



Nelson Marlborough
District Health Board

Suicide Prevention/Postvention Action Plan 2018 - 2019

Version 1.1
June 2018

Introduction

This Action Plan endeavours to facilitate integrated cross-agency and community responses to suicide in the Top of the South. Whilst prepared by Nelson Marlborough Health, this plan was circulated in draft to the Coordination Group (discussed under Governance) for comment.

Nelson Marlborough Health assists a population spread out over the top of the South Island, including Golden Bay, Nelson, Picton and Blenheim. This is approximately 145,000 people, spread over 227,000 square kilometres and three territorial authorities.

Data analysis completed by Nelson Marlborough Health has identified the following groups as most at risk of suicide across the Nelson Marlborough District:

- People living with mental illness, particularly depression and mood disorders;
- Males (aged 16 to 45 years, and 75+ years), who live in rural settings; and
- People who have gone through accumulated adversity in their lives, who suffer an adverse advent (e.g. employment, relationships, relocation).

While high youth and young adult suicide rates are of particular concern, there has been a shift in focus to all-age suicide prevention.

Local data on suicide and intentional self-harm can be found in **Appendix 2** and **Appendix 3**.

Current status and linkages

Suicide prevention and postvention is being actively addressed by a number of different agencies in the region. Some of these activities include:

- Nelson Marlborough Health Mental Health & Addiction Services is looking to achieve a more integrated approach to urgent response to enable the services to respond more to the need and avoid multiple referrals between services.
- Nelson Marlborough Health has appointed a mental health nurse educator to identify and provide training opportunities across mental health and addictions services.
- Nelson Marlborough Health is introducing a 24/7 phone triage service for mental health services from 1 June 2018.
- NMH mental health services have been rearranged to be locality facing teams; Nelson, Tasman and Marlborough – to ensure focus and attention is given to our whole region with a particular focus on supporting our rural areas.

Governance

This plan is overseen by Nelson Marlborough Health's working group for Suicide Prevention and Postvention, a group of staff who are implementing the action points in question.

Nelson Marlborough Health organises a Coordination Group, which includes representatives from the DHB along with a number of community stakeholders: Health Action Trust, Primary Health Organisations, CARE Marlborough, Ministry of Education, Male Room, Te Hauora o Ngati Rarua, Victim Support, Te Ara Mahi, Te Piki Oranga, Te Ha O Nga Rangatahi, Supporting Families, Police and local counsellors. This plan is circulated to the Coordination Group who will oversee the working group's progress.

Action Plan

Specific activities for Nelson Marlborough Health over 2018-2019 are identified in **Appendix 1**. These actions align with the Ministry of Health's framework identified in the draft public consultation document *A Strategy to Prevent Suicide in New Zealand*, released in April 2017, being:

1. Building positive wellbeing throughout people's lives;
2. Recognising and appropriately supporting people in distress; and
3. Relieving the impact of suicidal behaviour on people's lives.

Monitoring and evaluation

The reporting to the working group and the coordination group will align to the activities contained in this document, including progress against actions and any issues/risks identified as part of the implementation process.

Questions about this plan?

If you have any questions about this plan, contact Sarah Thompson of Nelson Marlborough Health:

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Appendix 1 - Action Plan activities

Pathway	Actions	Responsibilities	Completed by	Outcome Measures
Build positive well-being	NMH will increase awareness of the different ways vulnerable people can access free GP visits.	NMH Planning and Funding / Health Promotion agencies and other stakeholders	Sept 2018	A factsheet about the different initiatives is circulated in the community, available online and the initiatives receive increased referrals.
	NMH will support any initiative to having increased mental health support in schools.	NMH Planning and Funding and CAMHS	Mar 2019	Business plan drafted.
	NMH will support effective community resilience strategies.	NMH, Health Promotion and sector stakeholders	Dec 2019	Effective stakeholder coordination and collaboration is demonstrated and initiatives are evaluated to ensure activities are targeted at vulnerable populations.
Support people in distress	NMH will ensure key acute care staff have access to mental health records, which will decrease risk and create continuity of care.	NMH IT Department / Clinical staff	Aug 2018	Key acute care staff are able to access mental health records electronically and in the same system. Protocols in place to audit access, to ensure client privacy maintained.

