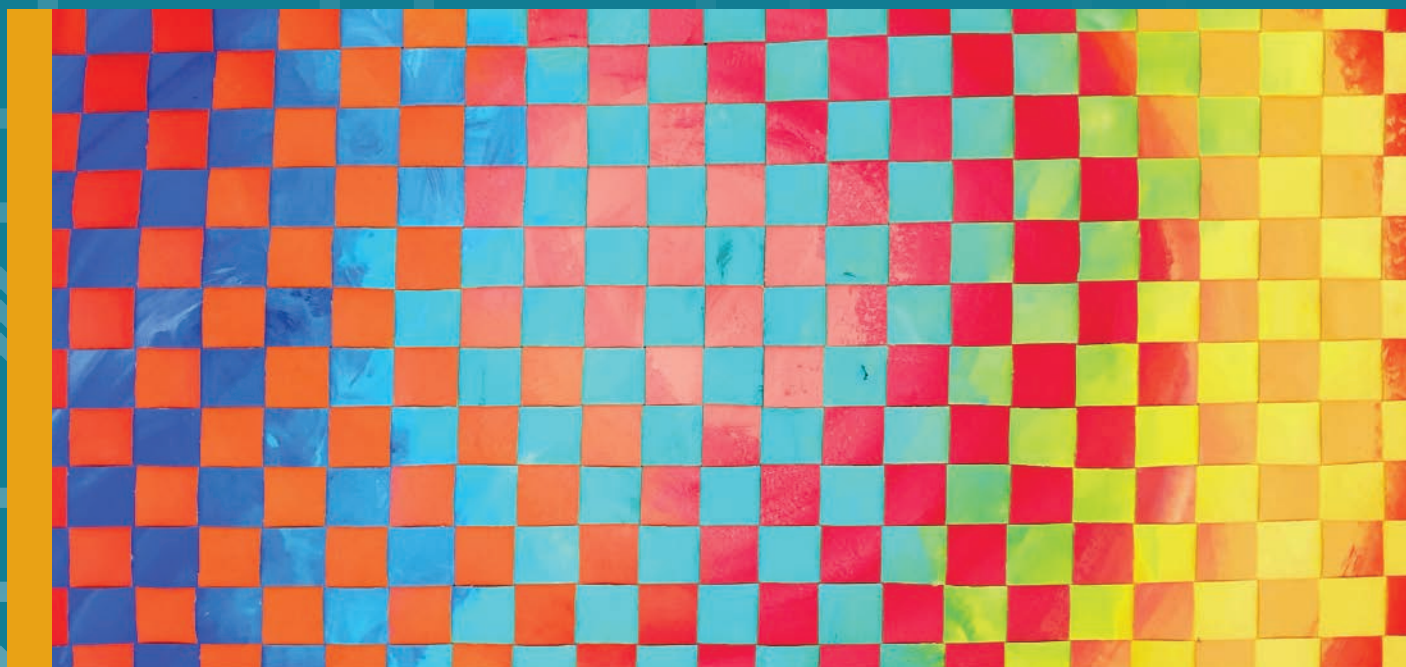


Ara Poutama Aotearoa Suicide Prevention and Postvention Action Plan

2022 - 2025



ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

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Foreword



Juanita Ryan

I'm proud to introduce the *Ara Poutama Aotearoa Suicide Prevention and Postvention Action Plan* for 2022-2025. There are few issues more serious than that of suicide, and this action plan demonstrates our commitment to doing our part to reduce suicide in Aotearoa.

Firstly, I want to acknowledge the work that our staff do every day to support those in our care and management who may be at risk of suicide. Many people in prison have long-standing and complex needs and I know that our staff work tirelessly to ensure that those in need receive the support that they require.

