bereaved by suicide). However, while the health system has a role to play, suicide is not an exclusively heath issue.

There is a clear leadership role for government in suicide prevention to ensure multisector collaboration and to provide oversight of a whole-of-government, whole-of-society approach that ensures the sharing of intelligence, guidance, and approaches. Government also has a role to develop the workforce that works in suicide prevention, and to ensure activities are coordinated, aligned with best practice and evidence, and effective for those affected.

He Tapu te Oranga provides a framework that recognises the need for collective ownership of, and commitment to, a coordinated approach across the suicide prevention continuum.

Direction of travel for the next five years

He Tapu Te Oranga has a ten-year lifespan through to the end of 2029 and was designed to be supported by two five-year action plans that translate its strategic framework into action across government. We are now asking for your help as we work to build on the work of the Suicide Prevention Action Plan 2019-2024, using the strategic framework of *He Tapu te Oranga*.



He Tapu te Oranga and the Suicide Prevention Action Plan do not seek to reduce suicide rates in isolation, rather both reflect that suicide prevention requires whole-of-government and whole-of-society activity. This is because we know that the best way to reduce suicide rates is to address the structural determinants that create hopelessness and drive suicidal behaviours.

A large number of government action plans and strategies will have an impact on suicide prevention in a range of different ways, including by seeking to improve mental wellbeing (for example *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing)*, addressing social issues and determinants (such as family violence and sexual violence), and addressing the needs of specific populations (such as Māori, children and young people).

Through the Suicide Prevention Action Plan, we can work together towards ensuring adequate and appropriate suicide prevention activity is embedded in government's work programmes in a long-term and sustainable way.

Deciding what to do next

The first Action Plan was extremely ambitious, with 57 actions. It took a very enabling approach, designed to drive as much action across the system as possible. It did not, in general, specify leads or end points for each of the actions. This means that many of the actions in the first Action Plan will continue, such as the delivery of suicide prevention and postvention services funded by the health system.

For the second Action Plan, we want to apply a more deliberate focus on actions that will make the most difference. This is because we believe that it is better to focus our collective efforts, in some targeted areas – building on the work that has already been done and linking to work underway in other places – and to do these targeted actions well, rather than to spread our efforts too thinly.

We recognise that Māori experience unfair and avoidable inequities in relation to suicide and intend that the new Suicide Prevention Action Plan 2025-2029 continue to enable equity through 'for Māori, by Māori' approaches, and meeting the principles of Te Tiriti o Waitangi.

As discussed above, and further below, we have reviewed the evidence and considered what work is already underway, as well as what people have told us they want in the past, to help us decide what to do next. We are now seeking your input to progress to the next stage of the development of the Action Plan.

Because of limited resources and the desire to have a more targeted approach, the Action Plan will not capture all activities. This consultation document seeks your help in prioritising the kinds of areas you would like the Action Plan to focus on. The questions we have for you follow later in this document.

Key evidence about preventing suicide

One important way of deciding what we will do next is to look at what the evidence tells us is needed, and what works, to prevent suicide. To meaningfully address suicide in New Zealand, the evidence is clear that a systems-level, whole-of-government, whole-of-society response that addresses structural determinants such as poverty, racism, discrimination, post-colonial legacy including loss of land and language, housing and food instability, precarious employment and education, and incarceration is needed (Pirkis et al 2003).

This requires strong leadership and an increased focus on 'public health' universal approaches that work for those at greatest risk of death by suicide including Māori and young people. Key messages from the literature include:

What works: Whole-of-society level factors and universal interventions

- Suicide is strongly linked to structural determinants (i.e., the environments and experiences people live in and have in their lives, across time). This means approaches that are too individualistic may not be effective.
- Suicide tends to increase during times of economic hardship, and supporting incomes and employment can reduce suicide rates.
- Media, including social media, coverage of suicides can increase the risk of further suicides in the community. Ensuring media guidelines are followed and stories that focus on overcoming suicidal crises is crucial.
- Reducing access to means is a key evidence-based intervention for suicide prevention and universal approaches can be effective.
- Real-time monitoring is important to ensure a good understanding of emerging means and understand where suicide prevention initiatives should be targeted.