<p>For high risk mental health clients, NMH will put alerts on software used by all NMH clinicians.</p>	<p>NMH IT Department / Clinical staff</p>	<p>Nov 2018</p>	<p>When the high risk mental health client's access healthcare services, the clinician is immediately alerted that mental health notes exist.</p>
<p>NMH will continue to promote suicide prevention training for communities, fund advanced training for specific workforce groups and monitor delivery of training to ensure that all necessary groups are accessing it</p>	<p>Health Promotion agencies and other stakeholders</p> <ul style="list-style-type: none"> • MH101 • Lifekeepers • Credentialing programme for primary care nurses 	<p>Continuing.</p>	<p>All community groups have increased knowledge of and easy routes to pathways for support.</p> <p>Specific groups are targeted and advertised to.</p>
<p>NMH will analyse the available data on people who complete suicide to identify the common themes.</p>	<p>NMH Quality Improvement / Clinical staff</p>	<p>Continuing.</p>	<p>Report to be circulated to the Suicide Prevention Coordination Group in advance of every meeting.</p>
<p>NMH will improve accessibility to mental health services by improving NMH's website resources and other evidence based on-line resources and support</p>	<p>NMH Quality Improvement / Planning and Funding / Supporting Families / NMH Consumer Advisor</p>	<p>Dec 2018</p>	<p>Updated website resources, resources advertising access to support options to be reviewed and approved by the Coordination Group.</p>

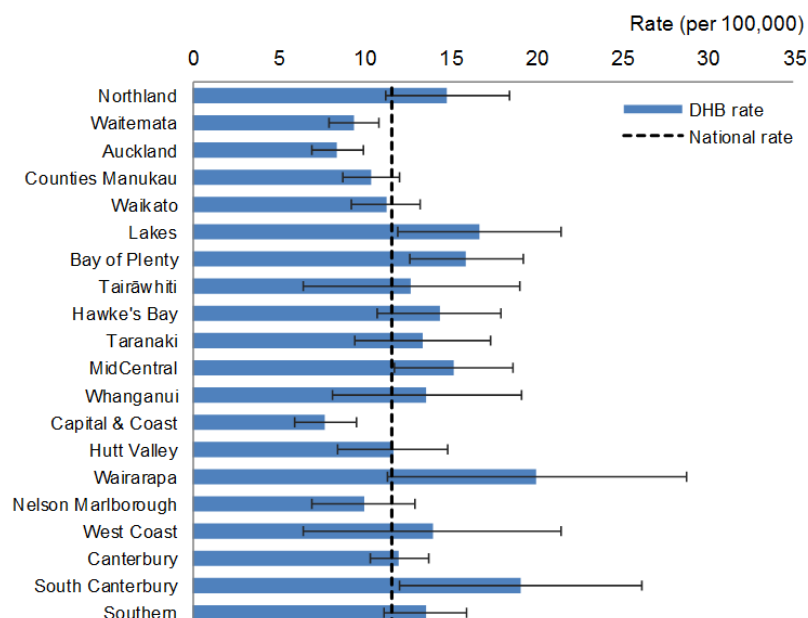
		and other stakeholders		
	NMH will develop clear consistent documentation about best practice and thresholds for when family should be informed about their relative's healthcare and risks and what that information should look like.	NMH Quality Improvement / Clinical staff / Supporting Families	Dec 2018	Processes relied upon and trusted by clinical staff. This process will be reviewed by the Coordination Group in December 2018.
	NMH will consult with local communities about potential projects to manage specific vulnerable populations.	Suicide Prevention Coordination Group Maori Health team Red cross	Dec 2019	2-3 community-led projects identified that support specific vulnerable populations.
	Support initiatives to reduce the impact of social determinants of health e.g. housing, family harm	Top of the South Impact Forum	June 19	Clear cross agency and cross sector approach to improving outcomes
Relieve impact of suicidal behaviour	NMH will review, develop and implement protocols and procedures within emergency services and front-line community agencies for responding to incidents of suicide, attempted suicide and self-harm.	Suicide Prevention Coordination Group	Dec 2018	Clear written processes in place, used by all responding and affected agencies.

Appendix 2 - Local suicide data

Rates

NMDHB district's suicide rate between 2009 and 2013 was not (statistically) significantly different to the national suicide rates:

Age-standardised suicide rates, by DHB, 2009–2013¹



Suicide deaths and age-standardised rates, by DHB region of domicile²

DHB region	2007 - 2011			2009 - 2013			Youth 2009 - 2013		
	Number	Rate	Average No. per annum	Number	Rate	Average No. per annum	Number	Rate	Average No. per annum
Tairāwhiti	40	19.1	8	27	12.7	5.4	7	22	1.4
South Canterbury	43	18.2	8.6	49	19.1	9.8	19	59.6	3.8
Whanganui	52	17.5	10.4	41	13.6	8.2	6	15	1.2
Wairarapa	27	16.8	5.4	35	20	7	9	38.5	1.8
Lakes	77	15.3	15.4	81	16.7	16.2	22	32.9	4.4
MidCentral	126	14.9	25.2	128	15.2	25.6	37	29.5	7.4
Bay of Plenty	145	14.7	29	154	15.9	30.8	42	33.3	8.4
Southland	78	14.7	15.6	212	13.6	42.4	50	21.2	10
Otago	126	12.7	25.2	106	14.4	21.2	28	28.8	5.6
Hawke's Bay	100	13.6	20	77	13.4	15.4	11	15.7	2.2
Taranaki	73	13.5	14.6	23	14	4.6	4	21	0.8
West Coast	85	11.8	17	110	14.8	22	33	33.9	6.6
Nelson Marlborough	84	11.8	16.8	74	10	14.8	11	14.5	2.2
Canterbury	314	11.7	62.8	319	12	63.8	59	16.6	11.8
Waikato	207	11.3	41.4	211	11.3	42.2	49	18.2	9.8
Counties Manukau	247	10.3	49.4	250	10.4	50	85	22.8	17
Hutt Valley	78	10.3	15.6	88	11.7	17.6	19	19.8	3.8
Waitemata	265	9.3	53	273	9.4	54.6	48	12.8	9.6
Auckland	207	8.5	41.4	205	8.4	41	47	12.9	9.4
Capital & Coast	117	7.5	23.4	121	7.7	24.2	31	13.6	6.2