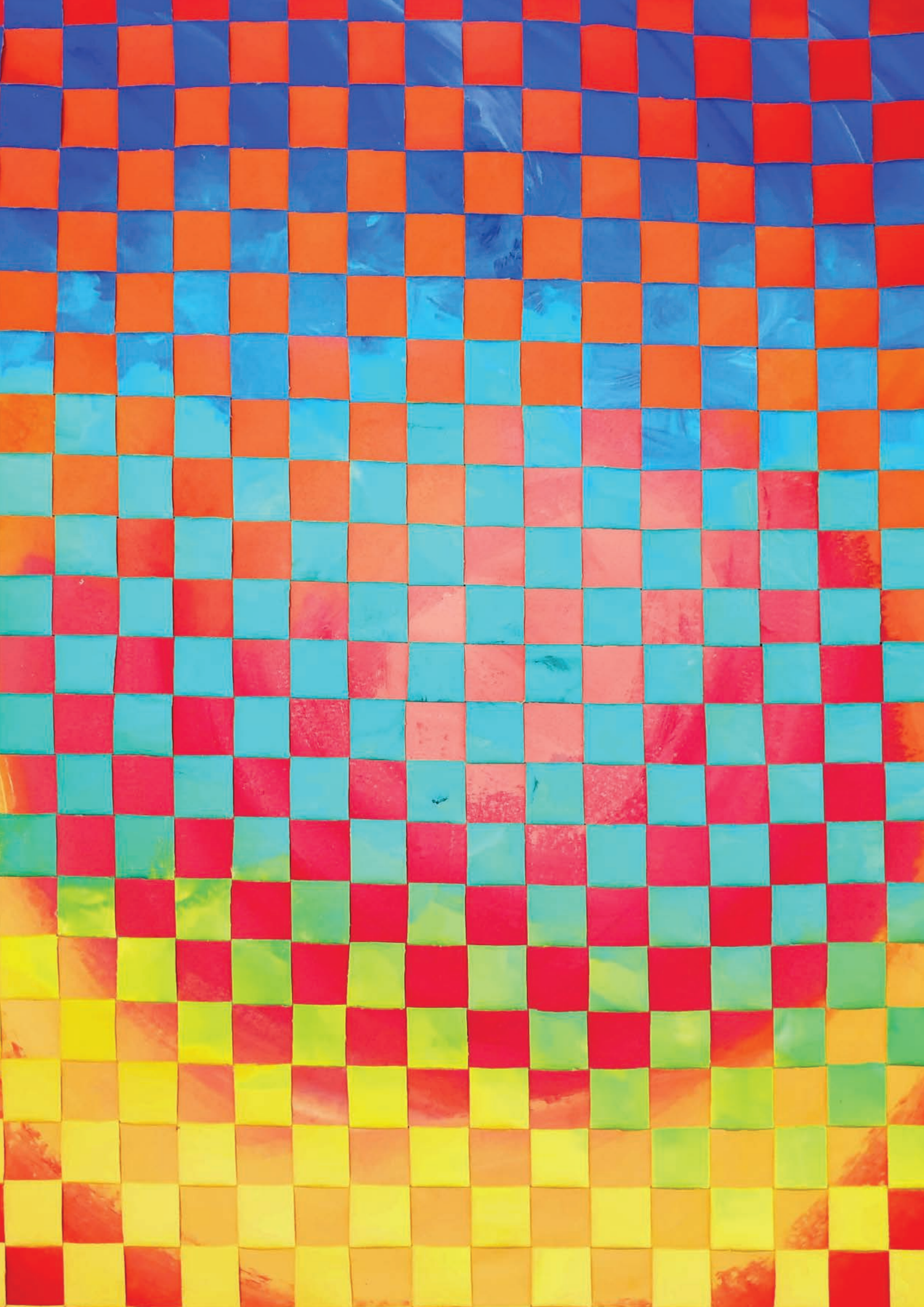
Hōkai Rangī signalled the strong commitment of Ara Poutama to do things differently. Our approach with this plan therefore is not only to support those in distress, but also to create conditions and environments for individuals and whānau to thrive. A difficult, yet worthwhile, challenge.

This action plan is ambitious, calling for collective action to strengthen the support available to individuals and whānau. The approach that we've taken recognises that there are many factors that contribute to suicide, and therefore many points of intervention. While it goes without saying that early intervention is key when it comes to preventing suicide, we also believe it is vital to support the individuals and whānau who are affected by the loss of a loved one.

There is a lot of work ahead of us and by working together I have no doubt that we will be successful. Put simply, everyone wants to see the number of suicides reduce in New Zealand. I'm optimistic that our action plan will contribute to this goal.

Juanita Ryan

Deputy Chief Executive, Health



Introduction

Kotahi anō te kaupapa: ko te oranga o te iwi

There is only one purpose to our work: the wellness and wellbeing of people

Suicide is devastating for all those personally affected, and a tragedy for society as a whole.

The effects of suicide often spread wide within a community, resulting not only in the loss of loved ones, but also impacting whānau, friends and wider circles within which an individual has influence. Research suggests that for every suicide, up to 14 people become profoundly affected, and this exposure can carry a risk of future suicidality in the people exposed.¹

Suicide affects people from all communities and population groups within Aotearoa. Māori, and particularly young Māori, are significantly more likely to die from suicide than non-Māori, however. In fact, rates of suicide among Māori youth (both males and females) are among the highest globally.² Clearly more can, and must be done to support people who think about, attempt, or are affected by suicide.

We at the Department of Corrections (Ara Poutama Aotearoa) recognise that individuals serving prison or community sentences are at higher risk of suicide than the general public.³ Clearly some risk factors for suicide will pre-date an individual's arrival in custody. Others, such as social isolation or feelings of shame, whakamā or guilt, may be a direct consequence of, or may be exacerbated by, their incarceration.⁴

We know that the causes of suicide are multifaceted and complex, and that accurately predicting when a person might attempt to take their own life can be particularly difficult.⁵ Alone, no single person, whānau, agency or iwi can reduce suicide rates in Aotearoa, but every small action can make a difference. In alignment with this whakaaro, we are strongly committed to doing our part in preventing unnatural deaths, both among the people in our care and management, and across Aotearoa more broadly.

1 Jordan, J. R., & McIntosh, J. L (Eds.), *'Suicide bereavement: Why study survivors of suicide loss?'*, *Grief after suicide: Understanding the consequences and caring for the survivors*, 2011, pp. 3–17.

2 Ministry of Health (2019a, July 10). *Suicide Facts: 2016 data (provisional)*, <https://www.health.govt.nz/publication/suicide-facts-2016-data-provisional>.

3 Jones, R., *Practice: The New Zealand Corrections Journal*, *Suicide in New Zealand Prisons - 1 July 2010 to 30 June 2016*, 2017, 5(2), pp. 26-32.

4 Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J. & Fazel, S, *Lancet Public Health*, *Risk factors for suicide in prisons: a systematic review and meta-analysis*, 2021, 6(3):e164-e174. doi: 10.1016/S2468-2667(20)30233-4.

5 Indig, D., Gear, C., Wilhelm, K, *Comorbid Substance Use Disorders and Mental Health Disorders among New Zealand Prisoners*, 2016.

The need for an Action Plan

Suicide continues to be the leading cause of unnatural deaths for individuals in custody in Aotearoa.⁶ In a New Zealand study, over one-third of people in custodial care had ever thought about suicide, while 19 percent had ever attempted suicide and 17 percent had ever made a suicide-related plan. Compared to the general population, individuals in custody are twice as likely to have ever thought about suicide, and four times as likely to have ever attempted suicide.⁷ A comparison of prison suicide rates and suicide rates in the general population in Aotearoa from 2010 to 2021 is provided below (Table 1).

