

Aiming high: Zero Suicide in Aotearoa New Zealand



Introduction

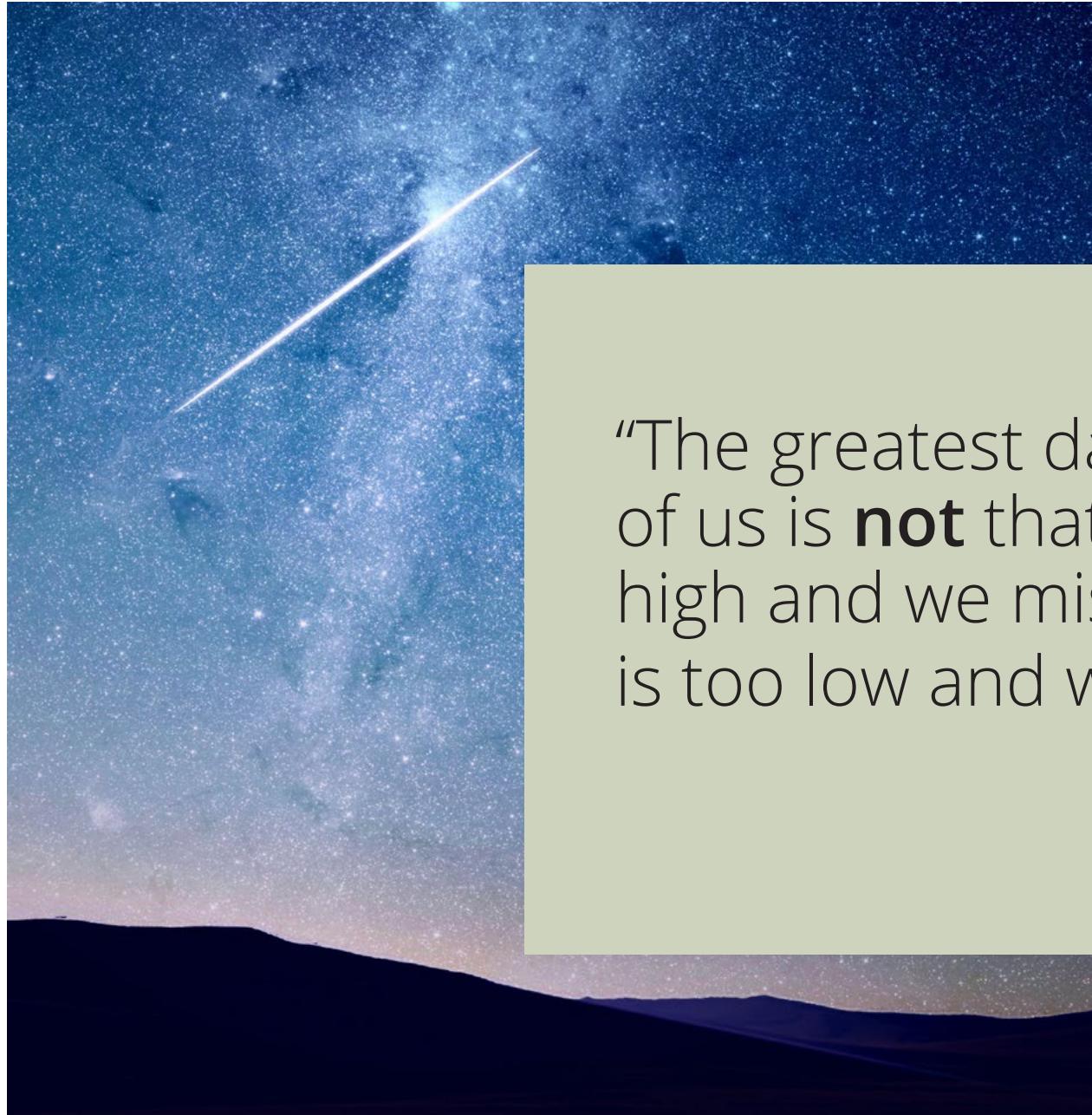
In September 2020 the cross-party Mental Health and Addiction Wellbeing Group published *Zero Suicide Aotearoa*. The intention of that report was to highlight the issue of suicide in New Zealand and to stimulate some debate about possible policy settings that might reinforce local, regional and national efforts to prevent suicide.

Aiming high is intended to augment the *Zero Suicide Aotearoa* report, with more of a focus on the bigger structural issues that hinder the country's efforts to reduce, and potentially eliminate, suicide in New Zealand.

Given that very little progress can be made on this complex issue without involving those who have been directly affected by suicide, I want to acknowledge Taimi Allan, CEO of Changing Minds who provided feedback on an initial draft of *Aiming High*. Changing Minds is a national, lived-experience organisation that works in the area of mental health and addictions.

