PUBLIC HEALTH COMMUNICATION CENTRE AOTEAROA

Calling for action on suicide prevention in Aotearoa

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Summary

The Ministry of Health is inviting submissions on the second Draft Suicide Prevention Action Plan for 2025-2029. We have a unique opportunity to craft a Suicide Prevention Action Plan that is transformative rather than additive and acknowledges that the solutions required to prevent suicide are broad and far-reaching.

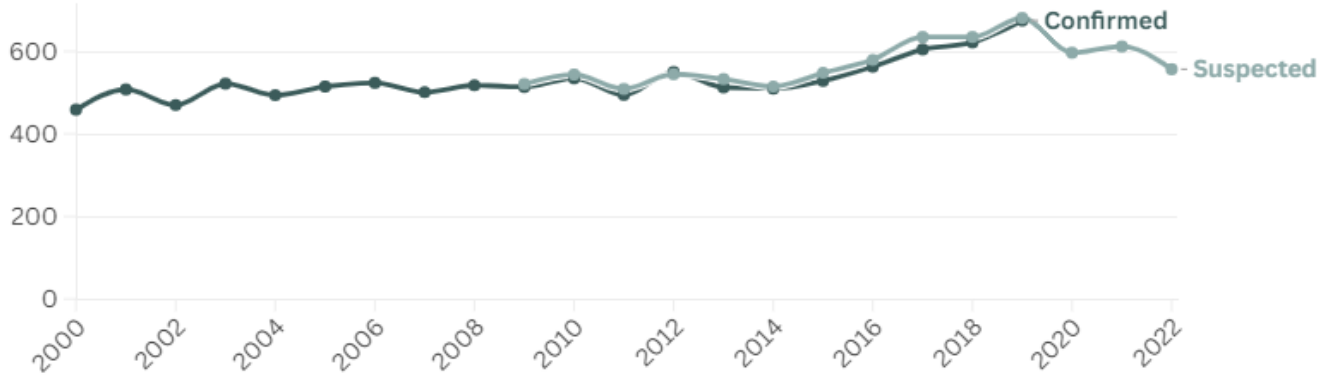
A whole-of-society approach is urgently needed to address long-standing high rates of suicide in NZ. This approach requires a policy re-set moving the responsibility of suicide prevention to all of government with long-overdue collaboration and action by all sectors, public and private, and much wider than health.

We need stronger leadership and robust local data and research to inform the implementation and evaluation of the effectiveness of interventions that tackle the broader determinants of suicide in Aotearoa New Zealand.

This Briefing opens the conversation about what a whole-of-society approach might look like and what an effective Suicide Action Plan must include.

Every year almost 600 people die by suicide in Aotearoa New Zealand (NZ), and 75% of them are men[1] (see Figure 1 below and Appendix for key epidemiological trends). Yet suicides are preventable.[2] Suicide results from a complex interaction of systemic, societal and individual factors. Traditional suicide prevention has been ineffective and narrowly focused on mental illness and clinical interventions, while overlooking broader social determinants.

Figure 1. Overview—Number of suicide deaths in Aotearoa New Zealand, 2000-2022
Confirmed and **suspected** suicide deaths



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool
Confirmed suicide rates generally follow the same pattern as suspected suicide rates and the suspected suicide rates have decreased and remained stable across 2019-2022

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Central principles for suicide prevention

We consider that a whole-of-society approach[3] to suicide prevention has two principles. First, it acknowledges that the solutions are broad and far-reaching, should be developed

across government agencies and portfolio boundaries and move beyond the health sector. This principle supports global calls to shift suicide prevention towards a universal, long-term population-based approach.[4] It requires a policy shift, extending prevention responsibility beyond health departments to all areas of government.[5-7] Second, it requires the government and suicide prevention leadership to engage all relevant stakeholders beyond the public sector including communities, non-governmental organisations, civil society, academia, media and the private sector to address the challenges of suicide prevention.[8]

