AUCKLAND DISTRICT HEALTH BOARD IN ASSOCIATION WITH LIFELINE

REGIONAL SUICIDE PREVENTION SYMPOSIUM

CROWNE PLAZA
128 ALBERT STREET
AUCKLAND CITY

FRIDAY 7TH MAY 2010
9.00 AM TO 4 PM
Auckland District Health Board Planning & Funding Mental Health & Addiction

Who are we?
We are a team of people who assess the health needs of the people of Auckland, match these to the development and maintenance of services, and evaluate their delivery to ensure outcomes match expectations and requirements. All of this takes place within the available resources as allocated by government.

We are part of the Auckland District Health Board, which includes the provider arm services. Many of the team have clinical backgrounds or have joint appointments between the provider arm and planning and funding. Many also have business qualifications and experience. Much of our time is spent working with different providers, consumers, and whānau to understand what is expected and what is delivered. This also means managing budgets and working within financial constraints and reporting back to government about how the money is spent and what outcomes are being provided.

We work using three important principles:

1. A population health or whole-life frame
2. A whole system frame
3. Outcomes frame

What do we do?
We work to deliver the strategic objectives of the District Health Board. These can be represented graphical in the diagram below. We work to influence each of these sectors through our role in planning services, managing finances, and encouraging evidence based best practice in service delivery.
The spectrum of our responsibilities is shown in the next diagram. Whilst this might be best shown as a circle because of the cyclic nature of the work, laid out in this way you can see the link between one stage and the next as government policy and strategy is interpreted, implemented, and evaluated to deliver the required outcomes.

An area that is sometimes not recognised is the important contribution that contracting makes to ensure services are delivered as intended and held accountability for their use of public funds. Contracts are also an important component of the building of relationships with providers, and enable us to better understand the clinical and social aspects of planning and funding.

The final key part of our work is the auditing and quality assessment of services. All of this allows us to match delivery to health requirements and is more than a simple commercial relationship; it’s more of a partnership, which requires cooperation and coordination to deliver the best outcomes for people.

ROBERT FORD
PLANNING & FUNDING – MENTAL HEALTH & ADDICTIONS
REGISTERED PSYCHOTHERAPIST
LIFELINE

Lifeline's mission is to provide safe, effective and innovative services that support the emotional and mental wellbeing of our communities.

Lifeline provides 24 hour, 7 day a week free telephone counselling; Face-to-Face counselling together with a range of other counselling and support services.

As life becomes more complex, traditional supports may not be available for people in times of need. Lack of transport, illness, family commitments and unfamiliarity with new society can mean that many people are socially isolated.

Lifeline provides support to thousands of people each year - a call to Lifeline can be literally life saving.

Counsellors deal with many kinds of issues with callers including psychological & emotional distress; financial and work issues; marriage and family problems and with callers who are lonely, ill, depressed or the victims of violence or abuse.

Services include Kidsline, Chinese Lifeline, LifeLine 24/7 and Face-to Face counselling.

Our volunteers undergo world class counselling training and provide a caring and professional service to a wide range of people in need.

In addition Lifeline works in collaboration with other health and community organisations to provide resourcing and helpline services on behalf of Ministry of Health, Ministry of Social Development and Auckland District Health Board.

Established in 1965, Lifeline provides a vital service to thousands of New Zealanders each year.

**LIFELINE AUCKLAND IS AN ANONYMOUS, CONFIDENTIAL SERVICE COMMITTED TO QUALITY AND FOR THIS REASON ALL OF OUR WORK IS SUPERVISED.**
Suicide Prevention Coordination Pilot

The publication of the New Zealand Suicide Prevention Strategy 2006-2016 and the New Zealand Suicide Prevention Action Plan 2008-2012 provided a high-level framework for reducing the rates of suicide and suicidal behaviours.

To facilitate the implementation of the national plan at a regional level, the Ministry of Health has funded five district health boards (DHBs) to pilot a Suicide Prevention Coordinator role over two years. Commencing September 2008 the pilot runs until August 2010 in the following five DHBs: Auckland, Counties Manukau, Lakes, Wairarapa and Nelson Marlborough. Suicide prevention coordinators have been appointed in each of the five districts. The principal role of the coordinators is to lead and facilitate cross-agency collaboration to implement the national strategy and action plan at the district level. Coordinators provide local leadership by acting as catalysts for change and championing suicide prevention activity. This includes spreading knowledge of suicidal behaviours and interventions and providing support at strategic levels for others working in the area.

