

Southern District Suicide Prevention Action Plan 2020– 2023



Executive Summary:

This document has been developed by WellSouth to provide the wider Southern community guidance for suicide prevention action over the next three years.

The objectives in this document reflect the actions proposed during the three co-design workshops facilitated throughout the Southern district in 2018, input from the nine postvention groups and other key stakeholders in the district. In addition, the plan draws on the Ministry of Health's 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, and aligns with the Southern District Health Board's Raise Hope – Hāpai te Tūmanako Strategy 2019-2023.^(1,2) In addition, the plan is a key part of the WellSouth Primary Health Strategic Plan and is in keeping with the Southern Primary & Community Care Strategy⁽³⁾ in terms of empowering and supporting Whānau and communities, to have the care and support they need in a timely manner, closer to home.

Ultimately, this strategy focuses on the priorities for the next three years with the aim of reducing suicide and the impact of suicide in our communities.

The four key objectives defining the strategy that emerged from community consultation are:

1. Objective 1: Support families, whānau, hapū, iwi and communities to prevent suicide and self-harm, and promote wellbeing.
2. Objective 2: Support families, whānau, hapū, iwi and communities after a suicide.
3. Objective 3: Improve services and support for people at high risk of suicide and self-harm.
4. Objective 4: Strengthen the infrastructure for suicide and self-harm prevention.

These objectives should be enacted in partnership with Māori, in-line with the Treaty of Waitangi. This is demonstrated through an active and meaningful working relationship and partnership with Ngā Kete Mātauranga Pounamu, Kia Piki te Ora who support and provide cultural guidance, advocacy and contribution to suicide prevention and postvention across the Southern district. Kia Piki te Ora All Age Suicide Prevention is a Ministry of Health contract operating in the Southern DHB region.

Some of the key proposals found in the strategy to meet those objectives are:

- Engage and focus on high-risk groups identified by Southern suicide and self-harm events, including Māori, youth, older New Zealand/European men, tertiary education students, corrections clients, and, rural and remote communities.
- Enhance resources available for supporting those bereaved by suicide.
- Encourage and facilitate best practice suicide and self-harm risk management in all services working with people with mental health distress across the district.
- Develop a district-wide suicide prevention advisory group.
- Develop a small district-wide data surveillance group.
- Facilitate the development of effective trauma-informed services in the Southern district.
- Develop full coverage in the Southern district for community oversight of postvention including the development of a Māori postvention group.

The Southern District Suicide Prevention Action Plan 2020-2023 takes a population health and community development approach to suicide prevention and highlights priority actions for suicide prevention and postvention in the Southern district, (the South Island, south of the Waitaki River excluding the West Coast). A population health approach aims to improve the health of whole populations and requires all sectors and communities to contribute. Therefore, no single sector of a community is 'responsible' for suicide prevention. Instead, we understand that Southern suicide prevention is a community-wide approach, which supports local initiatives based on the best available evidence for effective implementation and action. Research concerning the causes, treatments and prevention of suicidal behaviours and effective suicide prevention have been consulted in the development of the strategy.⁽⁴⁻⁷⁾ It aims to reflect current strategic directions, acknowledge national actions being delivered, while responding to local community needs and priorities. Emphasis has been placed on ensuring outcomes are realistic within identified timeframes. The action plan below notes specific work needing to be undertaken alongside high-need groups in the Southern community including rangatahi tane (young Māori men), Pacific peoples, New Zealand/European men (especially older age men), those who live in smaller, rural communities, people involved in the justice system, and higher risk young people.

This strategy and work would not be possible without the enormous time, commitment, and energy of the many frontline workers and volunteers involved in suicide prevention across the Southern district, many of whom go above and beyond to do the best they can to help those in need: to them, we are grateful.

Purpose of this document

This strategy provides guidance to the health and social services in the district on suicide prevention and postvention actions recommended to be undertaken over the next three years. In addition, it will assist the wider public, government and non-government agencies in the district to collaborate effectively with the aim of reducing suicides, attempted suicides, suicide ideation, and self-harm in the district. Finally, this document will inform the Ministry of Health of the work being undertaken in the Southern district while implementing the national Suicide Prevention Strategy and Action Plan.

Responding to He Korowai Oranga in the planning and in meeting statutory objectives and functions for Māori suicide prevention and postvention is fundamental for this Action Plan. The key elements of He Korowai Oranga will assist in providing direction at a strategic level, improving Māori health status and realising pae ora – healthy futures for all.

This strategy also acknowledges the key role that Southern communities and individuals outside of formal support agencies have in reducing suicide risk. Examples of this support include: reducing trauma and abuse of young people, increasing social wellbeing, community members undertaking gatekeeper training (e.g. ASIST, Le Va's Lifekeepers), increasing resilience and connectedness and also supporting those at risk; and may include marae communities and Māori NGOs, neighbours, whānau, schools, faith-based groups, sports groups, youth groups, rural communities, local authorities, neighbourhood groups, older person's groups, LGBTTI+ community groups, and more. This strategy supports the collaboration and coordination of such groups in partnership with formal agencies such as WellSouth, SDHB, and MOH.

