A scenic background image of a Taranaki landscape, featuring a large mountain (Mount Taranaki) in the distance, a body of water (Lake Taranaki) in the middle ground, and lush green vegetation in the foreground.

Taranaki Suicide Prevention & Postvention ACTION PLAN 2018-2020

CONTRIBUTORS:

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Suicide Prevention Taranaki | New Plymouth Injury Safe
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TABLE OF CONTENTS

Introduction.....	3
Purpose of the Taranaki Suicide Prevention and Postvention Action Plan.....	3
The Plan	3
Who is the Plan for?	4
Demographics and Population Profile	4
Suicide Statistics and At-Risk Populations.....	5
Self-harm Statistics.....	7
Police Data	8
Guiding Principles.....	8
Current Status and Linkages	9
New Zealand Suicide Prevention Strategy 2006-2016	10
Governance and Leadership.....	10
Integrating Clinical Leadership with Communities as Partners	10
Overarching Priorities	11
Target Populations – Points of Vulnerability	11
Target Populations – Suicide Prevention across the life journey.....	12
OBJECTIVE 1: Early Intervention and Suicide Prevention.....	12
OBJECTIVE 2: Suicide Postvention	13
OBJECTIVE 3: Suicide Prevention and Postvention Infrastructure.....	13
Action Plan 2018-2020.....	15
Outcome One: Early Intervention and Suicide Prevention.....	16
Outcome Two: Postvention	22
Outcome Three: Suicide Prevention and Postvention Infrastructure.....	26
Appendix 1: Reporting Schedule and Requirements	29
Appendix 2: Reporting Template	30
Appendix 3: Risk and Mitigation Table	32

Introduction

Suicide is a public health issue in New Zealand, and whilst it is difficult to compare figures across countries without understanding the specific societal circumstances, the data does reveal that suicide rates in New Zealand are higher. Every year more than 500 people die by suicide in New Zealand. These deaths have a devastating impact, affecting individuals, whānau, communities and businesses. At a total level, New Zealand sits in the middle of the range. For youth suicides however, New Zealand was the second highest in the world in 2011 statistics. The prevention of self-harm, suicide and support after a suicide completion requires a whole of community response. Many factors influence a person's decision to attempt suicide. Research does however reveal that the presence of some factors can act as a catalyst to someone attempting suicide. These factors include mental health issues, exposure to trauma, a lack of social support and connectedness, and experiencing stressful life events (e.g. chronic pain, discrimination, bullying, relationship conflict, job or financial loss, work related stress and living in rural communities). However, it has been noted that up to 30% of deaths from suicide and self-inflicted injury are estimated to be attributable to alcohol.

Suicide prevention seeks to promote protective factors by enhancing resiliency and wellbeing, providing suicide prevention, suicide conversation education and training opportunities for individuals, whānau, communities and employees throughout Taranaki. Suicide Prevention initiatives also aim to improve service accessibility and enhance help seeking through promotion and raising awareness.

Suicide postvention activities aim to streamline service coordination and ensure that any individual, whānau, community or business impacted by suicide in Taranaki, are offered support in a timely manner to support the healing process.

During the development of the original Suicide Prevention and Postvention plan, it became evident that an advisory group and coordinator role were pivotal to the successful implementation of the plan. Wisdom gained over the two-year period ending May 2018 supports the maintenance of both these functions and also recommends that strong support systems are wrapped around collaborative groups including, but not limited to Suicide Prevention Taranaki to ensure activities and initiatives can be developed and promoted regionally.

Suicide prevention and postvention is everyone's business and we could not have developed such a comprehensive plan without the commitment of other agencies, organisations and community interest groups. This holds the Plan in a place that will ensure cross sector buy-in with the Taranaki DHB, Planning and Funding acting as the lead agency.

The refreshed Taranaki Suicide Prevention and Postvention Action Plan 2018-2020 aims to take in learnings from the 2015-2017 plan and provide a platform for developing, implementing and maintaining local prevention and postvention initiatives for the Taranaki region.

Purpose of the Taranaki Suicide Prevention and Postvention Action Plan

Suicide Prevention and Postvention is a challenging and complex issue that requires a coordinated and sustained commitment across many agencies and at all levels of the community. The purpose of this Plan is to provide oversight to the planning and coordination of services and organisations to promote wellbeing and resiliency to eliminate suicide.

The Plan

- Establishes a suicide prevention and postvention model that can be adapted to meet the wider needs of individuals and communities throughout Taranaki.
- Builds on existing suicide prevention and postvention planning and activities whilst ensuring activities undertaken can be flexible and innovative to respond to need
- Encourages a multi-agency approach to prevention and postvention strategies to effectively support communities
- Establishes a lead role, governance, advisory structure and facilitates information sharing and monitoring to ensure that resources are available

Who is the Plan for?

This Plan is applicable to all individuals, communities and groups throughout Taranaki to enhance a coordinated and suitable response to Suicide Prevention and Postvention activities. The plan recognises the strengths of each community and the services and organisations that provide support.

This Plan provides a guiding document for professionals that can support them in their work to recognise the signs of suicide, and to work across disciplines and agencies to support those in need.

The Plan calls for a whole of community response to suicide prevention and postvention and asks families/whānau, communities and agencies to take responsibility for the issue of suicide.

Demographics and Population Profile

Population Profile

According to Statistics New Zealand, in 2016/17 the Taranaki population is 118,110.

The Māori population is projected to increase to 22.5% of the total population by 2027. The European, Māori, Pacific and Asian populations have grown since 2006, as at the 2013 Census. Taranaki has 84.5% identified as European and other, 17.3% as Māori, 1.7% as Pacific and 3.7% as Asian.

Note: Where a person reported more than one ethnic group, they have been counted in each applicable group. As a result percentages do not add up to 100%.

Age Structure

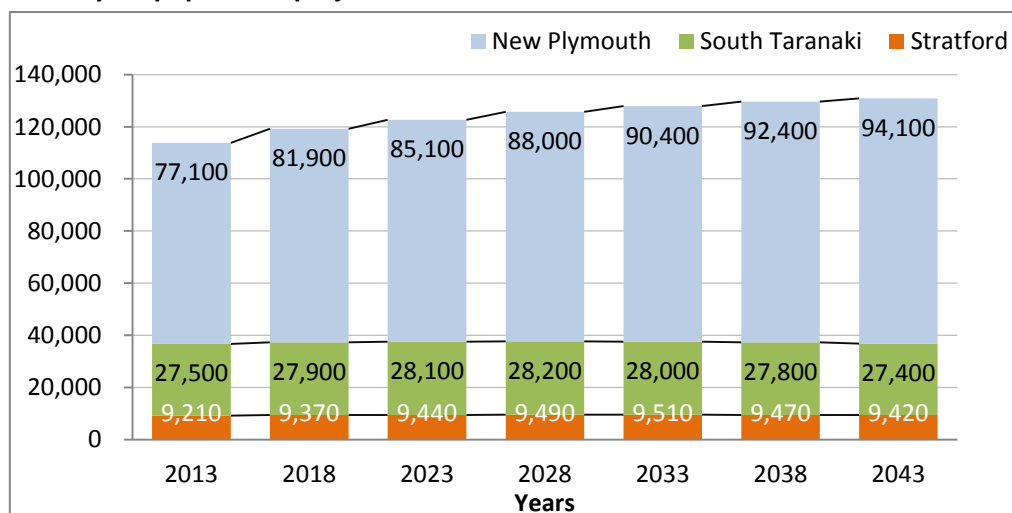
Our population is ageing. The total number of people over the age of 65 is 20,370 (17.2%), with 7.1% of these being Māori.