While interventions delivered through the mental health sector remain vital for individuals in crisis, upstream prevention is long overdue and urgently needed to address determinants at a population level and reduce suicides in the long term. These drivers include income, poverty, education, unemployment, housing, gender; [7] structural determinants including macroeconomic/social policies, racism, discrimination, impacts of colonisation; [9 10] and commercial determinants including products that increase suicide risk and/or access to means.[6 11]

A second principle is that suicide prevention must also draw on the existing evidence base for which universal, targeted, and selective interventions are demonstrated to be effective in addition to addressing the underlying societal determinants [12]

This holistic vision should form the foundation of our Suicide Prevention Action Plan.

Our call to action

An effective Suicide Action Plan would include:

Stronger leadership and cross-society collaboration

Progressing suicide prevention requires strong, sustained, collective leadership with strategic vision. We support the global call from international suicide experts that leadership is needed to build a whole of government and society approach that addresses the social determinants that have the greatest links to suicide.[5-7] This requires addressing the upstream causes of suicide through a public health lens and a policy re-set in which the responsibility of suicide prevention shifts to all of government.

Leadership needs to be properly resourced financially and with appropriate expertise to undertake critical functions associated with suicide prevention, including developing and reviewing the national strategy and implementation plan; monitoring progress, evaluating outcomes, and building the necessary data and evidence infrastructure.

Leadership should foster and promote cross-society collaboration, especially in areas with high suicide rates. For example, recent efforts by MATES in construction show a strong commitment to preventing suicides within their sphere of influence.[13 14] WorkSafe's recent investigation into work-related suicides highlights the growing role of industry and employers' suicide prevention efforts.[15]

Māori suicide prevention and the Turamarama Declaration

In tandem, Māori leadership is required.[16] Māori, particularly rangatahi and tanē, have some of the highest rates of suicide in Aotearoa.[10 17] (See Appendix.) Māori suicide prevention needs to be led by Māori for Māori and should follow the principles outlined in the Turamarama Declaration – a global declaration supporting indigenous-led suicide

prevention.[18] It acknowledges the cultural, historical, and social factors affecting Māori wellbeing, including the impacts of colonisation, historical trauma, and health care inequities.[19] The Declaration also advocates for a holistic approach to prevention, recognising the importance of cultural identity, community, access to te reo Māori and connection to land and whakapapa. In this respect, non-Māori and Crown agents need to partner with Māori to honour our Te Tiriti o Waitangi commitments.

A funded Suicide Research Strategy with access to robust high-quality data

The current evidence on suicide prevention reflects a Western, individualised, and often psychiatric perspective on suicidal behaviour[12] and there is a lack of evaluative studies.[20] Endorsing a previous call to develop a suicide research agenda and set priorities for Aotearoa is essential.[20] A repository or suicide research hub is needed for researchers and practitioners to exchange knowledge and build partnerships across the prevention spectrum.

Robust research and evaluation are essential, requiring dedicated funding and resources to ensure effective and fit-for-purpose interventions. Non-government organisations, iwi and hapū, and not-for-profits need funding, expertise and access to data to be properly resourced for evaluation.

Building a local evidence base has been thwarted by lack of access to robust high-quality suicide related data and absence of a funded research strategy. Improved national data systems would enable this evidence base to be established including data linkage studies[21] and evaluation studies.[22]

While the current strategy includes a data-sharing service within the health system,[23] we need a suicide register, as our Australian counterparts have.[24] Suicide registers and other monitoring systems are critical for addressing suicide mortality and evaluation activities.[25] Our in-depth coronial suicide data is only accessible through the Australian New Zealand Coronial Information System, and is costly and onerous to obtain. An essential feature of our strategy and action plan should be that Māori and New Zealanders have sovereignty over and ease of access to our own suicide data. Meanwhile, Māori-led research into experiences of suicide, and effective prevention and postvention at the whānau, hapū and iwi levels is urgently needed and should be resourced.[26]

Submissions on the Draft Suicide Prevention Action Plan for 2025 – 2029 Public consultation document close Friday, 1 November 2024 5pm. For those wanting to make a submission, here are some points to consider.