Table 1. Comparison of New Zealand prison suicide incident rates to national suicide rates between Jan 2010 and June 2021

Year	Prison population	Number of patients reported a death by suicide in prison facilities	Prison suicide incident rate (National suicide incident rate)	
			Rate per 1,000 p.p. ^c (Rate per 1,000 n.p.) ^d	Rate per 100,000 p.p. (Rate per 100,000 n.p.)
2010	8336 ^a	6	0.7 (0.12)	72.0 (11.9)
2011	8336	8	1.0 (0.11)	96.0 (11.1)
2012	8406	3	0.4 (0.12)	35.7 (12.3)
2013	8152	4	0.5 (0.11)	49.1 (11.0)
2014	8559	7	0.8 (0.11)	81.8 (10.8)
2015	9023	7	0.8 (0.11)	77.6 (11.1)
2016	9844	6	0.6 (0.11)	61.0 (11.4)
2017	10326	3	0.3 (0.12)	29.1 (12.0)
2018	9717	5	0.5 (N/A) ^e	51.5 (N/A)
2019	9777	5	0.5 (N/A)	51.1 (N/A)
2020	8442	5	0.6 (N/A)	59.2 (N/A)
2021	8279 ^b	9	1.1 (N/A)	108.7 (N/A)
Overall	8,986	68	7.6	756.7

a. Prison population for year 2010 is not available. Therefore, prison population of the year 2011 is taken as closer proxy.

b. Prison population by 30 June 2021.

c. p.p. - prison population

d. n.p. - national population

e. N/A - not available

Note: Apparent suicide rates per national population reported in Table 1 would have the following limitations:

- It is possible that the number of national suicide incidents counts have already included the number of suicide incidents reported inside the prison sites. Therefore, comparisons between two rates would need some careful consideration.
- National suicide rates are calculated based on the New Zealand population in a given period while the prison suicide rates are calculated based on a snapshot of prison population on a given day. Prison suicide rates calculated based on the total prison population (throughout) would produce lower values than the current suicide rates reported in Table 1.

As previously indicated, while suicide affects people from all communities and population groups, Māori, particularly rangatahi Māori, are significantly more likely to die by suicide than non-Māori within the general population in New Zealand.⁸ Interestingly, prison data from over the last ten years indicate that suicide is more common among non-Māori than Māori. This is a somewhat surprising finding and one yet to be explained. Rates of suicide do remain higher among younger people when compared to those in older age categories. Suicide rates for women in prison are also slightly lower than rates for men, however it is worth noting that women in prison have been shown to have higher rates of suicidal behaviours than men in prison, including ever thinking about suicide (44% compared to 34%) and ever attempting suicide (29% compared to 18%).⁹

Table 2. New Zealand prison suicide incident rates (and suicide incident rates per 1000 p.p.) by gender, age group and ethnicity between Jan 2010 and June 2021

Gender	Age group	Ethnicity			Overall
		Māori	Pasifika	Non-Māori / Non-Pasifika	
Female	<=39 years	1 (4.0)	1 (43.7)	1 (8.0)	3 (7.5)
	40-59 years	-	-	-	-
	>=60 years	-	-	-	-
Subtotal - Female		1 (3.0)	1 (30.3)	1 (4.7)	3 (5.2)
Male	<=39 years	19 (6.5)	4 (5.7)	21 (12.3)	44 (8.2)
	40-59 years	2 (1.7)	-	17 (15.0)	19 (7.3)
	>=60 years	1 (8.6)	-	1 (3.2)	2 (4.3)
Subtotal - Male		22 (5.2)	4 (4.0)	39 (12.4)	65 (7.7)
Overall		23 (5.0)	5 (4.9)	40 (11.9)	68 (7.6)

Many of the factors known to be linked to suicide such as being young or male are not within the anyone's power to change. There are other factors, such as a lack of social support, mental disorder or distress, or feelings of hopelessness that can be identified and mitigated through targeted identification and support, however.¹⁰

8 Ministry of Health (2019a, July 10). *Suicide Facts: 2016 data (provisional)*, <https://www.health.govt.nz/publication/suicide-facts-2016-data-provisional>.

9 Indig, D., Gear, C., Wilhelm, K. *Comorbid Substance Use Disorders and Mental Health Disorders among New Zealand Prisoners*, 2016.

10 Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J. & Fazel, S. *Lancet Public Health*, Risk factors for suicide in prisons: a systematic review and meta-analysis, 2021, 6(3):e164-e174. doi: 10.1016/S2468-2667(20)30233-4.

Te Tiriti o Waitangi and Hōkai Rangi

We at Ara Poutama Aotearoa are committed to supporting the direction envisaged in Te Tiriti o Waitangi and the principles of mutual benefit, participation and reciprocity, active protection and equity that underpin this relationship. Hōkai Rangi, the strategic plan for Ara Poutama Aotearoa for 2019-2024, clearly expresses our commitments, roles and responsibilities in addressing disparities and inequities that exist across the corrections system, and heavily influenced our action plan. Hōkai Rangi was developed with recognition that a new approach is needed to support those in our care and management. Containment and risk management have traditionally been prioritised at the expense of efforts focused toward healing and rehabilitating those in our care and management, and this needs to change. New approaches to leadership, engagement, and service provision underpinned by Hōkai Rangi are expected to contribute to improved outcomes for the people in our care and management and their whānau moving forward.

