Draft Suicide Prevention Action Plan for 2025 – 2029

New Zealand Council Of Christian Social Services

November 2024

Tirohanga Whānui | Overview

The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback on the Draft Suicide Prevention Action Plan for 2025-2029. We support the kaupapa to improve strategies to prevent suicide in Aotearoa, however we feel that the strategy targets reducing the number of deaths by suicide rather than addressing the causes of suicidal intentions. We believe a cross-agency approach is needed that considers determinants of health in all aspects of policy design, with the strategy also needing to expand consideration for young people and mothers. Additionally, changes to the healthcare system in New Zealand are urgently needed for the strategy to be successfully implemented.

Our main points are:

Item One
Cross-party, cross-agency approaches are needed which consider the social determinants of health and wellbeing at all stages of policy design to create a proactive approach to suicide prevention.

Item Two
A more proactive strategy which targets reducing the number of attempts at suicide and overall mental health is needed.

Item Three
Additional support needs to be targeted at tamariki and rangatahi to combat their disproportionately high rates of suicide.

Item Four
Continued consultation with Māori is needed to help to address the disparity in suicide rates.

Item Five
Addition of specific consideration for perinatal mental health and approaches to reduce Aotearoa's disproportionate perinatal suicide statistics are needed.

Item Six
Additional support services in our healthcare system are urgently needed, with enhanced funding to ensure that the proposals in this strategy are achievable.

Taunakitanga | Recommendations

We raise the following points and recommendations for consideration:

Item One: Cross-party, cross-agency approaches are needed which consider the social determinants of health and wellbeing at all stages of policy design to create a proactive approach to suicide prevention

To do this we believe we need to consider the social determinants of health and the factors that may lead an individual to have suicidal ideation. Factors such as poverty and addiction are significantly correlated with mental health and suicidal ideation (Pirkis et al, 2024) and should be at the forefront of plans to tackle suicide prevention in Aotearoa. We strongly support the mahi led by Professor Gabrielle Jenkin and the Public Health Communication Centre Aotearoa, proposing a whole-of-society approach to targeting suicide prevention (McKenzie et al, 2024). Aotearoa's strategy should not only be a stand-alone Ministry of Health plan focused on reducing the outcome of suicide. Instead, we should consider mental health and wellbeing and the social determinants that underpin these in all facets of policy design. Ideas like the cross-party, cross-agency approach to suicide prevention proposed by Professor Jenkin would have beneficial outcomes in multiple areas of health, not just in suicide prevention.

Recommendation 1: We suggest that consideration of the social determinants that underpin mental health and wellbeing are considered in all policy design.

Item Two: Aotearoa's suicide prevention strategy should be more proactive and target reducing the number of attempts at suicide and overall mental health.

Although a number of the proposals included in the strategy, such as reducing ligament points in corrections facilities, may reduce the incidence of people committing suicide, these are approaches targeted at reducing the number of deaths. We strongly believe that our suicide prevention plan should extend beyond this and be targeted not just at reducing Aotearoa's suicide statistics, but at reducing the number of people who consider or attempt suicide. This is included in the longer-term goals of this strategy:

- *"Suicide and self-harm rates are reduced. (Note: Not all self-harm is with the intent to die.)*
- *Suicidal thoughts, plans and attempts are reduced.*
- *Mental wellbeing is improved."*

However, we feel that the strategy should include more proactive strategies to achieve these goals in the shorter term - goals that focus on targeting mental health and social determinants. Additionally framing the strategy at reducing these wider targets would highlight the actual extent of the problem in Aotearoa, rather than considering only the cases where life has been lost.

Recommendation 2: We suggest that the strategy should be more proactive in considering goals which are aimed not just at reducing the number of people who commit suicide, but also those who consider or attempt this.

Item Three: Additional support needs to be targeted at tamariki and rangatahi in Aotearoa to help combat the disproportionately high rates of suicide in these cohorts.

We strongly support the kaupapa to increase support and services to tamariki and rangatahi (up to 24 years of age) in Aotearoa to help to target the high incidence of suicide in these groups. However, we strongly believe that the plans proposed in this strategy do not extend far enough. Consideration of the specific social determinants that lead to these high figures is urgently needed. Without an understanding of what is leading to these high rates of suicide it is not possible to successfully target prevention approaches.

Additionally, although the strategy includes proposals to target support services to these age groups, we feel a number of these should be expanded further. This includes the plan to invest in "enhanced acute, respite or crisis recovery services for young people in at least 2 regions". Although we support the implementation of this plan the accessibility of these services seems limited, with this only implemented in a minimum of 2 regions. It is unclear from the strategy if this intends to be extended to all regions and if so, what the proposed timeframe for this would be.

