



South Canterbury
District Health Board
Enhancing the health & independence of the people of South Canterbury.

South Canterbury District Health Board **Suicide Prevention Plan 2015-2017**

Approved by Ministry of Health 5 June 2015

Introduction

1. Introduction

The South Canterbury Suicide Prevention Action Plan 2015- 17 focusses on improving mental health wellbeing and reducing suicide in South Canterbury.

This two year action plan refreshes the South Canterbury Suicide Prevention Action Plan 2013 – 2016. It updates the initial actions and brings them into line with the New Zealand Suicide Prevention Action Plan 2013-2016, which was released in May 2013 and the DHBs' toolkit released in February 2015.

During the development of the Action Plan every effort was made to reflect the needs of the South Canterbury population. SCDHB's population is bordered by the Rangitata and Waitaki Rivers and the Southern Alps. The population projections for 2015/16 are:

- Total population - 59,043
- Percentage over 65 years - 21%
- Percentage Māori - 7.88%.

Objectives

The Action Plan presents a programme of new and existing activities based on the composition of the South Canterbury community and Government priorities. The objectives of the Action Plan are to:

- Improve mental health literacy and promote help seeking
- Support families, whānau, hapū, iwi and communities to prevent suicide
- Support families, whānau, hapū, iwi and communities after a suicide
- Improve services and support for people at high risk of suicide receiving health care and/or accessing community services¹

This Action Plan incorporates improving mental health literacy within workplaces and the community; and upskilling the primary and secondary health workforce to recognise, treat and care for those who experience self-harm and suicidal behaviours. It also includes the development of a social marketing strategy to promote help seeking messages.

Suicide numbers

Over 800,000 people die due to suicide every year and there are many more who attempt suicide. Hence, many millions of people are affected or experience suicide bereavement every year. Suicide occurs throughout the lifespan and was the second leading cause of death among 15-

¹ New Zealand Suicide Prevention Action Plan 2013-2016

29 year olds globally in 2012².

In 2013/14 there were 529 provisional suicide deaths in New Zealand, 385 males and 144 females. This equals a rate of 11.73 deaths by suicide per 100,000 people³. As a comparison there were 298 New Zealand road deaths in 2014⁴.

Over the last seven complete financial years the provisional deaths, by suicide, have ranged from a high of 17 in 2011/12 to a low of two in 2013/14 in South Canterbury. The average amount of provisional suicide deaths, in South Canterbury, is eight per year (over the last seven years, to June 2014).

Provisional Suicide deaths by DHB Region between July 2007 and June 2014⁵

DHB Region	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	Total in 7 year period
Auckland	53	53	39	51	42	46	41	325
Bay of Plenty	20	41	21	36	31	31	27	207
Canterbury	61	61	74	63	73	60	68	460
Capital and Coast	32	24	26	25	28	34	30	199
Counties Manukau	59	38	52	46	55	50	48	348
Hawke's Bay	16	23	23	25	27	18	28	160
Hutt	25	9	20	22	12	14	25	127
Lakes	12	20	21	23	18	15	15	124
Mid Central	27	25	22	24	32	18	41	189
Nelson Marlborough	16	17	13	12	24	17	13	112
Northland	19	15	16	20	24	29	21	144
South Canterbury	10	4	7	8	17	8	2	56
Southern	37	49	60	45	42	47	31	311
Tairāwhiti	14	8	6	8	3	5	2	46
Taranaki	17	17	18	20	12	17	14	115
Waikato	38	47	47	51	33	45	44	305
Wairarapa	6	5	11	5	7	10	8	52
Waitemata	62	56	51	55	50	62	52	388
West Coast	7	6	3	5	4	6	8	39
Whanganui	8	12	10	12	12	7	11	72
Off Shore	1	1	1	2	1	2	0	8
Total	540	531	541	558	547	541	529	3787

Risk factors for suicide

Suicide is typically the result of a combination of factors. Risk factors for suicide can include having a mental health problem, exposure to trauma (e.g. family violence, child abuse or bullying), a lack of social support (e.g. living alone) and experiencing stressful life events (e.g.

² World Health Organisation (http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/)

³ (Provisional) New Zealand Annual Suicide Statistics (2013/14). Released by Chief Coroner Judge Neil MacLean (20 August 2014)

⁴ <http://www.transport.govt.nz/research/roadtoll/>

⁵ (Provisional) New Zealand Annual Suicide Statistics (2013/14). Released by Chief Coroner Judge Neil MacLean (20 August 2014)

discrimination, relationship problems or unemployment)⁶.