It was previously noted that available statistics indicate that suicide rates among those in our care and management are higher among non-Māori than among Māori. This is relevant and highlights the need to ensure that our action plan supports those in need of support. At the same time, our action plan is also guided by the broader strategic direction for Ara Poutama Aotearoa which speaks to the need for Māori involvement at key levels of our business, including the design, delivery and monitoring of our actions and initiatives. Enabling, supporting and protecting the expression of rangatiratanga and mana motuhake by Māori is a key foundational principle of Te Tiriti o Waitangi and deserves to be honoured in its own right. This also brings with it a responsibility for Ara Poutama Aotearoa to ensure mātauranga Māori is not misused or appropriated.



What we've already done

Several thematic reviews into suicide have been completed over the last decade. These have sought to understand the likely causes of unnatural deaths within Ara Poutama Aotearoa, and the actions that might be taken to prevent further suicide events. A 2016 review prompted the introduction of new model of care aimed at increasing the level of support available to those in prison who are at risk of suicide. This initiative saw the introduction of specialist multidisciplinary mental health services, initially to three pilot prison sites, with a later expansion to three further prison sites.

A greater focus on the amount of training about suicide prevention was also provided to custodial staff, and in particular those working in Intervention and Support Units (ISUs).

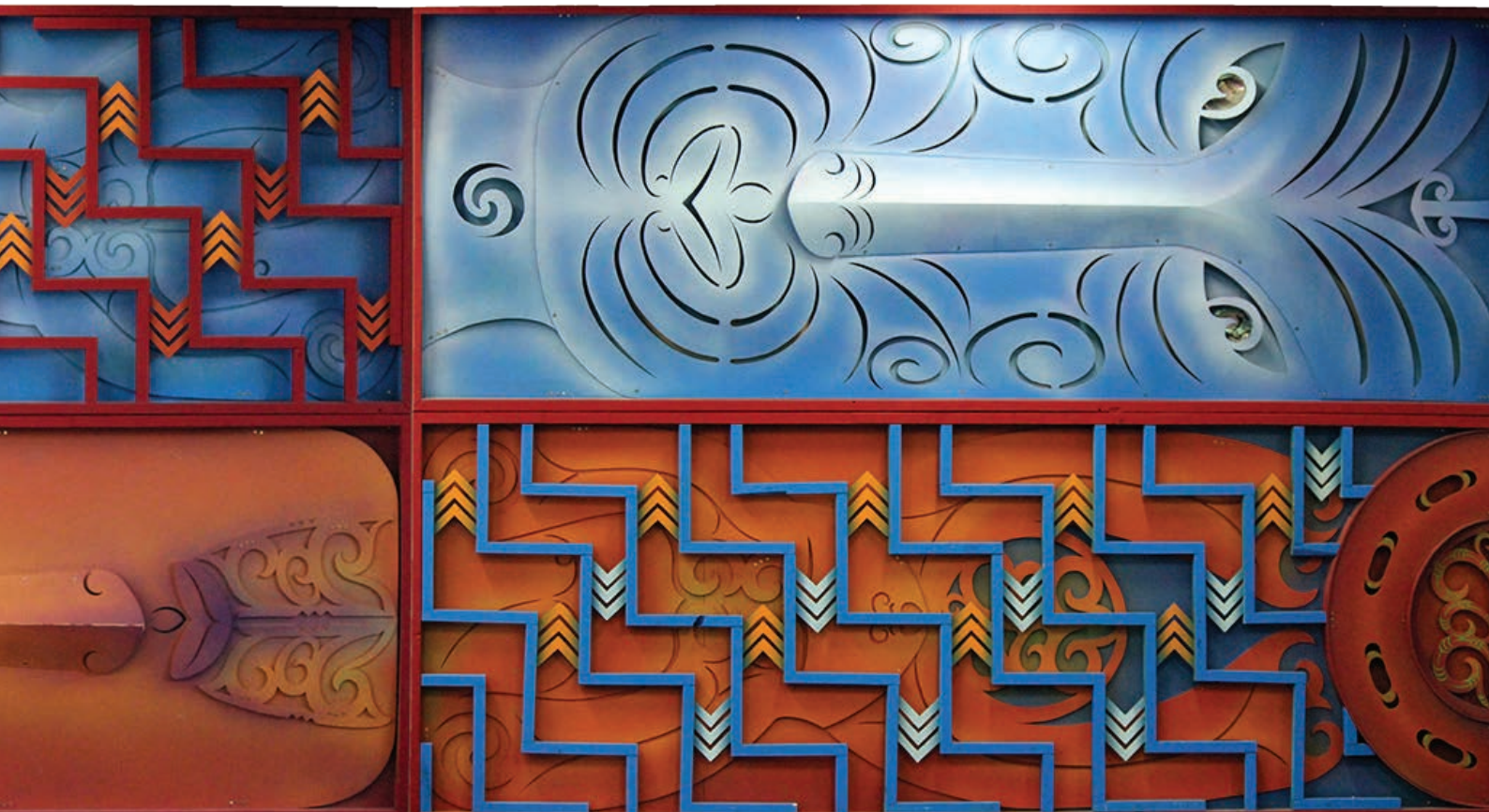
Since this time several more initiatives have been introduced, including:

- The addition of a range of further mental health services including:
 - » Primary mental health clinicians and wrap around family/whānau support workers
 - » Social workers and trauma counsellors
- An increase in the support provided to those with addiction-related issues including:
 - » the expansion of prison-based services, including services specific to youth and women
 - » an increase in addiction support available in the community, including:
 - new treatment programmes
 - increased supported accommodation options
 - increased addiction aftercare support
- Further funding directed toward the development of a Kaupapa Māori Health Service, as well as toward initiatives aimed at supporting and improving the wellbeing of staff at Ara Poutama Aotearoa.

