26 June 2017

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

via email to suicideprevention@moh.govt.nz

Re: A Strategy to Prevent Suicide in New Zealand:
Draft for public consultation

Submission

This submission is from the NZ Federation of Business and Professional Women (BPW NZ) Inc.

Our Organisation

Our organisation's aims are to link professional and business women throughout the world, to provide support, to lobby for change and to promote the ongoing advancement of women and girls. We work for equal opportunities and status for all women in economic, civil and political life and the removal of discrimination in all countries. We promote our aims and organise our operating structure without distinction as to race, language or religion.

International Status

BPW International has General Consultative Status at the United Nations through the UN Economic & Social Council (ECOSOC). This enables BPW International to appoint official representatives to UN agencies worldwide and to accredit members to attend specific UN meetings.

BPW International upholds the outcomes of the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee at state party level. BPW International upholds the outcome documents of the annual UN Commission on the Status of Women (CSW) which evaluates progress, identifies challenges, sets global standards and formulates policies to promote gender equality and women's empowerment worldwide.

Our interest in this submission is because we are committed to advocating for equal opportunities for women and girls and for the health and safety of women and girls.

General Comments

BPW NZ acknowledges the efforts of the Ministry of Health and its partners in working to reduce suicide in New Zealand. We recognise that this draft Strategy to Prevent Suicide in New Zealand is a continuation of those efforts.

BPW NZ notes that suicide is a mental health issue. We believe the mental health sector is at a point of crisis in New Zealand and there is no indication of improvement. We do not believe this strategy and a continuation of the previous efforts will result in change. We recognise that mental health issues affect our most vulnerable, such as youth, those in poverty, Māori and Pasifika, older New Zealanders, new mothers, children in the foster care system and so on[1].

BPW NZ proposes that the Ministry consider a much more comprehensive and focused approach to mental health, which will have a wider ranging benefit for New Zealanders who suffer from mental health problems and in turn support potential victims of suicide. We believe the Ministry of Health understands this[2], but does not have the leadership impetus or mandate to act with the courage required to achieve real improvement in this sector. We recognise the significant economic cost of mental health issues[3] and believe in a prevention rather than crisis approach, but the health sector needs support to achieve this change. Our recommendations below provide an approach to how this might be achieved.

International Commitments

BPW NZ acknowledges The Universal Declaration of Human Rights, for which Article 25 states:

> 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and

[1] https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf

[2] http://www.health.govt.nz/our-work/mental-health-and-addictions/working-prevent-suicide/understanding-suicide-new-zealand

[3] https://www.mentalhealth.org.nz/assets/ResourceFinder/like-minds-cost-benefit-analysis.pdf

medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

New Zealand was one of the 26 signatories of the original UN Declaration in 1942 and has made a commitment to support the work of The Office of the United Nations High Commissioner for Human Right and other key UN organisations in upholding the declaration.[4]

In addition, the World Health Organisations Constitution enshrines "…the highest attainable standard of health as a fundamental right of every human being." This includes "The right to health - includes access to timely, acceptable, and affordable health care of appropriate quality."[5]

BPW New Zealand Policies: Suicide Prevention

BPW Policy on suicide advocates:

15.28 Mental Health Services

15.28.1. Increase Funding for Acute and Non-Acute Services:

15.28.2. URGE the Government, through the Ministers of Health and Finance to increase funding for Mental health as a matter of urgency, in both acute and non-acute services, and require District Health Boards to:

(a) Increase the number of acute beds AND

(b) Increase salaries, and post graduate educational opportunities for mental health staff to attract a greater number of qualified people to the specialty.

[4] https://www.hrc.co.nz/your-rights/human-rights/international-human-rights-legislation/

[5] http://www.who.int/mediacentre/factsheets/fs323/en/

15.28.7. Mental Health: Reducing Suicide
THAT BPW NZ urges the Ministry of Health:

a) To include in their 2014/2015 targets for the DHBs an objective to Reduce the level of suicide, and the incidence of self-harming in their District, by 50%

b) To urge the Ministry of Health and the incoming Minister of Health to make the reduction of suicide and the incidence of self-harming a national health priority from 2015-2016."