A total of 38,005 people are under the age of 24 (32.2%), the number of Māori in this age group is 11,530 which represents 51.5% of Māori in the region.

Population Projections 2013 (Base) to 2043

Based on Stats NZ population projections (updated October 2017), the percentage population change for New Plymouth District is 17,000 people at an average rate of change of 0.7% per annum. For Stratford District this rate of change is 210 people or 0.1% per annum and South Taranaki District –100 or -0.6% change per annum.

Graph 1: Five year population projections



The **median age** is projected to change in the New Plymouth District from 39.5 years in 2013 to 44.6 years in 2043. For Stratford District the median age in 2013 was 40.3 with project change to 45.7 in 2043 and South Taranaki District 38.4 years in 2013 to 42.4 in 2043 with a difference across the Taranaki District of 5.1 years.

Ethnicity Profile

The population of the Taranaki region is somewhat less multi-ethnic than that of total New Zealand, with greater proportions of European and Māori. The Statistics NZ population projections show between 2015 and 2018 we have increased by .4% [n=500 people]. Māori increase by 1.2% [n=1,465] which meant a decrease in the other ethnicities.

As at 2018 Māori make up 19.2% of the total population. The largest proportion of Māori is in the 15-39 year age group of 35% and 34% in the 0-14 age group. For Other ethnicities 34% are in the 40-64 age group and 28% in the 15-39 age groups.

Table 1: Taranaki DHB Population by age and ethnicity – 2018 Projections

Age Group	Ethnicity		
	Māori	Other	Total
0-14	7,690	17,500	25,190
15-39	8,120	26,480	34,600
40-64	5,550	32,750	38,300
65-74	995	10,885	11,880
75+	545	8,545	9,090
Total	22,900	96,160	119,060

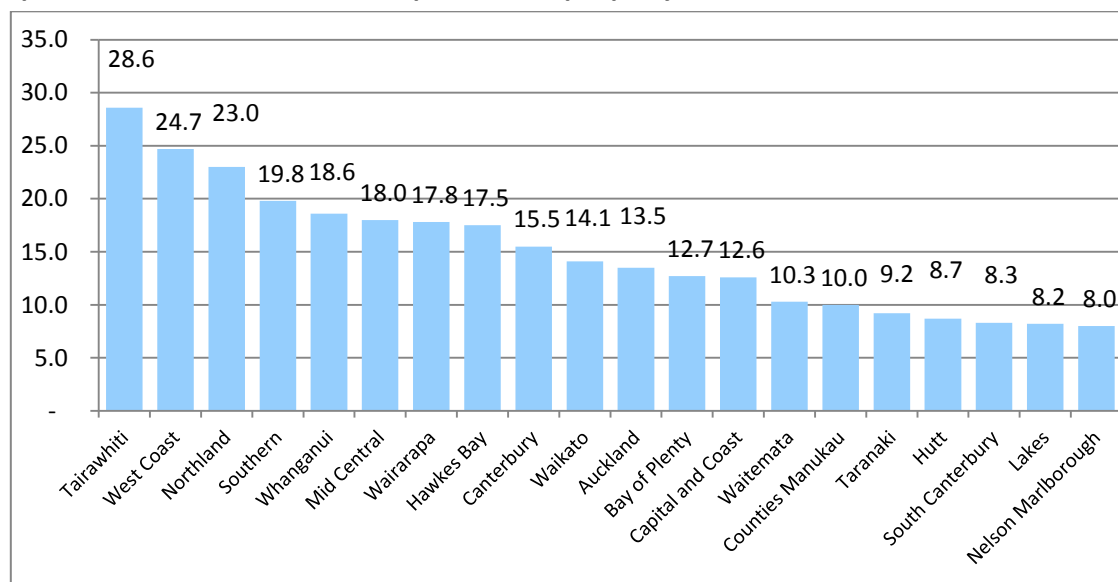
Source Stats NZ

Suicide Statistics and At-Risk Populations

What the National Suicide Statistics Show

In August 2018 the Chief Coroner released the provisional annual suicide figures. The number of suicides per 100,000 population is at the highest level since the provisional statistics were first recorded in 2007/2008. The highest rate of increase between 2016/17 and 2017/18 was Tairāwhiti who went from 13.7 per 100K population to 28.6. The highest rate of decrease was Wairarapa who went from 29.2 in 2016/17 to 17.8 in 17/18. Taranaki decreased from 14.6 to 9.2 which was the 5th lowest rate.

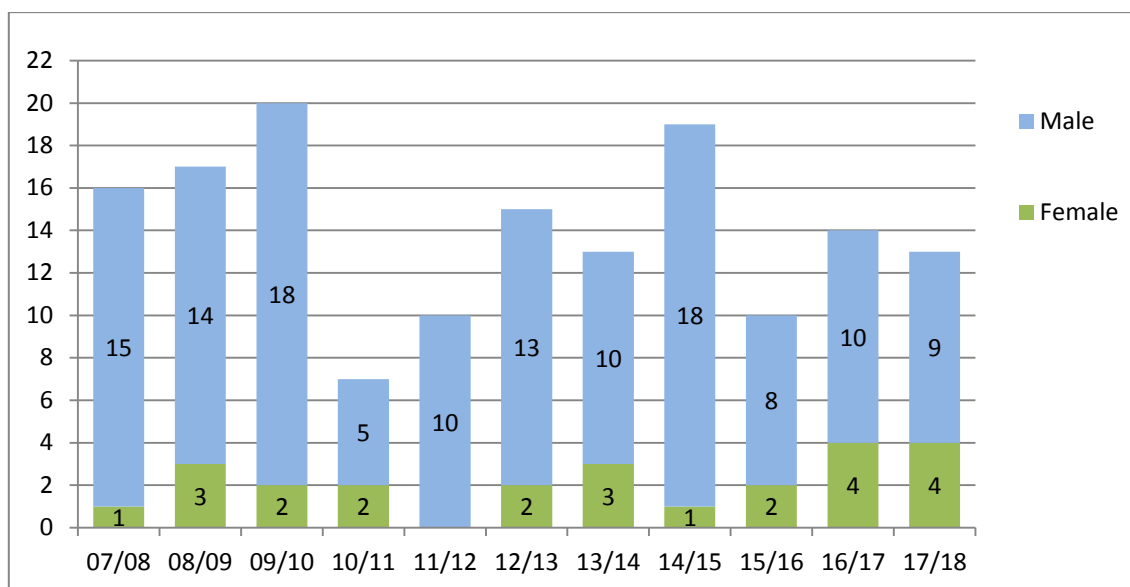
Graph 2: Provisional Suicide deaths per 100,000 people, year to June 2018



What Taranaki Suicide Statistics Show - Gender

Although still relatively low, the number of females represented in the statistics has increased nationally and locally.

