



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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**Submission to the Ministry of Health on
A Strategy to Prevent Suicide in New Zealand:
Draft for Public Consultation**

The National Council of Women of New Zealand, Te Kaunihera Wahine O Aotearoa (NCWNZ) is an umbrella group representing 283 organisations affiliated at either national level or to one of our 21 branches. In addition, about 260 women are individual members of branches. Collectively our reach is over 290,000 with many of our membership organisations representing all genders. NCWNZ's vision is a gender equal New Zealand and research shows we'll be better off socially and economically if we're gender equal. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision of gender equality because it is a basic human right.

NCWNZ welcomes the opportunity to participate in this consultation process regarding the development of a strategy to help prevent suicide in New Zealand. This written feedback on the draft strategy has been prepared by NCWNZ's Health Standing Committee and corresponding members from throughout the country.

Pathways

1. The three proposed pathways are (see pages 9 in the draft strategy document):

- **building wellbeing throughout a person's life**
- **recognising and appropriately supporting people in distress**
- **relieving the impact of suicidal behaviour.**

What do you think about these pathways? Do you have any comments or suggestions about these pathways?

- 1.1. The three proposed pathways are all important and we agree in general. Building well being throughout a person's life is a sweeping statement as every aspect of life is inter-connected. A focus on workplace training and education is essential to ensure sufficient, appropriately trained people, are available throughout all communities and for all age groups, who will recognise and appropriately support people in distress. This will include training school counsellors and school nurses. Relieving the impact of suicidal behaviour -) Early intervention from birth, through childhood and teenage years is essential. The family must be supported by a variety of professionally trained specialist staff. (Whanau ora concept).

Prioritising actions

2. **The section on 'Turning the shared vision into action' describes 10 potential areas for action (see pages 10–12 in the draft strategy).
Do you think these are the right areas for action to prevent suicide (eg, are any areas missing; are the areas identified the most important areas)?**
 - 2.1. The current gaps in gathering of mortality information are concerning. A true picture of the over-all situation in New Zealand is not possible unless reliable data is gathered. Recording must be widened to encompass the various gender populations and ethnicity groups.
 - 2.2. Well trained suicide crisis teams must be available throughout the country (provincial as well as in cities) with high priority given to areas of high social deprivation. Well trained specialist services for specific areas such as ADHD, Autism Spectrum Disorders and trauma must be developed.
 - 2.3. Non Government organisations and Government agencies must work in together and sing from the same hymn book. This is not the situation at present, where numerous groups in every community, including Iwi groups, working in areas of mental health and amongst various ages, often work in isolation from each other.
3. **Which areas for action do you think are the most important ones to focus on first?**
 - 3.1. Quality training in a wide variety of areas is essential to ensure quality support is more readily available for people in distress. We need a cross section of disciplines involved and working together in order to make a difference. For example: School counsellors and school nurses must have appropriate training. Currently the general nurse training programme only includes a short segment of psychiatric training, which means registered nurses when first employed, have had no in-depth training. Basic nurse training must include a far greater psychiatric component or else a post-graduate certificate in psychiatric field should be introduced. Occupational Therapists, psychologists and student doctors must also have a greater psychiatric component in their training.
 - 3.2. Early interventions with caring support for all ages, gender groups and ethnic populations.
 - 3.3. Issues within current mental health services (e.g. mobile crisis teams, crisis beds) need to be addressed urgently.
4. **Which activities within these action areas do you think are the most important ones to focus on first?**
 - 4.1. All activities are important because, as a whole, they all link together like a jigsaw. No one solution fits all situations.
 - 4.2. Quality professional training is essential to ensure we have an adequate, well trained workforce which is accessible for people throughout New Zealand.

Other views, comments or information

5. Do you have any other views, comments or information related to the draft strategy or preventing suicidal behaviour more generally?

- 5.1. We support the 'Pae-ora' concept with the four inter-connected elements, believing this approach is essential in helping to relieve the impact of suicidal behaviour.
- 5.2. The concept of community hubs could help eliminate mental health stigma. Currently some communities have medical centres offering various health related services (e.g. doctors, physiotherapist, hearing clinic). Could this concept be broadened to include a range of inter-connected services and activities all focused on building people's well-being, such as a medical clinic, dental services, hearing checks, physiotherapy, counselling services and various activities provided by multi service agencies? Currently, negotiating the pathway is tortuous. A "one stop shop" community concept would simplify and be less threatening for people seeking help in times of distress.

Rae Duff
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