Aotearoa has a unique opportunity to craft a Suicide Prevention Action Plan that -

- **Supports stronger leadership**: Sustained, multi-sectoral leadership in suicide prevention that is wider than the health sector.
- **Promotes cross-society collaboration**: Involvement of public and private sectors, industries, and stakeholders in suicide prevention efforts.
- **Ensures Māori-led strategies**: Māori-led suicide prevention strategies based on the Turamarama Declaration, ensuring alignment with cultural values and Te Tiriti o Waitangi commitments.
- **Establishes a national suicide register**: The creation of a national suicide register to improve access to high-quality data for researchers, communities, and policymakers.
- **Invests in local research**: Ring-fenced funding for robust suicide prevention research, evaluation and knowledge translation.

What is new in this Briefing

- Suicide prevention in NZ has focused on mental illness and clinical interventions, but needs to shift emphasis to the broader social, structural and commercial determinants to reduce the burden of suicide long term.
- NZ has a unique opportunity to craft a Suicide Prevention Action Plan that truly embraces the whole-of society approach stipulated in our overarching National Suicide Prevention Strategy.
- It is time to be transformative rather than additive with suicide prevention in NZ which requires building leadership beyond the health sector and partnering with relevant stakeholders across the whole-of society.

Implications for policy and practice

- Build stronger, sustained, collective leadership in suicide prevention that goes beyond a narrow focus on health and involves cross-sector collaboration.
- Establish a dedicated focus and resourcing for Māori suicide prevention that follows the principles outlined in the Turamarama Declaration.
- Develop a national research strategy and repository/research hub to support knowledge exchange, partnership building and knowledge translation to ensure high quality and fit-for purpose interventions are designed, implemented and evaluated.
- Set up a suicide register and ensure access to high-quality national data to enable a robust local evidence base to be established.

Where to get help

Need to talk? Free call or text **1737** any time for support from a trained counsellor.

Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP).

Youthline – 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat.

Samaritans – 0800 726 666

Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO).

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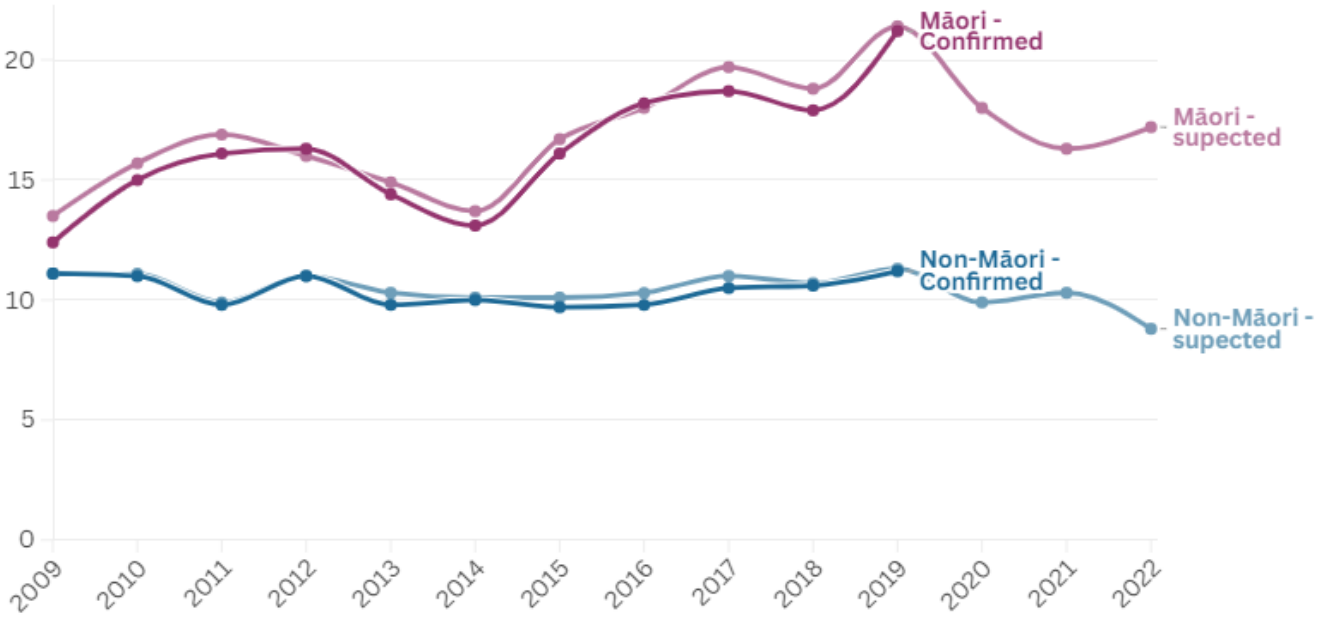
Appendix: Key epidemiological trends in suicide in Aotearoa New Zealand

