31 October 2024

Manatū Hauora│Ministry of Health
133 Molesworth Street
Thorndon, Wellington 6011

By email to: mhaengagement@health.govt.nz

Tēnā koe

Re: Draft Suicide Prevention Action Plan for 2025-2029

The RANZCP welcomes the opportunity to provide a submission on the Draft Suicide Prevention Action Plan for 2025-2029 (the Plan).

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation, representing over 8400 members and more than 5900 qualified psychiatrists, and preparing doctors to become medical specialists in the field of psychiatry and lead the provision of mental health care in our communities. The RANZCP is guided on policy matters by a range of expert committees including the Tu Te Akaaka Roa, the New Zealand National Committee, and Te Kaunihera, the RANZCP's Māori mental health committee.

Tu Te Akaaka Roa commends Manatū Hauora for proposing a cross-sector approach to preventing suicides in Aotearoa New Zealand. Suicide is a multi-faceted issue, often rooted in psychosocial adversities that can only be addressed through systemic changes across all sectors of government, alongside targeted health interventions. While the Plan aims to achieve such changes, we believe the Plan would benefit from identifying specific targets to strengthen the proposed whole-system approach.

Specifically, we recommend:
- Providing support services across the continuum of care
- Ensuring the availability of a sustainable and skilled workforce to implement proposed measures
- Prioritising the development of culturally safe and effective services
- Addressing social determinants of health
- Addressing the specific needs of priority populations
- Reducing access to means of suicide
- Better integration of digital and in-person supports
- Improving data collection systems to track the effectiveness of implemented measures

Providing support services across the continuum of care
The Plan identifies gaps in the services available to tāngata whai ora experiencing psychological distress, and a need for better crisis response services, leadership, and

improved continuity of care. However, the Plan fails to provide tangible solutions to these issues. Additionally, most of the proposed initiatives are focused on community-based early intervention and postvention support, rather than on services that address the issues most proximal to the occurrence of suicide (i.e., significant psychological distress and mental illness, both known to be associated with attempted and completed suicide). Without adequate consideration and resourcing of mental health services, those most vulnerable individuals (historically referred to as 'the top 3%) will continue to miss out and are at highest risk of suicide.

We recommend the provision of comprehensive and culturally appropriate care options, with sufficient resources allocated to specialist mental health services and clinical care pathways that promote a holistic model of care. Strong cross-agency and cross-sector communication and collaboration will be crucial for successful implementation of suicide prevention, intervention and postvention support.

Ensuring the availability of a sustainable and skilled workforce to implement proposed measures

Ensuring the mental health workforce has the capacity and capability to meet the growing demand for services is a key concern for the RANZCP. Workforce shortages across the mental health sector are escalating, with vacancy rates for psychiatrists and senior medical officers reaching 30% in some regions. Psychiatrists have a key role in providing care to tāngata whai ora experiencing severe psychological distress/mental illness, thereby preventing suicide. We must grow a sustainable workforce and provide adequate resources and robust supervision to prevent burnout of health professionals and ensure long-term wellbeing and resilience of our communities.

We recommend the Plan recognise the current challenges and provide feasible options for growing the mental health workforce, with a clear focus on Māori and Pasifika clinicians. Additionally, we recommend the provision of ongoing education and training, particularly in areas of cultural competency, trauma-informed care, and suicide risk assessment for all health professionals, as well as other professions working with vulnerable individuals, such as probation officers, social service workers, and teachers.

Prioritise the development of culturally safe and effective services.

Tu Te Akaaka Roa emphasises the need for more culturally responsive suicide prevention, postvention and crisis support services, especially for tāngata whai ora Māori and Pacific Peoples. As outlined in Te Tiriti o Waitangi, the protection and recognition of Māori rights and health outcomes must remain central to suicide prevention. Suicide rates for Māori, especially rangatahi Māori, are disproportionately high, and the Plan must reflect urgent action to address these inequities. The limited availability of kaupapa Māori support services, particularly for dealing with acute mental distress and postvention support, presents an access barrier for tāngata whai ora Māori that must be addressed to achieve more equitable outcomes. The Indigenous Suicide-Turamarama Declaration may provide a valuable framework to guide interventions and policy development.

We recommend prioritising service improvements aimed at cultural responsiveness to ensure relevant changes are implemented as services expand. We recommend

continued engagement with iwi, hapū, and Māori health providers, and the inclusion of Māori health models and community voices in the development of new services.