What works: Community and family and whānau level factors

- There is a strong association between childhood abuse, as well as violence of all types, and suicidal behaviour. With efforts needed to address these factors.
- Alcohol is significantly implicated in self-harm and suicide and so reducing this harm should be a focus.
- It is very difficult to predict who may take their own life, and working with people, whānau and communities to reduce the chances of suicidal crises occurring is a strong prevention strategy.
- Schools can be protective places – keeping young people engaged in school and providing whole of school ways to address bullying and self-harm, are useful approaches.

- A shift from traditional Western psychological approaches to supporting people who have been bereaved by suicide, and towards whānau-led approaches informed by mātauranga Māori.
- A well-trained, well supported workforce who understand their role in the suicide prevention system, who else is in the system, and are supported to work together, is essential.

More information on what the evidence tells us about suicide prevention is discussed in more detail at the Appendix.

Māori communities are the most heavily affected by suicide, and they are being exposed to many major risks of suicide - from colonisation to poverty. This means that we need to bring to bear not only knowledge from Te Ao Māori and Mātauranga Māori, but also a focus on the Crown's commitments under Te Tiriti o Waitangi.

What people have already told us about how to prevent suicide

Another important way of deciding what to do next is by reflecting on what people in New Zealand have already told us they want us to do in suicide prevention. Whānau, those with lived experience of suicidal distress, those bereaved by suicide, tāngata whenua, those who have experienced child protection and youth justice care, and providers of suicide prevention support and services have made clear their views of what is required to prevent suicide over many years. We want to ensure we draw on these views.

The key messages that we have heard so far and that we know we need to respond to are:

- strong leadership is needed to prevent suicide
- suicide is not just a health issue and cannot be addressed by the health system alone
- Te Ao Māori and Te Tiriti o Waitangi must be central to our efforts
- we need appropriate support and services for those bereaved by suicide
- supporting our workforce is essential.

More detail about what people have told us is discussed in the Appendix.

Potential actions we could take

Based on the *He Tapu te Oranga* strategic framework (long-term goals and focus areas, and collective ownership approach), what people have already told us they want to see in suicide prevention, and the most up-to-date research and evidence, we have identified a number of potential actions for consideration in the Suicide Prevention Action Plan 2024-2029.

Taking into account what the evidence tells us is needed and what people have told us about how to prevent suicide, the themes we need to focus on include to:

- address structural determinants such as poverty, unemployment and violence
- restrict access to the means that can be used to die by suicide
- continue to work on prevention of and early intervention in suicidal distress
- ensure media reports and social media content does not result in further subsequent deaths but contains content that reinforces messages of hope and help-seeking in order to prevent death
- reduce harm from alcohol and other drug misuse
- support the suicide prevention workforce to have the competencies needed to do their work, including providing support to those working in particular settings to support those with suicidal distress and bereaved by suicide
- improve the data and evidence we have about suicide including real-time monitoring of those data
- support whānau who have experienced a bereavement by suicide
- have strong national leadership
- centre suicide prevention in Te Ao Māori and Te Tiriti o Waitangi.

The table below sets out some examples of what specific actions could look like. These are intended to prompt thinking about potential actions for the Action Plan, what should be prioritised and what is missing. We anticipate actions in the Action Plan will be delivered by a range of government departments, within the next 5 years, and maximising existing resources as much as possible.

Actions in the Action Plan are not the only things that will prevent suicide, and the Action Plan cannot contain every possible action. Therefore, what we need to hear from you now is which types of actions the next Action Plan should prioritise.