In February 2015, BPW NZ provided a submission on UNCROC (United Nations Convention on the Rights of the Child) 5th Government Draft Submission and noted:

We have The NZ Suicide Prevention Strategy 2006 – 2016 as well as a NZ Suicide Prevention Action Plan 2013 – 2016 BUT we still have some of the highest statically suicides in the OECD Countries.

- NZ statistics are appalling when you start looking at gender, age groups and ethnicity.
- Our Maori and Pacifica people are even higher by 54% over there non-Maori counterparts.
- So what has all the energy, funds, focus of resources achieved when on an International level we are not achieving significant inroads?
- Where are the KPI's, targets reductions that are meaningful when translating this data?
- Reviews every five years are too long a period when we are losing too many of our future minds.

The District Health Boards have targets for shorter stays in emergency departments, improved access to elective surgery, shorter waits for cancer treatment, increased immunisation, better help for smokers to quit, more heart and diabetes checks.

- Their performance against these targets are measured and published and the latest statistics indicate a significant increase in performance in all the above areas.

- There should be similar targets relating to outcomes for mental health and youth suicides.

We also draw to the Ministry of Social Development's attention the success of the Mental Health Foundation's Mindfulness in Schools pilot programme. Initial research is indicating major changes in attentiveness, self-control and respect for other classmates as a result of this programme. Focus on extending the reach of this work is vital.

Over two years has passed and we believe the above comments to be very much still applicable, signalling a disappointing lack of improvement in the approach to suicide prevention and consequently a lack of change in the outcome (no reduction in suicide rates).

Strategic planning for suicide prevention

As part of this submission, BPW NZ reviewed the New Zealand Suicide Prevention Strategy 2006–2016 and the New Zealand Suicide Prevention Action Plan 2013–2016. BPW NZ wishes to particularly note that the Action Plan was released seven years after Strategy was initiated.

BPW NZ's summary of the Strategy is that it was at best high-level, but largely unspecific and irresolute, lacking concrete ideas to improve suicide rates or turn-around the mental health crisis in New Zealand. The Action Plan provided initiatives without timelines, responsibility delegation or goals/metrics of success. The only implementation detail is a month and year of supposed completion of implementation. There is no detail about whether the initiative was successful, whether it should be carried forward or how it could be improved.

Our member who attended the public consultation meeting in Auckland, for which three hours was scheduled, found that the Ministry of Health did more talking than any members of the public. The meeting was more about the Ministry sharing their plan than engaging the public.

This planning process appears to be a "ticking the box" exercise. New Zealanders share this concern and a recent poll found that six out of ten respondents find the government is failing

in providing mental healthcare and only one of every ten respondents believe they are on track.6

The Ministry, DHB's and the wider network is not being held accountable for its efforts, or lack of effort, to improve suicide rates and mental health issues. Our consistently high suicide rates and shocking rates among youth, men, Māori and Pasifika in particular, are cruel evidence.

In 2015 National Council for Women passed a remit to encourage the government to:-

- Increase Funding for Maternal Mental Health Services
- Increased access to existing maternal mental health services in New Zealand and
- Increased and ongoing sustained funding for provision and evaluation of maternal mental health services.

Supporting research shows the flow on effects of unaddressed maternal mental health issues for families, children and communities are reaching unacceptable levels and not enough checks are in place to identify these issues before they turn to crisis situations for families and individuals.

Having reviewed the 2017 draft Strategy, we note the unfortunate similarity to the 2016 plan in its toothlessness. We do not believe that the draft Strategy will result in the much-needed change.

Recommendations: -

BPW NZ recommends a strategic and action planning process that has initiatives that are forward-thinking, targeted, measurable and with delegatory powers that can be held accountable and has an action plan that's prepared alongside, released immediately, and provides public accountability for the actions.

BPW NZ recommends that Mental Health is introduced as one of the Ministry of Health's national targets for action.[7]

BPW NZ recommends that the Minister for Health commission an inquiry into Mental Health Care and Suicide Rates.

