TATAU POUNAMU
Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP

18 May 2017

@ 10am PHO Building – Above Speights Ale House, Greymouth

Agenda and Meeting Papers

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League Member, Te Runanga O Ngati Tahu (TRONT)
Francois Tumahai Te Runanga O Ngati Waewae	▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Co-Chair Poutini Waiora Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair ▪ Board Member of West Coast District Health Board
Gina Duncan Kawatiri	▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ Buller High school Iwi Representative, Board of Trustee ▪ Contract Advisor for Te Putahitanga o Te Waipounamu

Member	Disclosure of Interest
Wayne Secker Mawhera	▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
Board Room West Coast DHB Thursday 23 March 2017
10.00 – 12.00pm

PRESENT: Lisa Tumahai, Te Runanga o Ngati Waewae (Chair)
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Susan Wallace, Te Runanga o Makaawhio
Gina Robertson, Maori Community Kawatiri (Arrived 10.35am)

IN ATTENDANCE:
Gary Coghlan, General Manager Maori Health
Kylie Parkin, Maori Health
Philip Wheble, Acting Manager Grey/Westland

APOLOGIES: Wayne Secker, Maori Community Mawhera
Gary Coghlan, General Manager Maori Health

MINUTE TAKER: Megan Tahapeehi, Maori Health

WELCOME / KARAKIA

Gary Coghlan

AGENDA / APOLOGIES

1. **DISCLOSURES OF INTEREST**
   Remove Lisa Tumahai from:
   - Te Waipounamu Maori Heritage Centre
   - Te Taumata to Te Putahitanga o te Waipounamu General Partnership Board
   - Te Poari o Kati Waewae Charitable Trust

   Add Susan Wallace to:
   - Member of the South Westland Board of Trustees

2. **MINUTES OF THE LAST MEETING**

   Moved: **Second:**

   Carried

   Ammendments to the minutes as per the following:

   Page 2 – Ngatiwaewae to be changed to Ngati wae wae

   Page 5 – Carl Hucthby to be changed to Hutchby

3. **Carried forward/Action List Items**

Whanau Ora
Ongoing.

DNA Upate

There appears to be a spike in Maori DNA's. A meeting will be arranged with Julie Lucas to ascertain the causes and review any reports to feedback to Tatau Pounamu.

Improved Access to Hokitika Services

Ongoing

Rangatahi

The 2017 rangatahi placement is being hosted by the West Coast DHB on the 27-29 March.

Hospital Rebuild Update

The facilities team are attending todays meeting for further discussion around dual signage.

Takarangi Cultural Competency 2017/18

Moe Milne and Wayne Blissett are phoning in to discuss further today

Maori Mental Health Kaumatua Appointment

Ongoing.

A G E N D A

1. **GM Maori Update**

   Taken as read

2. **Alliance/Workstream Update – Phillip Wheble**

   Taken as read

Wayfinding Strategy

Members of the hospital rebuild team came for further discussion with Tatau Pounamu members about dual signage and the Wayfinding Strategy. The Chair wanted it noted that she understood members of Manawhenua Ki Waitaha were not supportive of the decision to use limited Te Reo at Burwood hospital. Members of this group have challenged this process because Ngai Tahu have not felt consulted at an iwi level. Mark Newsome acknowledged the concern and said that they have tried to be open and transparent throughout the process on the West Coast.

Ngati wae wae Runanga would like to see dual signage as much as can feasible be possible throughout the hospital and IFHC. Te Rununga o Makawhio also support dual signage and use of Te Reo throughout the hospital.

Mark Newsome requested that a formal letter be sent to the facilities team that clearly states the position of iwi with regards to dual signage. He also noted that there are project and budget implications within this process to consider.

ACTION: A formal letter to be sent in writing to Mark Newsome from the Chair.

Gary Coghlan advised that he would send information out to members from Taranaki and Tairawhiti DHBs they have incorporated Te Reo into their rebuilds and used dual signage where practical. This information will be useful to inform Ngai Tahu going forward.

ACTION: Gary to contact Taranaki and Tairawhiti DHBs and provide the dual signage strategy to members.

The next area of discussion was around the aesthetics of the facility. Members of Tatau Pounamu asked about the areas that were accessible to have Maori taonga etc. It was agreed that Runanga representatives will work with the facilities team around the following:

1. Graphic for the glazing/frosting - this is needed in 4 weeks time for the architects.

2. Pounamu and Pou - these will need to be completed by December 2017 for preparation and installation.

3. Consideration around naming the facility was also discussed and ideas would be appreciated. – this is required within a month.

ACTION: Runanga Representatives (Francois Tumahai & Susan Wallace) to work with the facilities team around the aesthetics.

Takarangi Cultural Compentencies

Moe Milne and Wayne Blissett dialled into Tatau Pounamu to speak to how the local Tikanga will be incorporated into the Takarangi cultural competency training. Moe advised that the iwi determine the local kawa. This is not something that they do as trainers and are aware always to repesct local kawa.

The Chair asked about engaging with the hapu and manawhenua? Moe advised that this happens prior to the training and the haikainga of the marae will set the parameters.

Moe advised that the normal process is to do a general overview but that through self direction the participants can seek a deeper connection with kaumatua and local iwi. These are two day introductory hui.

The assessors have to have completed a portfolio of at least five competencies and that they are part of the training.

Tatau Pounamu Discussion

It was confirmed that this would be a two day noho on a Marae. This was pereceived as a really valuable opportunity to locally empower hapu of this area to be assessors and moderators.

The first training will be focused at clinciians and senior/middle management with numbers around 20-25.

Susan Wallace commented that Maori participating in this initial hui need to be strong in tikanga. Ideally it would be good to have three places put aside for iwi.

Further information has been requested around:

- What is the time commitment?
- How many noho marae?
- How are they assessed against the competency framework?
- How many spaces are available for local Maori to attend (ie; navigators/poutini Waiora)

ACTION: Gary to feedback once confirmations are in place

Annual Planning

Melissa McFarlane, Planning & Funding spoke about the changes in the annual planning process for 17/18. The group were provided with the system level measures framework and the workstream workplans.

The funding package from the Ministry is yet to be received and this has meant the timeframes have been extended out to the second week of June.

At this stage if feedback could be provided to theworkstream plans and the system level measures this feedback will be incorporated into the 2nd draft to go back to the Ministry.

A question was asked about how to ensure the local priority areas are reflected? Equity measures in the plan will be reported quarterly. There is still work required to develop a robust reporting process to ensure that ethnicity reporting is embedded into quarterly reporting processes. QFARC is reported to around the measures.

Next Steps:

1. **Annual Planning feedback session is scheduled for 7 April at Poutini Waiora with Tatau Pounamu members, PHO, CPH and Poutini Waiora to also be invited.**

2. **Kylie Parkin will send out all relevant information to form the discussions at the 7 April meeting.**

At the next Tatau Pounamu meeting on the 18 May we will continue and look to finalise any further discussions required.

Suicide Prevention Action Group

A letter was received by the Chair from the Suicide Prevention Action Group seeking representation onto this working group.

An email will be sent out to key networks seeking this interest and confirmation of a representative will be provided formally by Tuesday 4 April 2017.

ACTION: Megan to email all key members to seek interest onto the Suicide Preventaion Action Group and also the Maori Cancer Network. Responses required by Tuesday 4 April 2017.

Mental Health Update

The appointment of the new Operations Manager of Mental Health is complete. This is Simon Evans. Simon will be introduced at the next Tatau Pounamu meeting.

A project group has been set up to facilitate the changes within the mental health services across the West Coast, led by Cameron Lacey. Cameron will also attend the next meeting,

Makaawhio Representative Tatau Pounamu

General Manager Maori Health requested an update on the Makaawhio representative for Tatau Pounamu.

Tatau Pounamu Chair Resignation

Lisa Tumahai advised that this will be her last Tatau Pounamu meeting as the Chair andadvised that Ned Tauwhare would be the Ngati wae wae replacement to Tatau Pounamu. A new Chair will be elected at the next meeting.

Gary Coghlan mihi to Lisa and thanked Lisa for her time as Chair.

MATTERS ARISING MAY MEETING 2017

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	23 March 2017	**Whanau Ora** The purpose of these discussions is to have an outline of the use of language and what direction we should be using this in. Poutini Waiora are currently working on their Maori Health Plan that details their definition of Whanau Ora. Once completed this could come to Tatau Pounamu to have further discussions. Ongoing	Chair	**May Meeting**
2.	23 March 2017	**DNA Update** Ongoing work and discussions continue in this area.	General Manager, Maori	**May Meeting**
3.	23 March2017	**Improved Access to Hokitika Health Services** This discussion is more about being specific around this service and how we can improve access to the whole system. The DHB is working to do community meetings not just with Hokitika but the wider West Coast. Ongoing.	General Manager, Maori	**May Meeting**
4.	23 March 2017	**Rangatahi** The 2017 placement was held at West Coast DHB on the 27-29 March. .	General Manager, Maori	**May Meeting**
6.	23 March 2017	**Hospital Rebuild** A formalised letter was sent to Mark Newsome and the Way Finding team around dual signage representation throughout the rebuild.	Francois Tumahai & Susan Wallace	**May Meeting**

DISCUSSION ITEMS

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **18 May 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

- Dual signage/Way Finding Strategy Update
- Takarangi Update – Gary Coghlan
- Annual Planning Update – Kylie Parkin
- Mental Health Update – Introducing Simon Evans
- Community Public Health Update – Claire Robertson
- Maori Representatives Term Tatau Pounamu – Mawhera/Kawatiri

2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the updates.

