Auckland District Health Board
Suicide Prevention Annual Plan
July 2011 to June 2012
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Introduction

Suicide is a serious health issue that can be used as an indicator of mental health and well-being in the population (MOH, 2006c). Reducing the rates of suicide and self-harm is a priority in New Zealand Health Strategy and the New Zealand Suicide Prevention Strategy.

Internationally, New Zealand’s rates of suicide are high. Nationally, each year approximately 500 New Zealanders die by suicide and there are approximately 5000 hospitalisations for intentional self-harm (MOH, 2008a). Males have a higher rate of suicide than females while conversely females have a greater rate of intentional self-harm (as cited in MOH, 2008b). The age group of 15-44 has the highest suicide rates and the age group of 15-24 has the highest intentional self-harm rates (as cited in MOH, 2008b). Māori have the highest rate of suicide followed by European/Other, Pacific and Asian (as cited in MOH, 2008b). Māori also have the highest rate of intentional self-harm followed by European/Other and Asian (as cited in MOH, 2008b). Individuals who live in the most socio-economically deprived areas of New Zealand have significantly higher rates of suicide and intentional self-harm than those who live in the least deprived areas (as cited in MOH, 2008b). New Zealand’s suicide rates thus reflect patterns of inequalities in the broader determinants of health such as gender, age, ethnicity and socioeconomic status.

In June 2006 the Government released the New Zealand Suicide Prevention Strategy 2006–2016 (replacing the 1998 New Zealand Youth Suicide Prevention Strategy, and expanding the scope to cover suicide prevention across all ages) which provides a high-level framework for reducing the rates of suicide and suicidal behaviour in New Zealand (MOH, 2006). Subsequently, the New Zealand Suicide Prevention Action Plan 2008–2012 has been developed to translate the goals of this Strategy into action (MOH, 2008). To facilitate the implementation of the national plan at the local level, the Ministry of Health (MOH) has funded five Suicide Prevention Coordinator (SPC) positions, based in District Health Board Planning and Funding divisions. The Auckland District Health Board (ADHB) was one of the successful District Health Boards. The main role of the Suicide Prevention Coordinator is to co-ordinate the development and implementation of district suicide prevention Annual Action Plan.

The Ministry of Health has provided funding for a further two years to support the role of the District Health Boards Suicide Prevention Coordinators from 1st October 2010 to 30th of June 2012.
Auckland District Suicide Prevention Annual Plan 2011-2012

The Annual Plan outlines the course of action the District Health Board and the Suicide Prevention Coordinator will undertake over the first of two years of the Auckland District Health Board Suicide Prevention Action Plan. This Annual Plan identifies the activities to be undertaken during the period 1st July 2011 to 30th June 2012. Some of the activities from last year’s annual plan will be carried forward to this year.

The Auckland District Suicide Prevention Annual Plan sets out a course of action aimed at achieving the coordination and collaboration of suicide prevention across the ADHB & Auckland Region. The development of the Auckland District Suicide Prevention Annual Plan is guided by the Auckland District Suicide Prevention Needs Analysis Report (2009) and the Auckland District Suicide Prevention Action Plan (2009).

Priority

Activities in this Annual Plan had been prioritised to align with the service specification for the contract that ADHB has with the Ministry of Health and the priority population outlined in the ADHB Suicide Prevention Needs Analysis Report (2009).

The following groups of people were identified as high-risk populations for the Auckland Region:

1. Males, in particular the age group of 16 to 45 years
2. People who have made previous attempts at suicide
3. People living with mental illness, in particular depression, adjustment disorder, borderline personality disorder and antisocial personality disorder
4. Maori Males, in particular the age group of 15 to 35 years
Also of growing concern are:

1. Females, particularly in relation to intentional self harming
2. Family and friends who are bereaved by suicide
3. People expressing sexuality other than heterosexual (Gay, Lesbian, Bisexual, Transgender), in particular younger males so identifying
4. Refugees & Migrants
5. Elderly people
6. Individuals going through a relationship breakdown
7. Individuals who may qualify in more than one of these priority groups and particularly those who demonstrate co-morbidity with mental illness and alcohol/drug abuse

Monitoring and Reporting

The Suicide Prevention Coordinator will provide a mentoring framework to assist reporting on the implementation and outcomes from this annual plan and will report to ADHB and the Ministry of Health as required.