Disclaimer: *The opinions expressed in this report are the author's own and are not, in any way, connected to the cross-party Mental Health and Addiction Wellbeing Group or Platform Trust.*

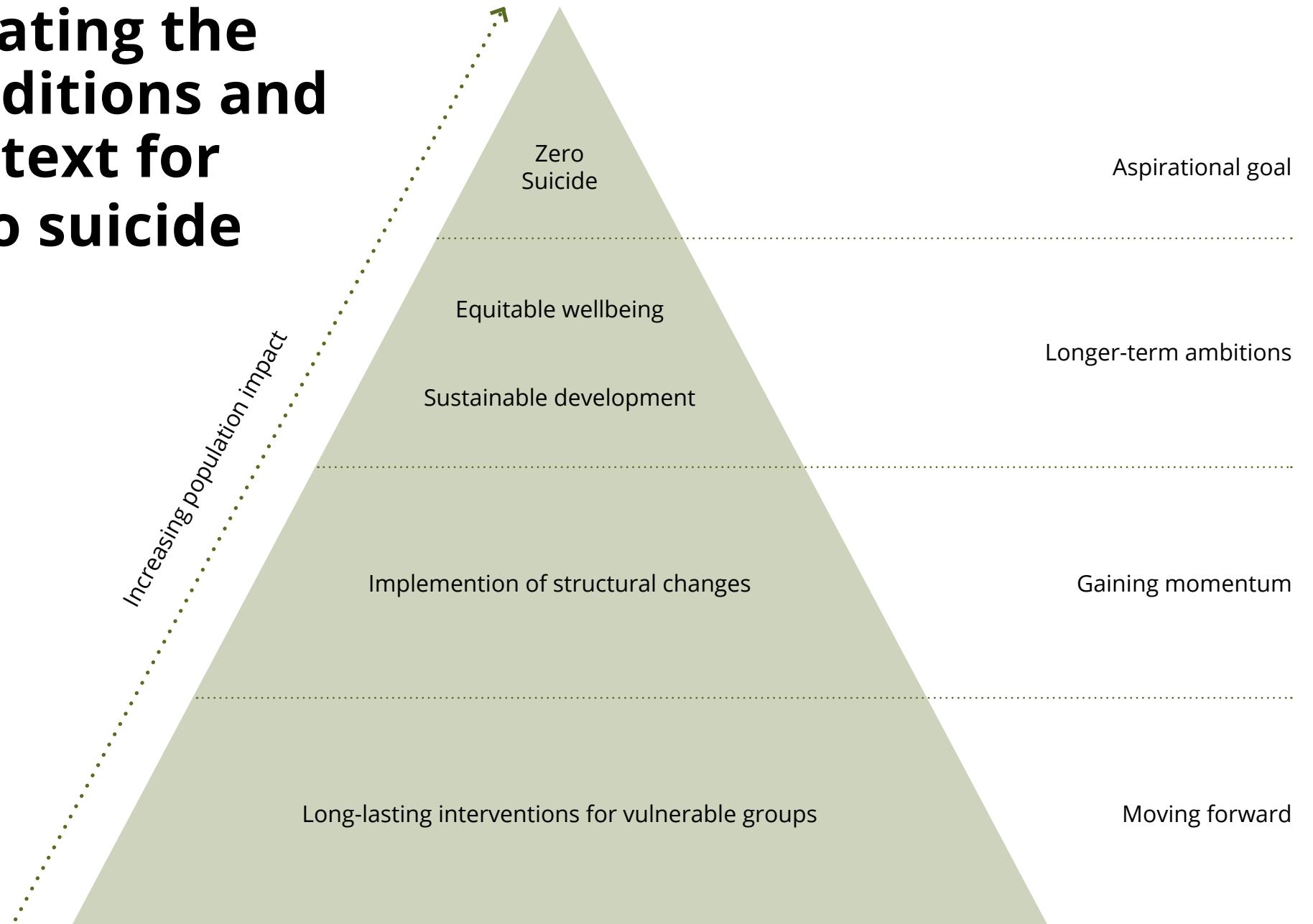
Phillipa Gaines, Director, Lattice Consulting



“The greatest danger for most of us is **not** that our aim is too high and we miss it, but that it is too low and we reach it.”