With the coordinators being based in DHB’s it is appropriate that they focus on improving connections between DHB departments, services and contracted agencies that contribute to suicide prevention. This includes emergency departments, psychiatric inpatient services, community mental health services and Māori Mental Services as well as PHOs and Public Health Units. A further objective is for DHB’s to be better connected with other agencies in the District such as Police, Child Youth and Family, Coroners schools, etc.

Some of the key areas of work completed or in the process are:

- Establishment of an Inter-Agency Advisory & Steering Group to assist in the development of a district suicide prevention action plan and to support district suicide prevention activities
- Completion of a District Needs Analysis
- Mapping of current service pathway processes
- Development of a district suicide prevention action plan, including a monitoring framework
- Coordination of the implementation of the action plan
- The Suicide Prevention Coordinators are responsible for translating national strategy into achievable, sustainable and realistic action at a local level

Loraine Coelho
Suicide Prevention Co-ordinator - Planning & Funding – Mental Health & Addictions
SYMPOSIUM FACILITATORS

Robert Ford: Portfolio Manager Mental Health & Addiction
Dr Clive Bensemann: Director of Mental Health Services, ADHB.
Lorraine Coelho: Suicide Prevention Coordinator

ABOUT THE SYMPOSIUM

Why Have a Regional Symposium?
- So that we can share information about work and services in the region that relate to suicide prevention and self-harm
- So that we share information about new initiatives and discuss ways to use the Suicide Prevention Action Plan

Who Should Attend?
Professionals working in government, justice, health, and education police, social services, corrections, non-government organisations, community agencies and groups, iwi based organisations and other interested groups.

What Will Happen at the Symposium?
- There will be presentations from local researchers and investigators including health care professionals, community groups, and local government as well as regional service providers involved in suicide prevention research, policy development, and practical initiative.
- We will look at the recommendations in the Local suicide Prevention Action Plan that came out of the government funded investigative project in Auckland and Manukau.
- There will be several opportunities for groups to meet and talk about local action and interventions to reduce self-harm and suicide in your community.

Symposium Format
Using an action learning model, the symposium will be a mixture of presentations and a facilitated series of conversations in small groups. With an emphasis on being solution-focused, the small group process aims to harness the collective wisdom of the whole group. The presenters will provide stimulus and points of discussion to be processed in small groups.
Symposium Details

**Date:** Friday 7\textsuperscript{th} May 2010

**Venue:** Crowne Plaza,
Ball Room 1
128 Albert Street, Auckland City

**Time:** 9am to 4pm

**Topics Covered**

- Culturally specific factors related to suicide and intentional self-harm
- Culturally appropriate methods of assisting a person and family/whānau in relation to suicide and intentional self-harm issues
- Age-group specific factors related to suicide and intentional self-harm
- Age-group specific methods of assisting a person and family/whānau in relation to suicide and intentional self-harm issues
- The relationship between mental health, suicide and self-harm behaviours
- Addiction and suicide
- Strengthening links between mental health services and community groups
REGIONAL SUICIDE PREVENTION SYMPOSIUM
AUCKLAND DISTRICT HEALTH BOARD IN ASSOCIATION WITH
LIFELINE

Friday, May 7 2010
Crowne Plaza, Auckland

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<thead>
<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>9.00</td>
<td>Whakatau</td>
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<td>9.30</td>
<td>Tea/coffee</td>
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<td>9.40</td>
<td>Opening Address</td>
<td>Denis Jury</td>
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<td>Chief Planning &amp; Funding Officer, ADHB</td>
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<tr>
<td>9.45</td>
<td>Introduction</td>
<td>Robert Ford</td>
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<td>Portfolio Manager – Mental Health &amp; Addiction, ADHB</td>
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<tr>
<td>9.50</td>
<td>Presentation</td>
<td>Candace Bagnall</td>
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<td>Ministry of Health - Suicide Portfolio</td>
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<tr>
<td>10.00</td>
<td>Panel Presentations</td>
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### Panel 1: A Cultural Perspective