Importantly, a number of recommendations which arose from the thematic reviews mentioned have not yet been actioned. These include:

- to review and update guidance for the sharing of information between frontline staff,
- to review and update the processes for collecting and reporting suicide-related data,
- to develop practice guidance for frontline health staff to assist them to understand the relationship between pain-related concerns and suicidal distress.

It was considered important that these recommendations were given appropriate consideration when it came to developing this action plan.



Our Action Plan

He Ara Oranga, the New Zealand Government's Inquiry into Mental Health and Addiction¹¹ identified that New Zealand has a long history of under-resourcing and ineffectively implementing suicide prevention measures. This is not to discount the tireless efforts made every day by individuals, communities and agencies alike to support individuals who are experiencing suicidal distress. It does however highlight the need to dedicate additional resource to suicide prevention efforts across all government agencies.

While many recommendations arose out of He Ara Oranga, most relevant to the development of our action plan was the development of a detailed Suicide Prevention Strategy (2019-2029) (Every Life Matters – He Tapu te Oranga o ia Tāngata).¹² Every Life Matters was developed following extensive consultation with individuals, whānau, communities and members of the health and disability sector and is underpinned by the idea that reducing and eliminating suicide requires collective action.

Every Life Matters (ELM) stands as the basis for our action plan, with the following values adopted as guiding principles to implementation:

- Mahi tahi – Working together
- Hautūtanga Māori – Māori leadership
- Poipoi wairua – Trauma informed
- Mauri ora – Healthy individuals
- Whānau ora - Whānau/family/community-centered
- Wai ora - Healthy environments
- Rangatira – People powered
- Whakamana tangata – Treating people with dignity

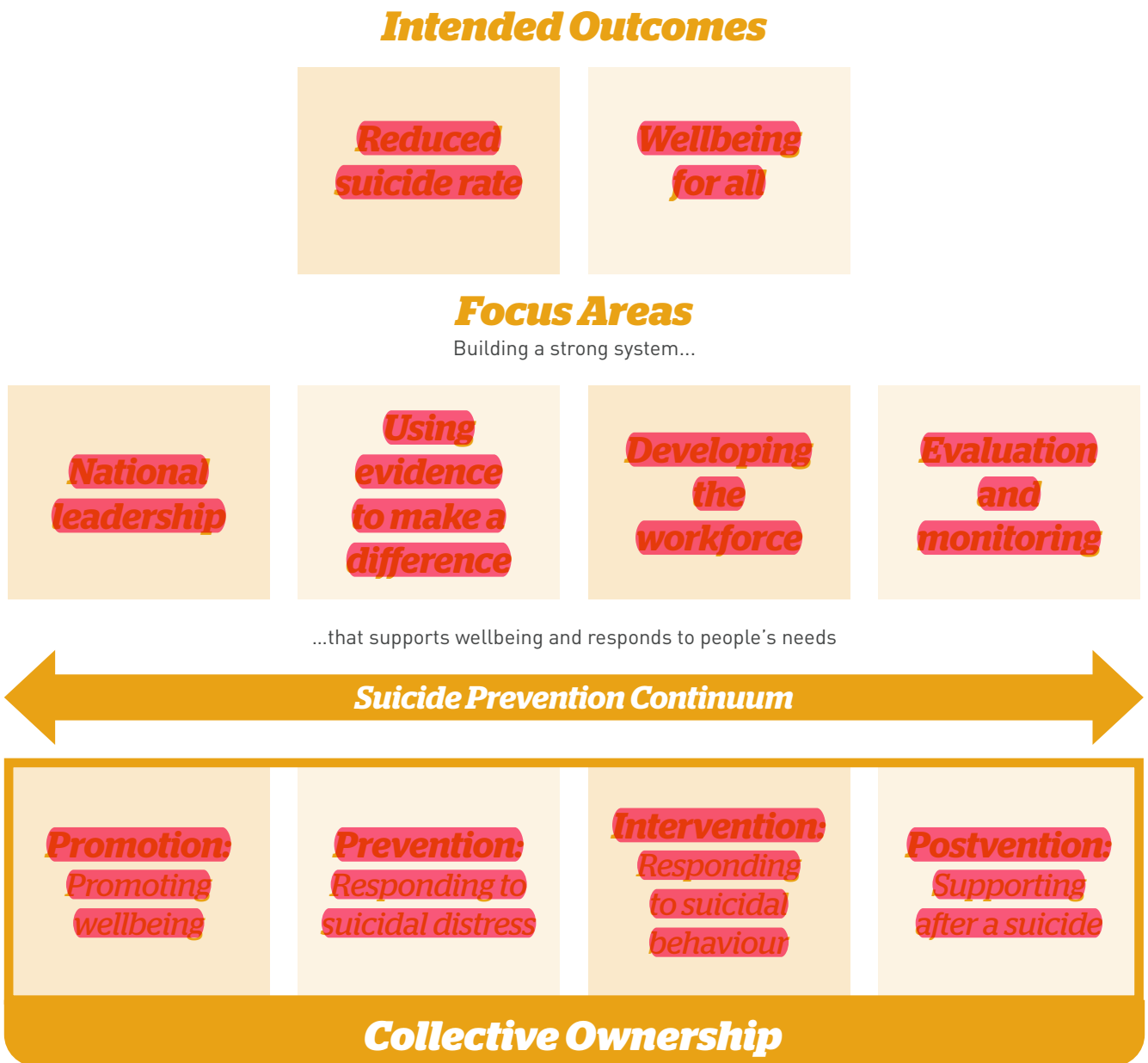
Our action plan represents our intention to take deliberate and targeted action to address the problem of suicide with the aforementioned values in mind. A Suicide Prevention and Postvention Advisory Group (SPPAG) was formed to oversee the development of our plan, and to ensure its successful implementation, and the Every Life Matters framework has been adopted to guide the vision and structure. This model (see Figure 1. on next page) acknowledges the need for collective action and highlights that a multidimensional approach which places equal emphasis on health promotion, suicide prevention, intervention and postvention, as well as the development of strong leadership, monitoring mechanisms and governance structures, is required in order to prevent suicide. As previously mentioned, in the process of identifying key strategic focus areas and defining the key actions which sit beneath these, important consideration has also been given to findings and suggestions made as part of previous internal thematic reviews on this topic.