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

To Susan Wallace
Chair
Tatau Pounamu ki te Tai o Poutini

Re: Bilingual Signage

Thank you for the opportunity to meet with you and the committee, and the subsequent letter from the then chair requesting that all signage in the new hospital development be bilingual.

At the meeting we discussed the Wayfinding Strategy, and the preferred direction of travel to be aligned with Canterbury.

Since we met with you, there have been several meetings with members of my team, and Gary Coghlan, GM, Maori Health. I believe that the outcome of these meetings has been positive, and we have agreed the following direction.

1. The naming of the new facility to be proposed by Tatau Pounamu in consultation with local iwi.

2. The following areas to have bilingual signage:-
    - Main reception/welcome
    - Front of house reception
    - Triage reception
    - ED reception
    - Maternity reception
    - Allied Health / Therapy reception
    - Radiology reception
    - Inpatient Unit reception [x2]
    - Theatre reception
    - Pharmacy reception
    - Whanau/Family room
    - Wharaekarakia/Chapel
    - Courtyard naming.

3. In addition, we discussed that local iwi would participate in assisting with cultural identity of the facility and location with the inclusion of:-
    - Entrance plaque
    - Pounamu
    - Carving
    - Glass etchings throughout the facility

There may of course be other opportunities within the facility, and we can continue to discuss these as the construction progresses.

I hope that you and the committee find that this is a positive outcome. From a facilities and signage perspective we have reached the limit of what we can include within the constraints that we face, including time and procurement pressures, along with the responsibility of operating within budget.

I read with interest the Taranaki and Waitemata DHBs strategy, and noted their plans in a progressive implementation of bilingual signage, along with a separate budget to allow this to occur.

If I, or members of the facilities team can assist further, please don't hesitate to contact me.

Yours sincerely

Mark Newsome
Director, West Coast Capability Development

Cc Gary Coghlan

CHAIR'S UPDATE

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **18 May 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

A verbal update will be given at the meeting.

GENERAL MANAGER MAORI HEALTH UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members – Tatau Pounamu Manawhenua Advisory Group**

SOURCE: **General Manager, Maori Health**

DATE: **May 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes this report;
i notes the General Manager Maori Health Update

Kia ora Hauora Work Placement Programme
West Coast DHB has just completed this year's work placement programme in conjunction with Kia ora Hauora. The programme was run over 3 days from the 27-29 March. The students had access to many different careers within the Health sector including the local Maori Health Provider – Poutini Waiora, Westland Medical Centre, and Grey Hospital - Laboratory, Occupational Therapy, Emergency Department, Nursing, West Coast PHO and Community Public health.

Tipu Ora – Certificate in Hauora Maori Level 4 (West Coast)
Tipu ora have held their second three day Wananga for the Certificate in Hauora Maori level 4 in Greymouth. The course runs over 6 months and takes 20 weeks to complete with 6 three day Wananga. There are 16 participating in the training from across the West Coast and from various health and NGO services. Previously this certificate has been run out of Christchurch for the last 3 years and prior to that out of Rotorua and Auckland so it is a real coup to get it delivered locally. The course will close with a formal graduation in July.

Treaty of Waitangi – Greymouth
18 trainees attended the Treaty training held on the 18 April at St Johns.
Treaty of Waitangi – Buller
13 people attended the Treaty training held on the 26 April in the Buller

Tatau Pounamu – Chair Resignation
Chair Lisa Tumahai announced her resignation at the last Tatau Pounamu meeting on the 23 March 2017, Ned Tauwhare has been replaced as the second Ngati wae wae representative and a new Chair will be elected a the meeting on May the 18.

Takarangi Cultural Competency Framework
The first training has been scheduled to take place on the 27/28 July on Te Tauraka Waka a Maui Marae. We are targeting around 20-25 trainees initially focusing on Senior and middle Management and also Clinical Managers. Those trained in TCF at the initial workshop will be skilled for and tasked with the responsibility of carrying this learning into their practice settings and with supporting the next layer of their workforce to undertake the training.

An initial presentation has been given to the Director of Nursing, GM Buller Health, Operations Manager CAMHS, Mental Health, Associate Director Allied Health GM Grey/Westland Health and Team Leader Community Public Health as an opportunity to ask further questions and to gain support for the sustained and supported growth of the Takarangi framework as a recognised part of core competency training throughout the sector. An implementation plan is being developed that will look at how we embed the training across the sector, some of the issues for future consideration are:

- A stronger systems approach will be required – including greater organisation/service level buy in and support (who needs to be involved? Key clinicians and managers)
- Alignment to the workforce development strategy, performance management systems and overall quality framework to ensure cultural competency is a core platform to best practice
- Training and supervision will need to be developed and delivered in a way that is directly related to the competencies
- A package will need to be developed beyond the introductory workshop that looks at ongoing competency based training and supervision
- There will need to be ongoing support of practitioners and services that engage with the framework
- Linkages to regional and local plans.

Tumu Whakarae – letter to the Chair of DHB CEOs Group
Annual Plan Guidance to DHBs

The removal of the requirement for the DHBs to have standalone Annual Maori Health Plans has created some concern for GMs Maori across the country, given one potential impact of this is that the Maori health priorities become invisible in an integrated plan. However if achieving health equity for Maori is at the forefront of DHBs thinking this won't be an issue.

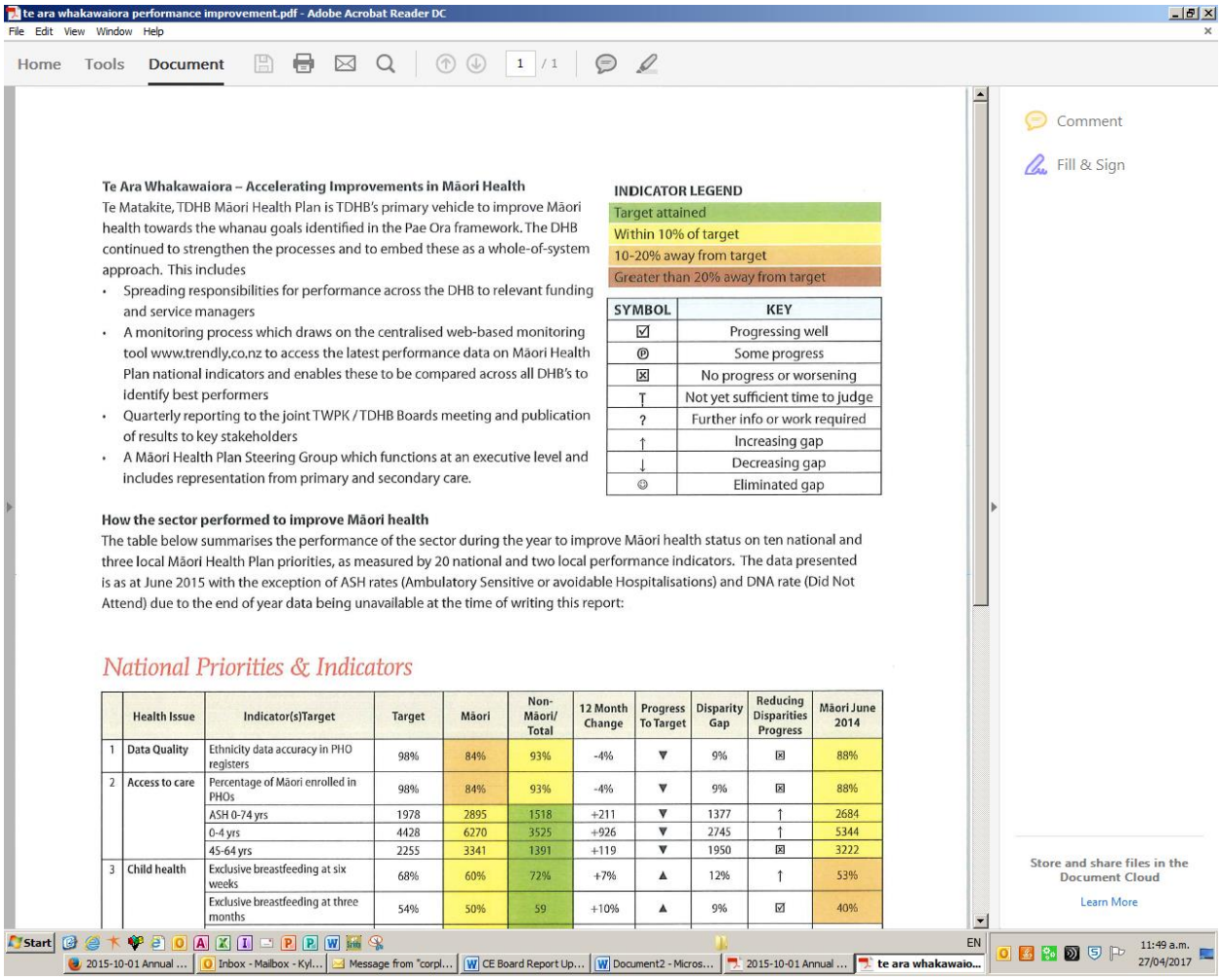
Tumu Whakarae strongly recommends that in relation to the integration of annual Maori Health Plans into Annual Plans that CEOs champion a Maori health equity approach in respective DHBs by: Approaching the Annual Plan in the same way we approached Annual Maori Health Plans.

a. Where applicable report all Annual Plan indicators by ethnicity.
b. Where an indicator shows a Maori health inequity or equity gap apply the Te Ara Whakawaiora performance improvement methodology to that indicator (see snapshot below)
    1. Appoint a responsible Executive Champion
    2. Develop a robust improvement plan
    3. Systematic reporting and monitoring of performance against the indicator to the Governance Groups
    4. Share intelligence around the performance of this indicator

These actions will also enable DHBs to achieve outstanding performance rankings in line with DHB non-financial monitoring framework and performance measures provided by the MOH. This ranking can only be applied when a DHB has met the target agreed in its Annual Plan and has achieved the target level of performance for the Maori population group.