Figure A1. Rates of suicide deaths among Māori and non-Māori of all ages

Confirmed and suspected suicide deaths per 100,000



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool
Rates are per 100,000 and age-standardised to the WHO standard world population.

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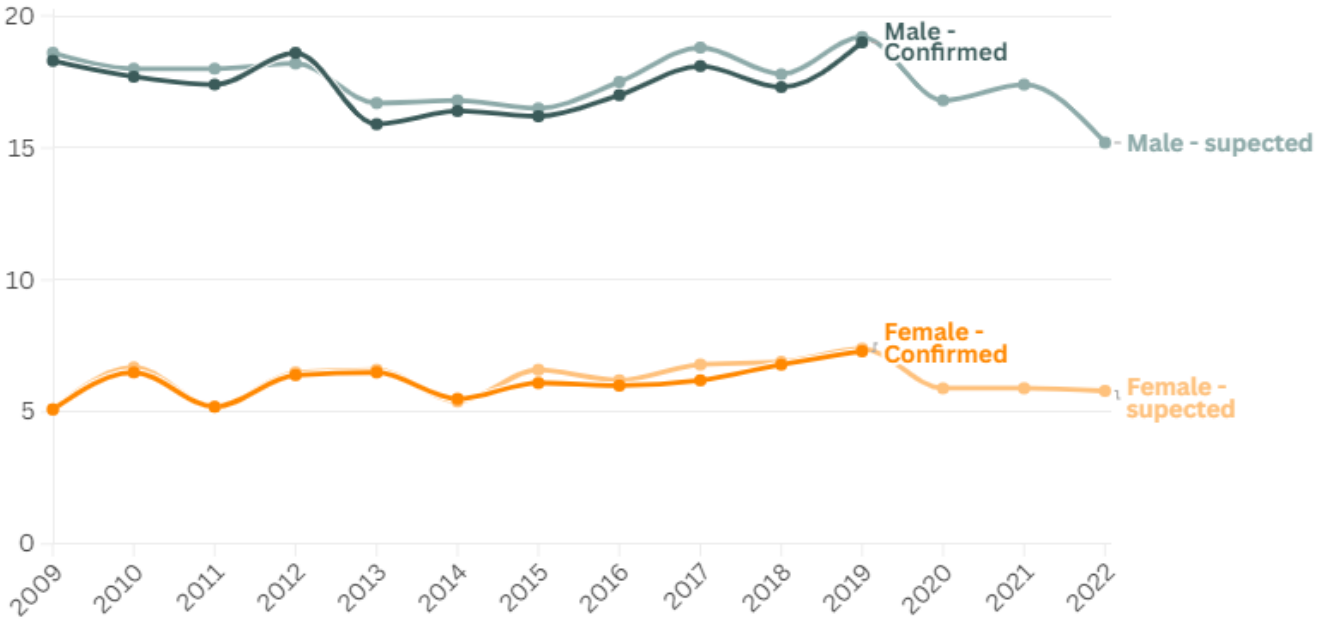
Figure A2. Rates of suicide deaths for all ethnic groups and all ages, by sex, 2009-2022