- Michelangelo

Creating the conditions and context for zero suicide

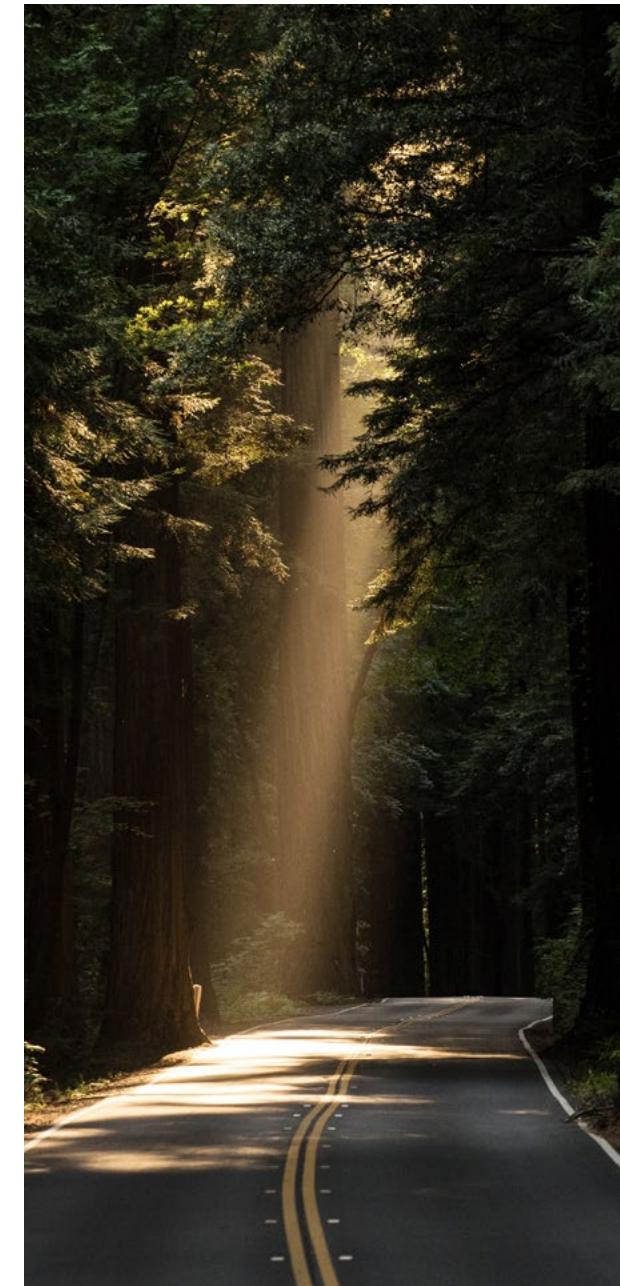


Fast facts

- Suicide is often the end point of a complex history of risk factors and distressing events including adverse childhood experiences, sexual abuse, exposure to family violence, material hardship, inter-generational trauma, unemployment, mental health and addiction issues, stress, bullying and relationship breakdowns.
- These individual risk factors are expressed within the context of the collective or structural risk factors.¹
- Examples of the structural risk factors for indigenous suicide includes spiritual disconnection and colonisation (eg, loss of land, loss of language and loss of self-determination) as well as institutional and systemic racism.²
- This framing of the risk factors for individuals within the context of the collective is important if New Zealand is going to successfully address the staggering loss of life by suicide amongst younger New Zealanders, especially young Māori and Pasifika.
- All solutions need to focus on life-promoting and strengths-based approaches to wellbeing, rather than simply addressing deficits and symptoms of distress.

¹. World Health Organization (2014). *Preventing Suicide: A global imperative*.

². Durie, M. (2017). *Indigenous suicide: the Tūramarama declaration*. *Journal of Indigenous Wellbeing: Te Mauri – Pimatisiwin* 2(2): p59-67.



“Systemic problems are rooted in expressions of power that have long historical roots. They show up in many facets of our environments, including **government, culture, economic landscapes, and the physical environment**.”

- Scally et al. (2020)



Scally et al. (2020). *Driving Systems Change Forward*.
Federal Reserve Bank of San Francisco and Urban Institute.

Systems change – some key principles



Kania, Kramer & Senge (2018)³ are of the view that systems change means shifting the fundamental conditions that produce many of the entrenched problems in society by making explicit changes to policies, practices and laws; semi-explicit changes to relationships and power dynamics; and implicit changes to mindsets (mental models).