Suicide Prevention Activities

ADHB will focus on the following 5 main areas for the next year:

1. Development and Integration of Suicide Prevention Work in Primary Care
2. Workforce Development
3. Care Pathways
4. Suicide Prevention Promotion and Networking
5. Research

Maori Health Activities

Involvement and participation of Maori has been embedded into each activity. We have embedded the broad principles of Whanau Ora into this approach and so specifically incorporated the importance of family in the work of suicide prevention. We are therefore looking at ways, in the following action plan, of how we can strengthen families and support them to reduce suicidal behaviour.
**Outcome: Integration of Suicide Prevention Work Across all Sectors in the Auckland Region**

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<tr>
<th>Project Objectives</th>
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<th>Measure/ Milestone</th>
<th>Time Frames</th>
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<tbody>
<tr>
<td>1. <strong>Development and Integration of Suicide Prevention work in Primary Care</strong></td>
<td>- Engagement with 1 primary care mental health projects and 3 other agencies working on suicide prevention work.</td>
<td></td>
<td>On going to 30th June 2012.</td>
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The CCM Depression Programme aims to “reduce preventable morbidity and mortality in people with depression through improved clinical management, and by providing timely and integrated care. Research has shown that depression is linked and is one of the contributors to intentional self harm and suicidal behaviour.

**Project 1:** Primary mental Health Services through PHO (MOH Primary Health Care Strategy 2001)

**Actions:**
- The prevalence and impact of intentional self harm is reduced through education, prevention and early intervention activities within primary care.
- The ability of primary health care practitioners to effectively respond to the majority of intentional self harm problems that can be managed in primary health settings has been enhanced.
- Effective linkages with other mental health providers

**Milestone:** Training on awareness and screening for suicide prevention. Distribution of information

**Measure:** 2 trainings workshops on QPR Screening – CASA consisting of 25 participants and 2 workshops on Suicide Prevention awareness consisting of 40 participants. All participants will receive a resource back of information on depression and suicide

**Milestone:** Regular meetings with key workers to enable the effective co-ordination of aftercare for those...
| Advocate increased recognition and management of depression, suicidal ideation and behaviour in the primary care setting. | • To explore the possibility of adding to all ADHB Primary Care & Mental Health contracts suicide prevention assessment and management training for all health care professionals. | | Milestone: Delivery of training workshops and seminars on suicide prevention, assessment and management for primary care services. | Measure: documentation of suicide prevention training and meetings decisions. | On going to 30th June 2012. |
**Outcome: Competent and Confident Workforce Comfortable in Assessing Risk and Responding to Suicidal Persons**

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| 2. Workforce Development: Provide training for mental health and primary care services, community organisations, ED Services to recognize and to respond to Suicidal ideation and behaviour. | Deliver training workshops/seminars on suicide prevention, assessment and management for Mental Health services, Primary Care and community organizations. | **Milestone:** Trainings on suicide prevention awareness’ and suicide screening will aim to increase:  
- The knowledge and capability of participants to recognize and respond to suicidal ideation and behavior  
- The competence of participants to undertake risk assessments  
**Measures:**  
- Deliver 5 x 1 day training workshops on suicide prevention, assessment and management for Mental Health, Primary Care Services, and community organizations with a minimum of 25 participants per workshop.  
- Support a Regional conference on Suicide Prevention.  
- Encourage and support Maori and Pacific to participate in the suicide prevention & assessment training workshops | On going to 30th June 2012. |
| | | Ensure that 5% of participants at the workshop are Maori and Pacific health professional - this may include providing subsidised places for Pacific & Maori community leaders prevention ‘champions’. | March 2012 |

| | | | On going to 30th June 2012. |
## Outcome: Improved Responsiveness of Care and Access to Effective Services to ADHB Region for those Experiencing Mental Health Problems

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<tr>
<td><strong>Community Projects</strong>&lt;br&gt;<strong>Project No 1</strong>&lt;br&gt;OUTLine Community Project: LGBT Mental Health &amp; AOD Needs</td>
<td>A scoping paper to assess the needs of the Rainbow community in relation to mental health services. is to be developed by Affinity Services Limited and OUTLine working with Auckland District Health</td>
<td>Milestone: appointment of a coordinator to carry out this project and make recommendations to mental health services based on findings.&lt;br&gt;Measure: documentation of findings and links developed to mainstream services.</td>
<td>On going to 30th June 2012.</td>
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<td><strong>Project No 2</strong>&lt;br&gt;Muslim Mental Health Awareness: Exploring the Need of the Community</td>
<td>The project sought to address the following issues related to mental health within the Muslim community living in Auckland:&lt;br&gt;• Assess the level of mental health awareness in the Muslim community.&lt;br&gt;• Identify the existing services which provide direct mental health service to this community and identify any gaps and barriers, especially in accessing mainstream mental health services.&lt;br&gt;• Assess the role of the Imams in terms of providing mental health support and raising</td>
<td>Milestone: To identify and link up with mental health services that provide culturally appropriate mental health services to the Muslim community living in Auckland. Education of the Muslim community about mental health services available from the Auckland District Health Board (ADHB)&lt;br&gt;Measure: documentation of findings and links developed to mainstream services.</td>
<td>On going to 30th June 2012.</td>
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| Project No 3 Suicide Prevention for Maori Community | MH awareness in the community.  
- Provide recommendations for ways to raise mental health awareness in the Muslim community and increase access to mainstream services.  
- Provide recommendations.  
- Work closely with services that work with Maori and so improve awareness of suicide risk among young Maori men and facilitate the development of a prevention focused strategy and practice.  