In addition, the strategy mentions strengthening "supports provided by schools to students experiencing distress of self-harm and after a suicide". We support the implementation of this, given Aotearoa's internationally disproportionate statistics regarding youth suicide. As the highest suspected suicide rate of any age group in 20–24-year-olds (20.1 per 100,000) we would suggest expanding this proposed strategy to include tertiary institutions.

Finally, we would like to highlight the need to provide distinction between tamariki and rangatahi in the strategy so that it is explicitly clear who the actions intend to help.

Recommendation 3: We recommend expanding the strategies proposed for tamariki and rangatahi people in Aotearoa and increase research into how to effectively target these cohorts.

Item Four: Continued consultation with Māori is needed to help to address the disparity in suicide rates observed in this cohort.

Many aspects of the proposed strategy consider cultural appropriateness of interventions. With a suicide rate of 16.3 per 100,000 in Māori compared to 11.2 per 100,000 in the general population in 2023/2024, we strongly support this and value the consideration of Māori mental health. We would encourage continued consultation to ensure services and practices are culturally competent.

Additionally, we would encourage consideration regarding the social determinants of health which lead to the drastically higher suicide rate in Māori aged 25-44 which is almost 3 times that of non-Māori (30.2/100,000 vs 11.8/100,000 respectively) (RNZ, 2024). Research may be needed into the causes of this discrepancy and to further target strategies into support for this cohort.

Recommendation 4: We encourage ongoing consultation with Māori to ensure that strategies to reduce suicide rates are culturally appropriate, with a particular consideration for the high rate of suicide in 25–44-year-olds in this cohort.

Item Five: **Addition of specific consideration for perinatal mental health and approaches to reduce Aotearoa's shocking perinatal suicide statistics are needed**

The proposed strategy lacks specific mention of perinatal women (from the start of pregnancy to the end of the first year following birth). Suicide is the leading cause of death in perinatal women in Aotearoa. It accounts for roughly 22% of all deaths in this group, with perinatal suicide being five times greater per capita in Aotearoa than in the UK (Russell, 2022). Despite this being an ongoing problem there continue to be delays in support for perinatal care, with two thirds of women seeking help experiencing significant delays according to a Mothers Helpers Survey in 2021 (Maternal Care Action Group, 2022). In 2022, the Maternal Mental Health Report stated that of the roughly 11,000 women who report experiencing perinatal depression every year, 75% will not receive support due to their symptoms not being "severe enough" to meet the criteria for support (Maternal Care Action Group, 2022). It is important to highlight that many women who experience perinatal depression do not report their symptoms or seek help (Walker, 2022), so these figures are likely a vastly underestimated statistic. Additional support is needed to ensure that these women have access to the support that they need. Liaison with midwives and lead carers as well as other health care professionals is needed to investigate a more effective method to assess mental health and signs of depression in women both during and after pregnancy. Funding (in addition to that already needed for midwives) would be needed to reflect the implementation of these support services.

Recommendation 5: We suggest including strategies to address Aotearoa's high perinatal suicide rate.

Item Six: **Additional support services in our healthcare system are urgently needed, with enhanced funding to ensure that the proposals in this strategy are able to be achieved.**

Every year there are media reports on individuals who attempt suicide and are let down by our health system when seeking support, leading to their subsequent deaths. These stories represent only a fraction of the true need for support in our communities, as not every story is reported on. At the point a person has sought help for suicidal ideation, self-harm or an attempt on their life, our health system should have stringent procedures in place to ensure that person receives ample help. These procedures do exist (Ministry of Health, 2016) and yet year on year these stories remain the same.

This is not a new problem, but the current cuts to hospital administrative staff and pressure that is being placed on an already strained healthcare system will only worsen it. In 2023, there were reports of serious understaffing in hospitals, with mental health wards facing the most significant levels. The Tane Whakapiripiri ward in Waitematā was an extreme example of this, reporting understaffing 99.45% of the time in 2023; only 6 shifts had safe levels of staff (NSNO, 2024). With this ongoing pressure and lack of adequate staffing, there is a serious concern that more people will slip through the cracks and either not receive help at all or provided assistance below the levels they require.

The strategy proposes a need for more workforce development, but without the funding for adequate staffing that the healthcare system needs, no level of workforce development will be sufficient to achieve the goals proposed in the strategy.

Recommendation 6: The healthcare system needs adequate funding to relieve pressure and ensure that procedures can be followed and people receive necessary help in their time of need.

Tohutoro kua tohua | Selected references

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Ko wai tātou | Who we are

NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches. Through this membership, NZCCSS represents over 230 organisations providing a range of social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz.

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