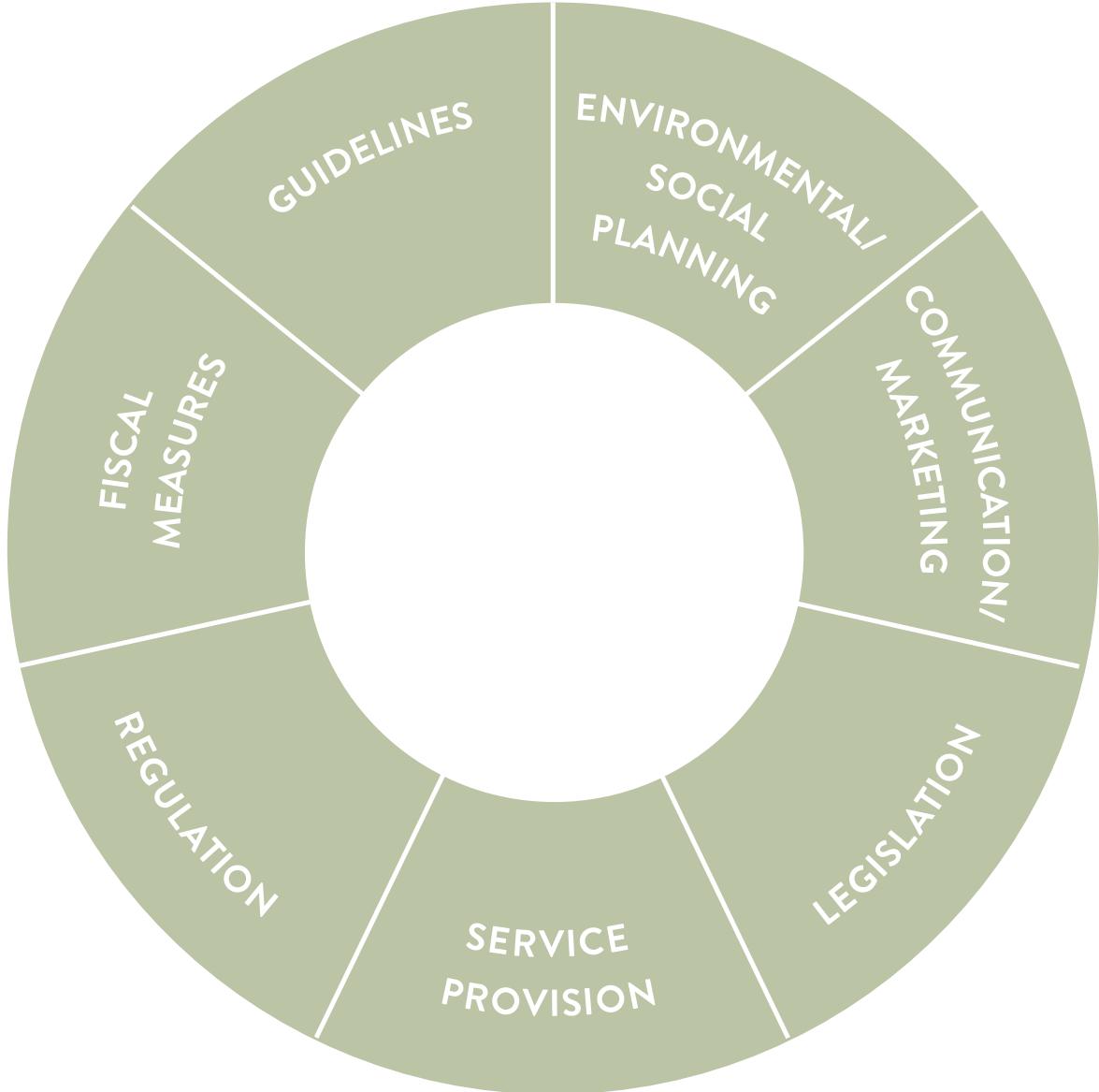
Key principles to help guide suicide prevention activity include:

1. Promoting equity by addressing the structural risk factors for indigenous suicide, as well as the root causes of institutional and systemic racism.
2. Becoming solution-based advocates – adopting new ways of thinking, acting and communicating about the desired change so that it makes it easier for others to (a) participate in the conversation and (b) contribute something of their own to the solution(s).
3. Involving the voice of lived experience.

³. Kania, J., Kramer, M. & Senge, P. (2018). *The Water of Systems Change*. FSG.