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<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10.00</td>
<td>Specific factors/causes related to intentional self harm and suicide among Māori</td>
<td>Helen Moewaka Barnes&lt;br&gt;Director, Whariki Research Group&lt;br&gt;SHORE and Whariki Research Centre</td>
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<tr>
<td>10.10</td>
<td>Specific factors/causes related to intentional self harm and suicide among pacific people</td>
<td>Hilda Fa’asalele&lt;br&gt;GM Pacific Health, ADHB</td>
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<tr>
<td>10.20</td>
<td>Risk factors contributing to suicide and intentional self harming behaviours from a Asian and migrant’s perspective.</td>
<td>Patrick Au&lt;br&gt;Asian Mental Health Coordinator</td>
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<tr>
<td>10.30</td>
<td>A holistic cultural view and understanding of Suicide</td>
<td>Merryn Statham&lt;br&gt;Director of SPINZ</td>
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<tr>
<td>10.45</td>
<td>Questions for panel from participants.</td>
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<tr>
<td>10.50</td>
<td>Resource Table introduction</td>
<td>Merryn Statham&lt;br&gt;Director of SPINZ</td>
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<tr>
<td>11.00</td>
<td>Morning Tea</td>
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### Panel 2: A Health Perspective

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>11.15</td>
<td>Can Mental Health Services Prevent Suicide?</td>
<td>Debbie Antcliff&lt;br&gt;Clinical Director Community Mental Health Service</td>
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<tr>
<td>11.30</td>
<td>Why paying attention to suicide prevention benefits everyone.</td>
<td>Dr Simon Hatcher&lt;br&gt;Auckland University</td>
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<td>11.40</td>
<td>Suicide in those with addiction</td>
<td>Dr Grant Christie&lt;br&gt;CADS</td>
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<tr>
<td>11.50</td>
<td>The relationship between Mental Health and intentional self harm and suicide: The view from the coal face.</td>
<td>Lynne Weir&lt;br&gt;Clinical Nurse Specialist, ADHB</td>
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<td>12.00</td>
<td>Questions for panel from participants</td>
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<td>12.15</td>
<td>Lunch</td>
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Regional Suicide Prevention Symposium
# Panel 3: An Age-Group Perspective

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<th>Time</th>
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<th>Presenter</th>
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<tbody>
<tr>
<td>1.00</td>
<td>Factors/causes related to intentional self harm and suicide in youth</td>
<td>Dr Stephen Bell CEO YouthLine</td>
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<td>1.10</td>
<td>Suicide prevention education based programmes</td>
<td>Ansie Nortje Ministry of Education</td>
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<tr>
<td>1.20</td>
<td>Suicide rates in older persons</td>
<td>Marie Hull Brown Project Manager – Older Persons Mental Health Foundation</td>
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<tr>
<td>1.30</td>
<td>Early intervention services for young people</td>
<td>Dylan Norton Lifeline</td>
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<td>1.40</td>
<td>Questions for panel from participants</td>
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<td>1.50</td>
<td><strong>Workshops</strong></td>
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<td>• Culture</td>
<td>Debbie Antcliff Clinical Director Community Mental Health Service</td>
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<td>• Health</td>
<td>Dr Clive Bensemann Director of Mental Health Services, ADHB.</td>
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<td></td>
<td>• Age</td>
<td>Dr Simon Hatcher Auckland University</td>
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<tr>
<td>2.45</td>
<td>Tea/Coffee</td>
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<td>3.00</td>
<td>Group Presentations</td>
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<td>3.45</td>
<td>Recommendations to local agencies</td>
<td>Anil Thapliyal Lifeline</td>
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<tr>
<td>4.00</td>
<td>Symposium Close</td>
<td>Anil Thapliyal Lifeline</td>
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ORGANISERS BIO

DENIS JURY
CHIEF PLANNING AND FUNDING OFFICER
ADHB

DR CLIVE BENSEMANN
DIRECTOR OF MENTAL HEALTH SERVICES
ADHB

Past Positions
- General Manager Planning and Strategy, Auckland District Health
- Board Business Development Manager, Vialactia Biosciences
- Group Manager Governance & Strategy, Health Waikato Ltd.
- Manager Corporate Strategy, Health Waikato Ltd
- Manager Pharmacy & Allied Health Services, Health Waikato Ltd
- Manager Pharmacy Services, Health Waikato Ltd
- Senior Scientist, Waikato Area Health Board