Suicide Prevention

Suicide prevention initiatives in general aim to reduce risk factors for suicide, promote protective factors and/or improve the services available. If we are to be successful in preventing suicide, it is essential that individuals, families, whānau, communities and agencies across New Zealand work together⁷

Some examples of things that can be done to prevent suicide include:

- supporting the mental health, wellbeing and resilience of individuals, families, whānau and communities
- promoting awareness of mental health issues at the community level
- improving support for families and whānau who are bereaved by suicide or affected by a suicide attempt
- developing and promoting guidance for key people (eg, families, whānau, teachers, police and front-line medical personnel) who have contact with people who are at risk of suicide⁸.

The development of the Action Plan

As outlined in the *Suicide Prevention Toolkit for District Health Boards*⁹ this Action Plan addresses four critical components:

- Engaging – developing relationships and partnerships with the community and across agencies
- Analysing – to increase our understanding of factors that influence suicidal behaviour and effective interventions
- Planning – to ensure the Action Plan is robust, meets the needs of the local community and is safe
- Delivering – the Action Plan contains timeframes for delivery and outlines how progress will be monitored.

The Action Plan also:

- addresses multiple risk and protection factors for suicidal behaviour
- promotes sustained action over a substantial time period
- acknowledges and promotes national suicide prevention initiatives, as well as local initiatives
- includes interventions for a range of population groups (eg rural, male, Māori) and interventions for individuals at risk

Implementation of the Action Plan

The implementation of the Action Plan is guided by the South Canterbury Suicide Prevention Action Plan Implementation Committee. The

⁶ Ministry of Health <http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention>

⁷ Ministry of Health <http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention>

⁸ Ministry of Health <http://www.health.govt.nz/our-work/mental-health-and-addictions/suicide-prevention>

⁹ Ministry of Health: Suicide Prevention Toolkit for District Health Boards (2015)

actions will be delivered within existing resources and current budgets. There is no new SCDHB funding to support current or new activities.

The SCDHB will provide project support; coordination of activities including postvention; and complete progress reports. Quarterly reports outlining progress on the actions will be available on the SCDHB website.

Linkages

The South Canterbury Suicide Prevention Action Plan links with the following workstreams:

- YMCA Youth Sector Network – Investing in Youth (a three-year project to develop and implement a Community Youth Plan)
- SCDHB Child and Youth Health Alliance (an Alliance tasked with working to improve health and wellbeing outcomes for children and young people in South Canterbury)
- Rising to the Challenge – Mental Health Workforce Competencies
- Kia Piki – Māori suicide prevention initiatives
- Anglican Care Oceans Grief and Loss Programme (for children and young people aged 5-15)
- Community and Public Health – WAVE (Well-being and Vitality in Education) an inter-sectoral programme aimed at creating and supporting healthier environments for children and young people in South Canterbury; mental health promotion; and promotion of healthy workplaces.

2. Governance

The SCDHB Community and Public Health Advisory Committee provides governance of the Action Plan and receives quarterly narrative reports

The South Canterbury Suicide Prevention Action Plan Implementation Committee supports the implementation of the actions and monitors the progress of the Action Plan.

3. Stakeholder engagement

The following five organisations provided input into the development of the South Canterbury Suicide Prevention Action Plan:

- South Canterbury District Health Board
- Community and Public Health (Canterbury District Health Board)
- Supporting Families Aoraki
- Family Works
- Arowhenua Whānau Services

The SCDHB Consumer Advisor and Family Advisor were also consulted and provided input.

4. Monitoring and evaluation

Monitoring

- The Suicide Prevention Action Plan is monitored in the following way:
 - Quarterly update reports to the SCDHB Community and Public Health Advisory Committee
 - Six monthly progress reports to the South Canterbury Suicide Prevention Action Plan Implementation Committee
 - Progress reports to the Ministry of Health

Evaluation

- The Suicide Prevention Action Plan will be evaluated in the following way:
 - Surveys sent to attendees at mental health/suicide prevention training sessions
 - The SCDHB will also scope the potential of evaluation through various groups for example: the SCDHB Consumer and Family Advisory Group, NGOs, GPs' Forum etc.