The action plan has been developed to take into account current fiscal and capacity constraints by the Southern DHB and other agencies. Should further resources become available, adjustments to targets may be possible and should be considered.

The Southern Context by Data

In the year 2018-2019, 685 people died by suicide in New Zealand and 57 of these suicide deaths occurred in the Southern district.⁽⁸⁾ The suicide rate for the Southern district during this time was 17.28 per 100, 000, while the national rate was 13.93 per 100, 000. Given the relatively small population, suicide rates by DHB area need to be interpreted carefully and over a long period of time to make any assertions about trends.

Multiple risk factors and life events are involved in a person ending their life. The link between mental illness and suicidal behaviour is well-known⁽⁹⁾, but other risk factors include exposure to adverse childhood events, trauma, personal experience of suicide, physical illness, a lack of social support, and difficult economic circumstances.⁽¹⁰⁾ Individual family and whānau, local communities and local and state agencies do much to address these issues through multiple mechanisms. Many of these agencies do not directly have a focus on suicide prevention, but

nevertheless have a significant positive impact on suicide prevention as they contribute to the social safety net by supporting and improving the wellbeing and resilience of individuals.

Another key aspect to the Southern context lies with the fact that it covers the largest geographical area out of all health boards in Aotearoa/NZ, spanning a land area of over 62,356 square kilometres. To put that in perspective, Canterbury, the second largest DHB by geographical area, covers 26,881 square kilometres. Another challenging factor: Southern's high rural population, whereby approximately 40% of 329,890 people live in rural areas and are widely dispersed across the district. Moreover, the Southern district has had a significant increase in refugees and migrants over the years, many of whom are living in rural areas where services are not well-equipped for language and cultural differences.

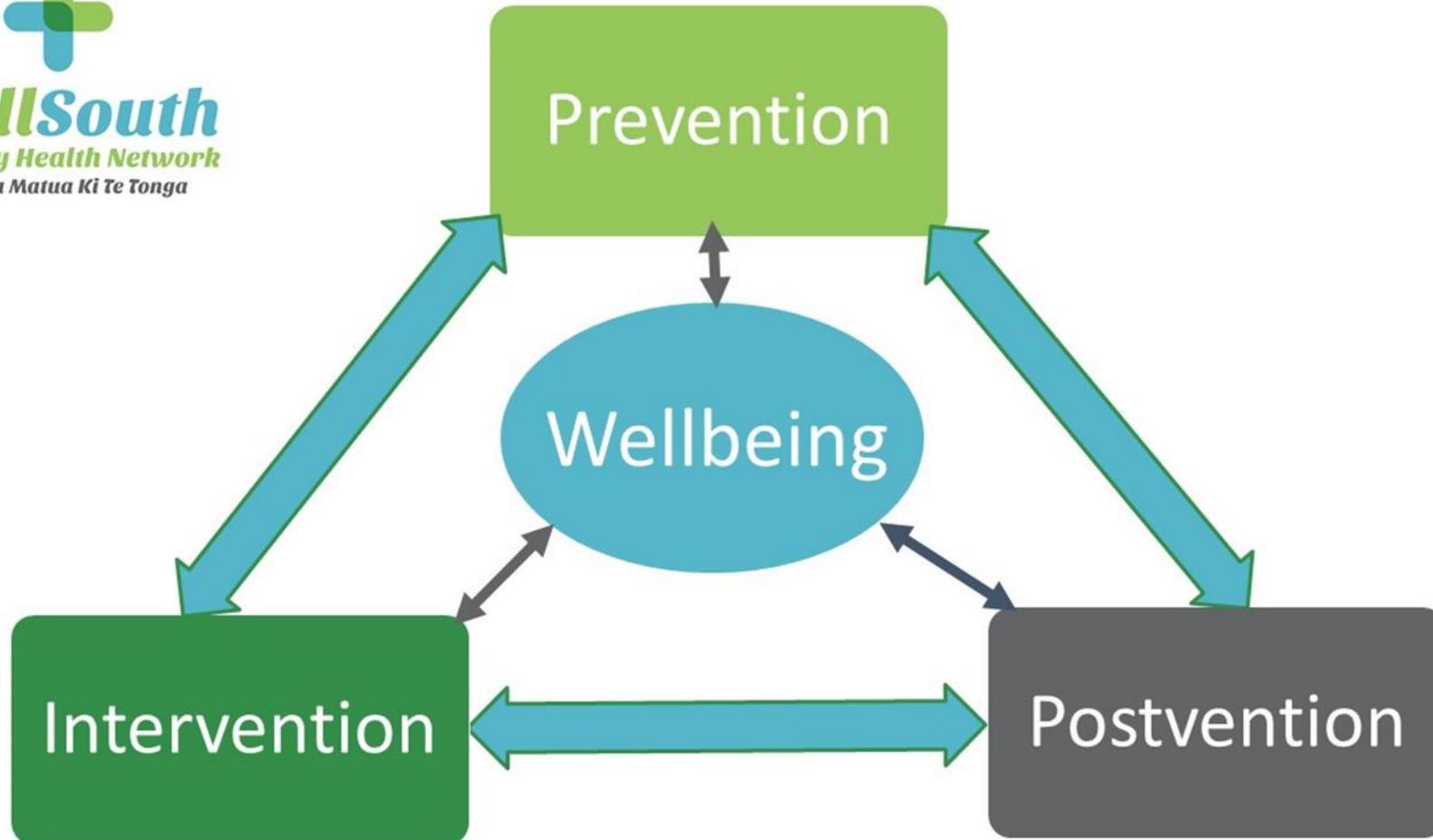
Data and Statistical Sources, Issues and Development