Ehara taku toa i te toa takitahi, engari he toa takatini
Success is not the work of one but the work of many

¹¹ New Zealand Government, *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*, 2018.

¹² Ministry of Health (2019b), *Every Life Matters - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand*.

Figure 1. The Every Life Matters Framework



The following values and shared ways of working must underpin the implementation of the Action Plan:

Mahi tahi Working together	Hautūtanga Māori Māori leadership	Poipoi wairua Trauma-informed	Mauri ora Healthy individuals
Whānau ora whānau/family/ community-centred	Wai ora Healthy environments	Rangatira People powered	Whakamana tāngata Healthy individuals

Using the model as a guide, we have defined several key strategic focus areas and broad ways in which we intend to act on these.

Strategic focus area 1: National Leadership

Ara Poutama Aotearoa recognises that effective oversight and leadership of suicide prevention and postvention work across the department is required for us to be successful in reducing suicide related harm.

What this will look like:

- The development of strong central leadership to support the implementation of the action plan.
- A focus on developing strong partnerships with mana whenua and iwi as well as key health sector agencies and experts, to assist us in implementing our initiatives.
- A focus on supporting regional leaders to oversee and provide input into local suicide related initiatives.
- A focus on involving whānau and/or survivors in our leadership groups and discussions, as well as in the development of new services or initiatives.

Strategic focus area 2: Using Evidence to Make a Difference

We know that actions that we take to prevent and respond to suicidal distress and behaviour are more likely to be effective, if they are based on good evidence. As such, the approaches that we use will be evidence-based and inclusive of mātauranga Māori.

What this will look like:

- Initiatives aimed at effectively preventing and responding to suicidal distress and behaviour will be developed using both international knowledge, as well as local knowledge that aligns with a te ao Māori worldview.
- Initiatives and interventions will focus on addressing modifiable risk factors for suicide.

Strategic focus area 3: Developing the Workforce

In order to deliver on the outcomes outlined in the plan, we require well-trained, highly competent frontline staff who work effectively with the people in our care.

What this will look like:

- Staff will be supported to expand their knowledge and skills through appropriate supervision, training and learning opportunities which incorporate a te ao Māori worldview, in line with Hōkai Rangi.
- Efforts will be made to expand the current workforce in order to increase the range of supports available including use of kaiāwhina, tohunga, rongoā practitioners. A specific focus will also be on expanding the Māori workforce.

Strategic focus area 4: Evaluation and Monitoring

We can't automatically assume that initiatives aimed at preventing and managing suicide are going to be effective. Good data collection and monitoring measures will help to ensure that actions taken do in fact contribute to intended outcomes.

What this will look like:

- Improving the systems and processes for collecting suicide-related data.
- Reviewing how we monitor and report on suicide-related data.

Strategic focus area 5: Promoting Wellbeing

Effective suicide prevention and mental health promotion measures not only benefit the people in our care, but also reduce the burden on our limited health care resources. Effective health promotion and illness prevention measures should form the basis of any suicide prevention strategy.

What this will look like:

- A focus on exploring, expanding on and adopting new ideas about what works in terms of promoting wellbeing, including for Māori.
- Elevating the position of wellbeing promotion activities as 'early intervention' measures.
- Seeking to create humanising and healing environments for the people in our care, rather than environments which focus more narrowly on containment and risk management.

Strategic focus area 6: Responding to Suicidal Distress

Identifying those who may be at risk of suicide is difficult but important. Support needs to be provided quickly and by the right people.

What this will look like:

- Developing a coordinated way of screening and assessing risk.
- Making sure the right systems are in place so that people get the help that they need when they need it.

Strategic focus area 7: Responding to Suicidal Behaviour

A range of different approaches can, and should, be used to support those experiencing distress and engaging in suicidal behaviour. Support provided to individuals engaging in suicidal behaviour should be culturally relevant, particularly for Māori.

What this will look like:

- Co-designing, with key stakeholders, culturally appropriate and effective methods for supporting individuals who may be experiencing suicidal distress, and upskilling frontline staff in how to employ these methods.
- Expanding the range of services provided to include peer support and service approaches underpinned by mātauranga Māori (including the use of rongoā), as well as new and innovative approaches such as telehealth and digital support services.

Strategic focus area 8: Supporting After a Suicide

As mentioned previously, non-natural deaths are tragic events which have wide-ranging effects on individuals, whānau and communities (including prison and community probation sites). Responses to suicide should be coordinated, culturally appropriate and humanising in nature.

What this will look like:

- Partnering with other agencies and experts who can assist Ara Poutama Aotearoa in responding effectively to suicide related events.
- Standardising the approach that we at Ara Poutama Aotearoa take to suicide postvention to ensure that all individuals and whānau affected are supported in a culturally appropriate and mana enhancing manner.