Tumu Whakarae has also agreed to continue to implement our performance improvement tools, namely Trendly and Health Excellence Seminars. We will be exploring opportunities to partner with our Ministry of Health colleagues from 2017/18 onwards with this endeavour.

Te Ara Whakawaiora – Accelerating Improvements in Maori Health – A Snapshot



te ara whakawaiora performance improvement.pdf - Adobe Acrobat Reader DC

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Comment

Fill & Sign

Te Ara Whakawaiora – Accelerating Improvements in Māori Health

Te Matakite, TDHB Māori Health Plan is TDHB's primary vehicle to improve Māori health towards the whanau goals identified in the Pae Ora framework. The DHB continued to strengthen the processes and to embed these as a whole-of-system approach. This includes

- Spreading responsibilities for performance across the DHB to relevant funding and service managers
- A monitoring process which draws on the centralised web-based monitoring tool www.trendly.co.nz to access the latest performance data on Māori Health Plan national indicators and enables these to be compared across all DHB's to identify best performers
- Quarterly reporting to the joint TWPK / TDHB Boards meeting and publication of results to key stakeholders
- A Māori Health Plan Steering Group which functions at an executive level and includes representation from primary and secondary care.

INDICATOR LEGEND

Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

SYMBOL	KEY
☑	Progressing well
Ⓟ	Some progress
☒	No progress or worsening
T	Not yet sufficient time to judge
?	Further info or work required
↑	Increasing gap
↓	Decreasing gap
☺	Eliminated gap

How the sector performed to improve Māori health

The table below summarises the performance of the sector during the year to improve Māori health status on ten national and three local Māori Health Plan priorities, as measured by 20 national and two local performance indicators. The data presented is as at June 2015 with the exception of ASH rates (Ambulatory Sensitive or avoidable Hospitalisations) and DNA rate (Did Not Attend) due to the end of year data being unavailable at the time of writing this report:

National Priorities & Indicators

	Health Issue	Indicator(s)Target	Target	Māori	Non-Māori/ Total	12 Month Change	Progress To Target	Disparity Gap	Reducing Disparities Progress	Māori June 2014
1	Data Quality	Ethnicity data accuracy in PHO registers	98%	84%	93%	-4%	▼	9%	☒	88%
2	Access to care	Percentage of Māori enrolled in PHOs	98%	84%	93%	-4%	▼	9%	☒	88%
		ASH 0-74 yrs	1978	2895	1518	+211	▼	1377	↑	2684
		0-4 yrs	4428	6270	3525	+926	▼	2745	↑	5344
		45-64 yrs	2255	3341	1391	+119	▼	1950	☒	3222
3	Child health	Exclusive breastfeeding at six weeks	68%	60%	72%	+7%	▲	12%	↑	53%
		Exclusive breastfeeding at three months	54%	50%	59	+10%	▲	9%	☑	40%

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Tumu Whakarae

Ministry of Health – Strategic Engagement

In relation to MOH infrastructural changes Tumu Whakarae met with Alison Thom – Executive Leadership Team, Maori Leadership and has agreed to work with her to clarify key MOH leads and points of engagement on key Maori health matters in the future including Annual Planning, Workforce Development, Policy Performance Monitoring, and in particular in areas where Maori health outcomes are lagging.

Annual Planning 2017/18

A hui was held with Tatau Pounamu, Poutini Waiora, Community Public Health and the West Coast PHO to review the first draft of the Annual Plan, Workstream workplans and System Level Measures Framework and to incorporate their feedback into the 2nd draft of the plans to the Ministry.

The feedback was positive with Tatau Pounamu wanting a strong emphasis on models of care for youth primary mental health and ensuring access for Maori to mental health services was improved. Leading on from this they wanted assurance that reporting against mental health services and access for Maori was robust and regular with strong input from Maori into the Suicide Prevention Action Group and Mental Health working groups. Additionally a strong focus on Oral health and improving Maori outcomes was identified as a local priority.

It was also noted that some solid planning is occurring to ensure accountability for equity measures within the Annual Plan given the removal of the Maori Health Plan.

TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2017 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 9 February 2017	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 23 March 2017	10.00 – 12.00pm	Board Room, Corporate Services
Thursday 18 May 2017	10.00 – 12.00pm	Board Room, PHO
Thursday 20 July 2017	10.00 – 12.00pm	Board Room, PHO
Thursday 7 September 2017	10.00 – 12.00pm	Board Room, PHO
Thursday 26 October 2017	10.00 – 12.00pm	Board Room, PHO
Thursday 14 December 2017	10.00 – 12.00pm	Board Room, PHO

MEETING DATES & TIMES
ARE SUBJECT TO CHANGE

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Friday 10 March 2017	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Friday 10 March 2017	HAC	11.00am	Boardroom, Corporate Office
Friday 10 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	West Coast PHO Boardroom
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	Arahura Marae
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

A Strategy to Prevent Suicide in New Zealand

2017

Draft for public consultation

Released 2017 **health.govt.nz**

Citation: Ministry of Health. 2017. *A Strategy to Prevent Suicide in New Zealand: Draft for public consultation*. Wellington: Ministry of Health.

Published in April 2017
by the Ministry of Health
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HP 6585

This document is available at health.govt.nz

Foreword

Suicide has a devastating ripple effect across communities, not just for those who die by suicide, but for their whānau, families, friends, colleagues, sports teammates, neighbours and the wider community. The impacts of suicide on all our lives are long lasting and profound.

Previous suicide prevention strategies have guided work to date and while some progress has been made, more needs to be done to prevent suicide across New Zealand.

This draft strategy sets out a vision of how we can work together to prevent suicide; it is the responsibility of all of us. No one person or organisation can prevent suicide; we all need to be involved from government agencies, to employers, neighbours and families.

This document sets out ways we can work together to prevent suicide in New Zealand. It identifies a set of priority areas for action as a focus for our combined efforts. We want to hear from you about how best to work together to prevent suicide. It is vital that everyone gets involved and works together so that we can make a real impact.

Many people and organisations have contributed to the development of this draft strategy – from people in the community (including people who have attempted suicide and people who are bereaved by suicide), mental health and suicide prevention service providers, health care practitioners, researchers, government agencies, district health boards, and non-governmental organisations.

On behalf of all government agencies involved in the development of this draft strategy, I would like to thank everyone who has contributed for your well thought through advice, views and statements so far. In particular I would like to thank people who attend the 23 workshops, everyone who wrote or emailed the working group, and the members of the External Advisory Group.

I look forward to your continued input. Your feedback and continued involvement in preventing suicide will help us build a manageable set of priorities for action that gets results.

Dr John Crawshaw
Director of Mental Health

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About this draft strategy

We want a New Zealand in which everyone is able to have a healthy future and see their life as worth living. Reducing suicidal behaviour will help us become this kind of country. Suicidal behaviour is a sign of great distress and impacts on the lives of all of us in some way. Other changes that will help people to have a healthy future include increasing employment and education, and decreasing violence.

This draft strategy sets out a framework for how we can work together to reduce suicidal behaviour in New Zealand, by both focusing on prevention and supporting people while they are in distress and after suicidal behaviour. It builds on previous strategies and activity, and draws on lessons learnt and new knowledge about preventing suicidal behaviour. This information includes cultural and clinical knowledge, mātauranga Māori (Māori knowledge), literature, guidance from the World Health Organization[1] and the experiences of people in New Zealand. For further detail about some of this information, go to www.health.govt.nz/publication/strategy-prevent-suicide-new-zealand-draft-public-consultation.

Suicidal behaviour occurs in many different places and affects the lives of many people. This draft strategy takes a broader view than previous strategies and considers how different sectors and the whole community can contribute. It also focuses more strongly on preventing suicidal behaviour throughout a person's life, as well as on integrating and coordinating services and support to prevent suicidal behaviour and help people in distress.

This draft strategy has been developed by a cross-government working group. This draft strategy and the work throughout the country to prevent suicidal behaviour sit alongside a range of other government strategies, policies and programmes of work aimed at improving people's lives and responding more effectively to the needs of the most vulnerable individuals, families and whānau. It also reflects the principles of the Treaty of Waitangi.

This draft strategy is a public consultation document. It offers an opportunity to change how we think and talk about suicidal behaviour, and how we combine our efforts to achieve a shared goal. Government agencies would like your feedback on the draft strategy and your thoughts on how to turn this framework into practical action. After the consultation period, we will consider this feedback as the final strategy is developed. When Cabinet approves the final strategy, it will become the next New Zealand suicide prevention strategy.

The five sections of this draft strategy cover:

- the impact of suicidal behaviour in New Zealand, its causes and how we can prevent it
- the proposed approach and vision for preventing suicidal behaviour
- how the vision will become reality
- how we will know whether we are making progress
- how and when you can tell us your views on this draft strategy.

[1] For countries like New Zealand that already have a national strategy or response to suicide prevention in place, the World Health Organization's guidance is to continue the good work and focus on 'evaluation and improvement'. This draft strategy aims to do this and takes account of the World Health Organization's guidance on preventing suicidal behaviour.