Table 1: Action areas and potential actions we could take over the next five years

He Tapu Te Oranga: Working towards wellbeing for all and reducing deaths by suicide							
He Tapu Te Oranga focus areas	**Leadership: Setting the direction for suicide prevention**	**Developing the workforce: Supporting and equipping the workforce to succeed**	**Using evidence to make a difference: Improving what we know about suicide**	**Evaluation and monitoring: Strengthening our strategic direction through understanding**	**Promotion and prevention: Building environments of belonging**	**Intervention: Strengthening supports**	**Postvention: Supporting whānau to heal**
Medium-term outcomes	Suicide prevention is understood as a collective responsibility.	Suicide prevention workforces are trained (training grounded in competencies) and work together collaboratively with a "no wrong door" approach, and support whānau in the way they want.	We have accurate and complete data/ intelligence and evidence in order to reduce access to means, manage cluster and contagion, and identify and manage specific locations.	We know how the system is working to reduce suicide.	Communities including schools & workplaces are safe, supportive and protective.	People know their own capacity to live with distress and when they need more support, and there are a range of supports to address whatever it is that is driving the distress that whānau know about and can choose from (multi-disciplinary).	Those bereaved by suicide are supported in the way they want.
2025-2029 Suicide Prevention Action Plan's potential contribution (EXAMPLES ONLY)	• Strengthen cross-government leadership and governance of suicide prevention efforts to ensure collective responsibility. • Influence reflection of and contribution to suicide prevention across government strategies and work programmes.	• Implement competency-based training for a broad range of workforces contributing to suicide prevention and postvention. • Work to develop a peer-led suicide prevention workforce for high-risk groups. • Ensure that suicide prevention competencies are included in health and social sector workforce development planning.	• Improve data and evidence collection about suicide from multiple perspectives including lived experience and Mātauranga Māori. • Improve real-time surveillance so that we have information to reduce suicide, suicide contagion and clusters. • Improve our understanding of the role of experiences in different settings, such as at work, in suicide.	• Identify and share best practice, data and information to inform activities across sectors, health services and communities. • Monitor and share regular updates with stakeholders on progress implementing the Action Plan.	• Strengthen suicide prevention understanding and efforts in schools, the Oranga Tamariki system, and workplaces. • Develop and implement social media and media guidelines to reduce harm from suicides and create hopeful content. • Expand community action-based programmes to reduce key risk factors such as family violence and sexual violence.	• Ensuring that people have access to mental wellbeing support when they need it, for example through Access and Choice services for people with mild to moderate mental distress and digital and telehealth services, primary healthcare and Kaupapa Māori services. • Include suicide prevention in developing public health approaches to reducing harms from alcohol and other substances.	• Work to implement the recommendations of the 2023 report "Shining a Light on Whānau Experiences of Coroners' Investigation of Suspected Self-inflicted Deaths". • Expand our focus on postvention from the whānau to other affected people such as classmates and workmates.

Actions will be confirmed after this consultation with you

Following public consultation, officials from the Ministry of Health will provide advice to the Minister for Mental Health on an estimated **around ten priority actions** for inclusion in the Action Plan. These actions will have clear 'owners' (different government departments) and milestones that will support suicide prevention in New Zealand through to the end of 2029 and into the future. Actions will be for a range of government agencies (not just within the health system) and will be able to be delivered within the five-year time horizon of the Action Plan.

Our questions for you

- Do you agree with the themes proposed for the actions based on the evidence and what people have told us? In your view, are there any key themes or areas of focus missing?
- Are the example actions the right sort of actions? What do you like/dislike about them? Which are most important? Are any missing?
- What action would you prioritise under each of the focus areas for the next 5 years to make the most difference?

How you can engage

It is important that there are multiple approaches to engage with the communities and sectors impacted by suicide and working hard to prevent suicide and support those people and family/whānau who are affected. We will therefore be taking a range of consultation approaches so that you can have your say including:

In person/virtual

- Hui in a range of locations around New Zealand
- Online hui so that anyone can participate anywhere in the country

Written

- Through the Ministry of Health Consultation Hub
- By email – you can email us at [email address to be inserted]

If you would like more information on the consultation process, please contact **mhaengagement@health.govt.nz**

What will happen next

The next steps to develop the Suicide Prevention Action Plan 2025-2029 are:

- Feedback from this public consultation will be independently analysed.
- A final draft Action Plan will be developed by officials from the Ministry of Health s 9(2)(f)(iv) Development will include assessment of proposed actions against the design criteria set out in this document along with what we have been told through this public consultation and our obligations under Te Tiriti o Waitangi.
- The resulting document will be taken to Cabinet by the Minister for Mental Health, Hon Matt Doocey.
- The Action Plan will be published following Cabinet's agreement.