Using key policy levers to make systems change

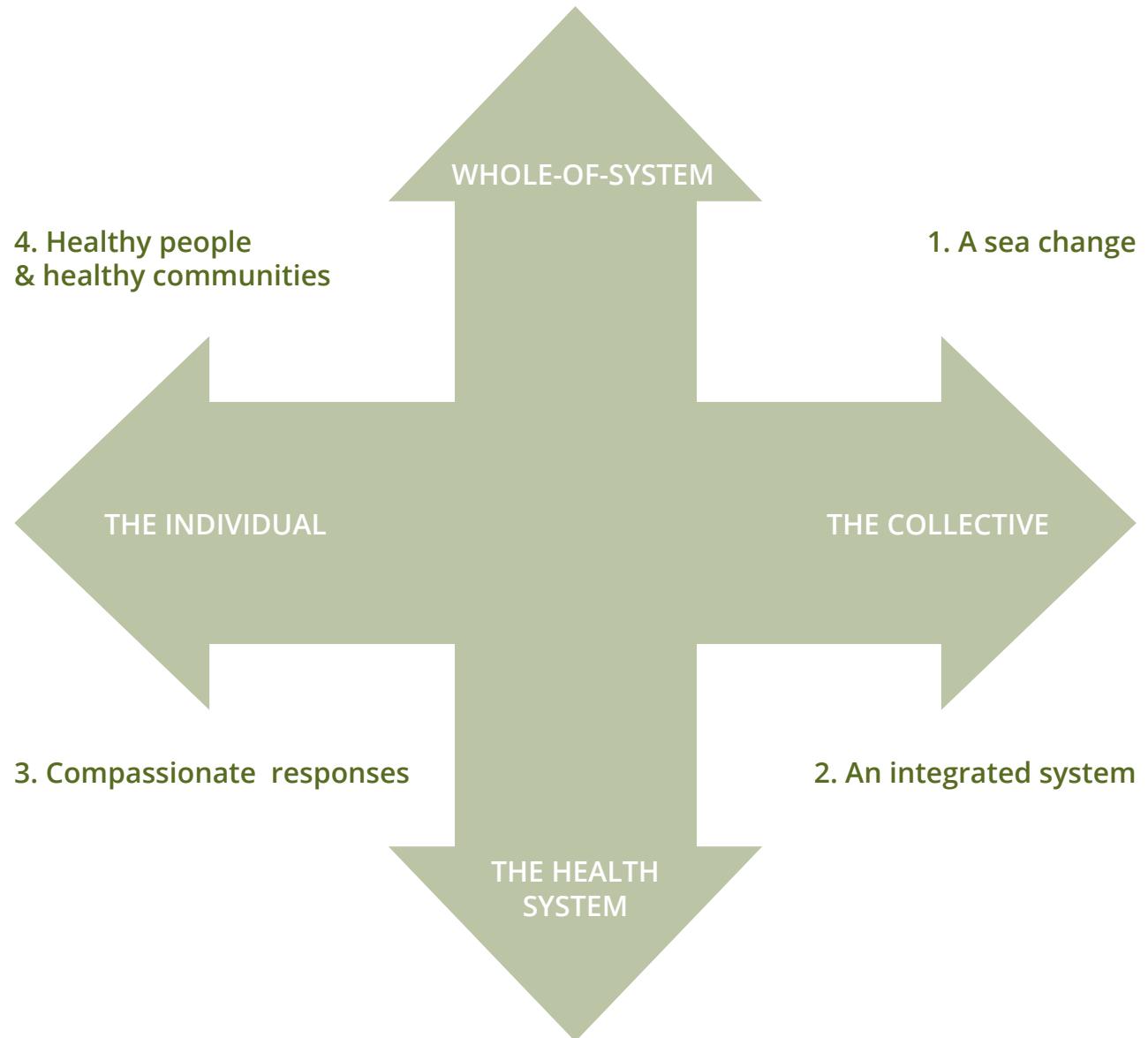
Rather than only focusing on creating new programmes or expanding existing mental health and addiction services to address the symptoms of what is a larger societal problem, government is in a unique position to utilise a range of other policy levers to make larger, lasting shifts in society's structure.



Opportunities to intervene in the system with impact

The four strategic 'mental models' in the diagram have been developed to help change the narrative about how and where to intervene in the wider societal system to help prevent suicide.

These four mental models are designed to complement and reinforce one another and should not be considered as stand-alone options. Each model is explored in more detail in the following pages.



1. A sea change



1. A sea change - overview



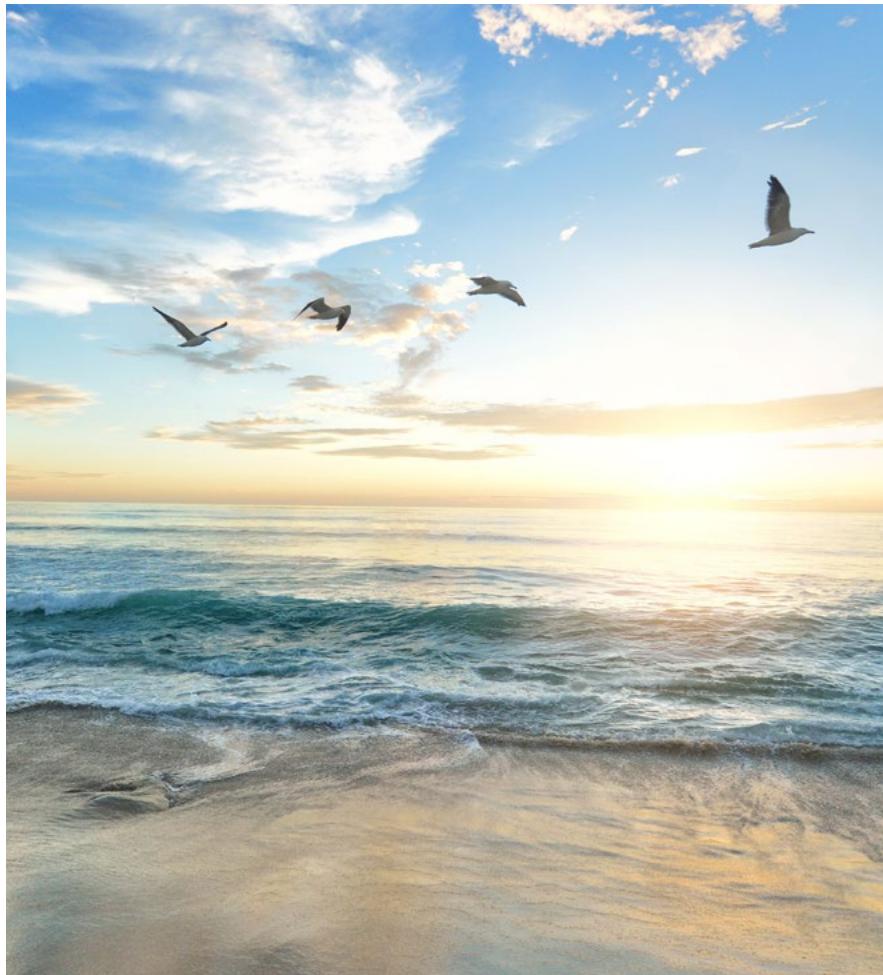
The 'sea change' represents an aspirational vision of 'wellbeing' for the country that stretches across government and society as a whole.

