

A Strategy to Prevent Suicide in New Zealand

Your feedback

Government agencies welcome your thoughts and feedback on this draft strategy which outlines the proposed direction to prevent suicide in New Zealand. Your feedback is vital to help agencies develop the final strategy to prevent suicide.

How to provide feedback

You can provide feedback by:

- making a written submission using the form below (note: you can download this form at www.health.govt.nz/publication/strategy-prevent-suicide-new-zealand-draft-public-consultation or complete the form online)
- making a written submission in your preferred format
- attending a discussion about the draft strategy to prevent suicide in New Zealand.

You can email written submissions to suicideprevention@moh.govt.nz or mail a hard copy to:

Suicide Prevention Strategy Consultation
Ministry of Health
PO Box 5013
Wellington 6140.

If you are emailing your submission in PDF format, please also send us a version in Word format.

Publishing submissions

We may publish all submissions, or a summary of submissions on the Ministry of Health's website, unless you have asked us not to. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information. You can also choose to have your personal details withheld if your submission is requested under the Official Information Act 1982.

Closing date for submissions

The closing date for submissions and feedback on the draft strategy is **Monday 26 June 2017**.

Information about the person/organisation providing feedback

You are encouraged to fill in this section. The information you provide will help government agencies analyse the feedback. However, your submission will be accepted if you do not fill in this section.

This submission was completed by: *(name)* Barnardos (completed by Claire Achmad)
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This submission *(tick one box only)*:

- comes from an individual or individuals (not on behalf of an organisation nor in their professional capacity)
 is made on behalf of a group or organisation(s).

Please indicate which sector(s) your submission represents *(you may tick more than one box)*:

- | | |
|---|--|
| <input type="checkbox"/> Māori | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Member of the public (eg, consumer) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> District health board |
| <input type="checkbox"/> Education/training provider | <input type="checkbox"/> Local government |
| <input checked="" type="checkbox"/> Service provider | <input type="checkbox"/> Government |
| <input checked="" type="checkbox"/> Non-governmental organisation | <input type="checkbox"/> Union |
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| <input type="checkbox"/> Academic/researcher | <input type="checkbox"/> Other <i>(please specify)</i> : |

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If you do not want your submission published on the Ministry's website, please tick this box:

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- Remove my personal details from responses to Official Information Act requests.

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Consultation questions

The following questions regarding ‘*A Strategy to Prevent Suicide in New Zealand: Draft for public consultation*’ (the draft strategy) are designed to help you in writing your feedback on the draft strategy. You are welcome to include or cite supporting evidence in your submission.

We also welcome any other feedback on the draft strategy to prevent suicidal behaviour, or more generally any ideas on preventing suicidal behaviour in New Zealand.

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?

The three pathways are appropriate for tackling the challenge of suicide in Aotearoa New Zealand in a holistic manner.

We strongly recommend that the descriptions of the pathways explicitly incorporate a focus on children and young people. This is crucial so that children and young people can see themselves in this Strategy and feel a sense of ownership and buy-in around putting the Strategy into action in their own lives, their family and whānau, school and wider community settings. It is also essential to include an explicitly articulated focus on children and young people under each of the pathways given the significantly high rates of suicide among our young people. Children and young people have particular rights given their age and stage of life (as established under the United Nations Convention on the Rights of the Child) and these along with the corresponding responsibilities and obligations of duty-bearers should be stated in the Strategy. The importance of starting early to build positive wellbeing and prevent suicide must also be stressed, given the comprehensive evidence showing that the early years of a child’s life can be determinative of lifetime outcomes. Our particular suggestions to reflect the above points in the Strategy pathways are to include:

- Under Strategy 1 (Building positive wellbeing), a bullet-point stating ‘recognise that the process of building resilience, self-esteem and capability starts from birth, and support children and young people throughout childhood and adolescence to develop to fulfil their potential; feel loved and valued; be kind and respectful of others; to celebrate difference; and to know they can ask for help and support at any time’
- Under Strategy 2 (Supporting people in distress), a bullet-point stating ‘provide nationwide support services to children and young people that they can access with confidence in ways that work for them’ and ‘strengthen and equip children and young people’s ability to recognise and support their friends in distress’
- Under Strategy 3 (Relieving the impact), a bullet-point stating ‘support children and young people after a suicide attempt or self-harm, so they feel loved, valued and supported to re-build their resilience and look forward positively’.

