MINISTRY OF HEALTH
MANATŪ HAUORA

No.1 The Terrace
PO Box 5013
Wellington 6145
New Zealand
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Mr Josh Martin
fyi-request-550-c725fl7f@requests.fyi.org.nz

Dear Mr Martin

Thank you for your email of 12 September 2012 to the Ministry of Social Development requesting information under the Official Information Act 1982. The Ministry of Social Development partially transferred your request to the Ministry of Health on 1 October 2012. You asked for all information between January 2009 and the present (interpreted as 12 September 2012) on the prevention of youth suicide, specifically recent advice to the Minister of Health on the success of suicide prevention strategies. You also asked for communication to the Minister of Health on plans, improvements and proposed policy, which could lower the teen suicide rate in New Zealand.

Please find enclosed information that falls within your request. Some information included in these documents has been withheld under section 9(2)(a) of the Act to protect the privacy of natural persons.

Document to be released	**Deletions**
Health Report 20111211 to Hon Tony Ryall: 'Report to Prime Minister – Setting the Direction on Youth Mental Health' received 3 October 2011.	Document released in full.
Health Report 20100457 to Hon Peter Dunne, Associate Minister of Health: 'Visit to Skylight premises in Newtown and meeting with Chief Executive' received on 8 April 2010.	Deletions made under section 9(2)(a) to protect the privacy of natural persons.
Health Report 20111046 to Hon Peter Dunne, Associate Minister of Health: 'Youth Suicide Prevention Programmes' received on 31 August 2011.	Deletions made under section 9(2)(a) to protect the privacy of natural persons.
Health Report 20120317 to Hon Tariana Turia, Associate Minister of Health: 'Launch of Kawerau Suicide Prevention Action Plan' received on 27 March 2012.	Deletions made under section 9(2)(a) to protect the privacy of natural persons.
Excerpt from Health Report 20111184, to Hon Jonathan Coleman, Associate Minister of Health: 'Information for Prime Minister's visit to Wairarapa District Health Board to discuss recent youth suicides'.	The remainder of the document was deleted as it is outside the scope of the request.

The following documents have been withheld under section 9(2)(f)(iv), which relates to maintaining constitutional convention and protecting the confidentiality of advice tendered by Ministers and officials. These documents relate to policy work that is still under active consideration.

Document withheld	Reason for being withheld
Health Report 20120923 to Hon Tariana Turia, Associate Minister of Health: 'Supporting Communities to Help Prevent Suicide: Budget 2012 funding' received on 9 July 2012	Withheld under section 9(2)(f)(iv), to maintain constitutional convention and protect the confidentiality of advice tendered by Ministers and Officials.
Advice to Hon Peter Dunne, Associate Minister of Health: Suicide Prevention Action Plan 2013–2016: Key Themes and Action Areas, 2 May 2012	

The following reports are publicly available and relate to your request.

- New Zealand Suicide Prevention Strategy 2006–2016. Minister of Health. (www.health.govt.nz/publication/new-zealand-suicide-prevention-strategy-2006-2016).
- New Zealand Suicide Prevention Action Plan 2008–2012: The Summary for Action. Ministry of Health. (www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2008-2012).
- New Zealand Suicide Prevention Action Plan 2008–2012: The Evidence for Action. Ministry of Health. (www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2008-2012).
- New Zealand Suicide Prevention Action Plan 2008–2012 Report on Progress: Year One. Ministry of Health. (www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2008-2012-report-progress-year-one).
- New Zealand Suicide Prevention Action Plan 2008–2012 Report on Progress: Second Progress Report. Ministry of Health. (www.health.govt.nz/publication/suicide-prevention-action-plan-2008-2012-second-progress-report).
- The New Zealand Injury Prevention Outcomes Report – June 2012. The New Zealand Injury Prevention Secretariat. (nzips.govt.nz/documents/nzips-outcome-report-june-2012-v2.pdf).

You have the right under section 28(3) of the Official Information Act 1982 to ask the Ombudsman to investigate and review my decision on this request.

Yours sincerely

Don Gray
Deputy Director-General
Policy Business Unit

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report number: 20111211

Action required by: routine

File number: PP50-05-1-3

To: **Hon Tony Ryall, Minister of Health**
Hon Tariana Turia, Associate Minister of Health
Hon Peter Dunne, Associate Minister of Health
Hon Dr Jonathan Coleman, Associate Minister of Health

Report to Prime Minister – Setting the Direction on Youth Mental Health

Executive summary

i. This briefing provides information for your meeting with the Prime Minister on 6 October 2011, to discuss the Department of Prime Minister and Cabinet (DPMC) cross-government initiative on youth mental health.

ii. The briefing provides a summary of the draft *Setting the Direction on Youth Mental Health* report, the process for its development, and information on related work.

iii. The report discusses:

   a. the current issues facing youth

   b. what research and evidence shows are good approaches for addressing mental health issues in youth

   c. what an effective and comprehensive system needs to address

   d. the current approach and where there are gaps

   e. areas of further focus to improve youth mental health

iv. The Ministry is satisfied that the report represents a good analysis of the issue, with the proposed areas of focus likely to have a positive impact in the youth mental health area.

v. There are no recommendations arising from this briefing.