In 2019, New Zealand became the first country in the world to embed wellbeing and sustainable development in its budget decision-making process, with the use of social, cultural, and environmental measures of progress.

This approach aligns with the international shift towards a wellbeing economics policy framework, which seeks to identify, understand and address the drivers for a country's social and economic problems rather than solely relying on higher economic growth to solve them.

In the aftermath of the COVID-19 pandemic, the challenge for the government will be to balance the need to heavily invest in the economic recovery of the country and, at the same time, continue to invest in a more inclusive and cohesive society, particularly in those areas that are known to influence people's sense of wellbeing - such as health, housing, employment, relationships and cultural identity.

1. A sea change - the evidence



There are several lines of research with healthy populations that support a direct relationship between improved wellbeing and a reduction in the risk of suicide.

- The research tells us that greater alcohol availability is positively associated with more than one third of suicides and approximately 40 percent of suicide attempts.
- There is good evidence that restrictions on access to alcohol (including higher taxes, minimum legal drinking age, zero tolerance for drink-driving, fewer alcohol outlets, etc.) all contribute to a reduction of alcohol involvement in suicide deaths.

The adoption of a wellbeing economics framework offers an opportunity to refocus the discussion about the nation's recovery from the COVID-19 pandemic in the context of protecting those aspects of New Zealand society that citizens view as being fundamental to the New Zealand way of life, with regard to the extent to which they are prepared to accept the trade-offs that have to be made in order to do this.

2. An integrated system



2. An integrated system - overview



The provision of care for people who have health, disability and social care needs has become increasingly contested, raising difficult questions as to the respective roles and responsibilities of the different funding agencies and service providers, many of which are serving the same individuals/families/whānau.

The current legislation does not facilitate collaborative ways of working amongst health, disability and social sector service providers or their funders.

People who need a combination of health, disability and/or social care are often left struggling to navigate these artificial divisions in order to access the help that they need, at a place and a time when they need it.

Many of the structural issues in the wider system have been highlighted in the NZ Productivity Commission's (2015)⁴ report on social services. However, despite the best efforts of various agencies to resolve these issues, they continue to pervade the system and frustrate people's attempts to access help.

⁴ NZ Productivity Commission (2015). *More effective social services*.

2. An integrated system - an example



In 2013 the United Kingdom established the Health and Social Wellbeing Boards as a way of promoting shared leadership, greater integration and collaborative partnerships at the local level – including the joint commissioning of services, integrated service provision and pooled budgets. The main task of these Health and Wellbeing Boards was to address the Marmot Review's (2010)⁵ six policy objectives for reducing health inequalities – as follows:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.

Note: It is important to understand that an integrated approach is not a panacea for a fragmented health and disability system. The New Zealand *Health and Disability System Review* (2020)⁶ has outlined the problems with the current health and disability system and recommended some possible steps forward. A more integrated health and social system could be considered as part of government's response to the recommendations in that review.

⁵ Marmot Review (2010). *Fair Society, Healthy Lives: The Marmot Review*. Strategic review of health inequalities in England post-2010. London.

⁶ New Zealand Health and Disability System Review (2020). *Health and Disability System Review: Final Report – Purongo Whakamutunga*. Wellington.

3. Compassionate and effective responses



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An important part of suicide prevention is strengthening the response at multiple points in local communities.