Appendix: Further information

Suicide statistics

In New Zealand a death is confirmed as suicide when a coroner, having investigated the causes and circumstances of a death, finds that a person who died intended to take their life. This process takes time and means there is a time lag between when suspected intentionally self-inflicted deaths are reported and when confirmed suicide data is available.

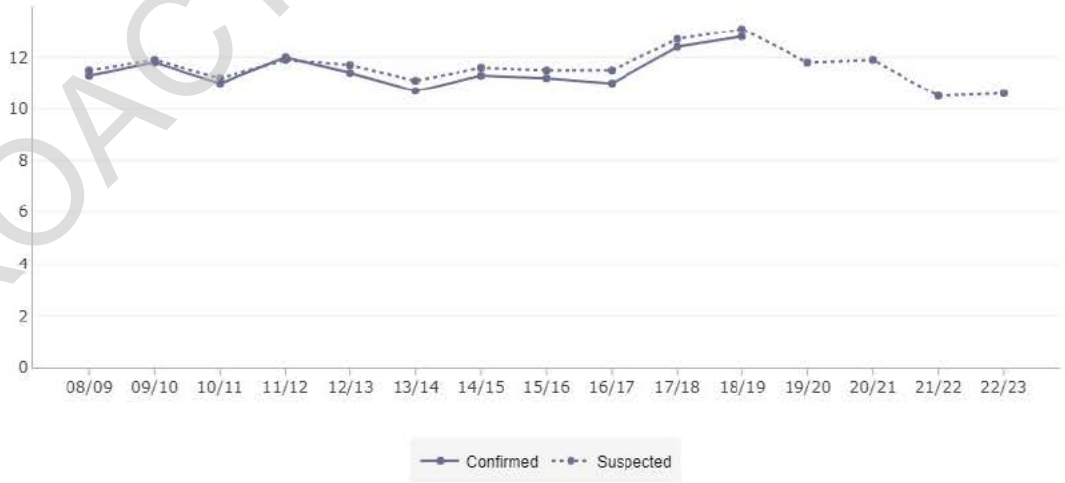
Overall suicide rates over time

The latest confirmed suicide data are from 2019 and showed that there were 673 suicide deaths, a rate of 13.1 per 100,000 population. The rate of confirmed suicides in 2019 was 13% higher than the average rate of confirmed suicides over the last 10 years. This was a statistically significant difference.

The most recent suspected intentionally self-inflicted death data for the 2022/23 financial year shows that there were 565 suspected self-inflicted deaths, a rate of 10.6 per 100,000 population. The rate of suspected self-inflicted deaths in the 2022/23 financial year was 9.2% lower than the average rate of suspected self-inflicted deaths over the last 14 financial years. This was not a statistically significant difference.

Figure 1 summarises the rates of both suspected intentionally self-inflicted deaths and confirmed suicide deaths between 2008/09 and 2022/23. As suicide rates are highly variable, any (statistically significant) changes in one year compared with an average over time does not mean that the overall trend has changed. Evidence shows that understanding trends in rates is only possible over long periods of time (at least 5 to 10 years, or even longer for small population groups).