Terms used

This draft strategy contains words related to suicide that have different meanings to different people. It uses these terms with the following meanings in mind.

- **Suicide** – a death where evidence shows that the person deliberately brought about their own death. In New Zealand a coronial ruling decides whether a death is classified as suicide.
- **Attempted suicide** – any action or actions where people intentionally try to bring about their own death but they do not die and may or may not be injured.
- **Deliberate or intentional self-harm** – behaviour or behaviours where people try to hurt themselves on purpose but do not intend to die and they may or may not be injured.
- **Suicidal ideation** – thoughts of intentionally killing oneself.
- **Suicidal behaviour** – suicide, attempted suicide, deliberate or intentional self-harm and suicidal ideation.

This draft strategy does not deal with assisted suicide and euthanasia and the substantial and separate ethical, legal and practical issues linked with them.

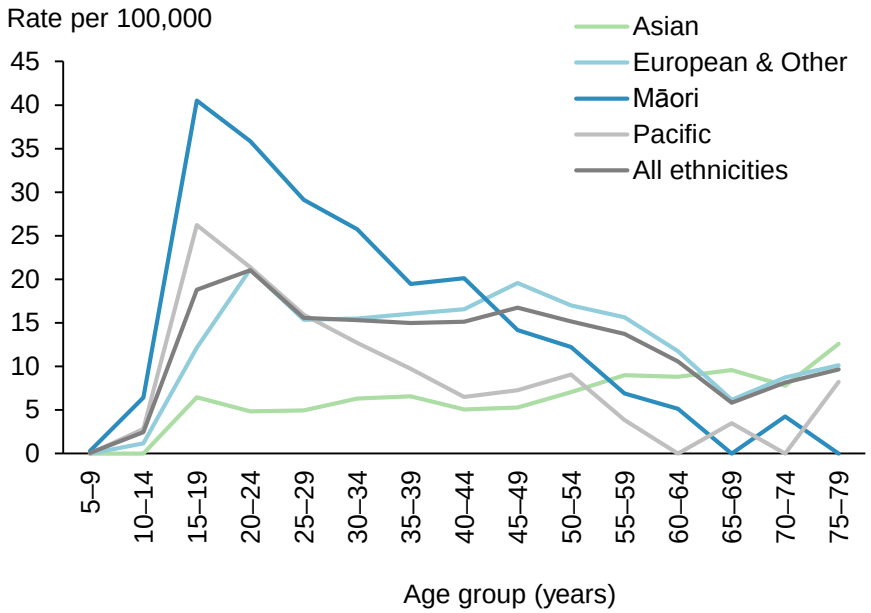
What we know about suicidal behaviour

Impact of suicidal behaviour in New Zealand

Every year over 500 people die by suicide, making it the third most common reason why people die younger than expected. Almost three-quarters of the people who die by suicide are male. Another 150,000 people think about taking their own life, around 50,000 make a plan to take their own life and around 20,000 attempt suicide. All of this behaviour has a devastating and often long-lasting impact on the lives of the people involved.

Some groups within our population, including Māori, Pacific peoples and young people, experience disproportionately higher rates of suicidal behaviour than other groups (see Figure 1).[2]

Figure 1: Suicide rates by ethnicity and five-year age group (from 5–79 years of age), 2009–2013[3]



[2] Further work is needed to better understand: (a) who within these groups is most at risk of suicidal behaviour and (b) whether other groups on which we currently do not systematically collect data (eg, the lesbian, gay, bisexual, transgender and intersex (LGBTI) population) are at higher risk of suicidal behaviour.

[3] Suicide rates are provided for the age groups and ethnic groups we can currently reliably calculate suicide rates for. Rates for groups with relatively few members are unreliable. For example, New Zealand has relatively small groups of older Asians: data shows that for Asians aged 80–84 years there were 3 suicides, but the suicide rate was 25.6 per 100,000 and for Asians aged 85 years and older there were 4 suicides, but the suicide rate was 57.1 per 100,000. In contrast for Europeans and Others aged 80–84 years (a much larger group) there were 49 suicides and a rate of 13.3 per 100,000 and for Europeans and Others aged 85 years and older there were 47 suicides and a rate of 14.1 per 100,000.

Causes of suicidal behaviour

Suicidal behaviour can affect anyone, no matter what their background and experiences are. It has no single cause – it is usually the end result of interactions between many different factors and experiences across a person's life.

Factors that make suicidal behaviour less likely by strengthening a person's wellbeing[4] are **protective factors**. Factors that make suicidal behaviour more likely are **risk factors**.

Both protective factors and risk factors can be broadly grouped into factors related to:

- the individual – genetics, individual experiences, health status and personality
- relationships – personal relationships with whānau, family, partners and friends
- the community – where people live, learn, work and play
- society – the wider social and environmental context such as the economy.

People who engage in suicidal behaviour often experience many risk factors and few protective factors across their life. The impact of different factors varies from person to person.

Protective factors against suicide include:

secure cultural identity, access to support and help, family and community support or connectedness, an ability to deal with life's difficulties and hopefulness.

Risk factors for suicide include:

experiencing stressful life events;[5] not having a sense of one's own culture or identity; exposure to violence, trauma or abuse; mental health issues; poor physical health; a lack of social support; being shamed; having a court case coming up or recent prison sentence; hopelessness and alcohol and drug misuse.

How suicidal behaviour can be prevented

Because suicidal behaviour has no one cause, there is no single solution for preventing it. What works for one person may not work for another person.

To prevent suicidal behaviour across the country, we need to do a broad range of activities over a long period. These different types of activities need to focus on giving people the best opportunity to have a healthy future and providing them with appropriate support when they need it.

The range of activities involve three different types of approaches (see Figure 2):

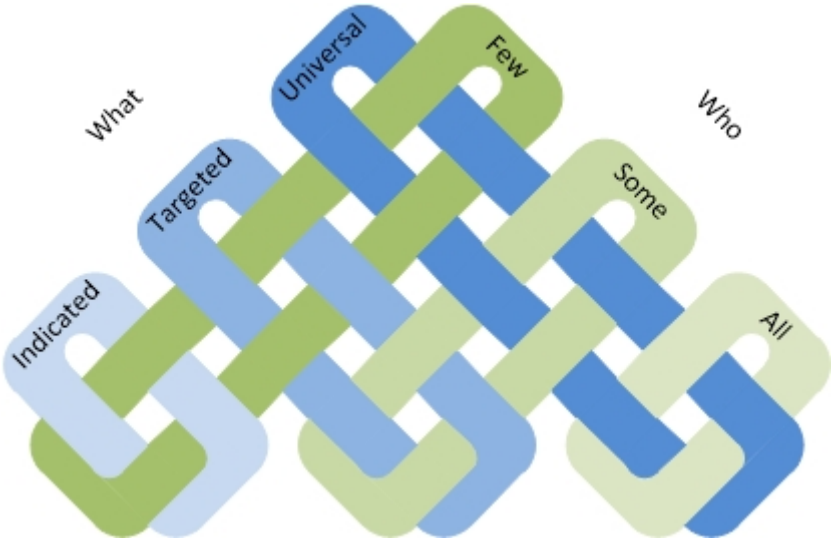
- universal – for all people
- targeted – for some people, in particular those who belong to groups at higher risk of suicidal behaviour
- indicated – for the small proportion of people who are at high risk of suicidal behaviour.

[4] Wellbeing here means how well someone is doing and feeling (their emotional resilience) and how well they are able to cope and adapt when things happen in their life (their coping skills).

[5] Examples of stressful life events include bullying, chronic pain, discrimination, relationship problems, unemployment and financial loss.

Universal activities strengthen common protective factors and reduce common risk factors for suicidal behaviour. Targeted activities try to change specific protective or risk factors that affect those groups of people at higher risk of suicidal behaviour. Indicated activities are aimed at better meeting the specific needs of individuals.

Figure 2: The range of approaches needed to prevent suicidal behaviour



Because such a wide range of factors influence suicidal behaviour, activities in a lot of different areas can contribute to preventing suicidal behaviour.

Some areas that help to prevent suicidal behaviour are those that promote or provide:

- education
- family and whānau support
- health and social services
- housing
- income support
- promoting Māori development[6]
- mental health and wellbeing
- promoting Pacific development[6]
- public health
- workplace health and safety
- disability issues
- promoting youth development[6]
- employment and skills development.

[6] Development is used broadly here to mean development in a range of different areas including cultural, financial and business.

Other areas are those that respond to and aim to reduce:

- alcohol and other drug use
- crime and reoffending
- family and sexual violence
- stigma and discrimination
- child abuse and neglect.

Policies and activities in these other areas can shape a range of influences on suicidal behaviour. Many areas that government agencies focus on, such as exposure to violence, mental health and wellbeing, educational achievement, employment status and income level, share some of the same influences on suicidal behaviour. Addressing a range of different areas helps prevent suicidal behaviour. Conversely, preventing suicidal behaviour can contribute to achieving outcomes in other areas.

We need to work with and build on policies and activities in more areas than health alone. This means that partnering across government agencies and across sectors (particularly social and justice sectors) is important. For examples of cross-sector policies and activities that help to prevent suicidal behaviour, see Appendix 1.

Our approach to preventing suicidal behaviour

Draft framework for preventing suicidal behaviour

The draft framework for preventing suicidal behaviour has three parts: a vision, a purpose and pathways (see Figure 3).

Vision

The vision for this draft strategy is a New Zealand in which all people are able to look forward, experience a life worth living and have pae ora (healthy futures). This vision is captured in the saying:

> Ka kitea te pae tawhiti. Kia mau ki te ora.
> See the broad horizon. Hold on to life.