Graph 3: Taranaki Suicides 2007 – 2018 by Gender

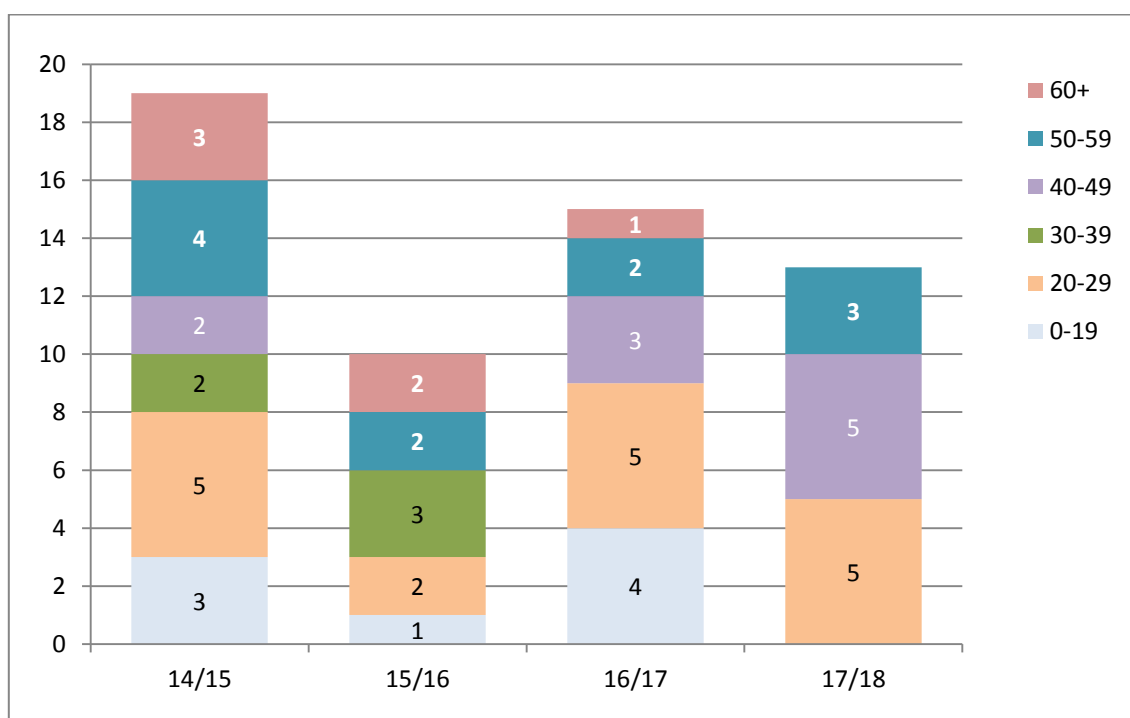


Please note 2016–2018 remain provisional figures

What the Suicide Statistics Show – Age Group/Ethnicity

For the 2017/18 year there were no provisional suicides recorded for the 0-19 year age group completed to four the previous year. The rates for Māori decreased from 53% [n=8], in 2016/17 to 30% [n=4] in 2017/18.

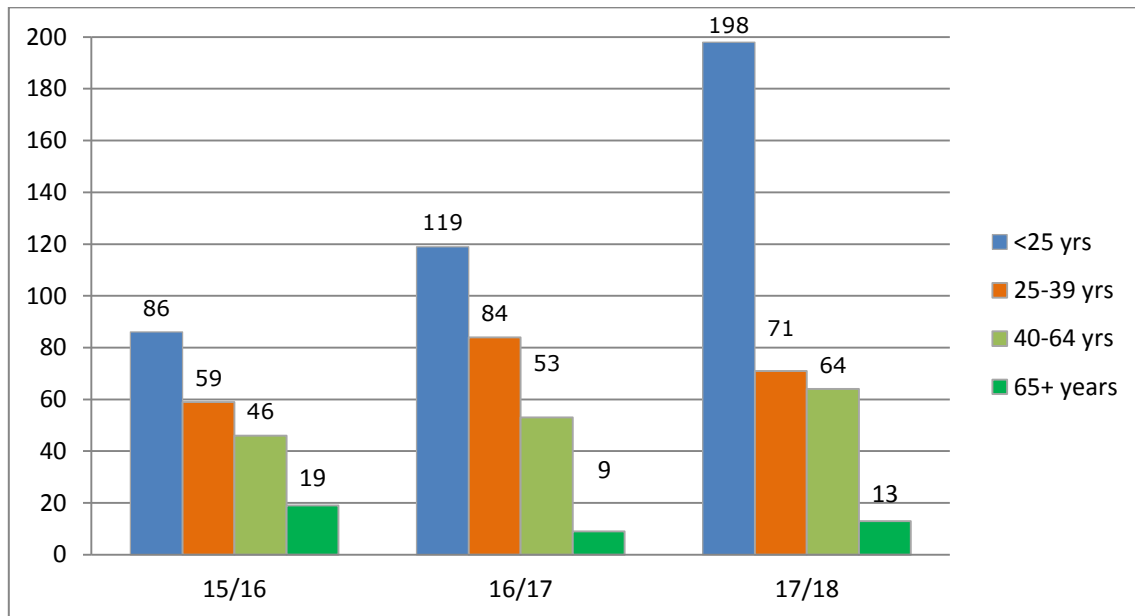
Graph 4: Suicides by Age Group by Year



Self-harm Statistics

The statistics for self-harm hospitalisations for <25 years of age has significantly increase since 2105/16. This indicator is part of the Taranaki System Level Measures which focuses on prioritising activity to reduce the stats. A piece of work has been completed that reviewed cases to check the integrity of the data. The outcome was no significant issues were found with data.

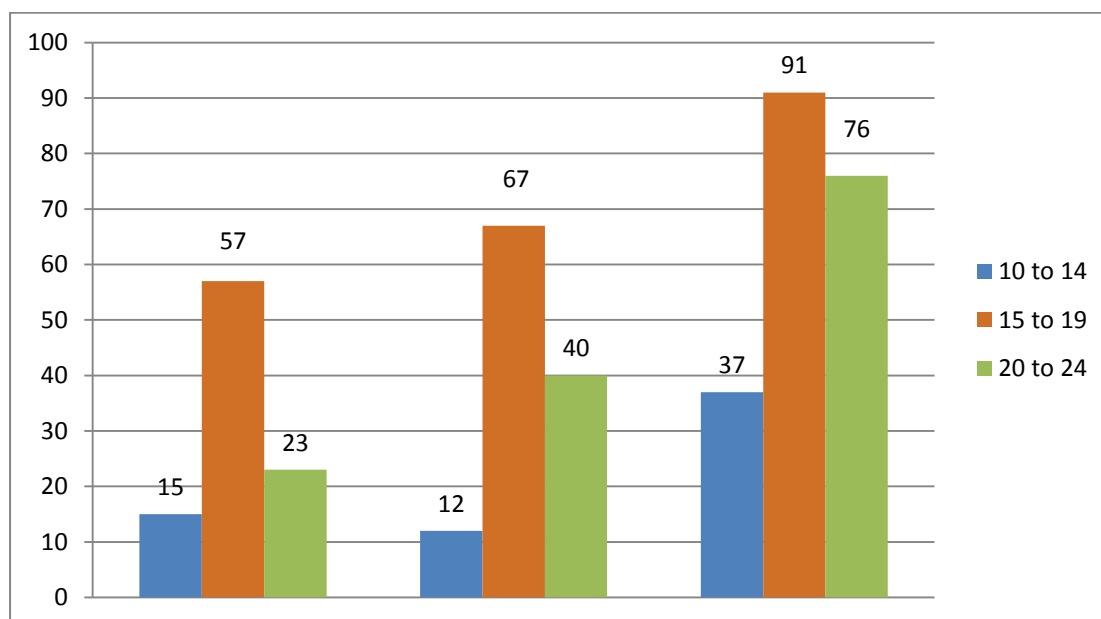
Graph 5: Self Harm Hospitalisations by age group



Data Source Ministry of Health

There has been an increase in admissions for all age groups over the last three years, with the 20-24 age group with the most significant increase across the three years.

Graph 6: Self Harm Hospitalisation for under 25 years



In 2015/16 there were 25 admissions for Māori who were under 25 years of age compared to 75 in 2017/18, a 200% increase. For other ethnicities that change was an additional 50 admissions between the two years.