5. Identification and mitigation of risk

- Potential risks as the result of the planned activity:
 - Negative consequences of high profile cases and publicity around suicides and suicidal ideation
- Mitigation strategies to address risk:
 - Work with local media to ensure that reporting of sudden deaths is handled sensitively.

Objective 1: Support families, whānau, hapū, iwi and communities to prevent suicide

Area of Activity	Actions/Milestones	Expected Outcomes	Lead agency/agencies	Timeframe
<p>Community education Provide and promote 'gate keeper' training opportunities for suicide prevention in South Canterbury</p>	<p>Distribute SCDHB pre-purchased QPR Gatekeeper licences and provide follow-up support and information on local support options</p> <p>Promote face-to-face suicide prevention training provided by evidence-based providers</p>	<p>South Canterbury has an increased knowledge base of people who know how to recognise, support and refer suicidal people onto appropriate help. The training outcome will be measured through a participant training evaluation process applied at each session. Analysis of the feedback will be used to assess and review the effectiveness of the training and delivery of key messages.</p>	<p>SCDHB</p>	<p>Ongoing through 2015-2017</p>
<p>Rural communities Provide educational opportunities for rural people on how to recognise the signs and symptoms of depression, stress, anxiety and suicide risk and how and where to access help</p>	<p>Provide local help seeking information for South Canterbury rural communities at events and forums</p> <p>Promote and facilitate suicide prevention 'gatekeeper' training for rural people</p>	<p>Rural communities have improved collective knowledge of mental health and wellbeing and suicide prevention, how to support people at risk, and where to refer for help. The training outcome will be measured through a participant training evaluation process applied at each session. Analysis of the feedback will be used to assess and review the effectiveness of the training and delivery of key messages.</p>	<p>SCDHB and Community and Public Health (CPH)</p>	<p>Ongoing throughout 2015-2017</p>

<p>Workplaces Provide opportunities for workplaces to access training on mental health (including suicide prevention where appropriate)</p>	<p>Scope the feasibility of bringing the 'Mates in Construction' model to South Canterbury</p> <p>Promote the uptake of mental health literacy and suicide prevention training in workplaces</p> <p>Collaborate and support local 'Movember' initiatives highlighting men's mental health needs.</p>	<p>Workplaces have improved knowledge of mental health and wellbeing and suicide prevention. The training outcome will be measured through a participant training evaluation process applied at each session. Analysis of the feedback will be used to assess and review the effectiveness of the training and delivery of key messages.</p>	<p>SCDHB and CPH</p>	<p>Complete scoping exercise by 1 September 2015</p> <p>Promotion of mental health literacy and suicide prevention Ongoing through 2015-2017</p>
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Resilience and wellbeing of children and young people	Align the SC Suicide Prevention Strategy with the following work streams to promote the resilience and wellbeing of children and young people: <ul style="list-style-type: none"> • SCDHB Child and Youth Health Alliance • Investing in Youth – Future Proofing the Timaru District Project (YMCA) • Oceans Grief and Loss Programme (for children 5 to 15) (Anglican Care) • WAVE in schools programme (Community & Public Health) • Afterwards Programme – for children who have been exposed to domestic violence and trauma (Family Works) • Buddy Mentoring Programme (Family Works) 	Increased opportunities for resilience and wellbeing activities for children and young people and seek mental wellbeing measures where possible	SCDHB and CPH	Ongoing through 2015-2017
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<p>Resilience and wellbeing of older persons</p>	<p>Align the SC Suicide Prevention Plan with the SCDHB Centre of Excellence for Health of Older Persons work stream to promote the resilience and wellbeing of people 65 and over</p> <p>Link the SC Suicide Prevention Plan with the Advanced Care Plan work stream to enable older people to have more opportunity to decide and record their requirements for end of life care</p>	<p>Increased opportunities for resilience and wellbeing activities for older persons</p>	<p>SCDHB</p>	<p>TBC</p>
<p>Resilience and wellbeing of Māori and Pasifika</p> <p>Organise and host annual FLAVA* festival</p> <p>*FLAVA is the Mid and South Canterbury school's annual cultural competition show casing visual arts, kapa haka and performing arts</p>	<p>Key stakeholders organise the FLAVA festival</p> <p>FLAVA festival is held</p>	<p>The FLAVA festival promotes resilience and wellbeing of participants, organisers and attendees. The activity outcome will be measured through a participant evaluation process applied at each event. Analysis of the feedback will be used to assess and review the effectiveness of the festival activity and delivery of key messages.</p>	<p>Arowhenua Whānau Services, Kia Piki Coordinators and CPH</p>	<p>FLAVA to be held in August 2015</p>