There are two main sources of data for completed suicides nationally. One is the Ministry of Health's data⁽¹¹⁾ which is published annually and refers to suicides up to three years before the date of publication; the second is the coronial data released annually by the Chief Coroner, which includes provisional suicides (i.e. not yet confirmed by the coroner as a suicide), but is not able to be broken down by council area.

There are significant definitional issues when undertaking statistical analysis on suicide, suspected suicide, attempted suicide, and self-harm in Aotearoa/New Zealand. Moreover, there are often mixed perspectives on suicidal intent when people present to different clinicians, which is why we ideally need consistent and widespread use of a well-evidenced screening tool such as the Columbia Classification Algorithm of Suicide Assessment.^(12,13)

In addition to definitional issues when analysing suicide, it is widely acknowledged by expert organisations such as the World Health Organisation that suicide is undercounted.^(6,7) Currently, the true number of people who attempt suicide each year in the Southern district is unknown, but estimates from people accessing emergency departments and emergency psychiatric services for suicide attempts has been recorded by services as being just over 200 per year. The actual number of attempted suicides is likely to be higher, possibly in the vicinity of 1200 attempts per year across the south (based on estimated Police 'X1' callouts).

Adequate data surveillance for suicide attempts, suspected suicides, and self-harm will be developed by a small data surveillance team as a partnership between Southern Health and the University of Otago over the duration of this strategy. Such a collaboration will help us to carry out quality stratified analysis to have a clearer and more consistent understanding of the patterns in the Southern district regarding suspected suicides, attempted suicides and self-harm.



Suicide Prevention, Intervention and Postvention are an interrelated, circular continuum, with wellbeing central to all processes. No aspect of suicide prevention, intervention or postvention occurs on its own, and best-practice research shows that all aspects of this model should be accounted for when working with suicide, regardless of which dimension one is operating from.

Models and Definitions of Suicide Prevention

Wellbeing is the canvas or foundation upon which suicide prevention, intervention and postvention should ideally operate.

The Oxford Dictionary defines wellbeing as 'The state of being comfortable, healthy, or happy'.^(14,15)

In the He Ara Oranga government Inquiry into Mental Health and Addiction, Wellbeing is defined as:

Mental health and wellbeing form one component of broader wellbeing. Te Whare Tapa Whā is a model that uses the symbol of the whareniui (meeting house) to illustrate the four cornerstones of wellbeing: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health), and taha whānau (family health). For Pacific peoples, mental health and wellbeing encompasses a holistic approach of reciprocity, respect, belonging, genealogy, and relationships with all entities – Atua, the land and environment, ancestors, cultures, languages, family and others, collectivism – elements that protect and strengthen family and individual wellbeing. Mental health is “a state ... in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁽¹⁵⁾

There are numerous community and government organisations and individuals working towards maintaining and strengthening the foundation of wellbeing in the Southern district. These include, but are not limited to, Marae, schools and early childhood centres, sports clubs, community gardens, churches, youth groups, housing programmes, volunteers, and many more. As such, these individuals and organisations collectively feed into suicide prevention.

When a community has a robust sense of wellbeing as its foundation, a strong platform is created for suicide prevention activities to occur at both an individual and community level.