Qualifications
- Bachelor of Science, 1973; University of Waikato
- Master of Science, 1974; University of Waikato
- Doctor of Philosophy, 1978; University of Waikato
- Master of Business Administration, 1994; University of Waikato

Interests
Sailing, Vintage sports cars, Architecture, engineering and science, Arts, books, film and music

Clive is a Psychiatrist who also worked for a few years as a GP. His past clinical work has been in Adult Crisis and Home based treatment teams, in Early Psychosis Intervention services, and more recently in Older Peoples services. His past experience also includes the role of Clinical Director of Waikato Mental Health services. He joined ADHB 1 year ago in a role that combines the traditional Clinical Director/DAMHS role for Mental Health Services, with a new Funding team role. This is a new model of Clinical leadership which other DHBs are interested in and watching.

As Director/DAMHS Clive has responsibilities for the quality of service provided by the Provider arm, and statutory obligations to meet the needs of patients under the Mental Health Act. As funder he has responsibilities for efficient and effective service delivery for patients across the whole Primary care to Tertiary care spectrum. These several roles provide challenges and sometimes competing priorities.

In the now very constrained fiscal environment the challenge for providers and funders is to improve quality and consolidate the gains made in Specialist Mental Health services delivery over the last 10 years, while also expanding service delivery and improving care pathways for those with mild-moderate severity mental health problems treated in the Primary care setting.
Born by the river and brought up in south London I enjoyed all the sophistication and cultural entertainment that the city could offer for most of my life so far.

I trained as Social Worker for work with offenders following a substantial career as a London police sergeant. Social worker led to Counsellor, which led to Psychoanalytic Psychotherapist, and then later management. At this point just over three years ago I landed on these shores. I started working for ADHB in planning and funding, and was then CEO for SAFE Network (NGO working with sex offenders) before being tempted back to ADHB in my current role as planning and funding manager for mental health and addictions.

An MA in psychology started a long professional journey currently working its way through a Suicide Prevention Co-ordinator’s role. Lorraine commenced her professional career as a Junior Research Officer in AIDS research, India. She then worked as psychologist in the field of domestic violence. This was followed by work as a counsellor and researcher in the field of drugs and alcohol along with a 6-month UK stint to share and study international drug and rehabilitation trends. This led to the position of a Consultant Researcher for the International Labour Organisation (ILO), United Nations, India.

Lorraine then took a jump over many seas to settle in land of the long white cloud. Here she has worked as a Research Fellow at the University of Auckland studying the effects of Methamphetamine use during pregnancy on newborn infants, based in Auckland Hospital, in collaboration with Brown University, Rhode Island. Her current role is a based in Greenlane Hospital within the ADHB Mental Health Planning and Funding team. Her role is to implement the National Suicide Prevention Strategy and Action Plan at a regional level.
Anil Thapliyal
Lifeline Aotearoa

Anil has worked in a variety of leadership roles ranging from organisational management, researcher to being a practitioner in the Mental Health sector in New Zealand. His multi-disciplinary background includes being investigator for Ministry of Health commissioned projects on policy, work force development and has led the development & deployment of several significant community based self-help e-therapy programmes for mental health sector in New Zealand. He is an active contributor to various governance roles in the mental health sector.

Anil is currently works at Lifeline Aotearoa which is the key service provider agency for the suite of programmes under Suicide Prevention Strategy for the Ministry of Health in New Zealand.

Anna Roberton
Team Administrator
Planning and Funding Team
ADHB

Anna was raised in Auckland and obtained a BA from the University of Auckland. She has worked as an administrator in the University of Auckland, and as a personal assistant for an international school in Auckland.

Anna has also worked in the banking and insurance sectors. She enjoys the new opportunities in the health sector. Her previous roles have involved drafting newsletters. Her interests include tapestry, antiques, and gardening.
**Key Speakers Bio**

**Candice Bagnall**  
Senior Policy Analyst  
Ministry of Health

Candice is part of a small team working on suicide prevention, and primarily responsible for the National Depression Initiative. Candace has worked in public health for the last 20 years, including five years as Director of the Health Promotion Forum, and 15 years in various funding and planning roles. Prior to her work in public health, Candace worked in the community arts and as a writer and designer. She has a degree in Fine Arts and a Masters in Public Health, which is appropriate for contributing to both the art and the science of public health.

**Helen Moewaka Barnes (Ngati Wai/Ngati Hine/Ngati Manu)**  
Director of Te Ropu Whariki  
Shore and Whariki Research Centre.