Under each of the three strategies, we also suggest the addition of ‘Grow and strengthen existing services which have a proven record of providing support to children and young people’. Alongside building new systems, services and responses, it is crucial that the strengths of the services that already exist are emphasised in the Strategy, and that there is a commitment to growing and strengthening these so they can extend their work to further support children and

young people. To place this in context, between January 2016-20 June 2017, Barnardos 0800 What's Up Child and Youth Helpline answered a total of 46,027 calls and 4,303 online chats. In addition, we had 83,032 attempts to call us. 11,853 of these attempts were outside our operating hours. We also had 6,377 attempts to connect with us online. (Further information about 0800 What's Up is integrated throughout this submission)

It is important that adequate attention is also given to understanding the data we already have from services such as 0800 What's Up, as well as working to gather new data to understand the nature and extent of the problem of child and youth suicide.

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)?

Barnardos would like to see greater emphasis in the Strategy on taking a holistic approach to children and young people, acknowledging that efforts to build positive wellbeing and counter suicidal behaviour must start from the very early years in all children's lives.

Therefore, we suggest that the focus articulated on p.11 on 'young people aged 15-24 years' as a priority focus population group is too narrow. By the time young people reach their mid-adolescence, behaviours that lead to suicidal behaviour may already be ingrained. We strongly suggest that this focus must be broader, with a particular focus on building positive wellbeing amongst children from their pre-school years and continuing throughout childhood and adolescence.

For younger children and tamariki, it is crucial to focus on:

- Ensuring children have a safe family environment
- Ensuring children have adults in their lives who they trust and who listen to them
- Building children's resilience and self-esteem
- Building children's capability to talk about their feelings, and to know that feeling sad/down is expected, but there are strategies and people who can help
- Growing a culture of asking for help and seeking support, and that this is to be encouraged and respected
- Growing a culture where kindness and empathy is actively developed amongst children, and difference is celebrated and valued
- Ensuring children are aware there are other places they can go to/call and say anything and be confident that they will be listened to, supported and treated with dignity and respect

These aspects need to be reinforced and bolstered through adolescence, however, it is crucial that the foundations are laid during all children's early years.

To provide some context for our suggestion outlined above from Barnardos' work with children and young people, between January 2016-20 June 2017, 855 of the calls 0800 What's Up answered were from children and young people calling in relation to suicide. The bulk of children and young people calling us about suicide during this period were aged between 13-18, with the largest group aged 14-16. However, some children who called us were very young – aged between 5-10. 715 were female and 118 were male (22 sex unknown).

During the same time period, 387 children also called 0800 What's Up and spoke about deliberate self-harm, 1,239 called and spoke about bullying, and we had a total of 266 calls where the child or young person spoke about challenges they or others were experiencing in relation to sexual identity.

Of the 387 children and young people who called about deliberate self-harm, the majority were aged between 10-18 years of age. 329 were female and 30 were male (with 28 unknown sex).

Of the children and young people who called us about bullying, 712 were female, 449 male and 78 sex unknown. A significant proportion of these children and young people were aged between 9 and 17. Children and young people called in relation to bullying taking place in a number of ways. Verbal bullying was the leading bullying 'type', followed by physical bullying, and bullying taking place via technology (such as Facebook, Instagram, Snapchat, txt messaging).

Given the over-representation of rangatahi Māori our suicide statistics, it is strongly suggested that a more explicit focus on this sub-group of children and young people is incorporated in the Strategy, building on the central framing concept of pae ora as articulated at p.7 of the Strategy. This focus on tamariki and rangatahi Māori is already indicated at various points throughout the draft Strategy, but this can be further strengthened, for example by including a broader focus on all tamariki and rangatahi Māori, rather than a focus only on the age group 15-24 years specified at p.11.