Figure 1: Rate of suicide deaths in New Zealand between 2008/09–2022/23



Source: Suicide data web tool

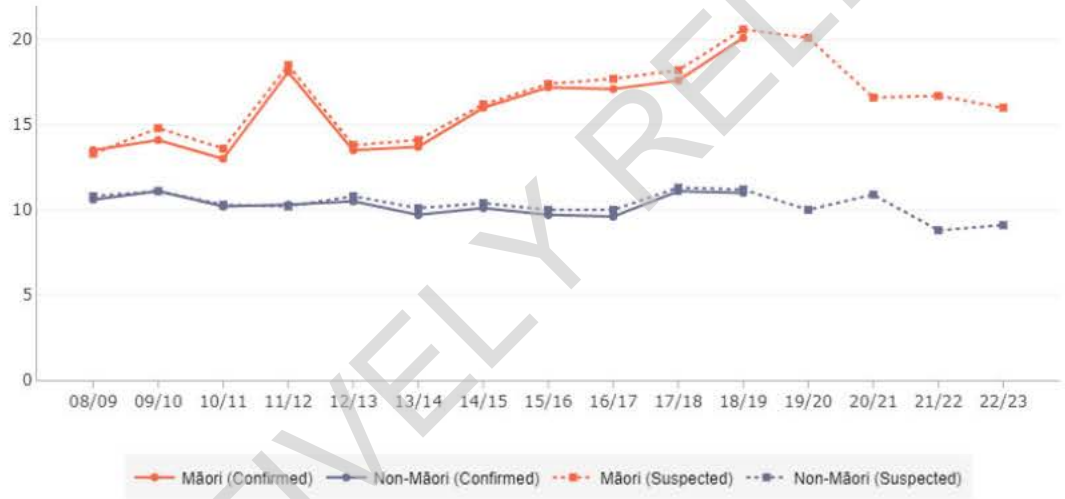
Suicide rates by population group

While suicide can affect anyone regardless of their background or experience, some population groups in New Zealand experience disproportionately higher rates of suicide than other groups. This includes differences in rates between different genders, ethnicities, and age groups. Māori in particular experience higher suicide rates than the rest of the population.

Differences by ethnicity and age

As outlined in Figure 2, Māori experience disproportionate rates of suicide compared to non-Māori. In 2019, the rate of confirmed suicide deaths per 100,000 Māori population was 21.2, compared to 11.2 per 100,000 for non-Māori. There is a similar pattern for suspected self-inflicted death rates.

Figure 2: Rate of suicide deaths in New Zealand between 2008/09–2022/23 for Māori and non-Māori

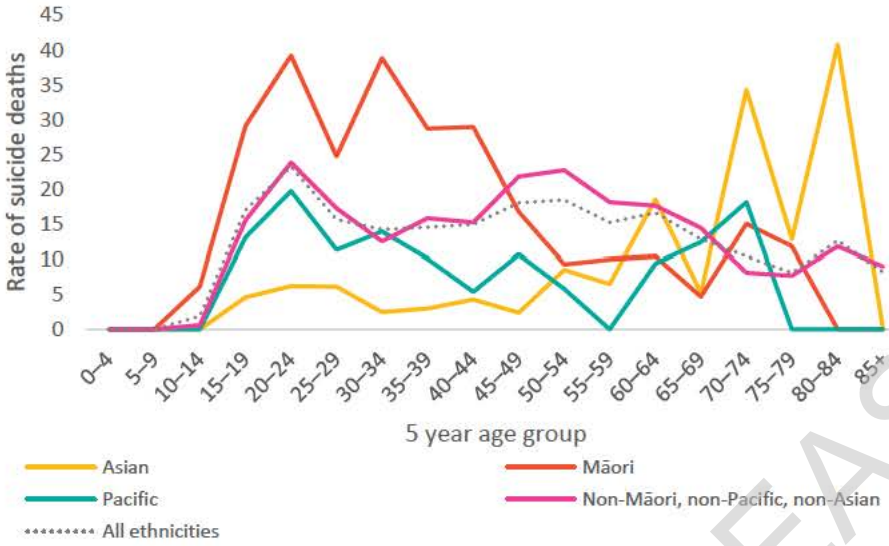


Source: Suicide data web tool

As outlined in Figure 3, there are also ethnic differences in rates of suicide among different age groups. Māori clearly have higher suicide rates than other population groups. Pacific peoples also have higher suicide rates among younger age groups, whilst among Asian communities the suicide rate appears higher among older age groups.

In 2019, the 20–24-year age group had the highest suicide rate when looking at five-year age groups, at 20.8 per 100,000 population. Young people aged 20–24 years also had the highest rate of suspected self-inflicted deaths for the 2022/23 financial year, at 19.1 per 100,000 people.