Pae ora[7]

- Pae ora is a holistic concept that includes the following interconnected elements:
- Mauri ora – healthy individuals: people achieving good health and being able to access a range of services that are appropriate for them.
- Whānau ora – healthy families: supporting families and whānau to achieve maximum health and wellbeing.
- Wai ora – healthy communities and environments: the communities and wider environments in which we live, learn, work and play are safe and support health and wellbeing. All people are able to access appropriate health and social services, including education, housing and income support.

Purpose

The purpose of the strategy is to reduce the suicide rate through reducing suicidal behaviour.

Reducing suicidal behaviour for all people means fewer people hurting themselves intentionally, thinking about suicide, attempting suicide and dying by suicide. It is also the intention to reduce and remove the differences in the suicide rates between different groups.

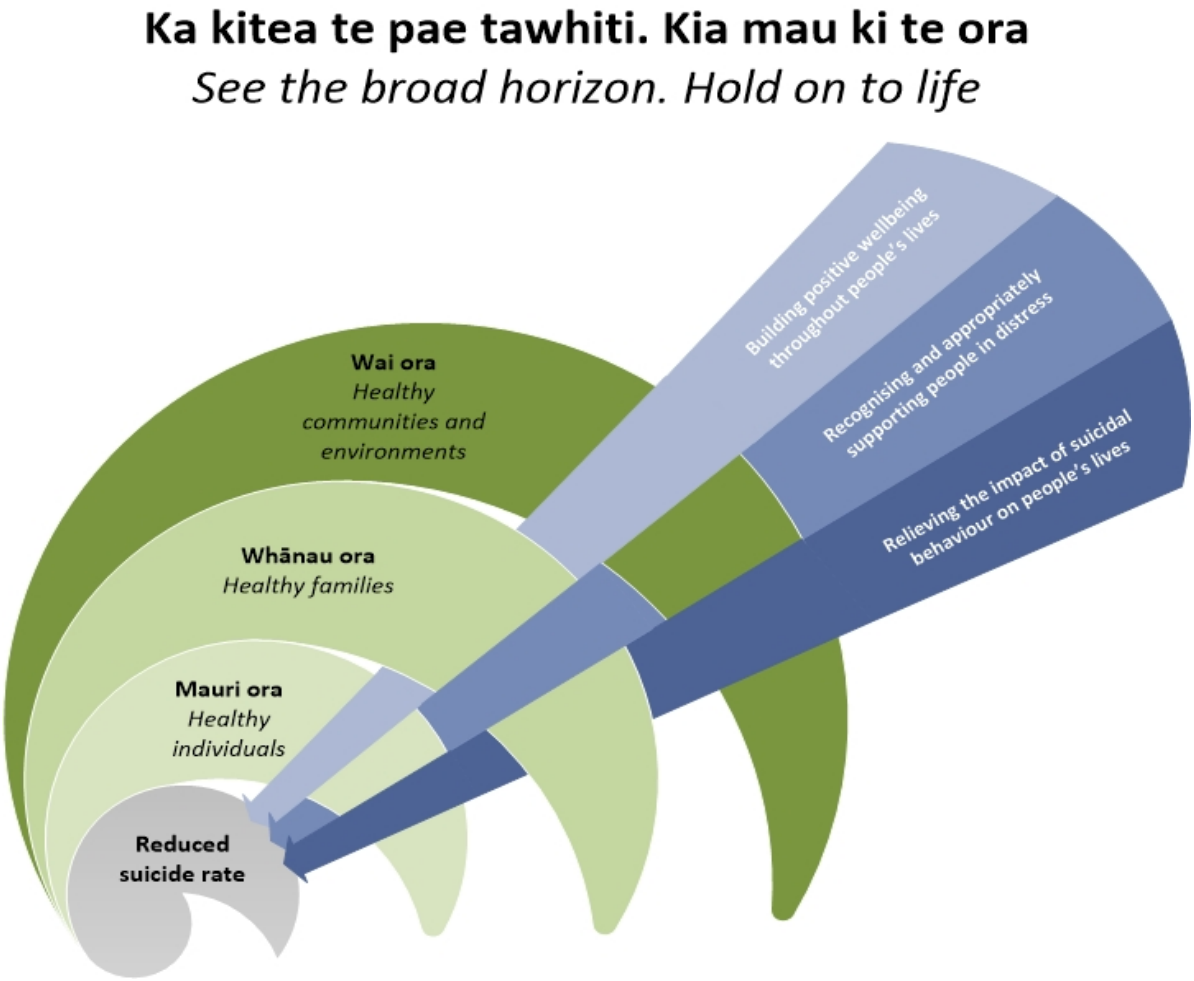
[7] Pae ora is the Government's vision and aim for He Korowai Oranga, New Zealand's Māori Health Strategy (URL: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga (accessed 9 March 2017)).

Pathways

We can help reduce suicidal behaviour by increasing protective factors and reducing risk factors through the actions we take under one or more of the following pathways.

- Building positive wellbeing[8] throughout people's lives
- Recognising and appropriately[9] supporting people in distress
- Relieving the impact of suicidal behaviour on people's lives.

Figure 3: Draft framework to prevent suicide: an overview



How the framework can guide activity to prevent suicidal behaviour

The framework tells us about the outcomes our activities need to help achieve, to prevent suicidal behaviour.

Within each pathway are four key outcomes that we need to achieve. These four outcomes relate to the three elements of pae ora and the four categories of risk and protective factors.

[8] Here positive wellbeing means people are doing well and feeling well, and are able to cope and adapt when things happen or change in their life.

[9] Appropriate means the support meets the person's needs – this includes that it is culturally appropriate for them.

Building positive wellbeing throughout people's lives

Building positive wellbeing involves enhancing and promoting all aspects of wellbeing, including cultural, economic, emotional, mental, physical and social wellbeing. It is about enhancing protective factors for suicidal behaviour, reducing risk factors and building people's ability to get through difficult times and deal with life stresses.

To build positive wellbeing throughout people's lives, we need to:

- strengthen people's wellbeing throughout their lives – building their ability to withstand adversity and cope when they are faced with adversity
- strengthen whānau, families and friends – strengthening whanaungatanga and positive close relationships with others
- strengthen communities – helping them to be supportive and provide an environment that encourages positive wellbeing
- build environments that promote wellbeing – making sure the physical, social, economic and spiritual environments in which people live promote positive wellbeing.

Recognising and appropriately supporting people in distress

Periods of severe distress are common and most people experience some level of distress at some point in their life. It is important to recognise when people are in distress and may need some support as they may be at greater risk of suicidal behaviour. By recognising when people may be in distress, we can support them appropriately sooner.

To recognise and appropriately support people in distress we need to:

- provide appropriate care and support to people in distress
- strengthen the ability of whānau, families and friends to recognise and support people in distress
- strengthen the ability of communities to recognise and support people in distress
- build systems that seamlessly recognise and provide support to people in distress.

Relieving the impact of suicidal behaviour on people's lives

Suicidal behaviour impacts both the individual and those around them – their whānau, families, friends, workmates, carers and community. People who have previously engaged in suicidal behaviour and people who are affected by others' suicidal behaviour are at greater risk of suicide themselves. By relieving the impact of suicidal behaviour, we can make further suicidal behaviour less likely.

To relieve the impact of suicidal behaviour on people's lives, we need to:

- support individuals after a suicide attempt or self-harm
- support whānau, families and friends after suicidal behaviour in their whānau, family or peer group – whānau and friends can be distressed following suicidal behaviour and may need some support; they may also be supporting other whānau members or friends and need some help in this role
- support communities after suicidal behaviour – suicidal behaviour can have a big impact on the communities in which it occurs
- build systems that give us information we can use to prevent suicidal behaviour more effectively – we can learn from past suicidal behaviour and activities to respond to or prevent suicidal behaviour about how best to prevent future suicidal behaviour.

Turning the shared vision into action

To achieve the shared vision of this strategy, everyone – including individuals, families, whānau, hapū, iwi, non-governmental organisations, employers, businesses, health and social services and government agencies – needs to be involved and work together to prevent suicidal behaviour.

Some activities to prevent suicidal behaviour can contribute to more than one of the outcomes and pathways in this draft strategy. Concentrating our combined work will make a bigger impact. Therefore, government agencies want to hear from you about what areas and activities you think are the highest priority. This includes your ideas about how government agencies can best support you to prevent suicidal behaviour in your communities.

How we need to work

Government agencies and organisations providing activities to prevent suicidal behaviour need to work with whānau and communities that the activities are intended for, building on their strengths and meeting their needs.

We also need to respect the special relationship between Māori and the Crown through the Treaty of Waitangi. That involves:

- **partnership:** working with iwi, hapū, whānau and Māori communities
- **participation:** involving Māori making decisions about activities to prevent suicidal behaviour, and then in planning, developing and delivering those activities
- **protection:** reducing the disproportionately high suicide rate among Māori compared with non-Māori, enabling Māori to engage with their own culture, values and practices, and making services and programmes relevant to and effective for Māori.

Areas we need to work on

The areas we need to work on should cover a range of universal, targeted and indicated activities so that there are activities aimed at achieving each of the elements of pae ora. The activities chosen should be informed by evidence about what works or might work. These activities will include both existing ones that should continue and new activities.

Government agencies will lead or fund some of these activities. Other groups, including non-governmental organisations and iwi, could also lead or fund activities to prevent suicidal behaviour.