Although it is accepted that the drivers for suicidal behaviour are multi-factorial, the default position is that the solutions reside within the specialist mental health and addiction services - with a very limited role for other key stakeholders. This view is predicated on the assumption that everyone who exhibits suicidal behaviour must have a mental health problem. However, the statistics tell us that this is not the case. It is just as likely that someone who does not have a mental illness will exhibit suicidal behaviour in response to a traumatic event in their life that acts as a trigger point (eg, a relationship breakup or the death of a partner).

For this reason, the quality of the response at the point of first contact is absolutely critical in potentially reducing the risk of suicide.

3. Compassionate and effective responses



A truly responsive system would offer anyone who presented with suicidal behaviour with an immediate, personalised, compassionate and effective response.

A zero suicide approach would be defined by an organisation's commitment to delivering this kind of response – at any point across the wider system.

There are opportunities for individuals, family/whānau and local communities to develop their own capacity and capability to recognise and support those at risk of suicide before a crisis starts to escalate.

In the event of an acute crisis, clinical services such as primary care, emergency departments and specialist mental health and addiction services have an important role to play in reducing the risks of suicide.

Note: The national Suicide Prevention Strategy (2019)⁷ outlines a number of actions that are designed to strengthen the system's response to suicidal behaviour. This includes investments in community-led programmes, workforce development and specialist clinical services.

⁷ Ministry of Health (2019). *Every Life Matters. Suicide Prevention Strategy 2019 – 2029 and Suicide Prevention Action Plan 2019- 2024.*

4. Healthy people & healthy communities



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Creating positive community environments where people live, work, learn and play can help prevent suicide by promoting people's sense of wellbeing and fostering a greater sense of social inclusion and community cohesion where people feel safe, connected and consider that they are getting a fair deal.

This concept of a 'fair deal' is central to New Zealand's values. In general this term means that people consider that they are being treated with respect and that they have equitable opportunities to lead the kinds of lives that they value and have reason to value (Sen, 1999)⁸.

A community development approach is focused on encouraging local communities to create the conditions and context that prevent ill-health, enhance people's access to opportunities and promote positive relationships and lifestyles that offer vulnerable groups of people some protective advantages - thereby reducing the risk factors for suicide.

⁸ Sen, A. (1999). *Development as Freedom* (1st ed.). New York: Oxford University Press.

Community development



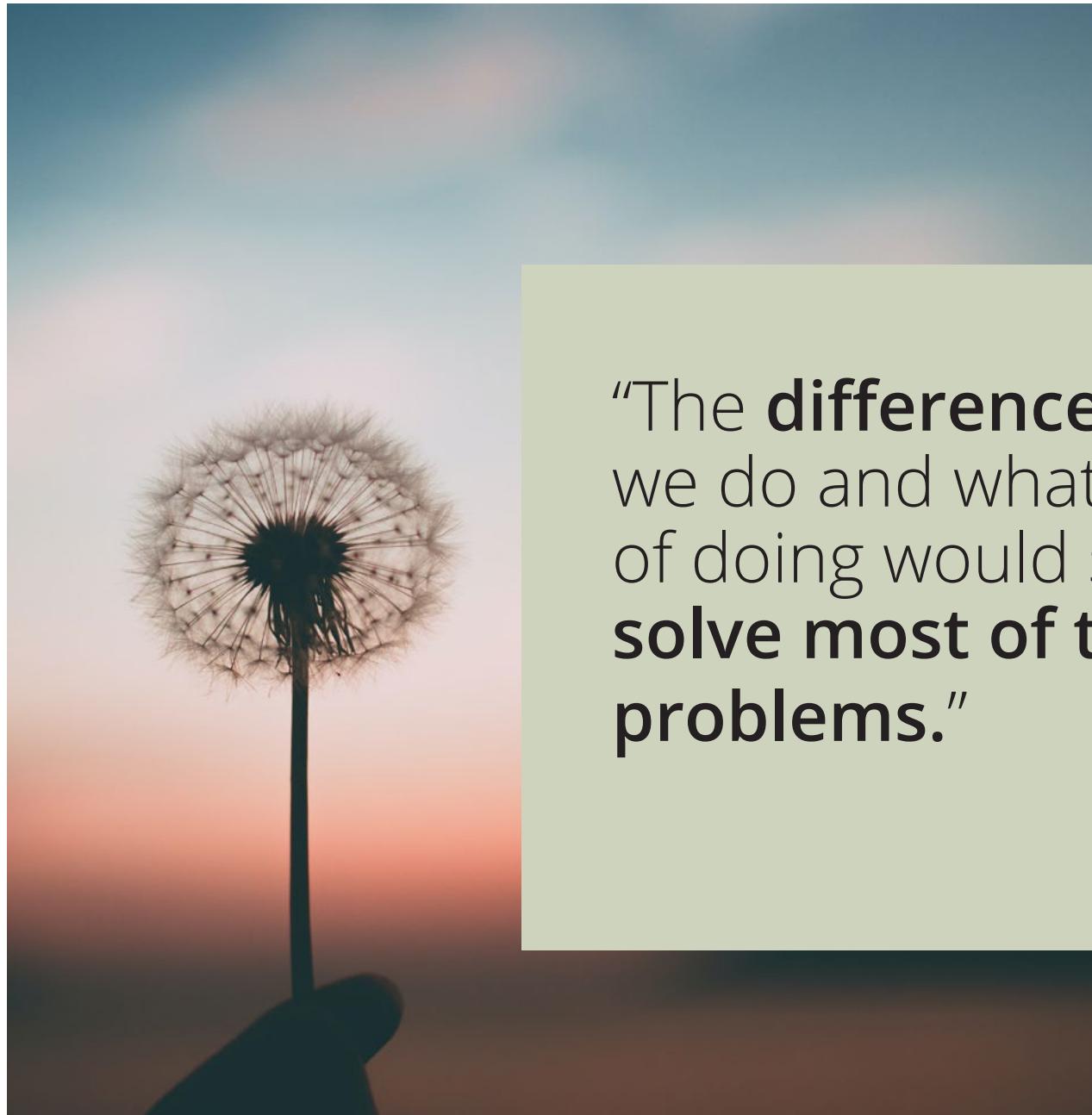
In general, for children and young people to be well, their family/whānau, friends and local communities must also be well.