Figure 3: Rate of suicide deaths in New Zealand by ethnicity and five-year age group, 2018



Source: New Zealand Mortality Collection.
Note: Rate of suicide deaths is per 100,000 and age-standardised to the World Health Organization's standard world population. This graph includes population groups with small counts which results in more variable and less robust rates.

[NOTE: ahead of publication we intend to provide an updated graph with 2019 data and to align the formatting and colours across all the graphs as part of the editing process]

Differences by gender

In 2019 there were 489 male deaths and 184 female deaths, with a suicide rate of 19.0 per 100,000 males, and 7.3 per 100,000 females. In the 2022/23 financial year, the suspected self-inflicted death rates were 15.2 per 100,000 males and 6.0 per 100,000 females.

Other differences in suicide rates

We also know from different sources (including international evidence and self-report-based research) of differences in suicide rates across other population groups. For example, groups such as disabled people and their carers, people employed in the construction industry, rainbow communities, those who live in isolated areas, people with fetal alcohol spectrum disorders, people who have care experience of child protection and the justice system, and veterans. We, however, do not currently have robust data for these population groups in New Zealand.

Additional information about suicide rates

Additional information about suicide rates in New Zealand is available in the **Suicide data web tool**.

Key evidence

The key evidence about suicide prevention is summarised below.

Poverty	Increasing economic and welfare support in periods of recession (Haw et al 2015) and more generally ensuring employment benefits and active support to return to work programmes have evidence of effectiveness in reducing suicide rates (Kim 2018).
Effects of violence	The association between childhood sexual, physical, and emotional (Angelakis et al 2019; Fergusson et al 2013), and all types of interpersonal violence (Castavelli et al 2016; McLaughlin et al 2012), and suicidal behaviour has long been established. Evidence from New Zealand mortality review as well as data from Oranga Tamariki suggests this increases suicide risk, i.e. of young people with care experience, 51% had seriously thought about suicide (compared to 25% of those not connected to Oranga Tamariki).
Media coverage	There is robust evidence, available for many years, about how news stories about death by suicide can be followed by further suicides (Niederkrotenthaler et al 2010; Niederkrotenthaler et al 2020; Sinyor et al 2018). This evidence also applies to social media, music, TV shows, and public education. We also know that stories that focus on overcoming a suicidal crisis with a narrative that is focused on hope and recovery can lead to fewer subsequent deaths (Hawley et al. 2023).
Real-time monitoring of suicide data	Suicide and self-harm monitoring systems use data from official sources to identify suspected suicides very close to when the death occurs. Using those data, means that specific locations where suicide often occurs, new or popular methods of suicide, and suicide clusters can be accurately detected, and intervention can be implemented quickly to prevent further deaths and therefore underpin and drive suicide prevention activities and initiatives (Benson et al 2022; Spittal et al 2023; Sutherland et al 2018). It also helps to quell speculation and inaccurate media reporting, which can inadvertently increase risk of further deaths (Spittal et al 2023).
Harmful alcohol use	There is clear evidence of role of alcohol in suicide and self-harm. Acute intoxication and alcohol misuse are associated with suicide (Crossin et al 2022) and New Zealand evidence shows an association between alcohol outlet density and self-harm (Hetrick et al 2024; Ngā Pou Arawhenua 2020). There is evidence that increasing the price, reducing open hours of alcohol outlets, and reducing density of alcohol outlets reduce suicide particularly among men, Indigenous populations, and young people (Altavini et al 2022; Kolves et al 2020).
Access to means	Restricting access to means is an effective strategy that is a key component of effective national approaches to suicide prevention (Ishimo et al 2021). Universal means restriction interventions, especially using regulatory approaches, are particularly beneficial for those populations where more targeted approaches can be ineffective. Examples include regulation to limit access to paracetamol and access to harmful information about methods in online spaces, as well as careful