Table 2: Self Harm Hospitalisations under 25 years of age by Ethnicity

	15/16			16/17			17/18			Diff 15/16 vs 17/18		
Age bands	Māori	Other	Total	Māori	Other	Total	Māori	Other	Total	Māori	Other	Total
10 to 14	4	11	15	2	10	12	15	22	37	11	11	22
15 to 19	15	42	57	23	44	67	37	54	91	22	12	34
20 to 24	6	17	23	14	26	40	23	53	76	17	36	53
Grand Total	25	70	95	39	80	119	75	129	204	50	59	109
% of total	26%	74%		33%	67%		37%	63%				

For the three years 2015-2018 there were two domicile areas that were outliers in the rates per 1000 admissions for self harm these were Hawera South with a rate of 206.9 and Frankleigh with a rate of 109.5. The two other areas which are high were Moturoa at 71.4 and New Plymouth Central with 77.4. All other areas ranged from a rate per 1000 0.5 to 42.6.

Police Data

Police Call Outs

From January 2015 to 24 September 2018 there has been 2092 calls for service to threatens or attempts suicide incidents. Of these, 1746 resulted in a 1X closure code (attempt), and 12 resulted in a 1S code (sudden death). Calls for service have been increasing each calendar year; from **331** in **2015** to **527** in **2018** (59% increase in calls).

Family Harm Statistics

59% (42) of people who attempted or suicided in the Taranaki Area had previous family harm involvement. Identifying high risk family harm families enables Police and partner agencies to intervene before and incident or suicide occurs. In some cases the only identifying factor prior to a suicide or attempt was a family harm event. Domestic violence can lead to depression, anxiety, lack of self-worth, and make victims feel helpless and alone. As well as this, multiple studies have found that domestic violence survivors have higher-than-average rates of suicidal thoughts. An inquest into youth suicides found that youth exposed to domestic violence were at risk of committing suicide. The inquest also expressed concern that the focus within the current system remains on physical safety, and not on the psychological and emotional well-being of those exposed to family harm. An interagency approach to improve the psychological support given to victims of family harm may positively impact outcomes.

Guiding Principles

The 2015-2017 plan was developed in partnership with health, social service, education, community health providers and interest groups who developed a set of guiding principles, the refreshed plan for 2018-2020 has also adopted these principles to support its development and implementation across Taranaki:

- Informed by evidence and good practice.
- Culturally appropriate and safe.
- Respectful of diversity and difference.
- Reflecting a coordinated and multi-agency approach.
- Demonstrating sustainability and long-term commitment.

- Promoting a community led response.
- Action and outcome focused.
- Committed to reducing inequalities.

Current Status and Linkages

Updating Process

The Suicide Prevention and Postvention Advisory Group in December 2017 agreed that the 2015-2017 Action Plan should be rolled over for an additional six months with an agreed end June 2018, to account for the six month delay during the recruitment of the Coordinator.

It was agreed at this time that the Coordinator, supported by the Taranaki District Health Board and Advisory Group members would develop a refreshed plan for the 2018-2020 period that would draw on learnings from the previous action plan and build in recommendations and best practice communicated from the Ministry of Health.

All members of the Advisory Group agreed the Action Plan needed to be strengths based, and facilitate flexibility and adaptability to ensure the needs of individuals and communities throughout Taranaki are able to be supported through structured prevention and postvention activities and responses.

The plan also needed to show local innovation in the prevention space to ensure awareness raising, stigma reduction, training and education is easily accessible (location and cost) and not reliant on national programme delivery.

Current Status

In Taranaki there are several groups working to specifically support suicide prevention efforts, those that are known are listed below. We acknowledge there may be other groups working to support their communities and we encourage those groups to contact the Suicide Prevention Coordinator and provide outreach support when they are able.

Taranaki Rural Support Trust

Taranaki has a significant strength in supporting rural populations, in particular rural farming communities. The proactivity of community interest groups and the work Taranaki Rural Support has completed over recent years has resulted in zero rural suicides of farmers since 1 July 2017.

Tui Ora – Te Puni Kokiri funded Rangatahi Suicide Prevention

Tui Ora have received funding previously to focus prevention activities on rangatahi Māori across the region, including focus groups, programme resource development and more recently the delivery of rangatahi Wananga.

Taranaki Retreat

Taranaki Retreat has been established to support those individuals and whānau in need of a 'space to breathe' it is described as *'a community sanctuary, here to provide time-out space for families and individuals to stay, free of charge, when times are tough'* and focuses on suicide prevention initiatives for those in need.

Supporting Families in Mental Illness Taranaki

Supporting Families continues to deliver a Bereaved by Suicide Peer Support group in North Taranaki for those individuals and whānau who want to engage with others that have experienced a death by suicide.

Suicide Prevention Taranaki

This community lead group has been operating in Taranaki since around 2011. The group provides a forum representative of a wide range of experiences and expertise that support the work that is being done across Taranaki. They also take a proactive approach to organising supporting suicide awareness, suicide prevention day and mental health awareness week.

New Zealand Suicide Prevention Strategy 2006-2016

The aim of the Taranaki Suicide Prevention and Postvention Plan is to reduce the rate of suicidal behaviour and its effects on the lives of people in Taranaki. The Plan is aligned to the seven goals of the New Zealand Suicide Prevention Strategy 2006-2016.

1. Promote mental health and well-being, and prevent mental health problems.
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviour.
3. Improve the care of people who make non-fatal suicide attempts.
4. Reduce access to the means of suicide.
5. Promote the safe reporting and portrayal of suicidal behaviour by the media.
6. Support families/whānau, friends and others affected by a suicide or suicide attempt.
7. Expand the evidence about the rates, causes and effective interventions.

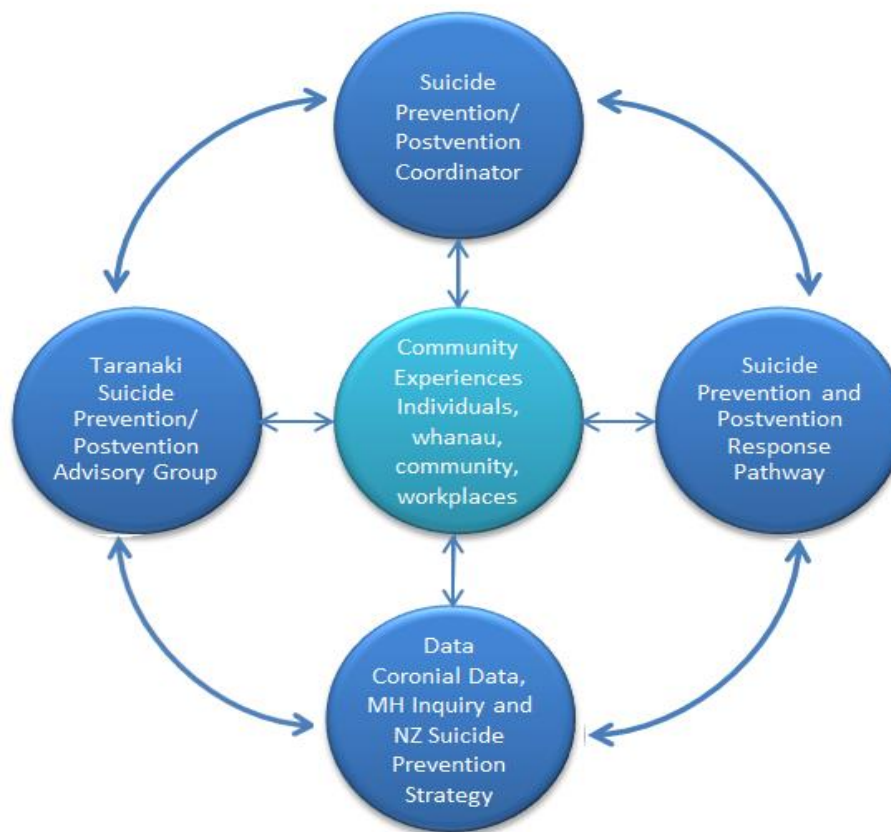
Governance and Leadership

Integrating Clinical Leadership with Communities as Partners

Response to Suicide Prevention and Postvention is a whole of Taranaki response. Partners currently engaged in the Advisory Group include:

- Taranaki District Health Board
- Pinnacle Midlands Health Network
- Victim Support
- Rural Support Trust
- New Plymouth Injury Safe
- Suicide Prevention Taranaki
- Ministry of Social Development
- Oranga Tamariki
- Ministry of Justice
- Ministry of Education
- Tui Ora Limited
- Te Puni Kokiri
- Department of Corrections
- Supporting Families in Mental Illness
- New Zealand Police

Structure



Overarching Priorities

This refreshed Action Plan aims to bring together Ministry of Health priorities and information learnt through the 2015-2017 Action Plan period. A number of areas have been highlighted over the past two year period, including the need for the action plan to be flexible and responsive to trends experienced in the community; the need for the prevention coordinator to be based in the community setting supporting services; organisations and businesses to educate their employees; and raising awareness for mental health and suicide prevention.

Taranaki has identified that targeted and appropriate responses are needed for at risk groups and vulnerable populations. A 'one approach fits all' will not work, and there is a need for agencies to draw upon their strengths with particular population groups, and for broader services and support systems to provide individualised response programmes.

The overarching priorities span each of the outcome/objective areas:

Target Populations – Points of Vulnerability

Due to socioeconomic factors

- Fewer educational qualifications and lower income and/or unemployed.
- Insecure accommodation, homelessness

Due to adverse experience

- Interpersonal violence/family violence and abuse
- Problematic use of alcohol and/or drugs
- Low levels of personal and community resilience
- Major disruptive event i.e. earthquake, floods, economic downturn

Other populations

- People who are in institutional care
- Refugee populations
- People with Mental Health and Addictions issues
- People who identify as LGBTQIA (lesbian, gay, bisexual, transgender, queer, intersex or asexual)
- People with poor physical health/disability
- People who has lost someone close to them through suicide

Target Populations – Suicide Prevention across the life journey

- Whānau with dependent children
- Unborn children and birth to 5 years, which includes the antenatal and perinatal periods
- Tamariki ages 6-14
- Rangatahi aged 15-24
- Pākeke aged 25-64
- Older adults 65 plus

Early Intervention and Prevention Priorities

The early intervention and prevention priorities include:

- Community and Interagency Collaboration
- Education and Training
- Resiliency and Wellbeing
- Information sharing

Suicide Postvention

The suicide postvention priorities include:

- Postvention Pathway
- Bereavement Support

Infrastructure

The Infrastructure priorities include:

- Suicide Prevention and Postvention Leadership
- Community and Interagency Collaboration
- Mental Health Support Services
- Education and Training

OBJECTIVE 1: Early Intervention and Suicide Prevention

Everyone in Taranaki is equipped with information that promotes wellbeing, resiliency and access to effective pathways for support

1. Community & Interagency Collaboration

- a) Suicide Prevention Taranaki** and the agencies/services involved support local communities through mental health promotion, suicide prevention education, initiatives and advocacy
- b) Alcohol Harm Reduction** - Community awareness on the impact of alcohol on mental health and suicidal behaviours is promoted
- c) New Plymouth Injury Safe** - Coordinator collaborates with NPIS to work towards Suicide Prevention Initiatives that responds to local data

2. Education & Training

- a) **Community Education** – Raise community awareness, confidence and competence when responding to suicide and suicidal thinking
- b) **Rural Community Education** – Provide relevant targeted expert support to farmers and rural communities
- c) **Service, Organisation and Business Education** - All employees/workers are offered training opportunities to increase suicide prevention knowledge, which informs them of suitable conversation starters and how to access supports.

3. Resiliency and Wellbeing

- a) **Resiliency and Wellbeing for Tamariki and Rangatahi** – A targeted and suitable approach to Primary Mental Health (mild to moderate) for Taiohi 12-18 years of age is suitable and supports resiliency and enhances wellbeing
- b) **Resiliency and Wellbeing of Māori** – Māori are empowered to access training opportunities that support attitudinal change to historical views on mental wellbeing and suicide prevention

- 4. **Information Sharing** – Services, organisations and communities throughout Taranaki are provided with a one-stop-shop for Suicide Prevention information

OBJECTIVE 2: Suicide Postvention

Everyone (Individuals, Whānau, Communities and Work places) affected by suicide are supported by appropriate agencies or services following a suicide in a timely manner.

- 1. **Postvention Pathway** – Postvention pathway activation occurs with urgency following confirmation of suspected suicide via NIO to coordinate the postvention response offered to individuals, whānau, community and workplaces.
- 2. **Bereavement Support**
 - **Victim Support** - All individuals and whānau are offered support to assist navigation of coronial process and access to support services
 - **Waves Bereaved by Suicide Programme** and other Peer support groups are supported by service providers and all individuals, whānau, communities and workplaces are offered an opportunity to attend

OBJECTIVE 3: Suicide Prevention and Postvention Infrastructure

Strengthen infrastructure and collaboration to support Suicide Prevention and Postvention throughout Taranaki

- 1. **Suicide Prevention and Postvention Leadership** - Taranaki leadership for Suicide Prevention and Postvention is maintained and supported
- 2. **Community and interagency collaboration**
 - a) **Suicide Prevention Taranaki** – Suicide Prevention Taranaki (interagency collaboration) is supported to plan, prepare and deliver community based initiatives
 - b) **Suicide Postvention Action Group** - Individuals, whānau, communities and workplaces are provided with accurate and timely information about suspected suicides and provides with appropriate support

3. Mental Health Support Services

- a) **Primary Mental Health Support Services** - Reduce need for secondary mental health services by support access and availability to primary mental health services that are affordable/free
- b) **Secondary Mental Health Services** - provision of consultation and liaison where needed to support other agencies, services working within the community.

4. Education and Training

- a) **Communication and Community Education/Training** - Reduce stigma and discrimination about suicide and mental illness, and highlight the importance of suicide prevention and training opportunities in response to local trends and data released annually by the Coroner.

5. Information

- a) **Best Practice** - Taranaki builds on and learns from good practice exemplars
- b) **Promoting an informed community** - Facilitate help seeking by ensuring local service contacts for suicide prevention are easily accessible online
- c) **Monitoring and evaluation** - Utilising information provided by the Ministry of Health the areas of activity described below in the action plan have associated evaluation areas to show the reach and satisfaction of each activity, education workshops or community let initiative

6. Reporting requirements

- *Appendix 1. Reporting Schedule and Requirements*
- *Appendix 2. Reporting Template*

7. Identification and mitigation of risk

- *Appendix 3. Risk and Mitigation Table*

Action Plan 2018-2020

The Suicide Prevention and Postvention Action Plan starts from the notion of supporting and growing wellness and resiliency throughout Taranaki through a coordinated approach. The desired focus of effort is to invest in suicide prevention supports to minimise and reduce the rates of suicide by forming strong relationships with, and drawing on the strengths and expertise of individuals, services and organisations.

The Action Plan is premised on an assumption that there is a commitment amongst the key statutory partners to provide leadership and people power to deliver the desired change and that action will take place in partnership with the community. While the Action Plan also assumes there will be a commitment amongst agencies to provide a dedicated resource to shape the region's response to suicide, it necessary to highlight the need for ongoing resource.