Suicide Prevention and Postvention Action Tracker

Focus Area 1: Planning and Assurance

SHORT TERM ACTIONS: 2022-2023			
Strategic focus area	Goal	Item description	Actions
National Leadership	<i>Establish national leadership & governance for suicide prevention/postvention activities occurring across Ara Poutama Aotearoa.</i>	In order to achieve the goals outlined in the action plan, Ara Poutama Aotearoa will need to create an advisory/governance group to oversee actions taken and monitor progress.	To develop a Suicide Prevention and Postvention Advisory Group (SPPAG) consisting of external partners, as well as representatives from key areas across Ara Poutama Aotearoa. The SPPAG will have oversight over the implementation of the plan, as well as over suicide-related initiatives which may occur at a regional or site level.
Using Evidence to Make a Difference	<i>Further develop the capacity of Ara Poutama Aotearoa to collect and utilise data to reduce suicide.</i>	Identify and implement opportunities for data integration where it will provide useful insight for suicide prevention.	Work with the Health Insights and Analytics team and other relevant stakeholders to understand the best way that we can use data to monitor how we are tracking in terms of reducing suicide within Ara Poutama Aotearoa.
National Leadership	<i>Develop regional oversight over suicide prevention activities and initiatives.</i>	Regional oversight over suicide-related activities is important in that important clinical governance and stakeholder relationship functions occur at this level.	Work with key regional stakeholders to develop a governance/oversight mechanism for suicide-related prevention.
Evaluation & Monitoring	<i>Improve the quality of the data being captured by Ara Poutama Aotearoa about suicide.</i>	Steps taken to increase the amount, and improve the quality, of data being collected are likely to assist greatly in future data-driven decision making.	Explore options for improving the quality, and increasing the quantity, of suicide-related data being gathered by Ara Poutama Aotearoa. This may include additional training or guidance for frontline staff, or changes to the way that data is recorded/captured which provide improved data capture.
LONG TERM ACTIONS: 2023-2025			
Using Evidence to Make a Difference	<i>Investigate and introduce further support for individuals who are transferred within, between, or are released from prison.</i>	Movements are a known risk factor for suicide. Interventions aimed at supporting those who are transferred within/between or are released from a prison site are likely to have significant value in terms of reducing suicide rates.	Investigate and implement initiatives aimed at better supporting individuals who are transferred within, between, or are released from a prison site.
Evaluation & Monitoring	<i>Align monitoring procedures for the action plan with broader evaluation mechanisms within Ara Poutama Aotearoa.</i>	Aligning the action plan with the Health Services Annual Audit Schedule will help to monitor whether intended actions/outcomes are being achieved and may also help to guide how these should be prioritised against other actions or improvements which need to be achieved.	Where possible, integrate relevant indicators related to the action plan into the Health Services Annual Audit Schedule.

Focus Area 2: People and Capability

SHORT TERM ACTIONS: 2022-2023			
Strategic focus area	Goal	Item description	Actions
Developing the Workforce	<i>Further improve the capacity of Ara Poutama Aotearoa staff to recognise and respond to suicidal distress.</i>	To scope and deliver training for frontline staff, particularly those based in ISU's, to improve their understanding of suicidal distress and how to appropriately respond.	Ensure that contracted Mental Health 101 workshops continue, and that refreshers, as per current contracts, are supported. Trial a range of trainings/workshops for frontline staff including Suicide Prevention, Managing Complex Behaviour & Sensory Modulation.
Responding to Suicidal Distress	<i>Review and update guidance for staff regarding suicide screening & assessment.</i>	A coordinated, culturally appropriate, evidence-based approach to identifying individuals with suicidal distress is required within Ara Poutama Aotearoa to ensure that those who most require support are identified and supported.	Consult various sources (relevant literature, mātauranga Māori) and partner with Māori hauora, cultural and clinical experts to develop guidance for suicide screening and risk assessment for staff.
LONG TERM ACTIONS: 2023-2025			
Developing the Workforce	<i>Improve supervision support for frontline staff.</i>	Strong and consistent supervision not only provides an additional layer of support for staff, but also acts as a secondary training function.	Further strengthen the supervision support available to frontline staff, particularly those who have frequent contact with individuals who are experiencing suicidal distress.
Developing the Workforce	<i>Further develop the workforce within Ara Poutama Aotearoa to effectively respond to the needs of those who require support.</i>	It is envisioned that the introduction of more services, particularly, culturally relevant services, will lead to better outcomes, and fewer incidents of suicide, for the people in our care and management.	Ensure that current service development plans include options to extend the range of available services and interventions (particularly those relevant to Māori e.g. Rongoā Māori practitioners) in line with Hōkai Rangī action 2.4.
Developing the Workforce	<i>Continue to improve the capacity of Ara Poutama Aotearoa staff to recognise and respond to suicidal distress.</i>	To scope and deliver training for frontline staff, particularly those based in ISU's, to improve their understanding of suicidal distress and how to appropriately respond.	Review and expand the range of training options available for staff in relation to suicide prevention.