Families, whānau and local communities need support to identify their issues and to build their capacity and capability so that they are better equipped to help themselves.

A number of evidence-based community initiatives have been developed in New Zealand that aim to reduce the risks for suicide and build individual and family resilience.

Not all evidence-based suicide prevention programmes are applicable to every group. Invest in what is known to work, especially for Māori and Pasifika youth, iwi, hapū and whānau - at local, regional and national levels.

Systemic changes that are being achieved via local community collaborations and partnerships need to be reinforced in any future policies, particularly those that aim to contribute to Māori aspirations and wellbeing.



“The **difference** between what we do and what we are capable of doing would suffice to **solve most of the world's problems.**”

- Mahatma Gandhi

What actions would build on and extend current efforts to prevent suicide?

Policy category	Suggested actions
 Legislation	Develop a Wellbeing Act for New Zealand that ensures a comprehensive, long-term and embedded approach to implementing wellbeing objectives - for both current and future generations.
	Amend the Sale and Supply of Alcohol Act (2012) to reduce the availability of alcohol, especially to young people. Any amendments should be informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.
	Legislate for safe, evidence-based reporting of suicide by the media.
	Consider the Crown's response to Wai 2575 as part of any revised Health and Disability legislation - with specific regard to the governance, planning and development of suicide prevention activities for Māori.
 Fiscal policy	Develop a 'Wellbeing in all Policies' approach that emphasises the need for a joined-up response that stretches across government and society as a whole. Note clause 12 of the Tūramarama Declaration (2017).
	Consider if the current mechanisms and system infrastructure are sufficient to incentivise and monitor cross-government investments in health and wellbeing, particularly with regard to Māori.
 Regulation	Address the gap in media regulations around the suicide content on social media platforms and on-line streaming services.
 Environmental & social planning	Strengthen local government & local community responsibilities with regard to wellbeing - potentially via the provisions in the Local Government (Community Well-being) Amendment Act 2019, a revised Health and Disability Act and the suggested Wellbeing Act.
	Establish Health and Social Wellbeing Boards that can foster the skills, knowledge and insights of local communities so that they are better equipped to solve complex social problems at a local level - with an explicit focus on addressing inequities and improving wellbeing.
 Guidelines	Develop stricter guidelines on the suicide prevention interventions and research that require ethics approval.

A large, dark feather, likely a quill, is positioned vertically on the left side of the slide. It is set against a background of a sunset or sunrise over a body of water, with the sky transitioning from deep blue to warm orange and yellow hues. The feather's texture and veins are clearly visible.

The time is now

The aspirations expressed in *He Ara Oranga* (2018)⁹ support the introduction of government policies that address the societal foundations of mental wellbeing as part of a broader national strategy that promotes sustainable development and equitable physical, social, cultural and spiritual wellbeing.

The best practice approach to suicide prevention under such a strategy is to invest in a comprehensive, multi-sectoral approach that involves government agencies, businesses, local communities, individuals and their whānau/families.

Everyone has a role to play in preventing suicide in Aotearoa New Zealand - ranging from supporting people to weather life's inevitable storms, to those who are taking courageous steps to make structural reform a reality. The time is now!

⁹ Government Inquiry into Mental Health and Addiction (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*.