The Action Plan is organised according to the three areas of priority and tie together the four objectives of the Government.

Changes from the first Action Plan:

- The key infrastructure for suicide prevention and postvention in Taranaki has been established as per the plan 2015-2017 therefore, although this area is still a priority, it has been moved to objective three, where ongoing support is recommended over the next two years
- Early Intervention and Suicide Prevention has been identified as a key priority amongst stakeholders to enhance the overall objective of the action plan: **'Promoting wellbeing and resiliency in an effort to eliminate suicide in Taranaki'**
- The need to prioritise early intervention and prevention has also meant a slight change in the Suicide Prevention Coordinators role which will support the delivery of three key areas identified by the Ministry of Health and includes Education and/or training initiatives, community led initiatives and inter-collaboration with mental health and addiction services

Outcome One: Early Intervention and Suicide Prevention

Everyone in Taranaki is equipped with information and education that promotes protective factors associated with suicide including; wellbeing, resiliency and access to effective pathways for support.

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
a. Community & Interagency Collaboration	i. Suicide Prevention Taranaki Suicide Prevention Taranaki (interagency collaboration) is supported to plan, prepare and deliver community-led initiatives	<ul style="list-style-type: none"> Coordinator supports Suicide Prevention Taranaki to design and deliver an annual work plan that responds to local data Coordinator provides ongoing support to Suicide Prevention Taranaki (not limited to admin support, emailing, social media updates) Coordinator to provide monthly updates to Suicide Prevention Taranaki regarding local suspected suicides to inform preventive priorities (number, location, ethnicity) World Suicide Prevention Day and Mental Health Awareness Week is supported throughout North and South Taranaki 	Suicide Prevention Taranaki and the agencies/services involved support local communities through mental health promotion, suicide prevention education, initiatives and advocacy <ul style="list-style-type: none"> # of agencies involved in collaborative initiatives 	Suicide Prevention Taranaki/ Prevention Coordinator	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
	ii. Alcohol Harm Reduction	<ul style="list-style-type: none"> Scope the feasibility of re-establishing the Alcohol Harm Reduction Group Identify the impact of alcohol on self harm, suicidal behaviour and completed suicides Support and develop alcohol harm reduction initiatives that reduce the risk and impact of suicide across the region 	Community awareness on the impact of alcohol on mental health and suicidal behaviours is promoted	Alcohol Harm Reduction Group/NPIS/Prevention Coordinator/Health Promotion Agency	Scoping to be completed by December 2018	
	iii. New Plymouth Injury Safe (NPiS)	<ul style="list-style-type: none"> NPiS is supported with updated information regarding suspected suicides NPiS is provided with intelligence reports which help shape responses and initiatives 	Coordinator collaborates with NPiS to work towards Suicide Prevention Initiatives that responds to local data <ul style="list-style-type: none"> Attend regular meetings Provide updated suspected suicide information as required 	Suicide Prevention Coordinator/NPiS	Ongoing	
	iv. Reducing Gambling Harm	<ul style="list-style-type: none"> Identify the impact of problem gambling on suicidal behaviour and completed suicides. Support services/organisations working in the Reducing Gambling Harm area to promote wellbeing, and advocate for policy change 	Community awareness of the impact of Gambling Related Harm on mental health and suicidal behaviours is promoted	Suicide Prevention Coordinator/Tui Ora	November 2018	
b. Education & Training	i. Community Education Mental health literacy and/or suicide prevention education	Raise community awareness, confidence and competence when responding to suicide and suicidal thinking by: <ul style="list-style-type: none"> Supporting community up-skilling 	Reduce stigma and discrimination about suicide and mental illness, and highlight the importance of suicide prevention and	Prevention Coordinator/Suicide Prevention Taranaki	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
	<p>initiatives are prioritised for groups identified by Ministry of Health</p> <ul style="list-style-type: none"> • Whānau with dependent children • Antenatal and perinatal • Tamariki 6-14 • Rangatahi 15-24 • Pakeke 25-64 • Older adults 65+ 	<ul style="list-style-type: none"> • Improve access to subsidised or free training in suicide prevention (making sure people know what to say and do) Including MOH endorsed courses including; <ul style="list-style-type: none"> - Life Keepers - MH101 - Safe Hands • Develop and deliver local education sessions to community groups and workplaces • 'Conversations about Suicide' guide is kept up to date with best practice information and distributed throughout Taranaki 	<p>training opportunities in response to local trends and data released annually by the Coroner.</p> <ul style="list-style-type: none"> • # of MOH endorsed training opportunities facilitated • # of local education sessions delivered to community groups and workplaces • # of attendees at training opportunities • # of Conversations about Suicide guide distributed throughout Taranaki • % of satisfaction/ change in confidence • Ages of participants 			
	<p>ii. Rural Community Education</p> <p>Provide education opportunities for rural communities about how to recognise the signs and symptoms of depression, anxiety and suicidal ideation</p>	<ul style="list-style-type: none"> • Taranaki Rural Support is well informed and supported by the Suicide Prevention coordinator to be able to provide effective responses to at risk persons/communities • Localised information provided to Rural Support Coordinator regularly (rural police reports) • Rural Support Facilitator receives postvention pathway data to support preventative action 	<p>Provide relevant targeted expert support to farmers and rural communities.</p> <ul style="list-style-type: none"> • # of local education sessions delivered to Rural communities • # of attendees at training opportunities 	Taranaki Rural Support/ Prevention Coordinator	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
	iii. Services, Organisation and Business Education	<ul style="list-style-type: none"> Liaise and collaborate with government services, agencies and community organisations to establish their needs and provide support and education to enhance knowledge of suicide prevention and services Deliver or support access to Education/Training opportunities 	<p>All employees/workers are offered training opportunities to increase suicide prevention knowledge, which informs them of suitable conversation starters and how to access supports.</p> <ul style="list-style-type: none"> # of local education sessions delivered to Services, Organisations or businesses # of attendees at training opportunities % of satisfaction/ change in confidence 	Suicide Prevention Coordinator	Ongoing	
c. Resiliency & Wellbeing	i. Resiliency and Wellbeing for Tamariki and Rangatahi, our young people Resilience and wellbeing is enhanced through community action and preventative initiatives	<p>Young people have a positive outlook on life and are supported to engage in activities that support wellbeing</p> <ul style="list-style-type: none"> Support is offered Taranaki wide for young people 12-18 years of age with mild-moderate mental health conditions Supports offered enhance protective factors (resiliency and wellbeing) and reduce risk factors (isolation, service accessibility, trauma, poor health, lack of social supports and cultural identity) School Holiday Programme focusing on resiliency and wellbeing is promoted and 	<p>A targeted and suitable approach to Primary Mental Health (mild to moderate) for Taiohi 12-18 years of age is suitable and supports resiliency and enhances wellbeing</p> <ul style="list-style-type: none"> # of young people engaged with; 1 on 1, group sessions and workshops # of Taiohi Tu (Resiliency and Wellbeing programmes) delivered Age range of those young people engaged 	Tui Ora/TDHB	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
		facilitated for young people	with service <ul style="list-style-type: none"> % of satisfaction/ change in confidence 			
	ii. Providing support for Parents/caregivers to manage social media Resilience and wellbeing is several pronged approach.	Partner with schools <ul style="list-style-type: none"> Providing parents the knowledge and skills required to manage their children/young persons access to social media, on-line gaming and internet uses. Helping our kids accept that safe internet use always includes adult supervision. 	Improving the understanding of and responsiveness too managing social media, on-line gaming and the internet by parents and caregivers. <ul style="list-style-type: none"> #schools participating 	Suicide Prevention Coordinator / MOE	Ongoing	
	iii. Resiliency and Wellbeing of Māori	<ul style="list-style-type: none"> Culturally appropriate programmes are designed and facilitated by Māori for Māori which address suicide prevention Culturally appropriate education workshop is developed and supported by Kaumatua Ngā whakawhitiwhiti whakaaro mo te whakamomori is kept up to date with best practice information and distributed appropriately throughout Taranaki 	Māori are empowered to access training opportunities that support attitudinal change to historical views on mental wellbeing and suicide prevention <ul style="list-style-type: none"> # of Māori specific training opportunities identified # of Māori specific training opportunities facilitated # of Māori engaged % of satisfaction/ 	Suicide Prevention Coordinator/ Tui Ora/Te Puni Kokiri	<ul style="list-style-type: none"> Developed and tested September 2018 Delivery to commence through to 2020 	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievements
			attitudinal change			
	iv. Specialist MH&A services follow-up service when self-harm, threatened self harm has occurred.	<ul style="list-style-type: none"> Within 48 – 78 hours of an assessment, a follow-up contact has been made. Note the assessment could be location at Police Cells, Community, or other. The Acute Brief Intervention team will provide 1737 information to all contacts. 	<ul style="list-style-type: none"> # of people recorded with a follow-up contact. % of people with follow-up contact. 	TDHB	Ongoing	
d. Information sharing	i. Information sharing Suicide Prevention Information, training opportunities and support details are located in one place and easily accessible	Website up to date with <ul style="list-style-type: none"> Coroners annual data/reports Information on Suicide Prevention Taranaki Conversation about suicide guide Community development initiatives Training/education opportunities Where to find help information and contact details 	Services, organisations and communities throughout Taranaki are provided with a one-stop-shop for Suicide Prevention information	Prevention Coordinator/ Advisory Group	Ongoing	