Acknowledging the emphasis already included in the draft Strategy on LGBTI children and young people, we also suggest further attention should be given as to how a strengthened focus can be included in the Strategy on other sub-groups of children and young people who face particular vulnerability to discrimination and social inclusion, including children with disabilities and children from ethnic minority and refugee backgrounds, children who face significant extra pressures due to their family situations (such as children of parents with mental health issues), and children experiencing intersecting vulnerability factors (for example LGBTI children of parents with mental health issues). Although to some extent this focus is already indicated at a universal sub-population level on p.11, we encourage that a focus on children and young people in these vulnerable sub-groups is specifically included in the Strategy.

We endorse the focus included at p.11 on subgroups of the population who are or have been in the care of Child, Youth and Family, the Department of Corrections or Police. With regard to children and young people currently in the care of the State, it should also be emphasised that particular support systems need to be put in place to build their positive wellbeing and resilience in an active and on-going manner, to safeguard their rights and wellbeing now and into the future.

Therefore, we suggest that the following specific action areas are added to those already outlined in bullet-point form on p.12 under Strategy 1 (Building positive wellbeing):

- Support the resilience and self-esteem of all children and young people so they can realise their potential
- Support tamariki and rangatahi Māori to develop resilience and self-esteem, thereby contributing to ensuring their mana is upheld so they can realise their potential, grounded in their whakapapa and whānaungatanga, supported by their whānau, hapū and iwi
- Support children and young people to celebrate and value difference and diversity
- Encourage and support children and young people to speak about their feelings and ask for help whenever they need it

In regard to Strategy 2 (Supporting people in distress), as already outlined, Barnardos has first-hand experience of the pressure that services and systems which exist to support children and young people in suicidal behaviour situations are under. As made clear in the statistics regarding answered calls and attempted calls to 0800 What's Up over the past 18 months, there is a much greater demand from children and young people for this counselling service than we are resourced to meet. This means that a large number of children and young people are not able to have the conversations and receive the support they need, when they need it, with the confidence that they will be listened to and respected. We see that this pressure is common across other similar and related service providers in this sector. Therefore, we suggest adding another area

for action in addition to areas 6 and 7, namely:

- Strengthen and extend services which exist to support children, young people and adults in distress, so that every person in New Zealand can access the support they need, when they need it.

3. Which areas for action do you think are the most important ones to focus on first?3.

Further to what is already outlined above, Barnardos is of the view that a focus on all children and young people, plus a specific focus on tamariki and rangatahi Māori and other particularly vulnerable sub-groups of children and young people should be prioritised as areas for action. This focus is cross-cutting across all of the areas for action.

4. Which activities within these action areas do you think are the most important ones to focus on first?

All of the action areas outlined in the draft strategy are important. A holistic view should be taken when implementing the activities falling under the action areas to support children and young people. However, initial priority activities should be:

- Building the capacity and resilience of parents, family and whānau to develop, support and strengthen children and young people's resilience, self-esteem, kindness and empathy
- Strengthening and developing nation-wide, small-group programmes in schools which are run by independent expert providers to educate children about respectful relationships, mental health, strategies to develop self-esteem and solve problems
- Strengthening and developing nation-wide programmes to build the peer-to-peer capability of children and young people to support each other in times of distress, develop solidarity and to know how and where to access help
- Strengthening and implementing nation-wide programmes in schools encouraging children and young people to stand up for each other in bullying situations, and implementing evidence-based programmes and systems in schools to prevent bullying
- Creating opportunities for children and young people to hear the stories of a diverse group of young people and young adults who have experienced mental health struggles and suicidal behaviour who have developed positive strategies and approaches, so that children and young people can see these behaviours role-modelled. Media – traditional, digital and social media - has a role to play here.
- Māori leading programmes to promote positive wellbeing and address specific needs for Māori
- Public education campaign to lift the taboo on suicide, reduce stigma associated with mental health and talking openly about feelings, particularly targeted at children and young people, and young Māori males (utilising high-profile New Zealanders who these audiences will connect with/find something in common with)
- Public education campaign focusing on celebrating difference and diversity, to encourage greater social inclusion, kindness and respect in New Zealand society, particularly targeting children and young people
- Implementing interventions to address the powerlessness and hopelessness that children and young people feel as a result of the far-reach of online and technology-based lives, including online bullying