[6] http://www.stuff.co.nz/national/health/92911867/Most-people-believe-the-government-is-failing-in-providing-mental-health-care-survey

[7] http://www.health.govt.nz/new-zealand-health-system/health-targets

Funding

Mental Health funding is in considerable shortfall. The increases in the 2017 Budget leave little increase for mental health, after inflation and the Care and Support Workers settlement is considered.[8] A 2016 review by six prominent industry health leaders and researchers found that health funding is falling as a proportion of GDP and that the overall health budget is low compared to other countries.[9] Researchers at Victoria University of Wellington and the New Zealand Institute of Economic Research (NZIER) have found "Real per capita spending in health will fall slightly the coming Budget year (-0.1%), but over the forecast period is projected to fall to 7.5% below current levels by 2021".[10]

Many of our members described cases in which crisis responses team were ill-equipped to deal with suicides and as a result, people were likely to call the police instead of crisis response. In the decade leading up to 2014, attempted/threatened suicide calls to NZ Police had increased by almost three-fold.[11] Why is the Ministry for Health abdicating its responsibility to the Ministry for Justice?

Recommendation: -

BPW NZ recommends the Government provide an urgent mental-health sector funding increase, particularly acute and community based mental health services.

Mental health and suicide training, funding, representation and reporting

Our members have a number of additional concerns about the mental health sector:

- Health professionals are not adequately trained/equipped to recognise, manage and refer patients with mental health problems, including those at risk of suicide

[8] http://www.stuff.co.nz/national/92972655/frustration-disappointment-over-health-funding-in-budget-2017

[9] https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1435-27-may-2016/6891

[10] http://www.victoria.ac.nz/news/2017/05/budget-2017-analysis-of-real-per-person-spending-shows-real-winners-and-losers

[11] http://www.police.govt.nz/sites/default/files/publications/nz-police-mental-health-team-newsletter-issue-1.pdf

- DHBs often lack board level expertise in mental health and management level representation in the sector which consequently is relatively neglected

- DHB targets may not specify mental health support, which is consequently underfunded and this contributes to the inability of DHBs to manage the growth in mental health issues

- DHBs are not required to report about mental health care in a meaningful way, contributing to a lack of data and understanding about mental health issues in New Zealand

- Suicide rates are under-reported which skews outcomes for people of certain demographics; for example, if an older person refuses to take medication with the purpose of bringing on end of life, this is not classified at suicide

BPW NZ notes a lack of independent research into the overarching facilitation of mental health care in New Zealand and believes an inquiry is urgently required.

Recommendation: -

BPW NZ recommends that the Minister for Health commission an independent inquiry into Mental Health Care and Suicide Rates in New Zealand.

Reference to the draft Strategy to Prevent Suicide in New Zealand

Page 4: *"Causes of suicidal behaviour", add the following:*

- Poverty (Kuruvilla & Jacob, 2007)
- Delay in treatment or untreated mental health conditions (Goldsmith, 2002)
- Loss of access to children and death of a family listed under "stressful life events" (Bilsker D & White J., 2011)
- Family violence (Bilsker D & White J., 2011)
- Homelessness (Eynan et al., 2002)
- Bullying (Kim & Leventhal, 2008)
- Significant illness (Foreign Affairs Publisher, 2017)
- Loneliness and isolation experienced by the elderly and those in rural areas (Ministry of Health, 2005)

- Mental illness and suicidal thoughts (Australian Government: Department of Health and Ageing, 2007) (Ministry of Health, 2005)
- Insecure infant attachment during the first three years of life (Stein, Gath, Bucher, Bond, & Day, 1991) (Fergusson, Horwood, & Lynskey, 1995)

Page 5: *"Some areas that help to prevent suicidal behaviour are those that promote or provide:", add the following:*

- Promoting school bullying prevention (Kim & Leventhal, 2008)
- Promoting workplace bullying prevention
- Family violence education (Gulliver & Fanslow, 2013)
- Assistance with homelessness (Eynan et al., 2002)
- Raising mental health awareness and education and reducing stigma in rural communities (Ministry of Health, 2005)
- Promoting protective factors, including well-resourced mental health and social services and early, adequate, sustained treatment of depression (Ministry of Health, 2005)

Page 11: *"focus on the following population groups", add the following:*

- Boys and men, who have a higher rate of suicide (Ministry of Health, 2005)
- Victims of sexual abuse.