Outcome Two: Postvention

Everyone (Individuals, Communities and Work places) affected by suicide are offered support by appropriate agencies or services following a suicide in a timely manner.

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievement
a. Postvention Pathway	i. Postvention Pathway Individuals/ Whānau/ Communities/ Workplaces bereaved by suicide are aware of, and can access appropriate support	<ul style="list-style-type: none"> Initiate postvention response pathway as required Record details of response provided and support offered Notify GP if registered/enrolled with practice Review process with support of Postvention Group Liaison with Victim Support Bereavement Specialist and local volunteers is supported and service access is promoted Identify any cluster situations which may arise and community with Clinical Advisory Services Aotearoa (CASA) 	Postvention pathway activation occurs with urgency following confirmation of suspected suicide via NIIO to coordinate the postvention response offered to individuals, whānau, community and workplaces. <ul style="list-style-type: none"> # of suspected suicides reported by NIIO % Urban v Rural suspected suicides % Māori v Pakeha/European suspected suicide Ages of victims Responses and/or support offered 	Postvention Coordinator/ Victim Support/ Postvention Action Group	Ongoing 2018-2020	
b. Supporting schools	ii. Postvention and serious self-harm support. Providing a coordinated approach to supporting schools for up to 14 months.	<ul style="list-style-type: none"> Working Group established. An enhanced coordinator function is developed which: <ol style="list-style-type: none"> Identified a coordinator Develops policies and procedures A pathways that is flexible to the needs of the schools Agree information sharing 	Postvention and serious self-harm pathway will be activated when a suicide or serious self-harm has occurred that has a significant risk to the school. Fourteen months allows for <ul style="list-style-type: none"> Policies 	Schools Working Group / Suicide Prevention Coordinator		

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievement
		protocols (e) Implement a risk register (f) Resources – process for assessing capacity for each situation	/Procedures/Pathways developed. • Flexible pathway developed			
c. Bereavement Support	i. Postvention Pathway	<ul style="list-style-type: none"> Victim Support Bereavement Specialist is notified of every suspected suicide 	All individuals and whānau are offered support to assist navigation of coronial process and access to support services	Suicide Prevention/ Postvention Coordinator/ Victim Support	Ongoing	
		<ul style="list-style-type: none"> Taranaki Rural Support is well informed and supported by the Suicide Postvention coordinator to be able to provide effective responses to at risk persons/communities 		Suicide Postvention Coordinator/ Taranaki Rural Support	Ongoing	
		<ul style="list-style-type: none"> Schools are support post suspected suicide to support access to services 		Suicide Postvention Coordinator/ Ministry of Education Traumatic Incident Team	Ongoing	
		<ul style="list-style-type: none"> Workplaces are notified of, and supported post suspected suicide to navigate access to services 		Suicide Postvention Coordinator/ Victim Support or other appropriate services	Ongoing as required depending on information provided	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievement
		<ul style="list-style-type: none"> Māori communities are notified of suspected suicides through the TWPK network to ensure appropriate supports are offered 		Suicide Postvention Coordinator/ TWPK	Ongoing	
	ii. Post-vention/Suicide Bereavement and other support groups	<p>Waves Bereaved by Suicide Programme</p> <p>Training at end of November 2018 will prepare 10 facilitators from 4 local organisations to carry out the Waves programme (the only MOH approved post-vention suicide bereavement programme).</p> <ul style="list-style-type: none"> 4 facilitators from Supporting Families in Mental Illness Taranaki 3 facilitators from Taranaki Retreat 2 facilitators from Taranaki Rural Support Trust 1 facilitator from Tui Ora <ul style="list-style-type: none"> Once trained, the organisations will work collaboratively to deliver the programme to those bereaved by suicide on an as needed basis. There will need to be coordination with organisations like Victim Support as the programme is intended to be offered 4-6 months following a suicide for optimal benefit. 	Waves Bereaved by Suicide Programme and other Peer support groups are supported by service providers and all individuals, whānau, communities and workplaces are offered an opportunity to attend	TDHB/ Supporting Families in Mental Illness Taranaki	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcome	Lead / Support	Timeframe	Achievement
		- Following attendance of the Waves programme, a peer support group may develop for those family members who attended the programme.				
	iii. Healing and Recovery Pathways	Postvention Support Plans are developed that focus on <ul style="list-style-type: none"> • Long term support • Listening to families • Healing and recovery • Multi-disciplinary approaches 	All families/whānau will have access to Postvention Plans and services and supports that will support them when needed or wanted	TDHB	Ongoing	

Outcome Three: Suicide Prevention and Postvention Infrastructure

Strengthen infrastructure and collaboration to support Suicide Prevention and Postvention throughout Taranaki. Inter-agency groups continue to work together and share information to help strengthen systems to support each other, whānau, families, friends and communities.