	design of buildings, bridges, and institutional settings (including adequate staffing and service user visibility in these settings).
Indicated interventions	Suicide is strongly linked to structural determinants of wellbeing, which traditional indicated approaches do not typically address. Evidence for psychological therapy or counselling as suicide prevention initiatives is limited. In New Zealand the most promising practice is within mātauranga Māori. Evidence suggests that someone experiencing suicidal distress should be offered access to a range of interventions, so they can choose what suits them. There is some evidence that intervention that is focused on self-harm and that targets dynamic modifiable risk factors is effective, with emerging evidence of the efficacy of peer-led interventions. Responsive psychosocial assessment and dynamic risk formulation as stated above, along with safety planning, follow-up and then targeted intervention to address those factors driving the suicidal distress is required (Fortune and Hetrick 2022; Hawton et al 2022; Nuij et al 2021).
In-school interventions	Evidence is not yet clear regarding what should be delivered in schools, particularly in terms of specific suicide prevention programmes compared with more general mental health/wellbeing programmes. What is clear is the importance of a whole-school approach that includes an end to stand-downs and exclusions with a recent report on rangatahi deaths highlighting that 42.9% of rangatahi who had died by suicide had been stood down from school, compare with 21.6% of non-Māori, non-Pacific children (Granello et al 2022; Lever et al 2024; Lewallen et al 2015; Krantz et al 2023; Ngā Pou Arawhenua 2020; World Health Organization 2021). A whole-school approach should include the implementation of guidelines to ensure timely and effective responses to self-harm and suicide in schools (Te Maro et al 2019). Finally, evidence highlights the need to embed and enact Te Tiriti into all policy and practice to support mana Motuhake, accelerating this process for rangatahi within the education and health sectors (Ngā Pou Arawhenua 2020).
Postvention	A New Zealand-based study highlights the need for improvements to the 'system response' including recognition of whānau as a key component of this response, and of the importance of mātauranga Māori, tikanga Māori and Te Ao Māori as more useful supports for Māori (McAllister 2021). There is a need to move from traditional psychology practice in this space and privilege interventions and supports provided by, e.g. kaumatua, Kaupapa Māori practitioners and appropriate cultural supports. There is evidence that all of those who support whānau bereaved, including whānau, would value and benefit from specific training (Andriessen et al 2019a; Andriessen et al 2019b). Further evaluation of peer support approaches is needed to build evidence of this approach, given the importance of connection with others with similar experiences (Finlayson-Short et al 2020).

What people have already told us about how to prevent suicide

Strong leadership is needed to prevent suicide

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction recommended the establishment of a Suicide Prevention Office to provide stronger and sustained leadership on action to prevent suicide. Better, stronger, sustained leadership is required to reduce our rates of suicide. Strong leadership ensures a whole-of-government approach to supporting wellbeing and addressing multiple social determinants. Government has been told many times that preventing suicide should be everyone's business.

There are also concerns about how the resources and information around suicide are disseminated, and many felt the Suicide Prevention Office should play a role in supporting individuals, whānau, community, organisations and agencies in accessing the most up-to-date and reliable information.

Suicide is not just a health issue and cannot be addressed by the health system alone

Similarly, we have heard that continuing to include suicide prevention solely in mental health, or even health more broadly, detracts significantly from the notion that suicide does not discriminate and that people from all walks of life, with or without mental health conditions can be and are affected by it.

Te Ao Māori must be central to our efforts

We need to ensure Te Ao Māori is central to suicide prevention; cultural practices and values that are whānau based and underpinned by a Māori worldview are essential.

> **"Research at the interface aims to harness the energy from two systems of understanding in order to create new knowledge that can be used to advance understanding in two worlds"**

While similarities exist between Indigenous Māori and Indigenous peoples internationally, we have heard that it is inappropriate to import research and initiatives from international contexts, even when it had been shown to be successful. We should instead be investing in our own research methodologies and people to provide the solution and implement these widely.

> **"A strong sense of the importance for Māori suicide research, coronial and other systemic processes around Māori suicide being led and underpinned by mātauranga Māori, tikanga Māori, and Te Ao Māori approaches."**

There needs to be evaluation methods and monitoring of all services including reporting on Māori indicators. Embedding evaluation and learning, including considerations about what success looks like and the impact on Māori.

"Confront post-colonial legacy of racism, discrimination by privileging Te Ao Māori"

We need appropriate support and services for those bereaved by suicide

Support for people who are bereaved by suicide is extremely important. Access to support and services that are timely, culturally appropriate and respectful can accelerate healing processes, while services that are not, can impede recovery.