¹ Suicide Facts: Deaths and intentional self-harm hospitalisations, Ministry of Health 2011 & 2013

² New Zealand Mortality Collection

Annual Data

The Chief Coroner annually releases provisional suicide statistics. The figures for Nelson Marlborough are below:

Provisional Suicide deaths NM Region between July 2007 and June 2017 (financial years)³

2007 /08	2008 /09	2009 /10	2010 /11	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	Total
16	17	13	12	24	17	13	18	24	17	171

Age

Suicide Deaths in Nelson Marlborough by age group⁴

	Aggregated number of suicides						Average number of suicides per year					
	All ages			Youth (15–24 years)			All ages			Youth (15–24 years)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
2008-2012	61	21	82	9	3	12	12.2	4.2	16.4	1.8	0.6	2.4
2009-2013	59	15	74	10	1	11	11.8	3.0	14.8	2.0	0.2	2.2

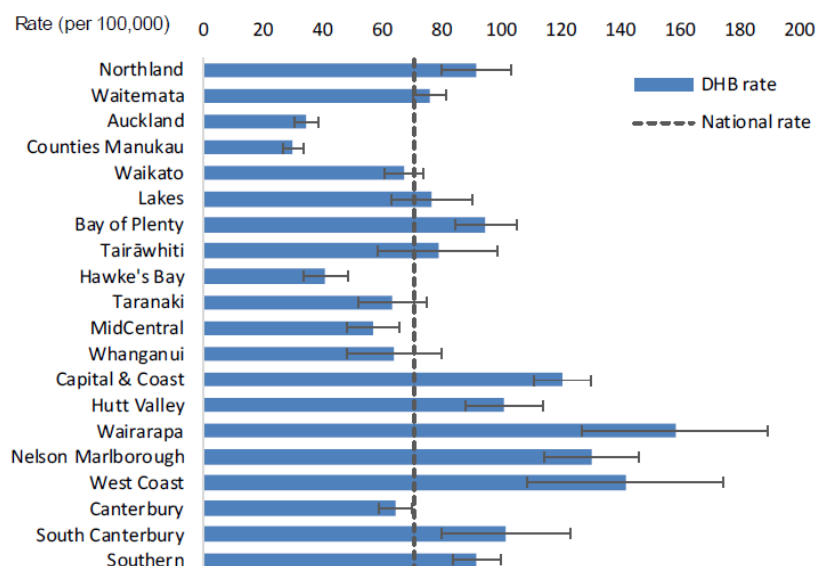
³<http://www.justice.govt.nz/courts/coroners-court/suicide-in-new-zealand/provisional-suicide-statistics>

⁴ Suicide Facts: Deaths and intentional self-harm hospitalisations, Ministry of Health 2012 and 2013

Appendix 3 – Local intentional self-harm data

Nelson Marlborough Health’s intentional self-harm rate between 2009 and 2013 was significantly higher than the national rate, and the third highest of all DHBs.

Age-standardised intentional self-harm rates, by DHB, 2009–2013⁵



Numbers and rates of intentional self-harm hospitalisation for Māori and non-Māori, by sex, 2010–2012⁶

	Sex	District Health Board	Number of intentional self-harm hospitalisations		Intentional self-harm hospitalisation rates	
			Māori	Non-Māori	Māori	Non-Māori
2010-12	Male	Nelson Marlborough	8	88	42.8	48.3
2010-12	Female	Nelson Marlborough	27	293	141.6	202.2
2011-13	Male	Nelson Marlborough	13	97	69.2	54.8
2011-13	Female	Nelson Marlborough	33	301	164.8	218.4
2012	Male	New Zealand			85.0	71.0
2012	Female	New Zealand			105.4	99.8

⁵ New Zealand National Minimum Dataset – reported in Suicide Facts 2013

⁶ Suicide Facts: Deaths and intentional self-harm hospitalisations, Ministry of Health 2012 and 2013