At a national level, targeted activities should first focus on groups who have markedly higher rates of suicidal behaviour than others.[10]

The focus for targeted activities can be different in different parts of New Zealand and in different settings (eg, prisons or schools). The focus could also change over time if the data suggests changes which groups are at higher risk of suicidal behaviours.

Government agencies propose that at first national targeted activities focus on the following population groups who have markedly higher rates of suicidal behaviour:

- Māori (particularly Māori aged 15–44 years in all areas, and Māori aged 15–24 years living in areas of high socioeconomic deprivation)
- mental health service users and those admitted to hospital for intentional self-harm
- Pacific peoples (particularly Pacific peoples aged 15–44 years in all areas, and Pacific peoples aged 15–24 years living in areas of high socioeconomic deprivation)
- young people aged 15–24 years.

The cross-government working group has identified these four groups based on data showing they have markedly higher rates. Data shows that of all age groups, young people aged 15–24 years have the highest suicide rate. Among Māori and Pacific peoples, almost 90 percent of people who die by suicide are aged 44 years or younger, compared with under 60 percent of non-Māori, non-Pacific people. Living in an area of high socioeconomic deprivation is also strongly linked to higher suicide rates among Māori and Pacific peoples, particularly Māori and Pacific young people.

It is also important to tailor activities, particularly universal and indicated activities, to address the needs of individuals in other groups or sub-groups with markedly higher rates of suicidal behaviour, such as males, LGBTI and the Rainbow community, and disabled people. For example, a message that is effective in encouraging men in distress to seek help may differ from the message that is effective for women or for people with other gender identities.

Data also shows that the rate of suicide is markedly higher in some subgroups of the population who are or have been in care of Child, Youth and Family, the Department of Corrections or Police. Specific targeted responses in these settings are also important. Further investigation of data about suicidal behaviour might reveal other groups with markedly higher rates of suicidal behaviour who have not yet been identified.

[10] We do not know the rates of suicidal behaviour among some groups because demographic data on them is not collected. So some groups may have markedly higher rates of suicidal behaviour but we do not know about it or do not have robust data for it. For example, as the Mortality Collection and National Minimum Dataset does not record sexual orientation and gender identity, no national information is available on suicide rates and intentional self-harm hospitalisation rates for LGBTI and the Rainbow community.

Overview of potential areas for action

Below is a list of potential areas of action for everyone to focus on together. The next section explains each of these areas in more detail and gives examples of activities that reach area might include. These potential areas and the examples of activities are based on what people in communities, academics and clinicians have said are important, and on what research suggests can work.

Building positive wellbeing throughout people's lives

1. Support positive wellbeing throughout people's lives.
2. Build social awareness of and well-informed social attitudes to suicidal behaviour.
3. Encourage responsible conversations about suicidal behaviour and preventing suicidal behaviour.
4. Increase mental health literacy and suicide prevention literacy.[11]
5. Support and partner with communities to develop and carry out activities that help to prevent suicidal behaviour.

Recognising and appropriately supporting people in distress

6. Strengthen systems to support people who are in distress.
7. Build and support the capability of the workforces in the education, health and police sectors and in the wider justice and social sectors.

Relieving the impact of suicidal behaviour on people's lives

8. Strengthen systems to support whānau, families, friends and communities.
9. Strengthen and broaden collaboration among those working to prevent suicidal behaviour.
10. Strengthen systems for collecting and sharing evidence and knowledge about suicidal behaviour and for tracking our progress.

Explaining the potential areas for action

This section gives more information about each of the potential areas for action, how these areas can help prevent suicidal behaviour and examples of activities in each area.

[11] Mental health literacy is a person's knowledge and beliefs about mental disorders that help that person to recognise, manage or prevent those disorders. It includes knowing how to seek mental health information, knowing risk factors and causes, knowing how to maintain one's own mental wellbeing and having attitudes that promote recognition of mental disorders and appropriate help-seeking. Suicide prevention literacy is an individual's knowledge and beliefs about suicidal behaviours, what help is available and how to access help when needed.

1. Support positive wellbeing throughout people's lives

- Implement programmes and strategies to promote positive wellbeing at all life stages, including school-based programmes, online programmes, programmes for young people and programmes for older adults.
- Implement culturally responsive programmes and strategies including for Māori and for Pacific peoples.
- Provide parenting support to parents and whānau of children and young people.
- Build on policies, strategies and activities in other areas that can help to promote positive wellbeing, and to increase protective factors or reduce risk factors for suicidal behaviour.

How this can help: A wide range of factors contribute to making suicidal behaviour more or less likely. Initiatives that promote positive wellbeing across a person's life, but particularly in childhood and adolescence, can reduce risk factors and strengthen protective factors for suicidal behaviour.

Activities in this area could include:

- communities working together to establish age-friendly communities[12]
- considering suicide prevention when designing new buildings and bridges
- developing initiatives to address loneliness and social isolation, including among older people
- developing policies to promote protective factors and reduce risk factors for suicidal behaviour
- employers establishing positive wellbeing programmes and strategies for the workplace (eg, to prevent and deal with bullying in the workplace)
- helping children and young people to stay in education, employment or other training
- helping people develop better problem-solving skills (eg, through online tools)
- individuals, whānau, families and friends encouraging each other to participate in programmes and activities that can improve their wellbeing (eg, physical activity)
- implementing and extending wellbeing programmes in schools
- increasing access to parenting programmes for parents and whānau
- Māori leading programmes to promote positive wellbeing and address specific needs for Māori
- Māori taking a greater role in existing initiatives that promote wellbeing of Māori
- schools improving policies around preventing bullying and processes to deal with bullying if it does occur
- supporting small communities that lose a major employer or industry
- teaching healthy relationship skills in schools
- teaching money management skills in schools
- whānau, hapū and iwi helping to promote positive wellbeing.

[12] Age-friendly communities are communities that commit to physically accessible and inclusive social living environments that promote healthy and active ageing and a good quality of life, particularly for those in their later years.

2. Build social awareness of and well-informed social attitudes to suicidal behaviour

- Increase public awareness and knowledge of suicidal behaviour and positive wellbeing.
- Reduce stigma associated with suicidal behaviour.
- Reduce myths associated with suicidal behaviour.

How this can help: When society in general is aware of and well-informed about suicide, people's attitudes, perceptions and behaviours can change, and less stigma is linked with a smaller likelihood of suicidal behaviour. Cultures also differ in their views of suicidal behaviour and mental wellbeing generally. People in distress or people who have lost a loved one to suicide may find it more difficult to seek care and support when they live in a society with negative attitudes, perceptions and behaviour related to suicidal behaviour. Building public awareness of suicidal behaviour can encourage more people to seek and receive help when they need it and can lead to more supportive behaviour and attitudes towards people in distress.

Activities in this area could include:

- developing and sharing information around some of the common myths and why they are false
- partnering with Māori communities to build social awareness and well-informed social attitudes around suicidal behaviour in Māori communities
- running a campaign to reduce the stigma around suicidal behaviour
- running a social marketing campaign to raise awareness of the signs of distress.

3. Encourage responsible conversations about suicidal behaviour and preventing suicidal behaviour

- Promote responsible conversations around suicide and suicidal behaviour.
- Encourage the media to take a responsible approach to reporting on and representing people in distress and suicidal behaviour.

How this can help: There has been a stigma around suicidal behaviour. In particular, many have believed that people cannot talk about suicide or matters related to suicidal behaviour because it might lead to further suicidal behaviour. Because of this, people in distress or people who have lost a loved one to suicide may find it more difficult to seek care and support. Encouraging responsible conversations can help to reduce stigma and increase the number of people seeking help when they need it.

Activities in this area could include:

- encouraging media to report responsibly on suicidal behaviour (eg, by reporting on stories of people who overcame suicidal thoughts and attempts)
- providing individuals and whānau with information about how to helpfully talk to someone who they are worried might be thinking about suicide
- supporting individuals and whānau to talk about suicide and preventing suicidal behaviour in a responsible way
- teaching parents and whānau how to have safe conversations about suicidal behaviour with their children and other whānau members.

4. Increase mental health literacy and suicide prevention literacy

- Increase the mental health literacy and suicide prevention literacy within communities.
  - Expand mental health literacy and suicide prevention literacy in Māori communities.
  - Expand mental health literacy and suicide prevention literacy in Pacific communities.
- Increase mental health literacy and suicide prevention literacy among frontline workforces who are likely to be in contact with people in distress.
- Increase the mental health literacy and suicide prevention literacy of individuals.

How this can help: Research has shown that people's health literacy – their knowledge and beliefs about health – is strongly linked to their health status. At some stage in their lives most New Zealanders will come into contact with whānau, family or friends experiencing mental distress or suicidal behaviour, or they will experience mental illness or suicidal behaviour themselves. People want to help others and themselves to become and remain mentally well, but they may not always know how. With better mental health literacy and suicide prevention literacy, people will know more about how to improve mental; health and wellbeing, how to prevent suicidal behaviour and how to access care and support. As a result, people in distress will be more likely to be able to access appropriate care and support when they need it.

Activities in this area could include:

- communities organising community meetings where a suitably qualified speaker talks about positive wellbeing, mental health or suicide prevention
- employers providing frontline staff with training in mental health literacy or suicide prevention literacy
- employers training managers to recognise when their staff may be distressed and how to support them
- implementing a mental health literacy or suicide prevention literacy training programme in Māori communities that is culturally responsive
- implementing a mental health literacy training programme in schools
- individuals and whānau learning to recognise and support individuals in distress
- promoting system change to increase mental health literacy and suicide prevention literacy of individuals, families and whānau.

