



# *West Coast District Health Board*

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## *Te Poari Hauora a Rohe o Tai Poutini*

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17 October 2018

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### **RE Official information request WCDHB 9211**

We refer to your email dated 11 September 2018 requesting the following information under the Official Information Act from West Coast DHB.

- **Any information sent, received or otherwise held by the West Coast District Health Board about the implementation by the board of a zero suicide aspirational policy or goal. Such a policy is sometimes described as a commitment to suicide prevention in health and behavioural healthcare systems for those in an organisation's care, as opposed to a national all-of-society target. By implementation I mean including, but not limited to, discussions about whether such a policy is possible and/or desirable, as well as what stage discussions are at and what the next steps might be. By information I mean including, but not limited to, communication with the Minister of Health, his office and staff; the Ministry of Health, other District Health Boards, including Canterbury District Health Board; and the Mental Health Foundation. By communication I mean including, but not limited to, emails, letters, reports, aide memoires, agendas, minutes and the contents of verbal briefings, etc.**

A report was presented to the West Coast DHB Board on suicide prevention recent activity with a commitment to continue promoting the vision of zero suicides on the West Coast. Please find attached as **Appendix 1**, papers presented to the West Coast DHB Board in March 2018.

The update was noted after some discussion about zero suicide as a target and agreement that suicide statistics would be reported regularly to the Board.

The recently appointed Suicide Prevention Coordinator will facilitate the development of a refreshed workplan with the Action Group with routine reporting to the Governance Group.

We are awaiting recommendations from the consultation on the National Suicide Prevention Draft Guideline. The Chair of the Suicide Action Group attended the Zero Suicide Conference held in Auckland on 19 June 2018 and we are currently revising our interim Suicide Prevention Plan for 2019. We are also expecting more advice from the release of National Inquiry into Mental Health and Addiction.

There is no other correspondence on 'zero suicide' between West Coast DHB and any of the people or organisations listed in your request.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'G. Hamilton', with a large, stylized initial 'G'.

Greg Hamilton  
**Acting Executive Director**  
**Planning, Funding & Decision Support**

**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Clinical Leaders

**DATE:** 23 March 2018

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Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast District Health Board as a regular update.

## 2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders' Update.

## 3. SUMMARY

This report focusses on an update on suicide prevention structure and activity at the request of the Board. Suicide prevention is the domain of all the West Coast community and the DHB has a key role to play in co-ordinating and assisting the activity.

### ***Suicide Prevention Governance***

The agreed vision for suicide prevention is “Zero suicides on the West Coast”. The Suicide Prevention Governance Group (SPGG) provides the oversight of planning, coordinating and monitoring suicide prevention and postvention activities in the West Coast district. The functions of SPGG are to:

1. Contribute to clinical governance at West Coast DHB by improving suicide prevention and postvention activities.
2. Provide leadership and work collectively to maximize the efficient and effective use of resources and to foster productive discussion and action towards broader suicide prevention strategies.
3. Ensure planners and developers of suicide prevention efforts do no unintended harm.
4. Maintain oversight of the response to vulnerable people with mental health needs who are at risk of suicide.
5. Ensure staff in respective agencies are working collaboratively with others to achieve agreed strategies.
6. Receive advice from the Action Group to inform the development of the work plan to reduce the rate of suicide in the West Coast district.
7. Monitor the implementation of SPGG strategies.

The members of the Governance Group are:

- Medical Director, West Coast DHB
- Medical Officer of Health West Coast
- Director of Nursing, West Coast DHB
- Chief of Psychiatry or delegate, Canterbury DHB
- Area Commander, West Coast Police
- Associate Director of Allied Health, West Coast DHB
- Clinical Director – Mental Health & Addiction, West Coast DHB

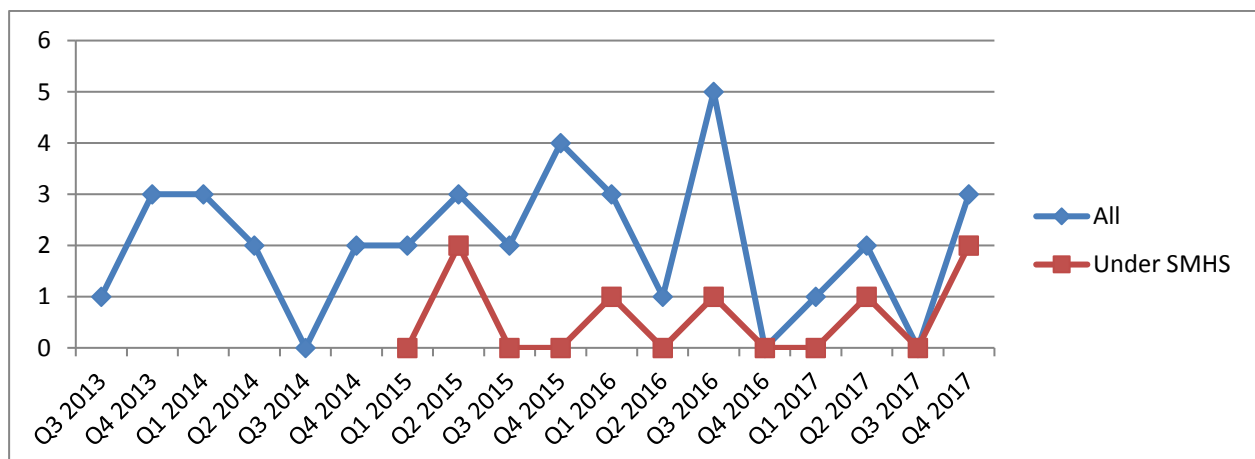
### ***Relationship to the West Coast Suicide Prevention Action Group***