Margie Apa
Deputy Director-General
Sector Capability and Implementation

Minister's Signature:

Date: 04 10 11

Ministry of Health Contacts:

Pat Tuohy Chief Advisor, Child and Youth Health		Memo Musa Acting Manager, Mental Health and Addiction Programmes	
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Background

1. The Prime Minister directed DPMC to coordinate a cross-government approach to preventing and improving youth mental health. The Prime Minister's Chief Science Advisor, Professor Sir Peter Gluckman, highlighted the risks facing this group in his May 2011 report *Improving the Transition; Reducing Social and Psychological Morbidity during Adolescence* ('*Improving the transition*').
2. Terms of reference and a project group were established involving TPK, Treasury and the Ministries of Health, Education and Social Development. A DPMC led interagency steering group was also established with senior representatives from the above agencies.
3. Prior to the development of the draft *Setting the Direction on Youth Mental Health* report ('the report'), a stocktake process was undertaken by all agencies of programmes providing services for those aged 13 – 19 years, with a focus on mental health, conduct disorder, alcohol and other drug use and youth development programmes. A review of the evidence for programmes / approaches to addressing youth mental health was also undertaken.
4. The information collected from the stocktake and review of the evidence has been used to develop an overview of the issue and provide proposals for further focus in the direction setting report attached.

Themes from the paper

5. The paper identifies a range of issues facing young people as they make the transition through adolescence, including high rates of mental health problems, low rates of treatment and barriers to accessing services.
6. The issues identified in the paper can be broadly grouped into the following points:
   a. There is a lack of evidence of effectiveness and cost-effectiveness of a significant proportion of programmes currently being implemented
   b. More emphasis on wellness, resilience and prevention activities is needed
   c. Earlier identification of mental health problems in young people is required
   d. Services for young people are not prioritised and accessibility of services is an issue
   e. The system is fragmented across multiple agencies and providers
   f. There is a lack of dedicated Maori and Pacific services
   g. There are gaps in workforce capacity and capability
   h. There is a lack of ongoing evaluation and monitoring of services.
7. The current lack of treatment for young people is noted as a lost opportunity, given that mental health problems respond well to treatment. Untreated, mild mental health problems can become more serious, leading to life-long impacts for both individuals and society.
8. The paper proposes further focus on improving access to services at both primary and secondary level, increasing the focus on youth in primary care and ensuring that there are good follow-up systems in place.

What is the fit with other work?

9. Some of the priorities in the Mental Health and Addiction Action Plan 2010, released in August 2010, appear to fit well with the DPMC report, especially the focus on positive parenting advice and better access to effective interventions for children with conduct or behavioural problems.

New Service Development Plan for Mental Health and Addictions

10. A new service development plan for mental health and addictions is due to be completed by 30 November 2011. It is designed to provide guidance to DHBs in the planning, funding and provision of mental health and addiction services by setting out key service principles, priorities and directions for mental health and addiction services. There is an opportunity to reflect the recommendations resulting from the DPMC work in the new service development plan.

Suicide prevention

11. The NZ Suicide Prevention Action Plan 2008-2012 (which is an all-age action plan[1]) is to be refreshed during 2011/12. There is an opportunity to incorporate the relevant findings from the DPMC work to provide a greater focus on young people in the refreshed plan. The DPMC report focuses on wellness and prevention, targeting and supporting those at risk, and treating those who need it. This is consistent with approaches taken in addressing youth suicide.

Blueprint funding

12. 2010/11 Blueprint funding was allocated predominantly to child and youth mental health and addiction programmes.

13. The majority of the 2011/12 Blueprint funding will go to youth forensic services. If Blueprint funding continues into the future, it would be possible to target priorities identified through the DPMC project work. Work on developing a new Blueprint is currently underway by the Mental Health Commission. A governance group has been established to ensure consistency across the Blueprint review and the service development plan for mental health.

Increasing access to youth AOD services

14. A separate health report was prepared [HR 20111155] on options for increasing access to youth AOD services, recommending that $2m per annum be allocated from the $10m per annum from the alcohol excise tax[2] to provide youth AOD services and associated workforce development and service evaluation.

Issues for further consideration

15. It is likely that the focus on earlier identification and preventative work will mean a greater focus on youth focussed primary care including an expansion of "youth friendly" primary services across Youth One Stop Shops and school health services, and lifting PHO responsiveness to youth.

16. Given the lack of evidence for effectiveness identified for a range of programmes, a process of reviewing the viability and effectiveness for a range of currently funded programmes may be required.

17. Many of the youth programmes considered by the DPMC project are provided by other government agencies including Education, Social Development and Justice. Some services

[1] In 1998 the NZ Youth Suicide Prevention Strategy was released. This was replaced in 2006 by an all-age suicide prevention strategy, recognising that 75 percent of suicides occur in those over the age of 24. The current all-age strategy includes young people, but does not have a specific section or dedicated focus on that age group. The majority of youth suicide prevention programmes established under the NZ Youth Suicide Prevention Strategy were extended after 2006 to become all-age programmes.