Helen helped to develop the research team and has led Whariki since its inception. She has carried out numerous research projects from design through to data collection and analysis. Whariki has a strong focus on working alongside Māori communities and developing Māori research capacity.
Strong healthy families living in safe and supported communities is one of the key personal goals driving Hilda.

She is a Registered Comprehensive Nurse, has senior management, leadership, and education background, and says she has always had a strong interest in Pacific Health, particularly with a view to address health inequalities. “The health of individuals and communities is influenced by the social, cultural, economic and environmental contexts in which people live their lives, so it seems reasonable that we look at these areas to improve long term health status,” says Hilda.

Primary Health care has been the focus for most of Hilda’s nursing career and include Well Child Nurse, Clinical Educator and Pacific Manager with Plunket and Nurse Leader for TaPasefika PHO/CMDHB.

Patrick is a Registered Psychiatric Nurse and a Counsellor/Family Therapist. As a Chinese and a Migrant, Patrick focuses his clinical practice on working with Asians both within his role in ADHB and in his private practice.
Merryn is from Hawkes Bay but has been living and working in Auckland since 1988. Merryn has managed SPINZ since 2002, developing the service from a youth focus, to one responsive to all the groups covered in the NZ Suicide Prevention Strategy. She has worked across the education and health sectors, and brings experiences working with marginalised young people and their families, government and community agencies and media together to add value to suicide prevention work in NZ.

Debbie was the Director of Mental Health services for ADHB for 5 years. She has a longstanding interest in service improvement and during her time as DAMHS was responsible for conducting almost all the in-depth reviews of serious incidents involving ADHBs Mental Health service users. This included all completed suicides and other major incidents. Through this process she developed a focus on suicide and suicide prevention. She has been a member of ADHBs steering committee to look at this and plays an active role in implementing any recommendations arising from the project that affect the ADHB Mental Health service.
Simon has worked in emergency departments in the UK and New Zealand for the last 25 years where a large part of the work is seeing and assessing people who have deliberately harmed themselves. He has completed one large randomised controlled trial of problem solving therapy in people who self harm and found it an effective treatment for people who present more than once. It was also cost effective. He is currently doing two more large trials of complex interventions in self harm.

Grant has been working in CADS Auckland for the past 8 years in youth and adult services. He is passionate about raising the profile of youth addiction treatment and was principal investigator in the design and testing of the Substances and Choices Scale (SACS), a youth AOD screening instrument (available on www.sacsinfo.com). He is the current NZ representative for the RANZCP Section of Addiction Psychiatry.
Lynne has 25 years experience in acute psychiatry. Having trained in Northern Ireland, Lynne worked in an acute inpatient ward in London then moved to Auckland & has been employed by ADHB for the last 22 years. Lynne is currently employed as Nurse Specialist at Liaison Psychiatry Auckland City Hospital. The Nurse specialists within the Liaison Psychiatry team are responsible for the assessment of all people over the age of 18 who present to the hospital following deliberate self harm.

Stephen has grown old working in the youth sector for over a quarter of a century. Prior to working at Youthsline he qualified as a registered comprehensive nurse and worked in the trauma and mental health fields. He went on to provide Family Court linked “Stopping Violence” programmes and Youth programmes and services for over 15 years.

Stephen has been involved in a number of sector developments including the NZAAHD Executive, Youth Health Workforce Development Group and a number of stakeholder advisory groups including Victoria University Youth Connectedness Research, SPINZ, MOYA Suicide Prevention Expert Reference Group and CMDHB Youth Health Strategy Group.

Stephen has led and been involved in a number of research initiatives and innovative programme developments including counselling internship, stopping violence and youth development services.
Ansie Nortje
Service Manager
Ministry of Education, Special Education

Ansie is a registered psychologist. Following both a teaching and a counselling background she has 22 years experience in working with traumatic incidents, both overseas and in New Zealand.

Marie Hull-Brown
Project Manager
Older Mental Health

Marie Hull-Brown has worked for the Mental Health Foundation of New Zealand for 22 years and is a member of their northern region mental health promotion team, with older people as her main focus. Much of her work is done in partnership with Age Concern, Auckland City Council’s community services and other community groups, promoting quality of life for older people and accessibility to the world around them.
Dylan Norton
Manager
National Depression Initiative Support Services
Lifeline

Dylan has been working in the AOD and MH field for the last 8 years, initially at Community Alcohol and Drug Services Auckland then with Lifeline Aotearoa. Prior to this Dylan completed a Bachelor of Alcohol and Drug studies.