Confirmed and suspected suicide deaths per 100,000



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool
Rates are per 100,000 and age-standardised to the WHO standard world population.

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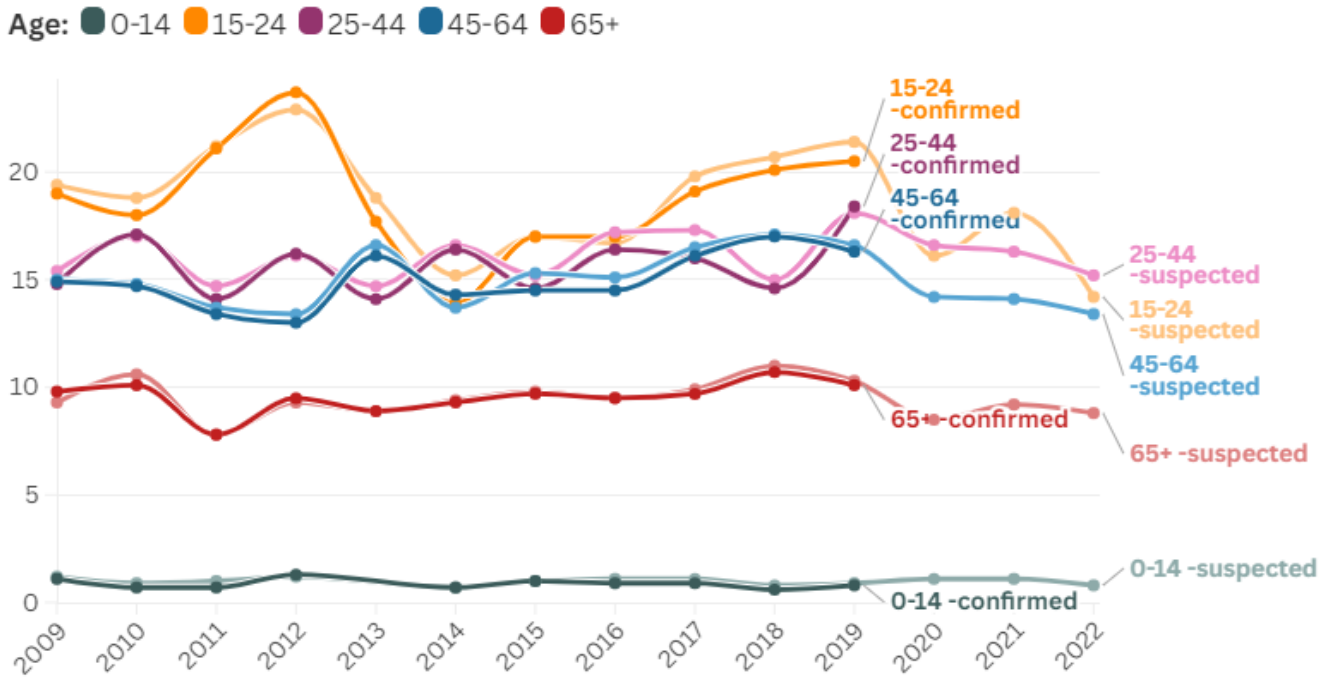
Figure A3. Rate of suicide deaths in NZ by age group, 2009–2022

Confirmed and suspected suicide deaths per 100,000



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool

Rates are per 100,000 and age-standardised to the WHO standard world population.

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