[2] In July 2011 Cabinet agreed to commit an additional $10m per year from the alcohol excise revenue towards increasing AOD assessments and interventions and associated training activities across justice and health settings as part of the Addressing Drivers of Crime work programme [CAB Min (11) 25/2].

are provided across agency boundaries. To successfully implement an interagency approach, it is essential that:

a. other government agencies accept the impact they have on mental health and addictions
b. other government Ministers accord this work a high priority
c. better ways of working together across agencies are incorporated into the implementation and change process.

18. Involvement of clinical leaders across the sector and engagement with key stakeholders, including young people and their families, will be required for successfully addressing gaps in the system and better achieving better outcomes for young people.

Minister's feedback on quality of report				
Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Very Good (5)

END.

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report number: 20100457

Action required by: routine

Date sent to Minister: - 8 APR 2010

Minister's reference: BR10-010

File number PP50-05-1-1-3

To: Hon Peter Dunne

cc: Hon Tony Ryall

Title: Visit to Skylight premises in Newtown and meeting with Chief Executive – Bice Awan on Tuesday 13 April 2010 at 11am

Executive summary

1. You have accepted an invitation to visit Skylight Trust's Wellington office on Tuesday 13 April and meet with the Chief Executive, Bice (pronounced bish-ee) Awan, to learn about their work.

2. Skylight is a not-for-profit national organisation which provides counselling and support services for children, young people and their families impacted by change, loss and grief.

3. They also deliver a school-based programme called Travellers under contract to the Ministry of Health as part of the suicide prevention programme. Skylight has concerns about current funding levels, and Ms Awan may raise these concerns with you.

4. No decision or action is required.

Janice Wilson (Dr)
Deputy Director General
Population Health

Minister's Signature
Date: 9.04.10

Ministry of Health Contacts:

Arawhetu Peretini Group Manager, Mental Health		Portfolio Manager, Public Health Group	
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s9(2)(a)

Advice

1. You have accepted an invitation to visit Skylight Trust's Wellington office on Tuesday 13 April and meet with the Chief Executive, Bice Awan, to learn about their work.

Skylight Trust

2. Skylight is a national not-for-profit organisation established in 1998, funded by donations, sponsorship, grants, and a Ministry of Health contract. Patrons are Kerry Prendergast, Mayor of Wellington, Dame Kate Harcourt, Dame Cath Tizard and Judge Mick Brown.

3. Skylight's mission is "to be the leading provider of support for children, young people and their families impacted by change, loss and grief – actively providing specialised services, partnering with other agencies where appropriate, to provide high quality counselling, professional development, resources and information services to meet their needs".

4. Skylight offers:

   (a) A counselling service for children and young people in the Wellington region;

   (b) Support groups for children and young people who have been bereaved, suffered a family break-up, or have a family member with mental illness; and for young adults and adults affected by suicide;

   (c) Resources (online/print) to help families support their at-risk children and young people

   (d) The Travellers programme in high schools (throughout NZ), funded by the Ministry of Health.

5. Skylight also supports professionals and community groups who work with young people by providing resources, information, training and professional support.

6. Skylight management have been expressing concern about their funding from 1 July this year, as all suicide prevention programmes have been subject to the Ministry's 'line by line' review. By the time you meet with her, Ms Awan will have been informed that funding will be continuing. However there will not be an increase in their contract price, which has also been an issue for Skylight and they may raise this matter with you.

Travellers

7. The Ministry contracts Skylight to deliver the Travellers programme as part of the suicide prevention programme budget. The contract price is $323,000 (GST exclusive) per annum. The programme is run in up to 100 secondary schools around the country.

8. Travellers is a programme for young people in their first year of secondary school. It targets young people who have low self-esteem, and those who have been experiencing emotional distress or stressful life-changing events. The programme uses evidence-based cognitive behavioural approaches to teach participants how to cope with change, loss and transition, and to build their resilience and self-esteem.

9. Skylight staff work in schools to train teachers, guidance counsellors and other school staff to deliver the programme, which is then implemented by the schools themselves. Schools pay a small fee which goes towards further development of the programme.

10. The evaluation of the pilot phase run in Northland and Auckland indicated that the programme was effective in early identification of young people at risk, and that it achieved a significant reduction in participants' distress.

Relations with the Ministry and the health sector

11. Skylight maintains good relationships with the Ministry of Health and has good links within mental health and suicide prevention sectors and at a community level. The Ministry regards Skylight as a high quality provider delivering sound, evidence-based programmes.