"Whānau are able to access relevant and on-going support and services that meet their unique needs."

Families and whānau have told us that support for people bereaved by suicide was often inadequate, and that children and young people should be the focus of attention.[1]

Supporting our workforce is essential

There is a passionate and fiercely committed suicide prevention workforce that includes but is not limited to Kia Piki te Ora Coordinators (KPTO) and Pre/Postvention Coordinators (SSPCs). We have been told that these workforces need more training, support, coordination and leadership. This includes documenting workforce competencies, and outlining what type of training and experience the roles require, adequate induction training once in the role, access to supervision (clinical/cultural/appropriate) and guidance around professional development pathways or a way to navigate the plethora of training courses that are available[1].

"A workforce that reflects whānau and their aspirations for whatever journey they are on and the workforce is equipped and resourced – includes whānau as the support system. Better balance between clinical/non-clinical."

Sources of this information

These themes have been developed from a range of recent consultations and suicide prevention activities over the past five years, which include:

- He Ara Oranga: Report of the Government Inquiry into Mental Health and Addictions. 2018. URL: https://mentalhealth.inquiry.govt.nz/inquiry-report/ (accessed 1 May 2024)
- Government Inquiry into Mental Health and Addiction summaries of submissions. 2018. URL: https://mentalhealth.inquiry.govt.nz/whats-new/resources/ (accessed 1 May 2024)
- Sector Voices: A review of the suicide prevention sector on behalf of the Suicide Prevention Office, conducted by Synergia and finalised in 2020.
- Ngā Pou Arawhenua, Child and Youth Mortality Review Committee and Suicide Mortality Review Committee. 2020. Te Mauri The Life Force I Rangatahi suicide report I Te pūrongo mō te mate whakamomori o te rangatahi. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/te-mauri-the-

life-force-i-rangatahi-suicide-report-i-te-purongo-mo-te-mate-whakamomori-o-te-rangatahi/

- Rangahau Priorities in Māori Suicide Prevention – Research Agenda, 2023
- Shining a light on whānau experiences of Coroners' investigations of suspected self-inflicted deaths, Ministry of Health, 2023
- Pae Ora Roadshow, Ministry of Health, 2023

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SOU-24-MIN-0038

Cabinet Social Outcomes Committee

Minute of Decision

Suicide Prevention: Progress and Approval to Consult on a New Suicide Prevention Action Plan

Portfolio **Mental Health**

On 8 May 2024, the Cabinet Social Outcomes Committee:

1 **noted** the contents of the paper *Suicide Prevention: Progress and Approval to Consult on a New Suicide Prevention Action Plan* [SOU-24-SUB-0038];

2 **noted** that the current suicide prevention action plan is due to end later in 2024;

3 **invited** the Minister for Mental Health, in consultation with the Minister for Children, Minister for the Prevention of Family and Sexual Violence, and other relevant Ministers, to revise the consultation document that seeks feedback on a new suicide prevention action plan, and report-back to SOU with an updated document in due course.

Jenny Vickers
Committee Secretary

Present:
Rt Hon Christopher Luxon
Rt Hon Winston Peters
Hon Nicola Willis (Chair)
Hon Chris Bishop
Hon Paul Goldsmith
Hon Louise Upston
Hon Mark Mitchell
Hon Tama Potaka
Hon Matt Doocey
Hon Melissa Lee
Hon Nicole McKee
Hon Penny Simmonds
Hon Chris Penk
Hon Karen Chhour

Officials present from:
Office of the Prime Minister
Officials Committee for SOU

CAB-24-MIN-0158

Cabinet

Minute of Decision

Report of the Cabinet Social Outcomes Committee: Period Ended 10 May 2024

On 13 May 2024, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 10 May 2024:

Out of scope

[redacted]

SOU-24-MIN-0038 **Suicide Prevention: Progress and Approval to Consult on a New Suicide Prevention Action Plan** CONFIRMED
Portfolio: Mental Health

Out of scope

[redacted]

Rachel Hayward
Secretary of the Cabinet