Dylan’s current role is manager of the National Depression Initiative suite of personalised support services. These services are The Lowdown, the Depression Helpline, Like Minds Like Mine National Helpline and a new The Journal (online Self-Management programme) support service currently in a pilot stage.
PRESENTATIONS

THE NZ SUICIDE PREVENTION STRATEGY AND ACTION PLAN - HOW'S IT GOING?

*Candace Bagnall*
Senior Policy Analyst, Ministry of Health

The NZ Suicide Prevention Strategy 2006 - 2016 provides a national framework for suicide prevention, and the NZ Suicide Prevention Action Plan 2008 - 2012 provides more detail about how the goals of the Strategy would be achieved. This presentation will provide a brief summary of recent progress against the Action Plan.

SPECIFIC FACTORS / CAUSES RELATED TO INTENTIONAL SELF HARM AND SUICIDE IN MĀORI

*Helen Moewaka Barnes*
Director, Te Pau Research Centre

Causes of suicide are complex and multiple. Suicide prevention can be addressed on many levels, from more direct efforts, such as focusing on means of self harm to wider societal approaches, involving determinants of health - the causes of causes. Socio-economic disadvantage has been widely discussed in relation to disparities between Māori and non-Māori. However, evidence of the roles that colonisation, racism and dominant privilege play is growing. Efforts to address these causes must include a focus on structural determinants, as the most effective and sustainable way forward. Recent policies including proposed changes to benefit conditions, Auckland’s Supercity and Whānau Ora may have implications in relation to wider determinants of health and, as part of this complex, may also have implications for suicide prevention.

SPECIFIC FACTORS / CAUSES RELATED TO INTENTIONAL SELF HARM AND SUICIDE IN PACIFIC PEOPLES

*Hilda Fa'asalele*
General Manager Pacific Health, Auckland District Health Board

Statistics in NZ show that Pacific people have lower rates of suicide compared to Māori and European. However, Te Rau Hinengaro: The NZ Mental Health Survey shows that Pacific people report higher rates of making a plan for suicide and higher rates of previous attempts than other ethnicities. NZ-born Pacific people have higher rates of previous attempts and suicidal thoughts than Pacific people who migrated at the age of 18 and over.

This presentation explores some of the common risk factors. I will discuss how changing structure and function of Pacific families in NZ can be strengthened to develop greater resilience for Pacific people.
RISK FACTORS CONTRIBUTING TO SUICIDE AND INTENTIONAL SELF-HARMING BEHAVIOURS FROM AN ASIAN AND MIGRANT’S PERSPECTIVE

Patrick Au  
Asian Mental Health Co-ordinator, Auckland District Health Board

The Asian population is growing in the Greater Auckland area. Owing to the cultural and migration issues, Asian people can be susceptible to stress and more serious psychological problems. Their utilisation rate of mental health services however is low. In this 10 minutes presentation, the presenter will give a snapshot of the risk factors contributing to suicide or self harming behaviours from a Chinese and migrant’s perspective. The presentation will conclude by outlining prevention, intervention and “postvention [sic]” strategies.

A HOLISTIC CULTURAL VIEW AND UNDERSTANDING OF SUICIDE

Merryn Statham  
Director, Suicide Prevention Information New Zealand (SPINZ)

What we know from our own experiences of the world is that we don’t ‘see’ things in the same way as everyone else. We meet and mix with some people that share our views and beliefs; we also meet with people who do not share our views and beliefs. This lens that we view our world through colours everything that we see, hear, say and do. This lens can be described as our culture. When working in suicide prevention, it is important that we recognize and acknowledge the different understandings of those who may be at risk of suicide in order for us to better prevent it. We know that one size does not fit all and we need to tailor our approaches accordingly, to ensure we get the right fit. This requires an open and trusting sharing of information, collaboration and effort. I will speak about some of the learning shared with me in my time with SPINZ.

CAN MENTAL HEALTH SERVICES PREVENT SUICIDE?