12. Chief Executive Bice Awan is also a Mental Health Commissioner.

Minister's feedback

	Very poor	Poor	Neutral	Good	Very Good
Quality of advice	1	2	3	(4)	5
Writing style	1	2	3	(4)	5
Quality of analysis	1	2	3	(4)	5
Completeness of information	1	2	3	(4)	5

Comment

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report number: 20111046

Ministry of Health
31 AUG 2011
DISPATCHED

Action required by: routine

File number: PP50-05-1-1

To: Hon Peter Dunne

cc: Hon Tony Ryall, Hon Jonathan Coleman

Title: Youth Suicide Prevention Programmes

Executive summary

i. This paper briefs you on current programmes targeted at young people that contribute to suicide prevention. There are no recommendations associated with this briefing.

ii. New Zealand's youth suicide rates are amongst the highest of all OECD[1] countries. Suicide rates for all-ages are around the OECD median.

iii. Youth suicide prevention services and programmes are provided through:
   - Health services including: Child and Adolescent Mental Health and Addiction (CAMHS) services in all District Health Boards (DHBs); suicide prevention in emergency departments; child and youth drug and alcohol services; primary care services and 'one-stop-shop' youth services.
   - Youth specific programmes including: the "Lowdown" website; programmes for young people in school/community/care settings including associated training for suicide prevention.
   - All-age programmes including: suicide postvention services; Kia Piki te Ora suicide prevention programmes and suicide prevention co-ordinators.

iv. A number of recent NZ research projects have been finalised which will assist in informing policy development and good practice youth suicide prevention programmes.

v. The large majority of health funded suicide prevention services and programmes (including training programmes for frontline staff) are based on rigorous review of best practice literature, but few have been evaluated in the New Zealand setting.

vi. There are opportunities for improvement in suicide prevention for youth including increasing the focus on young people in primary mental health initiatives, continuing to increase access rates to specialist CAMHs services and strengthening the all-age Suicide Prevention Action Plan to have a greater focus on youth. The main thrust for improved prevention and treatment services is most likely to come from the work being led by the Department of Prime Minister and Cabinet on improving prevention and treatment services for young people with, or at risk of mental health problems.

MP Name: Margie Apa
Designation: Deputy Director General
Sector Capability and Innovation

Date: 1.09.11

Ministry of Health Contacts:

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9(2)(a)

[1] Organisation for Economic Co-operation and Development

Advice

Background

1. This briefing provides a description of suicide prevention programmes targeted at young people that contribute to suicide prevention. Work is also underway on two reports that will provide more detailed information. These are:
   - a second update on progress against the NZ Suicide Prevention Action Plan 2008-2012 which will update progress against the actions and describe any new programmes or significant change to those in the first report
   - a mapping, stock-take and critique of current programmes which is planned as part of the policy work being led by the Department of Prime Minister and Cabinet (DPMC) on improving prevention and treatment services for young people with, or at risk of mental health problems[2].
2. The rate of suicide amongst youth (aged 15-24) decreased by 35.4 percent between 1995 and 2008. However, even with this decrease, NZ's rates are still amongst the highest for all OECD countries. For all-ages NZ is close to the OECD median[3]. These figures need to be viewed however in the context of differences in the way that each OECD country assesses, classifies and records suicides which may result in undercounting.
3. In 1998 the NZ Youth Suicide Prevention Strategy was released. This was replaced in 2006 by an all-age suicide prevention strategy, recognising that 75 percent of suicides occur in those over the age of 24. At that time, the majority of youth suicide prevention programmes were extended to become all-age programmes.
4. During 2011/12 the NZ Suicide Prevention Action Plan 2008-2012 is to be refreshed for 2013-2016. As part of this process, the Ministry of Health will work with the other agencies that are responsible for contributing towards the goals of the strategy to consider the appropriateness and coverage of suicide prevention actions for young people.
5. Below is a summary of the suicide prevention programmes targeted at young people that contribute to suicide prevention.

Health Services

6. Specialist Child and Youth Mental Health and Addiction Services: Core specialist youth suicide prevention services are provided by Child and Adolescent Mental Health and Addiction (CAMHS) services in all DHBs. Young people entering the service are assessed for suicidal ideation and high priority given to those young people considered to be at risk. Referrals are received from schools, General Practitioners (GPs), DHB crisis assessment teams, other health professionals, community organisations and family members.

   Long term clients of CAMHS services are required to have a relapse prevention plan which identifies early relapse warning signs as well as what the young person can do for themselves and what the service will do to support them. In 2010/11 the percentage of long term child and youth clients with relapse prevention plans was 86 percent compared with 72 percent and 67 percent in the previous two years.
7. Suicide prevention in emergency Departments (ED): Most people who present to ED with self harm are young people. The Ministry of Health has funded Whakawhanaungatanga: The Self Harm and Suicide Prevention Collaborative to assess and manage people presenting at EDs,

[2] The Terms of Reference note that a direction-setting report with recommendations for focus areas to be worked up into an action plan will be prepared for the Prime Minister's consideration by 30 September.
[3] Ministry of Health 2010. Suicide facts: Deaths and intentional self-harm hospitalisations 2008. Wellington: Ministry of Health.

Maori health services and mental health services with suicidal thoughts, or after a suicide attempt. It aims to reduce the risk of people making further suicide attempts after discharge from hospital. It has been fully implemented in 14 DHBs.

8. Child and youth drug and alcohol (AOD) programmes. Alcohol and drug dependence and abuse have been shown to be significant risk factors for suicidal behaviours. Whilst there are gaps in services for young people with drug and alcohol problems there are some successful nationwide initiatives such as the Community Action on Youth and Drugs (CAYAD) in sites throughout NZ. Specialist AOD programmes for youth include day programmes, one-on-one counselling, residential programmes, outdoor pursuit/outdoor living programmes and intensive family work outpatient programmes (multi systemic therapy).