The Governance Group is responsible for providing direction and oversight to improve suicide prevention and postvention activities on the West Coast. The Suicide Prevention Action Group (SPAG) is responsible for implementing the workplan developed by the Governance Group and endorsed by the Mental Health Leadership Team (MHLT) to achieve the strategies set out by the Governance Group. It also will provide advice to the Governance Group on other activities that may improve suicide prevention and postvention strategies. SPAG includes members of the broader community across Mental Health & Addiction Services, Emergency Department, Community & Public Health, New Zealand Police, NGOs (Homebuilders, Poutini Waiora), Ministry of Social Development, Ministry of Education, Ministry of Corrections, Victim Support, Primary Care Providers, and PHO Primary Mental Health Programme.

### ***Summary of Recent Activity:***

1. Target groups identified following review of post-vention cross agency work in 2016 are:
  - 20 -30 year old Maori Males
  - Over 40 Males
  - Over 40 Females
2. Following a recommendation from the Suicide Prevention Governance Group a whole of system coordination role is being developed to support activity in this area. The position will be aligned with the Canterbury Suicide Prevention Coordinators based at Pegasus Health.
3. Adoption of the UK Mental Health triage scale by crisis and community mental health teams to standardize the approach to crisis calls.
4. Localisation of Canterbury Suicide Prevention Initiative for the West Coast has been completed and is being implemented within the next couple of months. The initiative determines the frequency of follow up on the basis of the level of risk, and should lead to improved consistency of response
5. Development of a resource pack of information, and follow-up contact for people after a suicide attempt has been completed
6. Collaboration with Community and Public Health to develop mental health promotion activity that supports the areas of focus of SPGG has resulted in a workplan being developed.
7. An analysis of patterns of people presenting to emergency departments across the West Coast with suicidality or deliberate self-harm from 2017 is being prepared with the assistance of Community and Public Health. This will be used to identify any additional groups for prevention activity to include.
8. A Service Level Agreement between Police and the WCDHB has been developed to give guidance to Police staff and DHB employed health professionals to operationalise service delivery at a local level.

### ***Provisional West Coast Region Suicide Statistics :***



*Explanatory notes: Please be advised that the provisional suicide data 'by DHB Region' does not indicate that the deceased was either resident, or in the care of, that region. A suicide is initially recorded in a particular DHB region only according to the location of the death, and may be amended at a later date. As the inquiry into a suicide progresses it can be found that the location of death and/or the actual DHB provider for the individual are different to the initial recorded DHB region. Concerns were expressed by West Coast DHB SPGG as included individuals who lived off the coast resulted in large changes in population rates and the Coroner's office acknowledges these concerns and will consider an update of the title of the data and/or a footnote for the next provisional suicide release. The footnote could clarify that the data is by geographical location of death only and that the residence and health care provider of the deceased is not yet established.*

#### **4. CONCLUSION**

The Clinical Leaders will continue to work across a range of activities to promote the vision of zero suicides on the Westcoast.

Report prepared by:

Clinical Leaders  
Karyn Bousfield, Director of Nursing  
Vicki Robertson, Medical Director  
Cameron Lacey, Medical Director  
Stella Ward, Executive Director of Allied Health



## **WEST COAST DISTRICT HEALTH BOARD**

### **EXCERPT FROM PUBLIC BOARD MEETING MINUTES**

**23 March 2018**

#### **Item 7**

#### **Clinical Leader's Update**

### **CLINICAL LEADERS UPDATE**

Dr Cameron Lacey, Medical Director presented this report which was taken as read. Dr Lacey provided an overview of the suicide prevention structure and activity and commented that Suicide prevention is the domain of all the West Coast community and the DHB has a key role to play in co-ordinating and assisting the activity.

Dr Lacey also commented that there had been a couple of omissions in the report from the membership of the Governance Group which should also include representatives from Planning & Funding and Tatau Pounamu. He added that a recent development is the progression of a suicide prevention coordinator role which will connect Regionally and Nationally.

Discussion took place regarding suicide statistics and it was noted that these are unofficial statistics which are released by the Coroner's Office and sometimes include people in the care of other DHBs.

Dr Lacey commented that it is important to note that the messaging in this area is incredibly important and that it is done with sensitivity so as not to "normalise" the situation.

Discussion took place regarding the target of zero in this area and it was recognised that there is some debate nationally around this.

A request was made for regular reporting on suicide statistics.

The update was noted.