- Ensure the provision of service response for children and young people whose parents or friends have committed suicide, including counselling, support groups and wraparound crisis management systems in schools (an exemplar in this respect being the Finnish system)
- Increase funding to strengthen and expand existing services with a proven record of supporting children, young people and adults in distress, including to be able to better serve children and young people from diverse backgrounds so they can relate to counsellors (e.g. a need exists for more male, Māori and Pacific counsellors)
- Provide specialised training for primary-level workforce (e.g. counsellors) to respond to people in distress, in particular children and young people engaging in suicidal behaviour

We also suggest that particular attention is paid to directing investment in and support for activities in geographical areas where there are known high rates of suicide and/or mental health issues. For example, regarding child and youth mental health, based on evidence of the spike in child and youth mental health issues in the Canterbury region in the post-disaster context, this is a region where particular attention should be directed towards supporting this cohort of children and young people.

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?

Barnardos is supportive of the development by the Government, in consultation with a wide-range of non-government actors, of a new Strategy to Prevent Suicide in Aotearoa New Zealand. We agree with the World Health Organisation that a Strategy of this kind is a way for government to demonstrate its commitment and intent to address the problem. Barnardos is of the view that developing and implementing a Strategy of this kind is essential to not only address the problem of suicide in our country, but also to chart a course towards Aotearoa New Zealand being a country where all people feel a sense of wellbeing through connections with their family and whānau, friends, community, cultural connections and whakapapa. Therefore, a new Strategy of this kind should be one which all people in Aotearoa New Zealand feel they have a stake in and can take ownership of.

As Aotearoa New Zealand's largest charitable NGO in the child and family sector, Barnardos works with the widest range of children, young people and their families and whānau around the country. We do this working across our two strong arms: Child and Family Services, and Early Childhood Education and Learning. Because of our range of work with children and young people, Barnardos has significant insight into the potential that all children in New Zealand have to shine bright and to be the best they can be. We also have significant expertise and experience in what children and young people are experiencing in contemporary New Zealand, including their aspirations and hopes, the challenges they are facing, and what support works best to ensure their resilience and capability is supported and bolstered.

Through many of the programmes and services we provide through our Child and Family Services, Barnardos works with children and young people who are experiencing a range of issues which can be risk factors of suicide, such as family violence, bullying, discrimination and deliberate self-harm. The fact that New Zealand now has the highest rate of youth suicide in the developed world is highly concerning. Barnardos sees the significance and severity of this reality up-close on a daily basis. We work with children and young people – including tamariki and rangatahi Māori – who have or are experiencing suicidal thoughts or fears, who are planning suicide, or who have attempted or are attempting suicide. 0800 What's Up, our helpline for children aged 5-18 is our service where we are often dealing with these issues, The helpline is free and our phone line currently opens from 1pm-10pm Monday-Friday and 3pm-10pm on weekends. Online chat is open 5pm-10pm seven days a week. 0800 What's Up is a vital service, particularly for children aged between 7-12 who are underserved by other mental health services, and there is no other professional helpline devoted solely to children's concerns. Our telephone counsellors help

children to solve problems, and teach children skills to help them in the future. Through o800 What's Up, we are working with children and young people represented in the suicide statistics and we stretch across the approaches in the woven fabric illustrated in Figure 2 of the Strategy.

Overall, Barnardos is of the view that the draft Strategy is on the right track. We acknowledge the considerable work that has gone into preparing the draft Strategy.