9. Primary care services have improved responsiveness to, and management of suicide risk in young people through the implementation of the guidelines *Identification of Common Mental Disorders and Management of Depression in Primary Care* and the associated on line decision support tools. The guidelines recommend immediate referral[4] if there is an indication of serious suicidal intent, and, if not, active management in primary care and clinical reassessment at 2-4 weeks. Most DHBs also have packages of care or extended consultations available to young people through the primary mental health initiatives in PHOs, although these are limited in number.

10. 'One-stop-shop' youth services available in some DHBs offer primary health care, sexual health, social support, counselling, peer support and activity based projects.

Youth specific programmes

11. The "Lowdown" website: Part of the National Depression Initiative, this website enables young people to understand and recover from depression, provides information and fact sheets online, self tests and support for youth experiencing depression or youth who know someone who experiences depression. Users can interface with the depression helpline by phone, email, text and instant messaging. 78,501 text messages were received in 2010/11.

12. School based programmes supporting young people who may be at risk of suicide include:

    - School nursing services in about three-quarters of secondary schools
    - School guidance counsellors
    - Social workers in Schools (intervention and prevention services to families in low decile primary and intermediate schools with high Maori and Pacific rolls)[5]
    - Services offered in schools by the Skylight Trust including "Travellers" (building resilience and enhancing connections)
    - Student Well-being Mental Health Education Initiatives (73 schools)
    - Safe School teams(reducing violence and bullying)
    - Ministry of Education services to assist schools that experience the death of a student by suicide (traumatic incident management)
    - Mentally Healthy Schools (mental health promotion and prevention).

13. Community programmes supporting young people who may be at risk of suicide include:
    - Community youth workers
    - Community youth at risk programmes funded by the Community Development Scheme (Department of Internal Affairs) e.g. the Otara Health Incorporated community-based youth development project for Maori and Pacific youth.

14. CYFs programmes provide support for young people who may be at risk of suicide and include:

[4] Referral on the day by primary care with the expectation of a same-day response to the referral
[5] In 2010 there were 125 social workers working in 300 schools.

- Towards Wellbeing (develops plans for young children in the care of Child Youth and Family who are deemed to be at risk and which has been credited with reducing suicide rates of children in care)
- Multi agency planning for better communication between CYF residences and education and health providers resulting in improved communication and support when managing young people in CYFs residences at risk.

All-age programmes

15. Postvention services are important in responding to emerging or occurring suicide clusters. Service providers include Clinical Advisory Services Aotearoa (CASA) and Victim Support.

16. Kia Piki te Ora[6] programmes funded by the Ministry of Health in seven DHBs focus on promoting the health and wellbeing of Maori and reduction and suicides and suicidal behaviour affecting Maori.

17. Suicide Prevention Co-ordinators positions funded by the Ministry of Health in five DHBs have been successful in improving patient movement between services, up-skilling clinicians and others in identifying and managing suicide risk and increasing information and support for families of people who attempt or die by suicide.

Training programmes

18. A number of well regarded suicide prevention training programmes are available for frontline staff including:

    - Applied Suicide Intervention Skills Training (ASIST) which increases the ability to promote the immediate safety of someone at risk of suicide and link them to appropriate professional services and targets staff from frontline services
    - Mental Health 101, a mental health literacy programme offered by the Blueprint Centre for Learning - designed for those working on the frontline
    - Circle of Courage, a strengths-based programme used by many Ministry of Youth Development providers.

Information and Research

19. Suicide Prevention Information New Zealand (SPINZ) is a non government, national information service supporting best practice suicide prevention, through the provision of evidence-based information, including information about youth suicide.

20. Youth focused suicide prevention research informs policy development and good practice youth suicide prevention programmes. A number of recent NZ research projects funded by the Ministry of Health have been produced including:

    - Youth '07 The Health and wellbeing of Secondary School Students in New Zealand – Suicide Behaviours and Mental Health in 2001 and 2007
    - The role of dynamic family factors in the development and management of suicidal risk in young people
    - Pilot study of dialectical behaviour therapy for young people and self-harm.

Effectiveness and opportunities for improvement

21. The large majority of health funded suicide prevention services and programmes (including training programmes for frontline staff) are based on rigorous review of best practice literature, but few have been evaluated in the New Zealand setting, so their effectiveness has not been

[6] Established in 2001 as youth specific suicide prevention programmes but changed to all-age as a result of the move to an all-age suicide prevention strategy in 2006.

tested. As noted earlier in this report, a critique of current child and youth mental health and addiction programmes is planned as part of the DPMC work on prevention and treatment for young people with, or at risk of mental health problems.

22. There are a number of opportunities for improvement in suicide prevention for youth including increasing the focus on young people in primary mental health initiatives, continuing to increase access rates to specialist CAMHs services and strengthening the all-age NZ Suicide Prevention Action Plan during the process of refreshing it this year to have a greater focus on youth.

23. The main opportunities for improvement are likely to emerge from the work being led by DPMC which will result in a direction-setting report with recommendations for action. This report is due with the Prime Minister by 30 September.