Area of Activity	Activity	Actions/Milestones	Expected Outcomes	Lead/Support	Timeframe	Achievements
Suicide Prevention and Postvention Leadership	Suicide Prevention and Postvention Coordinator	<ul style="list-style-type: none"> Commitment to re invest in a Suicide Prevention and Postvention Coordinator Annual Plan developed for 2018-2020 Suicide Prevention and Postvention Advisory Group is supported and maintained 	Taranaki leadership for Suicide Prevention and Postvention is maintained and supported <ul style="list-style-type: none"> Four Advisory Group meetings are held annually (quarterly) Minutes are maintained 	TDHB/ Coordinator	June 2018 - Ongoing	
Community and Interagency collaboration	Suicide Prevention Taranaki	See prevention outcome				
	Suicide Postvention Action Group	<ul style="list-style-type: none"> Agencies, services and organisations collaborate to respond effectively and appropriately to suspected suicides across Taranaki and potential clusters or contagion 	<ul style="list-style-type: none"> Postvention Action Group informed of pathway amendments and other information Collaborative postvention response meetings called and recorded when required/identified 	Suicide Postvention Coordinator/ TDHB/Victim Support	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcomes	Lead/Support	Timeframe	Achievements
Mental Health Support Service	Primary Mental Health & Addictions	<ul style="list-style-type: none"> Access to counselling services for those that are experiencing mild-moderate mental health Access to services for Taiohi 12-18 years of age experiencing mild-moderate mental health 	Reduce need for secondary mental health services by support access and availability to primary mental health services that are affordable/free	TDHB/Tui Ora	Ongoing	
	Secondary Mental Health & Addictions	<ul style="list-style-type: none"> Access to consult and liaison service provision, when community based services need it. Response for the community when someone is in crisis. 	<p>Development of local/national database that allows emergency services (111, 1737, lifeline etc...) To identify and contact/refer to service as required.</p> <p>Regular liaison and communication meetings with Police and Emergency Services to ensure that there is good comprehensive information occurring</p>	TDHB	Ongoing	
Education & Training	Communication and Community Education/ Training	See prevention outcome				
	Secondary Mental Health & Addictions	<ul style="list-style-type: none"> Embed Ko Awatea online learning – in house opportunities, e.g. Trauma informed /healing centred care 	# staff completed online TIC training.	TDHB	Ongoing	
Information	National Best Practice Information	<ul style="list-style-type: none"> Coordinator keeps up to date with National Best Practice information Best Practice exemplars are identified 	Taranaki builds on and learns from good practice exemplars	Coordinator	Ongoing	

Area of Activity	Activity	Actions/Milestones	Expected Outcomes	Lead/Support	Timeframe	Achievements
	Promoting an informed community	<ul style="list-style-type: none"> Promote community navigation and access to suitable services Information online is accessible Help and support numbers are available easily (National and Local) 	Facilitate help seeking by ensuring local service contacts for suicide prevention are easily accessible online	Coordinator/ TDHB	Ongoing – updated every two months	

Appendix 1: Reporting Schedule and Requirements

Quarterly reports will be provided by the Coordinator to the Taranaki District Health Board for submission to the Ministry of Health as follows;

2018-2019		2019-2020	
Quarter	Due Date	Quarter	Due Date
One	20 October 2018	One	20 October 2019
Two	20 January 2019	Two	20 January 2020
Three	20 April 2019	Three	20 April 2020
Four	20 July 2019	Four	20 July 2020

Reporting Requirements

(Based on MOH reporting requirements presented 12-13 March 2018)

- Provide a high level summary of activities undertaken during the reporting period to meet the requirements of the DHB Suicide Prevention/Postvention Plan
- Provide highlights, challenges/exceptions and milestones achieved

Appendix 2: Reporting Template

The reporting will include activity against and milestones in the plan and a narrative of highlights, emerging issues any specific priorities that are identified for the next quarter. In addition the follow sample templates are required to be completed by the wider sector on any activity that relates to training and education, community initiatives and specialist services collaboration, (Provider Arm and/or NGO Sector).

1. Training / education evaluation template

An example of a training template which may be provided as part of the quarterly reporting to the Ministry of Health

Sample:

Training description	Initiated by DHB Y/N	Provider	Number of attendees	Intended audience	Outcome/impact
<i>LifeKeepers (Maori)</i>	<i>Requested by DHB</i>	<i>Le Va</i>	<i>25</i>	<i>Marae based health service</i>	<i>Support for people seeking primary health services who are experiencing suicidal distress</i>
<i>MH101 (Rural)</i>	<i>Requested by DHB</i>	<i>Blueprint for Learning</i>	<i>25</i>	<i>Farmers and rural professionals</i>	<i>Increasing knowledge and support for farmers impacted by X event</i>
<i>Suicide Assessment training</i>	<i>Requested by NGO staff</i>	<i>DHB Mental health team</i>	<i>14</i>	<i>Youth One-Stop Shop</i>	<i>Support for agency working with vulnerable youth</i>
<i>Suicide prevention presentation</i>	<i>Requested by Aged Concern</i>	<i>DHB SPC</i>	<i>30</i>	<i>Aged Concern Volunteers</i>	<i>Education for staff and volunteers supporting the elderly</i>

2. Community initiatives evaluation template

Sample:

Event description	Initiated by DHB Y/N	Supported by DHB Y/N	Number of attendees	Outcome /impact	Approach to safety
<i>Hokianga Suicide Prevention Hikoi</i>	<i>Yes</i>	<i>Yes, attended by SPC and CAMHs Clinicians</i>	<i>120</i>	<i>Raise community awareness of suicide</i>	<i>Event overseen by SPC; focus on positive mental health; provided information and resources to community</i>
<i>World Mental Health Day expo</i>	<i>Initiated by NGO X</i>	<i>Attended by SPC and Public health staff</i>	<i>50</i>	<i>Mental Health promotion for community</i>	<i>Event organised in collaboration with SPC; focus on positive mental health; provided information and resources to community</i>

3. Mental health & addiction service collaboration reporting template

Sample:

Focus area	Activity description	Collaboration	Outcome/impact
<i>Self-harm presentations to ED</i>	<i>Increased recording and reporting of self-harm presentations</i>	<i>Recording templates and training in their use provided to ED DHB Data analytics team to support analysis</i>	<i>Increased awareness and robust evidence of number of self-harm presentations</i>
<i>Self-harm presentations to ED</i>	<i>Targeted follow-up and support initiated following discharge from ED</i>	<i>Collaboration with Community MH Teams to provide follow-up services</i>	<i>People who have presented to ED with self-harm have follow-up support within 12 hours of presentation</i>
<i>Staff training in detection and management of suicidal distress</i>	<i>Clinical nurse educator and peer support specialist / consumer advisor to provide in-house training</i>	<i>Training to be provided for ED, general and mental health nurses</i>	<i>All staff working alongside vulnerable populations are trained to detect and manage presentation of suicidal distress</i>

Appendix 3: Risk and Mitigation Table

Risk and Mitigation			
Area of Risk	Type of Risk	Level	Mitigation
Early Intervention and Prevention Community Education	Programme Resources <ul style="list-style-type: none"> • Lack of funding to support programme resources/delivery from a public health/community development approach • Lack of resources developed and provided by MOH or HPA • Without programme resources community education and information sharing is a difficult area to address within communities • Cannot leave communities with localised information including support details and access to service information. 	Moderate	<ul style="list-style-type: none"> • Request funding/support from TDHB • Pull on the small resources available through community organisations or funding streams • Continue updating and printing conversations about suicide flowchart with support
Suicide Postvention Coordinator role	Working outside of scope – community expectation and need	Moderate	<ul style="list-style-type: none"> • Communication with services/organisations about what the Suicide Postvention Coordinator role entails – public health/education not clinical intervention
Early Intervention and Prevention Coordinator role	Working outside of scope – community expectation and need	High	<ul style="list-style-type: none"> • Communication with services/organisations about what the Suicide Prevention Coordinator role entails – public health/education not clinical intervention • Sharing of Suicide Conversation Guide with practitioners/clinicians to advise of local plan/steps • Supervision available from Mental Health?
Early Intervention and Prevention Education support Cultural appropriateness	To recognise and enhance cultural appropriateness Cultural Support/Kaumātua is required along with Whānau Ora	Moderate	<ul style="list-style-type: none"> • Draw on cultural support from organisations • Ensure access to Kaumatua Support
Suicide Postvention Cultural support	Kaumatua support following death by suicide	Moderate	