**Milestone:** workshop provided for services and agencies working with Maori men to raise awareness of risks and warning signs for suicidal behavior.  
**Measure:** To Collaborate with Maori Mental Health to have a hui for Maori men community leaders to discuss and develop action plan to decrease suicide rates.  
**Measure:** Embed risk assessment into appropriate agencies together with identified interventions. Implement and evaluate.  

**On going to 30th June 2012.** |

| Project No 4 Suicide prevention for Pacific Community | Project lead and Funded by the GM Of Pacific Health  
Work closely with Pasifika Community towards building resilience and connectedness  

**Milestone:** GM Of Pacific health has Set aside money from her budget for suicide prevention.  
**Measures:** Pacific Suicide  

**On going to 30th June 2012.** |
and to raise awareness of support and referral options. This could include:

1. Educating leaders in the Pasifika community on Mental Health, suicide prevention and Treatment availability. To address a lack of awareness/understanding of mental health and improve access to health care.

- **Provide Resources to the Pacific Community**

- **Suicide Prevention Pacific Reference group** to guide the direction suicide prevention should take for pacific. In the mean time Pacific health workers are attending some of the suicide prevention training that has been organizing.

| Milestone: Circulated basic information from SPINZ (resources) to the Pacific Community |
| Measure: Suicide Prevention Coordinator participates as an active member and ensures the Reference Group meets quarterly. |

On going to 30th June 2012.
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<th>4. <strong>Care Pathways</strong></th>
<th>• Participate in the development of 3 Care Pathways for Mental Health.</th>
<th>• <strong>Milestone:</strong> Completion of three Care Pathways for Mental Health</th>
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<td>• Maori Mental Health Professionals to participate in the development of the three Care Pathways.</td>
<td>• <strong>Measure:</strong> Key personnel have access to clear referral pathways linked to primary care depression pathway project</td>
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### Outcome: Increasing Awareness on Suicide Prevention in Mental Health and Primary Care

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<td>5. Suicide Prevention Promotion and Networking.</td>
<td>• Through networking, promoting information and awareness on suicide prevention in mental health and Primary care settings.</td>
<td>• Updated promotional material and statistics that increase public awareness has been distributed to clinical as well as community staff.</td>
<td>On going to 30th June 2012.</td>
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<td></td>
<td>• Support availability of information for people who have intentionally self harmed or attempted suicide</td>
<td>• Resource Packs distributed to families, friends health and police staff</td>
<td>On going to 30th June 2012.</td>
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<td>• Develop and make available through services resource packs for families bereaved by suicide, attempted suicide and intentional self harm</td>
<td>• Suicide Prevention Coordinator participated as an active member of all / 90% of the ADHB, CYMRG to review suicide deaths of those under 25 years and make appropriate recommendations.</td>
<td>On going to 30th June 2012.</td>
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<td>• Child Youth Mortality Review Group: share information learned from suicide deaths to minimize future deaths.</td>
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<td>6. <strong>Online Therapy:</strong></td>
<td>7. <strong>School Support:</strong></td>
<td>8. <strong>Milestone:</strong></td>
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| - Suicide Prevention Coordinator to respond to opportunities for working with sectors and agencies lobbying for  
  1. Reduced access to alcohol for youth  
  2. Media Guidelines adherence  
- Included suicide prevention activities into the ADHB Annual plan  
- Making this available to CMHC consumer as well as patients accessing physical health services.  
- Encourage all schools to make use of the MOE Traumatic Incident Response Team (TIRT) following suicidal behavior in schools/Universities. | - Participate in relevant Regional and government meetings  
- **Milestone:** Suicide Prevention incorporated across health sector.  
- **Milestone:** implementation.  
- **Milestone:** Networking and awareness about the availability of this resource provided by the MOE with community.  
  Measure: information provide and suicide prevention coordinator to link up the community with the MOE when required. | - On going to 30th June 2012.  
- On going to 30th June 2012.  
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<td>8. Suicide Prevention Research</td>
<td>Analyses regional suicide and intentional self harm trends in order to provide valuable information for guiding suicide prevention activities.</td>
<td>Measures: Link up with other institutions like Te Pō, Mental Health Foundation, SPINZ, Auckland University, Ministry of Health, Coroner office, University of Melbourne – First AID</td>
<td>On going to 30th June 2012.</td>
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