Minister's feedback on quality of report				
Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Very Good (5) ✓

END

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report number: 20120317

Action required by: **27 March 2012** File number: PP505

Health report

To: **Hon Tariana Turia, Associate Minister of Health**
cc: **Hon Tony Ryall, Minister of Health**
Hon Peter Dunne, Associate Minister of Health

Launch of Kawerau Suicide Prevention Action Plan

Executive summary

i. You have accepted an invitation to speak at the Launch of the Kawerau Suicide Prevention Action Plan 2011 to be held at the Kawerau District Council on Thursday 29 March 2012.

ii. Participants will include members of the Kawerau community including: whānau, hapū and iwi, representatives from schools and the Kawerau District Council, Māori Hauora services within Kawerau and other service providers. Tamariki from the newly established Kura Kaupapa in Kawerau called "Te Whakatau ō Putauaki" are likely to perform a haka pōwhiri alongside rangatahi from Kawerau College.

iii. Hon Peter Dunne, Associate Minister of Health with responsibility for suicide prevention, and Hon Paula Bennett, Minister for Social Development and Employment have been invited to attend. Local Members of Parliament have also been invited including Te Ururoa Flavell, Todd McLay, Moana Mackey, and Anne Tolley.

iv. Local media (radio and newspaper) are being invited, along with Māori TV and Te Karere.

v. This briefing provides you with brief background information and short speech notes.

pp **Chai Chuah**
National Director
National Health Board

Minister's Signature:

Date: 28 03

Ministry of Health Contacts:

Jill Lane Director National Services Purchasing National Health Board		Manager, Sector Relationships, Public Health National Services Purchasing National Health Board	
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s 9(2)(a)

Advice

Event details

1. You will speak at the Launch of the Kawerau Suicide Prevention Action Plan to be held at the Kawerau District Council on Thursday 29 March 2012. The event is described as an opportunity to celebrate life, to acknowledge the families who have lost loved ones to suicide, and to recognise those who supported the development of the Kawerau Suicide Prevention Action Plan.

2. Your speech will follow a 12 midday lunch for the community, and at 1pm a pōwhiri by mana whenua (Ngāti Tuwharetoa). After formalities, you will most likely hear the setting of the scene delivered by two of the māmā who lost their sons to suicide: Michelle Elliot and Mārama Elliot. These mothers are also the daughter in-law and daughter, respectively, of kaumātua Timi Peri. Once the setting of the scene concludes, Kaumātua Timi Peri will formally introduce you to the Kawerau community. Your address will then be followed by:

    - acknowledgements, delivered by Wayne Hastie who is a Kawerau Implementation Team (KIT) member
    - He Whakamārama, delivered by Vikki Paul who is a "Kia Ora Eastern Bay Co-Ordinator and who has a role in youth court advocacy
    - a blessing by local Ministers
    - afternoon tea for guests and Kaumātua.

3. No other Ministers or MPs are being invited to speak; the other speakers are members of the Kawerau community. Notes that may assist you with your speech are attached as **Appendix 1.**

4. It is expected that between 300 and 400 people will attend the event. Along with members of whānau, hapu, and iwi, attendees include:

    - bereaved whānau
    - the Kawerau Implementation Team
    - Tūwharetoa ki Kawerau, provider of health, social and educational services that improves the well-being of iwi and the wider community
    - Te Huinga Social Services, which supports the whānau support group for youth suicide in Kawerau and surrounding communities
    - Kia Piki Te Ora, a Ministry of Health (Ministry) funded suicide prevention project to strengthen Māori well-being
    - Kawerau Core Clinical Group
    - the newly establish Te Kura Kaupapa "Te Whakatau ō Putauaki"
    - Kawerau College
    - members of KOper8 (Kawerau Operate) including the Mayor and government agency representatives who lead an overarching community plan, which includes the Kawerau Suicide Prevention Action Plan
    - Te Rau Matatini representatives
    - Bay of Plenty District Health Board representatives
    - Ministry representative ( ).

s9(2)(a)

Opportunity to acknowledge the community's work

5. The hui is an opportunity to acknowledge that the Kawerau community has come together to develop its own suicide prevention action plan. The plan was developed as a result of the energy and commitment of whānau, community members, service providers, and government agencies who brought their collective knowledge and wisdom to develop the plan.

The Kawerau Suicide Prevention Action Plan 2011

6. The Kawerau Suicide Prevention Action Plan 2011 provides a framework for a collaborative community and government interagency service response to prevent suicide within Kawerau.
7. The Plan is based around five goals that were identified by the community of Kawerau. These are:
   - *Education Awareness,* including: providing education or access to programmes that directly address contributing factors to suicide, enlisting participants in funded training and supported opportunities or career development, undertaking development and training activities for those who respond to suicide and self-harm.
   - *Whānau Engagement*, including: providing advocacy and a navigator role for whānau as required, and ensuring whānau or community representation at all levels of decision making.
   - *Accountability,* including: ensuring that agencies and service providers are responsive to the community and whānau, and that consumers are made aware of their rights to a quality service and advocacy.
   - *Provider collaboration,* including: that appropriate services are accessible to whānau, and to ensure that agencies and providers work collaboratively to provide support to whānau.
   - *Communication,* including: development of a community communication plan so that whānau and community are aware of the services available and how they can access them, and work with the media to provide factual and accurate information.
8. The plan has played an important role in assisting whānau, the wider Kawerau community and agencies to work together in a more collaborative, co-operative and transparent manner. Given the significant scale of government agency activity in Kawerau, it has been important that any activity in the area is well coordinated and planned, with strong leadership and clear communication.