From page 13*: "potential areas for action", add the following:*

Support positive wellbeing at all life stages

- Funding for services delivering early intervention assessments and recovery programmes to women with ante- and post-natal depression who do not fit Maternal Mental Health criteria in the Primary Health sector (Jones, 2009) (Stein, Gath, Bucher, Bond, & Day, 1991) (Fergusson, Horwood, & Lynskey, 1995)
- Support for anti-bullying programmes (Kim & Leventhal, 2008)
- Support for attachment programmes eg. Circle of Security (Stein, Gath, Bucher, Bond, & Day, 1991) (Fergusson, Horwood, & Lynskey, 1995)
- Support for counselling/therapy (Hollon, Thase, & Markowitz, 2017) and online cognitive behavioral therapy gaming programmes for children eg. Brave (Fergusson, Horwood, & Lynskey, 1995)
- Support school programmes teaching/encouraging boys to share feelings, regulate emotions and develop problem-solving skills
- Investigate child/adolescent mental health services, especially training and

implementation of suicide assessments of children/adolescents per the survey findings by Parents of Children with Additional Needs
- Investigate gaps identified by the People's Mental Health Review as per their recommendations
- A national education programme to support all New Zealanders to understand what mental health is, and what mental health services provide, that operates in the education system and wider society

Strengthen systems to support people who are in distress

- Mandatory professional development training of midwives in the onset, prevalence, identification, screening, treatment and intervention of ante- and post-natal depression
- Ensure training and implementation of suicide risk assessments of children/adolescents
- Increase the number of staff so that wait-times improve
- Investigate technological options for improving access to care, such as mobile apps, e-therapies and online resources which may be particularly helpful in rural areas
- Increase counsellors, psychologists and psychotherapists on-staff for child and adolescent mental health services
- in all DHBs so that children and young people (often experiencing anxiety or depression) have ongoing support as an alternative or in addition to medication
- Subsidise (free) counselling for all women experiencing ante- and post-natal depression or anxiety
- Develop fully independent oversight of the mental health system in line with minimum obligations set out in the Convention on the Rights of Persons with Disabilities
- Initiate an urgent independent inquiry into the structure and provision of mental health services in New Zealand
- Initiate an urgent funding increase for mental health services for acute and community based mental health services nationally - this requires a focus on increasing community based service access and treatment choices for people using mental health services to provide interventions early

Build and support the capability of the workforces in the education, health and police sectors and in the wider justice and social sectors

- Ensure adequate staffing to improve wait times, especially reducing wait times to see the local acute mental health service following the declaration of suicidal ideation and/or referral from health services indicating present suicidal ideation

- Ensure adequate staffing so when people are calling the crisis team number, they go through to a mental health nurse immediately rather than no answer or a voice message where people are called back 15-30 minutes later (or worse) and ensure the crisis team are following up and contacting people regularly as needed

Strengthen and broaden collaboration among those working to prevent suicidal behaviour

- Follow recommendations as given by the People's Mental Health Review to address current gaps in services

Add a 10th Action Point: *Continue research into community, gender and ethnic groups that have a high rate of suicide*

- Funding into research on the nature, prevalence, treatment and interventions of child mental health disorders (of which there has been no research undertaken)
- Funding into research on health professionals' attitudes, knowledge and training around child mental health disorders (of which there has been no research undertaken)
- Funding into research on the experiences of parents and children of child mental health disorders including issues around cultural diversity in the context of New Zealand (of which there has been no research undertaken)

Thank you for the reviewing our submission; we hope to have the opportunity to speak to it in person should the Ministry for Health agree to hearing oral submissions.

On behalf of

New Zealand Federation of Business and professional Women Inc.

Hellen Swales

President

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Other submissions BPW New Zealand supports

BPW NZ strongly supports submissions by the POCAN (Parents of Children with Additional Needs Collective) and MCAGNZ (Maternal Care Action Group NZ).