5. Support and partner with communities to develop and carry out activities that help to prevent suicidal behaviour

- Build community capacity for suicide prevention.
- Build Māori leadership in suicide prevention.
- Build Pacific leadership in suicide prevention.
- Provide access to sources of funding to support or extend community initiatives to prevent suicide.
- Support communities after suicidal behaviour.
- Build community connectedness and safety.

How this can help: Communities play a key part in individuals achieving good health and wellbeing as well as in achieving pae ora (healthy futures). Community leadership helps enable people and communities to improve their wellbeing.

Activities in this area could include:

- councils and businesses providing spaces for communities or community groups to meet
- individuals, whānau and communities contributing to developing and implementing district health board suicide prevention action plans
- people being more involved in their communities (eg, by volunteering for local organisations, churches or sports clubs, or by mentoring young people)
- providing information to schools on how to help prevent bullying and how to deal effectively with bullying if it does occur
- whānau, hapū or iwi leading activities to prevent suicidal behaviour in their communities
- working with Māori to develop culturally responsive activities to prevent suicidal behaviour
- working with Pacific families and communities (eg, churches) to build leadership in suicide prevention
- working with whānau, hapū, iwi and communities to build leadership in suicide prevention.

6. Strengthen systems to support people who are in distress

- Make sure people in distress can get timely access to culturally appropriate care and support.
- Make sure mental health service users can get timely access to culturally appropriate care and support.
- Make available culturally appropriate and timely follow-up and support for individuals after a suicide attempt or self-harm, including for:
  - Māori
  - Pacific peoples.

How this can help: Having timely access to appropriate and relevant care and support can reduce the risk of suicidal behaviour. So it is important to have systems in place to care for and support people in distress. Care and support can come from a range of sources, including whānau, family, friends, churches, communities and government agencies.

Activities in this area could include:

- changing the opening hours of services that provide care or support to people in distress so that they are open when people need them
- developing apps to help people in distress to navigate services
- developing e-therapies and increase access to e-therapies
- developing online resources to help support people in distress
- encouraging emergency department staff to consistently follow best-practice guidance on caring for people who present to emergency departments as being at risk of suicide
- encouraging services to adopt trauma informed care[13] to help people who have experienced repeated, chronic or multiple traumas
- expanding the peer support workforce
- making sure people are able to access appropriate services and support no matter where they live
- partnering with Māori led services to care for and support Māori who are in distress
- promoting ways to restrict access to means of suicide among people who are in distress
- providing accessible and culturally appropriate information about where people in distress can go for care and support
- providing telehealth services
- supporting people with alcohol and other drug problems
- training community members to identify and support individuals in distress and refer them to services that can help.

[13] Trauma informed care is a treatment framework that involves understanding, recognising and responding to the effects of all types of trauma.

7. Build and support the capability of the workforces in the education, health and police sectors and in the wider justice and social sectors

- Build the capability of the workforces in the education, health and police sectors and wider justice and social sectors to respond to people in distress, including after suicidal behaviour.
  - Build the capacity and capability of the Māori workforces.
  - Build the capacity and capability of the Pacific workforces.
- Build the capability of the primary-level workforce to respond to people in distress, including after suicidal behaviour (eg, for those who work with children and young people, such as school nurses and guidance counsellors).
- Provide regular training and refresher courses for key frontline workforces.
- Provide supports to improve workforce retention and staff wellbeing.

How this can help: Workforces in the education, health, police and wider justice and social sectors are typically at the front line, providing care and support to people in distress, and their whānau, families and friends. With improved capability, staff can better recognise individuals in distress, and provide better quality and more timely care and support to those individuals and their whānau, families and friends.

Activities in this area could include:

- providing suicide prevention training to paramedics
- providing suicide prevention training to reception staff at health, justice and social services
- supporting capability and capacity development of the Māori workforce
- supporting teachers and schools to respond to students in distress and after suicidal behaviour
- training new police recruits and frontline police officers to respond to people who are in distress or at risk of suicide
- training teachers to talk to and support students who are in distress or who have been impacted by suicidal behaviour
- training Work and Income staff to respond to people who are at risk of suicide.

8. Strengthen systems to support whānau, families, friends and communities

- Make available culturally appropriate support for whānau, families, friends and communities who are supporting a person in distress.
- Make available culturally appropriate support for whānau, families, friends and communities after suicidal behaviour in their whānau, family or peer group.

How this can help: Whānau, families, friends and communities can be among the key sources of care and support for people in distress. Supporting whānau, families, friends and communities so that they can care for and help people in distress can help to give people in distress timely access to culturally appropriate care and support.

Activities in this area could include:

- communities providing support to their members who are supporting loved ones in distress
- establishing a peer support group for people and whānau bereaved by suicide
- partnering with whānau, hapū and iwi to develop systems to strengthen support for whānau and friends
- providing guidance for whānau, families and friends who are supporting someone who has ongoing suicidal behaviour
- providing specialist practical and emotional support to whānau, families and friends of those bereaved by suicide
- providing support to communities experiencing suicide clusters[14] or suicide contagion[15]
- providing support to facilitators of peer support groups.

[14] A suicide cluster is when multiple suicides or suicide attempts, or both, occur closer together in time, geography, or through social connections, than would normally be expected for a given community.

[15] Suicide contagion is when one suicide influences others to attempt suicide.

9. Strengthen and broaden collaboration among those working to prevent suicidal behaviour

- Better integrate the work of and strengthen the links between individuals, whānau, communities, services, agencies and organisations.
- Increase information sharing between individuals, whānau, communities, services, agencies and organisations.

How this can help: When services, agencies and organisations do not collaborate with each other and individuals, whānau and communities, gaps in services and support can result, meaning that some people do not receive the care and support they need. It can also lead to some duplication of services. Strengthening and broadening collaboration can create more efficient, seamless care and support for people in distress, and the people around them.

Activities in this area could include:

- government agencies and non-governmental organisations working together to remove gaps in services and support for people in distress
- government agencies working together to make sure people can more seamlessly between services (eg, from corrections to health services)
- linking and promoting collaboration with Whānau Ora providers
- psychologists and counsellors partnering with local schools to increase access to psychological support for young people
- working with whānau, hapū and iwi to make sure services take account of diverse Māori realities.

10. Strengthen systems for collecting and sharing evidence and knowledge about suicidal behaviour and for tracking our progress

- Improve the approach to collecting data and recording suicide attempts.
- Improve understanding of how to prevent suicidal behaviour in New Zealand, particularly among:
  - Māori
  - Pacific peoples
  - young people
  - LGBTI and Rainbow community.
- Make better use of existing data about suicide prevention.
- Share information about suicide prevention more widely.
- Make culturally appropriate and locally relevant information, support, tools and resources related to suicide prevention readily available to whānau, families and friends when they need it.

How this can help: More information on suicidal behaviour can help us better understand suicidal behaviour in New Zealand and how we can best prevent it.

Activities in this area could include:

- conducting robust evaluations of activities aimed at preventing suicidal behaviour
- developing a hub of best-practice information about preventing suicidal behaviour
- doing culturally appropriate research with a diverse range of ethnic groups (eg, diverse Pacific groups including those born in New Zealand and recent migrants)
- individuals, whānau, families and friends participating in evaluations, surveys and research related to preventing suicidal behaviour
- Māori leading research on preventing suicidal behaviour among Māori
- monitoring the impact of the strategy on preventing suicide in New Zealand
- producing a dashboard of measures and indicators showing progress on preventing suicidal behaviour
- researchers sharing findings from their research on suicide prevention in a publicly accessible format
- sharing evidence and knowledge with and between whānau, hapū and iwi
- using standardised forms to collect data on suicidal behaviour
- using the Integrated Data Infrastructure to build information about how to prevent suicidal behaviour in the future and which population groups to target support for first.

Keeping track of progress

It is important to track our progress with preventing suicidal behaviour in New Zealand. This information can tell us about whether we are making a difference, what we need to change and what we can do better in the future.

Once the final strategy is in place, we want to see suicide rates going down to lower than they are now. However, changes in suicide rates may not happen quickly. Some suicide prevention activities will take time to have an impact. This means we need to look at more than just the suicide rate to find out about how we are progressing. Looking at other measures can also give us a better understanding of why we make the progress we do.

Government agencies will monitor the impact of activities to prevent suicide in New Zealand. This will involve looking at the impact on all people as well as on specific groups within the population who experience comparatively higher rates or numbers of suicide.

Government agencies will lead the development of clearly defined outcomes and indicators to provide us with more information on the levels of progress. Where possible, they will publicly report on the outcomes and indicators each year. They will also monitor and report on those outcomes and indicators for different groups in the population. This includes groups based on age, ethnicity and gender.

The proposed outcomes and indicators include:

- the number and rate of suicides[16]
- the number and rate of intentional self-harm hospitalisations
- the number and rate of suicide attempts
- the number and rate of people who are hospitalised for intentional self-harm more than once in the same year
- housing security
- financial security
- employment participation
- education participation
- mental health
- physical health
- social and cultural connection
- wellbeing and respect
- trends in all of the above outcomes and indicators over time.

Government agencies already measure and report on some of the proposed outcomes and indicators. For the others, government agencies will need to develop appropriate measures and ways of routinely collecting the information.

[16] A rate is the number per 100,000 people in the population. For example, the suicide rate is the number of suicides per 100,000 people in the population.