<p>Arowhenua Whānau Services, Fale Pasifika Aoraki, Kia Piki Coordinators, SCDHB and CPH to develop initiatives to support Māori and Pasifika mental health wellbeing and suicide prevention</p>	<p>Develop an agreed plan of activities for 2015/17</p> <p>Deliver activities</p>	<p>Māori and Pasifika peoples have increased knowledge of mental health and wellbeing and suicide prevention in an appropriate cultural context The activity outcome will be measured through a participant training evaluation process applied at each event. Analysis of the feedback will be used to assess and review the effectiveness of the activity and delivery of key messages.</p>	<p>Arowhenua Whānau Services, Fale Pasifika Aoraki, Kia Piki Coordinators, SCDHB and CPH</p>	<p>Plan completed by 18 December 2015</p> <p>Deliver activities from 18 January 2016- 30 June 2017</p>
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<p>Communications Continue to develop a safe, consistent and effective social marketing strategy. This includes communications for the SCDHB website, SCDHB newsletter and development of resources promoting mental health wellbeing and advising people where to access help</p>	<p>Communications for 2015 include:</p> <ul style="list-style-type: none"> • Mental health promotion messaging in local papers • Radio series advertising how to access local support options, including the Brief Intervention Service • Production and distribution of <i>don't give up</i> postcard adapted from Suicide Prevention Australia • Distribution of <i>find a way through</i> wallet cards to GP practices and key agencies/organisations • Promotion of SCDHB mental health crisis line for people for people experiencing a mental health emergency • Continue to promote and advise of safe messaging around mental health and reporting of suicide to local media 	<p>South Canterbury residents have increased understanding of when and how to seek help for mental health concerns through various media forums: eg radio, newspapers and resources The outcome measure will be assess through an annual service user survey in order to seek source of information to access servces and of inform support person, family and whanau.</p>	<p>SCDHB</p>	<p>Ongoing throughout 2015-2017</p> <p>Develop Communications Plan for 2016 by 18 December 2015</p> <p>Develop Communications Plan for 2017 by 16 December 2016</p>
<p>Carers Provide information and support for carers of people who have attempted suicide or self-harmed</p>	<p>SCDHB Mental Health Services and Supporting Families Aoraki to continue to provide information packs to carers/whānau/support agencies of clients/patients who have presented with self-harm or suicide attempts, as required. This includes information on 'Keeping Your Home Safe and Signs of Suicidal Behaviour'</p>	<p>Carers of people who have self-harmed or attempted suicide have readily available at time of first contact and are always offered access to information and support so they are more knowledgeable and confident in their caregiving role. Access and availability will be assessed through carer and family survey.</p>	<p>SCDHB – Family Advisor</p> <p>Family Works</p> <p>Supporting Families Aoraki</p>	<p>Ongoing throughout 2015-2017</p> <p>Review content by 26 February 2016</p>

Alcohol harm reduction initiatives	Scope the feasibility of developing alcohol harm reduction initiatives in South Canterbury which link to mental health and suicide prevention	More community awareness on the impact of alcohol on mental health and suicidal behaviours	SCDHB Community and Public Health	Scoping exercise to be completed by 18 December 2015
Mental Health Awareness Week	Organise and promote activities for Mental Health Awareness Week (MHAW). MHAW 2015 will run from 5–11 October and the theme is GIVE	Increased community awareness of mental health and wellbeing	SCDHB Community and Public Health NGOs	Activities planned by 11 September Completed by 11 October 2015

Objective 2: Support families, whānau, hapū, iwi and communities after a suicide

Area of Activity	Actions/Milestones	Expected Outcomes	Lead agency/agencies	Timeframe
<p>Bereavement Support <i>Bereaved by Suicide programme</i> Scope delivering Skylight's Bereaved by Suicide programme. The Skylight programme supports people (17 years and over) bereaved by suicide in their understanding and management of grief and development of resilience. The Skylight programme will be offered to families/individuals bereaved by suicide (dates to venue to be confirmed). It runs over an eight session timeframe.</p>	<p>Organise logistics to deliver the Programme</p> <p>Deliver Skylight's Bereaved by Suicide programme at least once annually in South Canterbury</p>	<p>People who are bereaved by suicide are provided with opportunity to learn about the grief process and share with others in a safe and structured forum. The activity outcome will be measured through a participant training evaluation process applied at each event. Analysis of the feedback will be used to assess and review the effectiveness of the activity and delivery of key messages.</p>	<p>Family Works</p> <p>Supporting Families Aoraki</p> <p>Arowhenua Whānau Services</p>	<p>Ongoing through 2015-2017</p>