Focus Area 3: Partnerships

SHORT TERM ACTIONS: 2022-2023			
Strategic focus area	Goal	Item description	Actions
National Leadership	<i>Formalise the relationship between Ara Poutama Aotearoa and the Suicide Mortality Review Committee (SuMRC).</i>	Formalising the relationship with the Suicide Mortality Review Committee (SuMRC) at the Health Quality and Safety Commission (HQSC) will allow the sharing of data, learning and insights related to suicide.	Develop a Memorandum of Understanding (MoU) with SuMRC regarding contact and information sharing arrangements with the aim of regularly sharing suicide-related insights between Ara Poutama Aotearoa and SuMRC.
Using Evidence to Make a Difference	<i>Better understand the factors that contribute to suicidal distress.</i>	Talking to people in our care and management who have experienced suicidal distress or engaged in suicidal behaviour may assist in understanding how to identify and support those who may find themselves in a similar position.	Conduct a series of interviews with people in our care and management who are willing to share their experiences of suicidal distress/behaviour to better understand relevant risk and protective factors and interventions that might be helpful.
Developing the Workforce	<i>Ensure that the right information is being shared to best support the people in our care and management.</i>	Information sharing arrangements need to be reviewed in order to ensure that frontline staff are clear about the types of information that they can and should share in order to keep their colleagues informed about those they care for and manage.	Update information sharing policy to ensure that clear lines of communication exist between frontline staff.
LONG TERM ACTIONS: 2023-2025			
Supporting After a Suicide	<i>Ensure that the suicide postvention response within Ara Poutama Aotearoa is comprehensive, effective and appropriate.</i>	A carefully considered suicide postvention response ensures that all those affected by a suicide are appropriately supported, and that ongoing needs are identified.	Work with key stakeholders from within Ara Poutama Aotearoa as well as key external stakeholders (i.e. local iwi representatives, Māori providers, Ministry of Health representatives) to review/update the suicide postvention response for Ara Poutama Aotearoa.
Promoting Wellbeing	<i>Further develop initiatives aimed at promoting wellbeing for the people in our care and their whānau.</i>	Three distinct factors related to promoting wellbeing have been voiced by the people of Aotearoa New Zealand as being fundamental to reducing suicide risk: strengthening our sense of identity; reinforcing our connection to others, to land and to place; and feeling accepted and included by others.	Work with relevant partners to identify current whānau, hapū, iwi and community-based wellbeing initiatives that could be introduced to prison and community probation sites in order to add to activities that promote oranga. Ensure that any initiatives that are introduced meet the needs of Māori, in line with Hōkai Rangī.

Focus Area 4: Service Delivery

SHORT TERM ACTIONS: 2022-2023			
Strategic focus area	Goal	Item description	Actions
Responding to suicidal distress	<i>Ensure a streamlined process for completing and processing and following up on referrals for mental health support.</i>	Preventing suicide often means responding to suicidal distress quickly and efficiently. A streamlined process for completing, processing and following up on referrals is considered likely to reduce the number of suicide-related incidents.	Investigate and establish a single point of entry referral system for all mental health referrals.
Promoting Wellbeing	<i>Adapt Intensive Support Units (ISUs) to ensure that they are humanising and healing environments.</i>	Evidence suggests that calming physical environments can have a significant impact on wellbeing, including suicide and self-harm risk.	Scope and implement necessary physical changes within ISUs to ensure that they are humanising and healing in nature.
Responding to Suicidal Distress	<i>Develop practice guidance for health staff to ensure that individuals who express concern about chronic pain are assessed for suicidal ideation.</i>	Given that past findings have indicated that there may be a relationship between chronic pain and suicidal distress, it is pertinent to ensure that health staff are aware of the relevance of screening for suicidal ideation in those reporting chronic pain experiences.	Develop practice guidance for frontline health staff to guide the assessment of suicidal ideation/distress in individuals who are experiencing chronic pain difficulties.
LONG TERM ACTIONS: 2023-2025			
Responding to Suicidal Distress	<i>Ensure that systems for inducting individuals into custody are set up to effectively identify and support those who may be at risk of suicide.</i>	Entry into custody has been shown to be a risk factor for suicide, therefore it is imperative that individuals entering custody are assessed and supported in the most appropriate and effective way possible during this high-risk period.	In collaboration with key stakeholders, review prison intake processes to ensure that these are effective in identifying individuals who are experiencing suicidal distress.
Responding to Suicidal Behaviour	<i>Investigate and implement digital mental health support options in prison settings.</i>	Explore the option of utilising telehealth or digital support services within prison so people have rapid access to support to manage suicidal thoughts or self-harm.	Scope and pilot telehealth/digital support services with a view to understanding their efficacy and what specific adaptations might be needed. Ensure these options are culturally relevant to Māori.

Glossary of Terms

Intervention and Support Unit – specialised prison unit where individuals who are at risk of suicide, or who have acute mental health needs, are housed

Kaiāwhina – peer support advocate

Mahi tahi – working together

Mana Motuhake – self-determination

Mātauranga Māori – Māori knowledge

Oranga – wellness or wellbeing

Rangatahi – younger generation/youth. Usually considered to include those aged between 15 and 24 years

Rangatiratanga – (absolute) sovereignty

Rongoā Māori – traditional Māori healing, which encompasses herbal remedies, physical therapies and spiritual healing

Suicide – death caused by injuring oneself with the intent to die

Suicide attempt – when someone harms themselves with any intent to end their life, but they do not die as a result of their actions

Suicide prevention – activities undertaken to prevent or reduce risk of suicide.

Suicide postvention – activities developed by, with or for those bereaved and affected by suicide to support recovery after suicide and to prevent subsequent suicidal behaviour

Tohunga – expert Māori practitioner

Whakaaro – thought or idea

Abbreviations / Acronyms

HQPT – *Health Quality and Practice Team*

HQSC – *Health Quality and Safety Commission*

ISU – *Intervention and Support Unit*

MHQPT – *Mental Health Quality and Practice Team*

MOU – *Memorandum of Understanding*

Regional PA MH&A – *Regional Principal Adviser Mental Health and Addictions*

SLT – *Senior Leadership Team*

SPPAG – *Suicide Prevention and Postvention Advisory Group*

SuMRC – *Suicide Mortality Review Committee*



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