Regional Public Health
Better Health For The Greater Wellington Region

23 June 2017

Re: Submission on the Draft Strategy to Prevent Suicide in New Zealand 2017

Tēnā koe

Regional Public Health and Younger Persons Community Mental Health and Addiction Services 3DHB are grateful for the opportunity to make a submission on the Strategy to Prevent Suicide in New Zealand 2017.

Regional Public Health delivers population and personal health services to the greater Wellington region. Our geographical area of service delivery spans Wairarapa, Hutt Valley and Capital & Coast District Health Boards. Our aim is to improve the health of communities throughout the region, with a focus on achieving equitable health outcomes for high needs groups such as Māori, Pacific peoples, children, and low income families. We have a range of occupations working within RPH including medical officers of health and public health physicians, public health advisors, public health analysts, health protection officers and public health nurses.

Regional Public Health has been involved with co-ordinating prevention and postvention suicide services for the Wellington population for over 10 years with all Coroner Office and Police notifications of suspected suicides being directed to Regional Public Health from across the greater Wellington region. Regional Public Health's role is to help put a safety net in place for communities and providers following a completed suicide.

Younger Persons Community Mental Health and Addiction Services 3DHB is a subset of the Mental Health, Addictions and Intellectual Disability Service which serves the Wairarapa, Hutt Valley and Capital & Coast District Health Boards. Teams are located in Wairarapa, Hutt Valley, Kapiti, Porirua and Wellington. The teams provide secondary level mental health services for infants, children and adolescents and family/whanau when there are indicators of moderate to serious mental health and substance use problems. Specialist services are provided for people who experience a first episode of a psychotic illness, women experiencing postpartum mental health problems and people experiencing eating disorders. Consultation and liaison services are provided to lead agencies working with children, young people and families who experience mental health disorders.

The contact point for this submission is Jennie Jones, phone 027 2734762 or email jennie.jones@huttvalleydhb.org.nz.

Kind regards

Stephen Palmer
Clinical Head of Department
Regional Public Health

Peter Gush
Service Manager
Regional Public Health

John Zonnevylle
Operations Manager, Younger Persons
Community Mental Health & Addictions
Mental Health, Addictions & Intellectual Disability Service 3DHB

General comment on the Strategy to Prevent Suicide in New Zealand 2017

Suicide and suicidal behaviour arise from complex social, situational, biological and other individual causes, which isolate people and erode their hope. From our experience Regional Public Health and Younger Persons Community Mental Health and Addiction Services 3DHB feel the following are what is important to highlight:

1. We note that the intent of the Strategy to Prevent Suicide in New Zealand is to set a vision of how mental health and suicide prevention service providers, health care practitioners, researchers, government agencies, district health boards, non-government agencies and community can work together to prevent suicide.
2. Health care services are over stretched.
3. Social determinants need to be highlighted due to their importance to preventing suicide and suicidal behaviour.
4. Suicide rates have not changed but remained consistent since the NZ Suicide Prevention Strategy 2006-2016.
5. Links to other plans are not evident. It feels like it is addressing all mental health issues and does not specifically highlight the explicit requirements to address suicide.
6. Consultation on an action plan. Preparation of an action plan requires co-design with health professionals, the social sector and communities. The consultation method for community could be improved upon.

Specific comment on pathways and prioritising action

Pathways

The three pathways outlined are:

1. Building wellbeing throughout a person's life
2. Recognising and appropriately supporting people in distress
3. Relieving the impact of suicidal behaviour

With respect to the three pathways outlined we would like to focus on the second pathway.

The World Health Organisation recommends that all "health-care services need to incorporate suicide prevention as a core component". At present health care services are not well resourced and services to support people in distress often drop off at the margin. It is our experience that the Police are left to provide support to those in distress, their friends and whanau. For the Wellington region in 2016, the Police attended an average of 51 events each day which involved someone threatening or attempting suicide.

The strategy needs to address that the health system lacks capacity to deal with the large number of people in distress. Although the Government may be able to point to new investments over the last decade in suicide prevention and postvention services, in reality, we have observed that this new investment is often funded by taking funding away from essential existing services. For example the reduction in investment in existing school health workers and/or counsellors means that such workers are less well trained and lower levels of cultural competence. This lack of service sustainability is associated with increasing wait times for service.

It is our view that services focused on supporting people in distress need to be sufficiently resourced to provide wrap around services for individuals and their whanau.

Although suicide occurs in all social strata, those who are in distress and are less advantaged through social conditions such as income security and employment, education and literacy, early childhood development, housing and food security, freedom from racism or other discrimination, social supports and the overall conditions in which we live and work, have increased vulnerability. Services that are focused on supporting people in distress should give priority to this vulnerable group.

Prioritising action

Suicide prevention is 'everyone's business', whether it is directed towards individuals at high risk, communities and groups at potential risk, or the whole of the population. The suicide rates in New Zealand have stayed consistently high, neither rising or falling significantly despite previous strategies, action plans and activities. It will take bold actions and targets to reduce the rate.

As much as possible there should be activities specific to addressing the rate of suicide for males. Focused activities across all action areas listed in the strategy on where the problem is greatest, males. Males have a consistently higher suicide death rate than females (18.1 male deaths per 100,000 male population in 2012, against 6.4 per 100,000 females). At 6.4 deaths per 100,000 the female population and has not shown the same increase as males. Within the Wellington region in 2016, the suicide death rate for males was five times higher than females.

In our experience the activities outlined in the strategy will make little difference if the current services are unable to be delivered in a timely manner, therefore it does not matter which activity is focused on first. Services delivered in a timely manner are especially important for schools, for *all* schools.

Lastly there needs to be links to other strategies and documents so that this strategy is strengthened and supported. This needs to be addressed across the social sector as the prevention of suicide is as much a social issue as a physical issue this looks like; addictions to alcohol, tobacco and other drugs, domestic violence, physical abuse and sexual abuse.

Conclusion

Regional Public Health and Younger Persons Community Mental Health and Addiction Services 3DHB support the intent of the updated Strategy to Prevent Suicide in New Zealand. Regional Public Health and Younger Persons Community Mental Health and Addiction Services 3DHB would support a bolder approach to reducing suicide rates by supporting a target of a 20% reduction in the rates of suicide over the strategies duration.

Implementation of this strategy would be key to reducing the incidence and impact of suicide for the people of New Zealand therefore we would have an interest in being part of a consultation process for an implementation/action plan.