<p>Postvention Continue to implement the Postvention Plan 'Responding to Suicide in South Canterbury: A multiagency approach'</p> <p>Effectively respond to clusters/potential cluster situations</p> <p>Ensure people bereaved by suicide are aware of and can access appropriate in bereavement support</p> <p>(Please see SC Postvention Plan attached)</p>	<p>Instigate a postvention response as required</p> <p>Review the process regularly to ensure it is meeting the needs of the South Canterbury community</p> <p>Respond any cluster situation which may arise by referring to best evidence in suicide postvention and with advice from Clinical Advisory Services Aotearoa (CASA)</p>	<p>South Canterbury people who maybe vulnerable as a result of a suicide are followed up and offered appropriate support</p> <p>The risk of potential contagion is minimised</p>	<p>SCDHB</p>	<p>Ongoing throughout 2015-2017</p>
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Objective 3: Improve services and support for people who experience mental illness receiving health care and/or accessing community services

Area of Activity	Actions/Milestones	Expected Outcomes	Lead agency/agencies	Timeframe
<p>Secondary Mental Health Workforce Provide key training activities within the <i>Let's Get Real</i> frame work focusing on: <i>'cementing and building on gains in resilience and recovery'</i> including:</p> <ul style="list-style-type: none"> • COPMIA – e-learning programme 'Let's talk about children' • Working with Māori – Matua Raki workshop <p>Provide advanced suicide prevention training to mental health practitioners as required</p>	<p>Identified staff complete training which focuses on <i>'cementing and building on gains in resilience and recovery'</i></p>	<p>Secondary Mental Health Workforce has increased and up to date skill base in risk assessment, suicide prevention and resilience building. The training outcome/s will be measured through a participant training evaluation process applied at each event. Analysis of the feedback will be used to assess and review the effectiveness of the activity and delivery of key messages.</p>	<p>SCDHB</p>	<p>Ongoing through 2015-2017</p>
<p>Suicide Prevention training for primary health and hospital based health practitioners</p>	<p>Develop a training plan for delivery of suicide prevention training for 2016-2017</p>	<p>Primary health workforce has increased and up to date skill base in risk assessment, mental health and suicide prevention</p> <p>Hospital based health care practitioners increased and up to date skill base in risk assessment, mental health and suicide prevention</p>	<p>SCDHB (Primary and Community and Secondary Services)</p>	<p>Complete training plan by 18 December 2015</p> <p>Deliver training from 2 February 2016- until 30 June 2017</p>

<p>Mental health education for staff in community NGOs</p>	<p>Continue to strengthen relationships with community NGOs to support staff who work with people at increased risk of suicidal behaviour</p> <p>SCDHB to work with NGO partners to ensure staff have up to date knowledge and skills in self harm risk and suicide prevention</p>	<p>Staff in community NGOs have increased skills in self harm risk assessment and suicide prevention, The activity and or training outcome will be measured through a participant training evaluation process applied at each event. Analysis of the feedback will be used to assess and review the effectiveness of the activity and delivery of key messages.</p>	<p>SCDHB, CPH and NGOs</p>	<p>Complete training plan by 18 December 2015</p> <p>Deliver training from 2 February 2016- until 30 June 2017</p>
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South Canterbury Suicide Prevention Action Plan Implementation Committee Members

Names	Organisation/Group/Sector represented
Christine Nolan	SCDHB (Secondary Services, General Manager)
Dr Cecilia Smith-Hamel	SCDHB (Secondary Services, Mental Health)
Dr Daniel Williams (Chair)	Canterbury DHB, Community and Public Health (CPH)
Juliette Stevenson	Arowhenua Whānau Services
Liz Nolan	Family Works
Mandy Shelker	Supporting Families Aoraki
Maria Parish	SCDHB (Secondary Services, Mental Health)
Neil Brosnahan	Canterbury DHB, CPH
Nicola Prue	SCDHB (Communications)
Paula Kimble	SCDHB (Suicide Prevention)
Ruth Kibble	SCDHB (Primary & Community)

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