Addressing social determinants of health

As described in the RANZCP's [Position Statement: Suicide Prevention - The Role of Psychiatry](), suicide is not always associated with a diagnosable mental illness but is often rooted in psychosocial disadvantages such as poverty, unemployment, social fragmentation, and housing insecurity. Such adversities can have long-term impacts on whanau whai ora and increase the risk of ongoing mental health concerns, child maltreatment and suicide in future generations. The Plan fails to consider public health aspects of suicide prevention that focus on systematically reducing societal inequities.

We recommend targeting modifiable risk factors such as unemployment, educational disadvantage, socio-economic disadvantage, and homelessness, as part of the proposed whole-system response. Psychosocial inequities and their impact on mental health and suicide risk must also be considers during the development of new policies across all sectors of government.

Addressing the specific needs of priority populations

The Plan identifies a number of priority populations who have an increased risk of suicide, compared to the general population but fails provide targeted actions to address vulnerable groups. Tu Te Akaaka Roa supports the proposed youth initiatives, but we believe more needs to be done to support vulnerable groups, including young people involved with Oranga Tamariki, rangatahi Māori, mental health service users, members of diverse ethnic groups, rural or rainbow communities, as well as older adults and mothers.

We recommend placing a stronger emphasis on specific strategies for vulnerable groups through targeted health and cross-government initiatives. For example, youth-led initiatives that incorporate lived experience voices may be developed, integrating mental health promotion into schools, Kura Kaupapa Māori, and youth organisations, or specific initiatives that address social media's impact on mental health and suicide risk. More adequate mental health support and training for social workers is essential to address the inequities for children in state care and ensure the Crown fulfils its duty of care of tamariki and rangatahi involved with Oranga Tamariki.

Tu Te Akaaka Roa supports the development of safer environments. particularly within mental health services and correctional facilities. However, it is critical to also address the factors contributing to individuals' psychological distress. As noted previously, we are concerned about the lack of access to specialist mental health support due to underfunding and severe workforce shortages, particularly within forensic services which ultimately makes our environments less safe.

We reiterate the urgent need for growing and supporting the mental health workforce and highlight the need to consider the mental health needs and suicide risk New Zealanders during the development of wider government policies, particularly criminal justice legislation.

Reducing access to means of suicide

The Plan identifies a need to reduce access to means of suicide. However, it offers few solutions for achieving this goal within a community setting. The Plan suggests a significant association between alcohol use and suicide, offering a potential target for public health measures to address suicide rates. Stricter alcohol policies have been shown to be an effective measure for reducing suicide rates elsewhere and we recommend a review of current legislation pertaining to availability and access to alcohol, particularly for young people in Aotearoa New Zealand. Other legislative changes, such as the regulation of Firearms and criminal justice legislation that places vulnerable individuals in unsafe environments must also consider the impacts on individuals' mental health and the risk of suicide.

We recommend reviewing regulations pertaining to access to alcohol, firearms alongside the suggested changes.

Better integration of digital and in-person support

Digital mental health tools, including peer-led support initiatives and mental health apps, remain underused and poorly integrated into clinical care. The current digital health infrastructure presents an additional challenge and limits the ability of existing services to ensure continuity of care for tāngata whai ora accessing public mental health services and/or community supports. Both have the ability to strengthen long-term resilience within our communities and foster systemwide action to reduce the number of suicides in Aotearoa New Zealand.

We recommend improvement of the digital health infrastructure to improve continuity of care for tāngata whai ora as well as more proactively planned integration of digital mental health tools and in-person support.

Improving data collection systems to track the effectiveness of implemented measures

Robust data monitoring and research are vital for informing effective suicide prevention strategies. Aotearoa New Zealand's data and digital infrastructure is insufficient, limiting cross-agency collaboration and prevents us from making evidence-based improvements to legislation and clinical care.

Tu Te Akaaka Roa supports the proposed initiatives for tracking suicide statistics, including the development of a real-time data tool to enhance our understanding and response capabilities regarding at-risk populations. To further strengthen our response to suicides, we recommend geographical mapping of suicide statistics, improving the timeliness of coronial investigations into suspected suicides, and developing data collection processes within transport agencies, NZ Police, and local government bodies. Alongside these changes, we recommend improvements to data management within the wider health sector. For example, improving the data collection and reporting of information relating to assisted dying services. We currently have little insights into the suicide risk for those who have been deemed ineligible for assisted dying or are unable to access the service in a timely manner.

Thank you for the opportunity to provide feedback; we look forward to working with Manatū Hauora in the future. If you have any further questions regarding this letter, please contact

the New Zealand National Office - Tu Te Akaaka Roa via nzoffice@ranzcp.org or on +64 (0)4 472 7247.

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