However, the Strategy can be strengthened in some respects. To this end, given our particular expertise and experience working with and alongside children and young people, our submission in response to the questions posed by the Ministry of Health focuses on suggestions to develop the Strategy further, to elevate and strengthen the focus on children and young people.

Recognising the significance and scale of the problem of child and youth suicide in New Zealand, the new Strategy to Prevent Suicide in New Zealand does not, as it is currently drafted, reflect a focus on children and young people strongly enough. Today's world is a complex time and place to be a child. The childhood stresses of making friends, building relationships, developing one's identity and achieving results in school are now overlaid with the complexities of online lives, bullying through digital technology, increasingly pronounced social and economic inequalities and the challenges of social inclusion and loneliness.

The Strategy must recognise that it is essential to build the resilience and capability of all children and young people in New Zealand, including tamariki and rangatahi Māori. We must support all children and young people from their very early years onwards, to celebrate and encourage their potential, to build their resilience and capability, and by providing them with the support and services that work for them. We should be building a culture in New Zealand in which all children and young people feel safe and loved, where no child feels so alone they would take their own life and where all children have someone or a support service that they can ask for help without needing to feel a sense of shame or stigma. To reflect this in the draft Strategy, we recommend:

- Reframing the vision (p.7) to read: *An Aotearoa New Zealand in which all children, young people and adults can look forward positively, are supported to grow their resilience and realise their potential, experience a life worth living and have pae ora (health futures);*
- Including in the box of 'areas to help prevent suicidal behaviour' on p.5: 'resilience and self-esteem building of children and young people'; 'social inclusion'; and a sense of well-being where children, young people and adults always have someone they can talk to about hard issues and how they're feeling';
- Elevating the focus on children and young people and reflecting this throughout the Strategy, for example on p.6, placing 'child abuse and neglect' at the top of the bullet-pointed list, and also adding an additional bullet-point: 'child poverty and social and economic inequality', as these are also underlying conditions triggering lifestyle trauma which can lead to children, young people and adults engaging in suicidal behaviour.

We also recommend that:

- in addition to the further research identified as being necessary at footnote 2 on p.3 of the draft Strategy, research is needed to understand whether other groups of children and young people are at a higher risk of suicidal behaviour, including children with disabilities, children of refugee backgrounds, children of parents with mental health issues and children experiencing intersecting vulnerability factors;
- the reference to 'genetics' on p.4 is amended to refer to 'genetic predisposition';
- 'genetic predisposition' and 'childhood neglect' and 'not having a trusted family member, friend or other person to ask for help' are added to the list of risk factors for suicide on p.4;
- the description of 'universal' on p.4 is amended to read 'all children, young people and adults';
- alongside the three approaches described on p.4, the importance of strengthening service delivery of services that already exist to prevent suicide and reduce harm is emphasised, so that the strengths of these existing services are bolstered for the benefit of those who

use and need to access these services (e.g. as described in feedback outlined earlier in this submission regarding the importance of a trusted, nation-wide child and youth helpline);

- the inclusion of time horizons in the Strategy, to set clear ambitions and to track progress over increments of time;
- the Strategy is framed in relation to the Sustainable Development Goals, given that New Zealand has agreed to achieve the SDGs by 2030. In particular, ensure the Strategy is interlinked with the achievement of SDG 3.4 (and indicator 3.4.2) and SDG 16.1; and
- the Strategy draws on the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 and its associated Operational Framework and Indicators.

Overall, Barnardos is of the view that New Zealand's goals and aspirations for our children and young people must be high and this should be reflected more explicitly in the Strategy. We should strive for a country where no child or young person commits suicide. The goals that that Aotearoa New Zealand should work towards to underpin this are:

- All children and young people feel loved and safe, and are supported to develop their resilience, kindness and empathy for others, and are equipped to stand up for and support each other;
- All children and young people have strong, quality relationships with others, and have trusted people with whom and services with which they can openly talk about how they're feeling and seek help from;
- All children should feel their potential is valued and feel encouraged to fulfil their potential; and
- No child or young person should reach the point where they become suicidal.