The Ministry's contribution to the plan

9. The Ministry played a role in the development of the plan, by facilitating collaboration between whānau and members of the community, Māori Hauora services, and the Kawerau Working Group. The Ministry team included Barbara Phillips, Deputy Director-General, ', Senior Contracts Advisor and , Manager, Public Health Sector Relationships. s 9(2)(a)
10. As part of the Ministry's contribution to the implementation of the plan, the Ministry made a commitment to fund a number of additional programmes and services for Kawerau. A summary of the programmes and services offered to Kawerau and the progress in implementing them is attached as **Appendix 2**.
11. Not all of the programmes have yet been implemented, as implementation is being staged to take into account the decisions and readiness of the Kawerau community, as decided by the Kawerau Implementation Team.
12. In addition to these commitments, the Ministry has very recently committed further funding for Te Whakauruora[1] scholarship recipients. This funding will provide further practical support to address increased travel and accommodation costs in attending the series of wānanga in Wairarapa over the next eight months.

[1] Te Whakauruora training programme assists hapu, iwi and Maori community groups to build capacity to respond to mental illness in ways that support a reduction in suicide and suicide attempts.

Māori suicide in New Zealand

13. Māori continue to have the highest rates of suicide and hospitalisation for intentional self-harm. In 2008, a total of 497 people died by suicide of which 82 deaths were Māori. At least five times as many were admitted to hospital for serious intentional self-harm injuries. While suicide deaths among Māori were not significantly higher than in the general population, the rate was still concerning at 13.3 per 100,000 Māori. The majority of Māori suicides are in the age range of 15 to 45 years, with Māori males being higher at risk. The Māori youth suicide rate in 2008 was about 70 percent higher than that of non-Māori youth[2].

Causes of suicide

14. The causes of suicide are complex. Research indicates that suicide is usually caused by an accumulation of risk factors, with a mental disorder being the most common risk factor. Other risk factors are broad ranging and include traumatic childhood events, life stressors, social isolation, family issues and alienation from one's culture and socio-economic issues. Research evidence also indicates that the way suicide is reported in the media can influence vulnerable people to make suicide attempts that they would not otherwise have made.

Suicide prevention activity in New Zealand

15. The Government strategy for reducing and preventing suicide in New Zealand is set out in the *New Zealand Suicide Prevention Strategy 2006–2016*. The *New Zealand Suicide Prevention Action Plan 2008–2012* is a key vehicle for co-ordinating activity across a range of government agencies, and taking a government-wide approach to identifying priorities for investment in suicide prevention initiatives.

16. A new action plan will be developed in 2012 for the remaining four years of the Strategy. A key objective of the new action plan will be ensuring that inter-agency activity is focused on the areas that will result in the greatest impact. During the development of the new action plan, the Inter-Agency Committee on Suicide Prevention will also be considering population groups at greater risk of suicide, including young people.

Minister's feedback on quality of report				
Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Very Good (5)

END.

[2] Ministry of Health 2010. Suicide Facts: Deaths and intentional self-harm hospitalisations 2008. Wellington: Ministry of Health

Appendix 1

Speech notes

Greetings

- This is a hui for whānau, and members of the Kawerau community to acknowledge that the Kawerau community has come together to develop its own suicide prevention action plan.
- The plan was developed as a result of the energy and commitment of whānau, community members, service providers, and government agencies, who brought their collective knowledge and wisdom to develop the plan.

Effective suicide prevention

- The tragic loss of many taitamariki and loved ones is cause for grief and reflection. Suicide has a profound impact on family and friends. Māori social structure is such that suicide not only impacts on whānau, but also hapu and iwi.
- Māori continue to have the highest rates of suicide and hospitalisation for intentional self-harm. The majority of Māori suicides are in the age range of 15 to 45 years, with Māori males being higher at risk. The Māori youth suicide rate in 2008 was about 70 percent higher than that of non-Māori youth.
- The despair of our whānau members is a challenge – to mobilise the strength of the Māori community, and in partnership with the government, to channel our energy to nurture our families and strengthen our communities. We need to look for opportunities to affirm our Māori communities, so that suicide is not an option.

The Kawerau Suicide Prevention Action Plan

- I am told that when the community started discussing the development of the plan, there were some key issues that needed to be worked through. These included:
    - the need for collaboration, communication and transparency;
    - the importance of Whānau Ora approach to ensure "whānau and community have a voice" and that whānau/community focus is paramount;
    - being clear about the accountability and responsiveness of providers;
    - making sure that the right information and training is available to the community, so that families and whānau have information they need, when they need it, in the way that they need it; and
    - ensuring that communication systems are effective, so that the right agencies, services and whānau are talking to each other in a way that makes a difference.
- The plan developed by the community has been developed in a way that each of these key issues are addressed. I would like to congratulate you for putting the important issues on the table, and for working together in a way that ensures the needs of whānau, hapu and iwi are paramount.