Debbie Antcliff  
Clinical Director Community Mental Health Service, Auckland District Health Board

In ADHB’s catchment area approximately 40 people a year commit suicide. Of those only 12 on average are engaged with the ADHB mental health service. However, it is well recognised that most people who commit suicide have approached other agencies and given coded clues to their friends and families about their despair or even their intentions. It is also understood that suicidality is a complex psychosocial phenomena with no simple, singular diagnosis or intervention. Therefore effective interventions must focus widely on families, friends, community education, environmental adaptation, appropriate responsiveness from a raft of agencies that are likely to interact with potentially suicidal people and on enhanced health service intervention when people are referred. Key to appropriate responsiveness is widespread ability to recognise the early signs of suicidality, pathways for referral to the right services and collaboration between all involved agencies to get the right action at the right time. Until recently each component has worked and developed their strategies in isolation. The ADHB pilot project has provided us the opportunity to think and plan as a
whole sector. The Mental Health services cannot prevent suicide on their own but together we can work towards reducing preventable deaths.

WHY PAYING ATTENTION TO SUICIDE PREVENTION BENEFITS EVERYONE.

Dr Simon Hatcher
Honorary Senior lecturer in Psychiatry, Advisory Group Member & Contributor to the Development of the National Suicide Action plan.

The presentation will argue firstly that our current system of risk assessment in mental health is flawed as it is based on the idea that we can predict who will kill themselves. There is a large body of evidence that contradicts this notion. The current system is based on a culture of fear and also ignores patient need. Instead we should be using risk assessments to identify modifiable risk factors in a similar way to the methods commercial aviation uses to prevent rare unpredictable catastrophes. Using the assessment and management of self harm as an example of replacing a 'fear culture' with a 'safety culture' in mental health could be used as a model to drive service improvement elsewhere in the system.

SUBSTANCE USE AND SUICIDE

Dr Grant Christie
CADS

Substance abuse is the key risk factor for suicide behind depression. People with substance abuse and depression combined confer the highest risk for completed suicide. Substance use is involved in about 50% of suicides and about 25% of suicides occur in people with alcohol dependence or polysubstance abuse problems. Among substance abusers there are 2 key groups at most risk of suicide; middle-aged males with alcohol dependence and younger polysubstance abusers. Treatment for substance use disorders works and providing responsive services with good access is likely to help reduce suicide especially when AOD services are equipped to recognize co-existing mental health disorder and manage risk effectively. In Auckland, Community Alcohol and Drug Services (CADS) have been working to both improve access to treatment and manage risk. Data to demonstrate progress in this area will be presented. For young polysubstance abusers, who are less likely to access help, recognition of AOD problems in primary care and non-AOD settings (schools, CYF, ED’s) is essential. The Substances and Choices Scale Brief Intervention (SACSBI) – see www.sacsinfo.com - is one means to address AOD problems in general health services and will be described briefly.
THE RELATIONSHIP BETWEEN MENTAL HEALTH AND INTENTIONAL SELF HARM AND SUICIDE: THE VIEW FROM THE COAL FACE

Lynne Weir
Clinical Nurse Specialist, Liaisons Psychiatry

The Nurse Specialists of the Liaison Psychiatry Service at Auckland City Hospital are responsible for the assessment of those who present to the hospital for treatment following an episode of self harm, during the hours of 8am – 11pm daily. This presentation will relay how this assessment occurs and the range of possible outcomes, briefly examining the relationship between mental health services and suicide.

FACTORS / CAUSES RELATED TO INTENTIONAL SELF HARM AND SUICIDE IN YOUTH

Stephen Bell
CEO Youth line

Youthline’s presentation will cover the specific factors/ causes related to intentional self harm and suicide in youth. This will be discussed alongside Youthline initiatives and an overview of who is accessing these services (age, gender ethnicity & location). Youthline is a youth development organisation that has been helping young people and their families to access help and services for 40 years. Youthline’s vision is to create communities that relate to the needs of young people, respond to them and support them to achieve their potential. Guided by the principles of the Youth Development Strategy Aotearoa, Youth line adopts a strengths-based approach to helping clients, which is informed by best practice evidence and research. Youth line works in five key service areas; these are counselling services, information and referral, youth work services, training and leadership and research and advocacy. Many of the young people who access Youthline’s services will have been affected by suicide; this may be indirectly with the death of someone known to them by suicide, or by personally experiencing suicidal ideation, self-harm and/or a suicide attempt. The Youthline approach to suicide prevention is informed and guided by two frameworks; the Youth Development Strategy Aotearoa and the New Zealand Suicide Prevention Strategy 2006-2016. Young people can access Youthline services in a variety of ways, including calling the helpline, texting, emailing and accessing face-to-face counselling. By providing a youth friendly, bi-cultural approach, Youthline aims to support all young people by building resilience, identifying protective factors, improving coping skills and providing referrals to relevant services.