Government agencies will, where possible, evaluate activities they fund from the time those activities begin. This will help build information about what is working and why. They will also put in place outcomes based performance measures for the suicide prevention activities. These performance measures will relate to:

- how many instances of each activity or function are provided
- how well each activity or function is provided
- whether anyone is better off as a result of the activity or function provided.

Appendix 1: Policies and activities related to preventing suicidal behaviour

Examples of policies and activities that sit alongside preventing suicidal behaviour are:

- Better Public Services
- bullying prevention
- Ministerial Group on Family Violence and Sexual Violence Work Programme
- the *New Zealand Health Strategy*[17]
- the Ministry for Vulnerable Children, Oranga Tamariki (previously Child, Youth and Family)
- Positive Behaviour for Learning (PB4L)
- work to improve mental health and wellbeing
- Whānau Ora.

Better Public Services

Better Public Services is about government agencies working together and with communities to deliver better public services. Some areas it focuses on are improving support for vulnerable children, boosting skills and employment, reducing crime and reoffending, and reducing welfare dependency. Improvements in these areas contribute to reducing the risk of suicidal behaviour. Preventing suicidal behaviour can also contribute to improvements in these areas. The ways of working in Better Public Services and in preventing suicidal behaviour are also consistent in that they both involve government agencies working together and with communities.

Bullying prevention

The Bullying Prevention Advisory Group is a collaboration of 17 agencies (including government agencies) committed to working together to reduce bullying in New Zealand schools. The group includes representatives from the education, health, justice and social sectors, as well as internet safety and human rights advocacy groups. Through its activities that support schools to create safe, positive environments that reduce bullying and improve student wellbeing and achievement, the group helps to improve wellbeing and prevent suicidal behaviour.

Ministerial Group on Family Violence and Sexual Violence Work Programme

The Ministerial Group on Family Violence and Sexual Violence Work Programme is a cross-government work programme that is implementing a range of initiatives to prevent violence, reduce the harm it causes, and break the cycle of re-victimisation and re-offending.

[17] Minister of Health. 2016. *New Zealand Health Strategy: Future direction*. Wellington: Ministry of Health.

The work programme is also focused on improving and co-ordinating existing services. The Minister of Justice and the Minister for Social Development jointly lead the Ministerial Group that provides leadership and oversight of the work programme.

Reduced violence and offending will contribute to preventing suicidal behaviour, while preventing suicidal behaviour in turn can involve initiatives that can make family violence and sexual violence less likely.

New Zealand Health Strategy

The *New Zealand Health Strategy* describes the vision for the health system as: 'all New Zealanders live well, stay well, get well'. Achieving this vision will help reduce suicidal behaviour.

Other strategies associated with the *New Zealand Health Strategy* include *He Korowai Oranga*, the Māori Health Strategy, *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing* and the *Healthy Ageing Strategy*. All of these strategies also contribute to preventing suicidal behaviour. For example, *He Korowai Oranga* sets the framework for guiding the achievements of the best health outcomes for Māori and has as its overarching aim 'Pae Ora – healthy futures'.[18] Action taken under *He Korowai Oranga* is one way the health system recognises and respects the principles of the Treaty of Waitangi.

The approach of this draft strategy is in line with and has been shaped by the five strategic themes of the *New Zealand Health Strategy*.

How this draft strategy fits with the strategic themes of the New Zealand Health Strategy

- People-powered – this draft strategy recognises that preventing suicidal behaviour requires everyone to be informed, involved and work together, from developing and designing activities and services to implementing them. It also recognises that for people to be informed, we need to focus on improving health literacy.
- Closer to home – this draft strategy strongly emphasises preventing suicide across a person's life, providing support in communities and to whānau, addressing people's needs and providing services that are culturally appropriate.[19]
- Value and high performance – areas that this draft strategy focuses on include achieving equity through reducing suicide rates for all people, preventing suicidal behaviour throughout people's lives rather than undertaking more costly interventions when suicidal behaviour has occurred, and evidence-informed cross-government and community activities.
- One team – this draft strategy recognises that everyone needs to work together more towards a common goal and provide integrated services and support that meet the needs of the people they are intended for.
- Smart system – developing smart systems to collect, coordinate and share information to support future suicide prevention efforts.

[18] Minister of Health. *He Korowai Oranga, New Zealand's Māori Health Strategy*. URL: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga (accessed 9 March 2017).

[19] Culturally appropriate services provide high-quality care and are responsive. To provide such services, the workforce must be culturally competent.

The Ministry for Vulnerable Children, Oranga Tamariki

The Government's new vulnerable children's entity, the Ministry for Vulnerable Children, Oranga Tamariki (Oranga Tamariki), has responsibility for working with others to improve the long term wellbeing of vulnerable children and young people. Oranga Tamariki is concerned with prevention and early intervention, as well as better supporting children and young people in care including when they transition out of care, and the youth justice system. A focus on intervening earlier to ensure children and young people and their families receive the support they need is intended to improve the wellbeing of children and young people and will help reduce suicidal behaviour.

Positive Behaviour for Learning (PB4L)

The Ministry of Education leads the Positive Behaviour for Learning approach, which consists of a range of initiatives to help address problem behaviour, improve children's wellbeing and increase educational achievement. Making these changes will increase wellbeing and so help reduce suicidal behaviour.

Work to improve mental health and wellbeing

Many of the key approaches to improving mental health and wellbeing and addressing alcohol and other drug issues and problem gambling are also key to preventing suicidal behaviour. Examples of current work around mental health and wellbeing includes activities as part of the Prime Minister's Youth Mental Health Project (which aims to improve the mental health and wellbeing of young people), National Drug Policy and Rising to the Challenge (the Mental Health and Addiction Service Development Plan 2012–2017).

Whānau Ora

Whānau Ora is an innovative cross-government initiative which devolves delivering Whānau Ora services to community-based commissioning agencies. It aims to improve outcomes by supporting whānau to identify and drive their own solutions to challenges they are experiencing. The approach to preventing suicidal behaviour in this draft strategy includes elements that aim to support whānau to develop their own ways to prevent suicidal behaviour.

Your feedback

Government agencies welcome your thoughts and feedback on this draft strategy which outlines the proposed direction to prevent suicide in New Zealand. Your feedback is vital to help agencies develop the final strategy to prevent suicide.

How to provide feedback

You can provide feedback by:

- making a written submission using the form below (note: you can download this form at www.health.govt.nz/publication/strategy-prevent-suicide-new-zealand-draft-public-consultation or complete the form online)
- making a written submission in your preferred format
- attending a discussion about the draft strategy to prevent suicide in New Zealand.

You can email written submissions to suicideprevention@moh.govt.nz or mail a hard copy to:

Suicide Prevention Strategy Consultation
Ministry of Health
PO Box 5013
Wellington 6140.

If you are emailing your submission in PDF format, please also send us a version in Word format.

Publishing submissions

We may publish all submissions, or a summary of submissions on the Ministry of Health's website, unless you have asked us not to. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information. You can also choose to have your personal details withheld if your submission is requested under the Official Information Act 1982.

Closing date for submissions

The closing date for submissions and feedback on the draft strategy is **Monday 12 June 2017.**

Information about the person/organisation providing feedback

You are encouraged to fill in this section. The information you provide will help government agencies analyse the feedback. However, your submission will be accepted if you do not fill in this section.

This submission was completed by: *(name)* _____

Address: *(street/box number)* _____

(town/city) _____

Email: _____

Organisation *(if applicable)*: _____

Position *(if applicable)*: _____

This submission *(tick one box only)*:

☐ comes from an individual or individuals (not on behalf of an organisation nor in their professional capacity)

☐ is made on behalf of a group or organisation(s).

Please indicate which sector(s) your submission represents (*you may tick more than one box)*:

☐ Māori
☐ Pacific
☐ Asian
☐ Education/training provider
☐ Service provider
☐ Non-governmental organisation
☐ Primary health organisation
☐ Academic/researcher
☐ Regulatory authority
☐ Member of the public (eg, consumer)
☐ District health board
☐ Local government
☐ Government
☐ Union
☐ Professional association
☐ Other *(please specify)*:

Privacy

We may publish all submissions, or a summary of submissions on the Ministry's website. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information.

If you do not want your submission published on the Ministry's website, please tick this box:

☐ Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act. If you want your personal details removed from your submission, please tick this box:

☐ Remove my personal details from responses to Official Information Act requests.

If your submission contains commercially sensitive information, please tick this box:

☐ This submission contains commercially sensitive information.

Consultation questions

The following questions regarding '*A Strategy to Prevent Suicide in New Zealand: Draft for public consultation*' (the draft strategy) are designed to help you in writing your feedback on the draft strategy. You are welcome to include or cite supporting evidence in your submission.

We also welcome any other feedback on the draft strategy to prevent suicidal behaviour, or more generally any ideas on preventing suicidal behaviour in New Zealand.

Pathways

1. The three proposed pathways are (see page 9 in the draft strategy document):
   - building wellbeing throughout a person's life
   - recognising and appropriately supporting people in distress
   - relieving the impact of suicidal behaviour.

   What do you think about these pathways? Do you have any comments or suggestions about these pathways?

Prioritising actions

2. The section on 'Turning the shared vision into action' describes 10 potential areas for action (see pages 10–12 in the draft strategy).

   Do you think these are the right areas for action to prevent suicide (eg, are any areas missing; are the areas identified the most important areas)?

3. Which areas for action do you think are the most important ones to focus on first?

4. Which activities within these action areas do you think are the most important ones to focus on first?

Other views, comments or information

5. Do you have any other views, comments or information related to the draft strategy or preventing suicidal behaviour more generally?

Thank you for taking the time to provide feedback.