- The plan that has resulted is based around five goals that were identified by the community of Kawerau. These are:
  - *Education Awareness:* this includes making sure the community has access to programmes that directly address contributing factors to suicide, enlisting participants in funded training and supported opportunities or career development.
  - *Whānau Engagement*: this includes providing advocacy and a navigator role for whānau as required and ensuring whānau or community representation at all levels of decision making.
  - *Accountability:* this is about ensuring that agencies and service providers are responsive to the community and whanau, and that consumers are made aware of their rights to a quality service and advocacy.
  - *Provider collaboration:* so that appropriate services are accessible to whānau, and to ensure that agencies and providers work collaboratively to provide support to whānau.
  - *Communication:* this is about development of a community communication plan so that whānau and community are aware of the services available and how they can access them, and work with the media to provide factual and accurate information.

Working together to strengthen communities

- Addressing suicide is everyone's responsibility. A significant contribution is made by individuals and groups working in the community.
- Some of the most effective prevention is strong friendships, healthy, supportive family relationships, and an individual's belief in a positive future. We all need to think about how we build connections with our community, and particularly with our taitamariki, to build a sense of purpose and enhance resiliency.
- Disengaged young people are at particular risk. The focus needs to be on how the Kawerau community can work together to value the strengths of young people and support them in finding their purpose. It is critical to think about how the Kawerau community can involve young people in decision-making
- We need to make it easier for our whānau and taitamariki to obtain the support and connect to the services they need, where leadership across providers and agencies results in services that are joined-up and that work together in a collaborative way. This means strengthening the whānau social networks and community networks around whānau, hapu and iwi.

The importance of whānau

- The whānau unit is the main base for taking control and determining the health and wellbeing of all its members. A sense of whānau encompasses individuals, their families and extended families as well as the community.
- Through integrating the provision of health, education and social services, the Whānau Ora initiative introduced by the Government supports the ability of whānau to create their own solutions. Whānau Ora is aimed at being flexible to meet whānau needs.
- There are two Whānau Ora collective in the Bay Of Plenty: Ngā Mātaapuna Oranga Primary Health Organisation (Western Bay) and Te Ao Hou Whānau Ora Network (Eastern Bay).

Appendix 2
Summary of additional programmes and services for Kawerau

Initiative	Organisation/ Provider	Implementation Update
Te Whakauruora implementation • Provide scholarships for providers in Kawerau to attend the national Te Whakauruora training. • Print additional copies of *Te Whakauruora* for organisations providing suicide prevention training in Kawerau.	Te Rau Matatini (Support for the Anamata training that is already in place)	• Candidates for the scholarships were shortlisted by the Kawerau Implementation Team (KIT), and Te Rau Matatini (TRM) have finalised the five successful applicants. They will start the training at the end of March 2012. • TRM will distribute copies to providers, community groups and individuals in Kawerau.
Te Whakauruora implementation • Develop and deliver Te Whakauruora training specifically for whanau and rangatahi in Kawerau. • Develop additional suicide prevention resources for whanau, rangatahi and service providers in Kawerau.	Te Rau Matatini	• TRM are developing and designing leadership training with KIT and the rangatahi roopu that are a part of KIT. The design for the whānau community workshop is also being developed with KIT and other community groups. • Resources are being developed for the workshop and rangatahi leadership programme.
Community Postvention Response Service (one-off intensive intervention)	Clinical Advisory Services Aotearoa (CASA)	• CASA has remained in contact with Kawerau throughout the response. The Kawerau Core Clinical Group has recently requested that CASA attend the core clinical group to review its processes, and to provide feedback for closure of the Kawerau intervention. This is planned to occur on 29 March 2012 (the same day that the Kawerau plan will be launched).
Mental Health 101 One-day workshop giving knowledge and skills to recognise and appropriately respond to people experiencing mental illness.	Blueprint	• Two free workshops have been set aside for Kawerau. The Ministry is waiting for an indication from KIT of the most appropriate timing.
Applied Suicide Intervention Skills (ASIST) Two-day workshop developing skills to intervene when someone is at imminent risk of suicide.	Lifeline Auckland	• The Ministry is awaiting an indication from KIT of appropriate timing. The workshops are expected to occur in May/June 2012.

EXCERPT from briefing to Hon Jonathan Coleman, Associate Minister of Health 'Information for Prime Minister's visit to Wairarapa District Health Board to discuss recent youth suicides'. 27 September 2011 (HR 20111184).

Wairarapa Suicide Prevention Action Plan

The aim of our local Wairarapa Suicide Action plan is to ensure that the national Suicide Prevention Strategy programme of action is appropriately targeted to the specific needs and priorities of local Wairarapa communities.

The goals of the local plan are to:

- Reduce the rate of suicide and suicidal behaviour in the Wairarapa
- Reduce the harmful effect and impact associated with suicide and suicidal behaviour on families/whanau, friends and the wider community
- Reduce inequalities of suicide and suicidal behaviour
- Improve effectiveness, safety and access to local services for people at risk of suicide and their families/significant others
- Build resiliency in key target populations.