SUICIDE PREVENTION EDUCATION BASED PROGRAMMES

Ansie Nortje
Service Manager, Ministry of Education

This session will provide an overview of the Ministry of Education’s support and resources managing emergencies and traumatic incidents. The consultation guide developed for New Zealand Schools jointly by the Ministry of Education and the National Health Committee in consultation with education and health professionals and agencies will also be covered.
The focus of this guide is on identifying young people who are in a state of ‘emotional distress’ and are at risk of harming themselves by attempting suicide or similar actions. The guide suggests a range of actions; the appropriate action being determined by the severity of the distress and risk of suicide.

Supporting early childhood education (ECE) services and schools to manage emergencies and traumatic incidents is part of special education service provision.

The Ministry of Education, Special Education (MOE, SE) assists ECE services and schools in two main ways:

- We help ECE services and schools plan and prepare for emergencies and traumatic incidents, which includes training. Evidence shows that planning for a traumatic incident before it happens reduces the negative impact. All ECE services and schools need a plan and procedures to respond effectively to a traumatic incident. These plans are called Traumatic Incident Response Plans (or TIRPs).
- We work alongside ECE and school staff to respond to an incident, and, where required, work with their traumatic incident teams. The Ministry has an eight-step checklist that can be used when responding to a traumatic incident or emergency.

**SUICIDE RATES IN OLDER PEOPLE**

*Marie Hull Brown*

**Project Manager – Older Persons (NRT), Mental Health Foundation**

Suicide death rates for older people are not subject to the media attention given to suicide rates for those of younger ages. However, it is of interest to those who work to promote the wellbeing of older people that older men in particular are seldom below the middle of the table of suicide death rates in the Ministry of Health’s yearly statistics. In 2006, males aged 85 and over were second in the table, at 20.7 per 100,000.

Depression is the most common diagnosis in older suicide attempts and completions, but older people are reluctant to talk to their GP about it.

The messages we use to remove the stigma of mental illness and encourage more open discussion and help-seeking are not readily believed by the older old. Their memories of family members and friends being “put into asylums with bars at the windows” are hard to counter. Moreover, those who see older people in primary care settings seldom have time to ask questions about depression and other mental health matter while treating the physical health symptoms that have brought the client to them. This situation is unlikely to change while the primary health sector is under pressure because of funding problems.

Yet, unless more resources are directed towards alleviating the depression and loneliness experienced by many older people, they will continue to figure high in the tables of suicide rates in New Zealand.
It is the government’s intention and the wish of most older people that they remain in their home environment as long as possible but this can lead to exclusion and loneliness. For some of them, the feelings of being useless, unwanted, unheard and unseen grow as they contemplate their empty existence. Encouraging and facilitating their connection with their community and the people around them is one path towards giving older people a purpose in life. Central and local government should make this a priority in their planning for the health and wellbeing of the older population.

EARLY INTERVENTION SERVICES FOR YOUNG PEOPLE

*Dylan Norton*

Manager, The Lowdown, Depression Helpline, Like Minds, Like Mine Support & Resource Line - Lifeline Aotearoa

Lifeline Aotearoa is contracted by the MOH to provide services that are part of the New Zealand Suicide Prevention Strategy (NZSPS).

The services noted below are part of the National Depression Initiative (NDI):

- The Lowdown text and email support services for young people
- The National Depression Helpline and the Journal support services
- Like Minds Like Mine Helpline
- The Journal an online Self-Management programme which is currently being piloted till 31st May 2010.

Of the NZSPS goals, Goal 1 is the primary focus of these NDI services: to promote mental health and wellbeing and prevent mental health problems. They also support Goal 2: improving the care of people who are experiencing mental disorders associated with suicidal behaviours (including intervening where required and direction to mental health services).

As part of the Age Group Perspective this presentation discusses the Lowdown services for young people, including an overview of the website and services, service use statistics and the results of the evaluation.
Notes