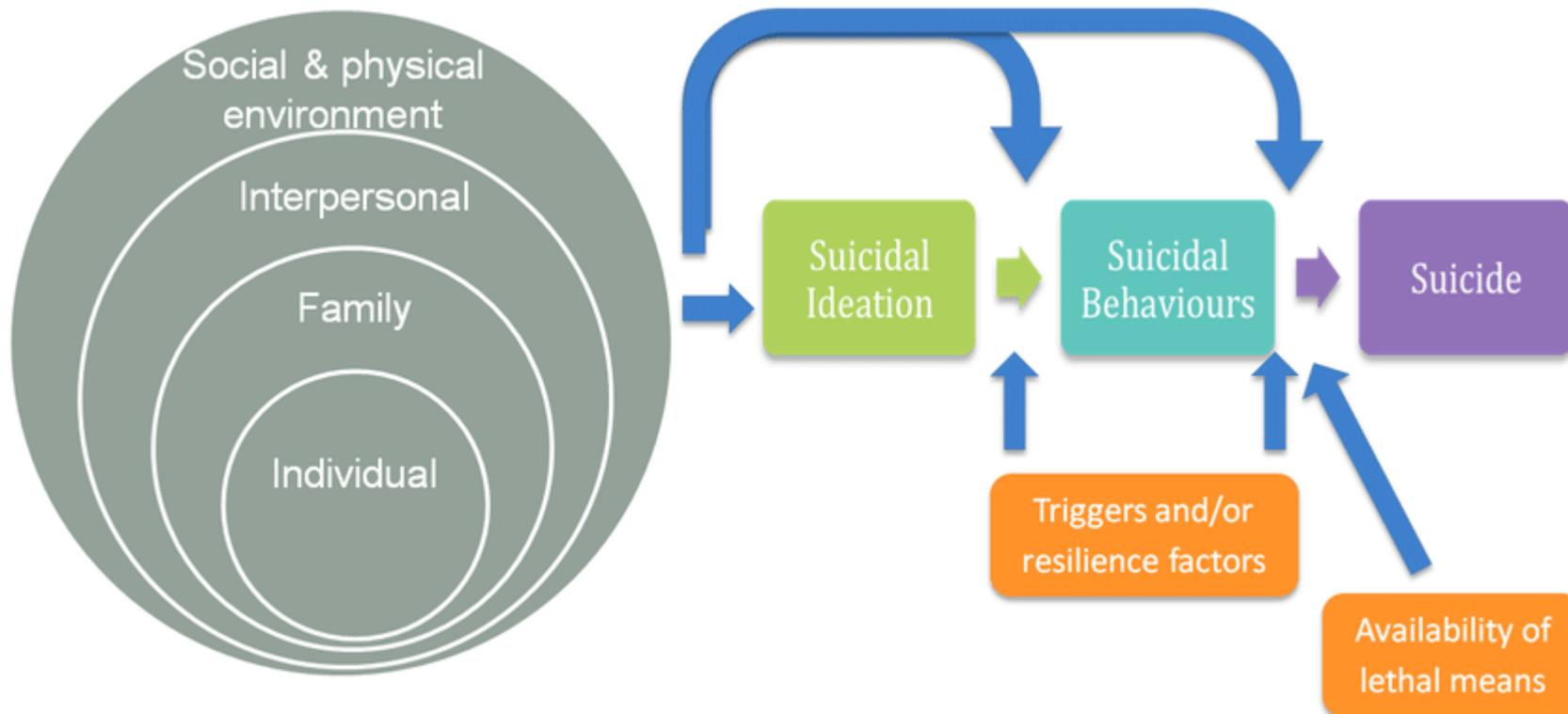
Likewise, suicide prevention when done well, will feed into community and individual wellbeing.



Māori health: te whare tapa whā model, Mason Durie, 1982

Suicide Prevention is defined as: 'Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.'⁽¹⁶⁾

As such, suicide prevention activities, like wellbeing, are 'upstream' activities, carried out for the purposes of preventing the need for suicide intervention or postvention. Such activities may include anything from suicide screening training, kapa haka groups, to 'Blokes and Sheds' programmes.



Social ecological model, Jen Dykxhoorn (Ph.D), 2015

Suicide Intervention is defined as: *'An activity or set of activities designed to decrease risk factors or increase protective factors.'*⁽¹⁶⁾ Suicide intervention activities occur once someone has expressed some level of suicidality, such as ideation or planning. Very often, suicide intervention requires specialised mental health services involvement, although friends, family, community leaders and other gatekeepers tend to be well placed to decrease risk factors (such as loneliness and isolation) and increase protective factors (such as giving comfort and care after the loss of a job or relationship break-up). Kaupapa Māori services and services by Pasifika, for Pasifika, need to be in place to provide culturally appropriate care. Once again, when the foundation of community wellbeing is high, people tend to be in a much stronger space to be able to offer adequate suicide intervention for individuals who need it. If a suicide does sadly occur in a community, despite the best efforts of suicide prevention and intervention, then suicide postvention is needed.

Suicide Postvention is defined as: *'Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.'*⁽¹⁶⁾

Because postvention occurs *after* a suicide, it is the downstream end of suicide prevention, though is naturally part of the continuum shown in the model at the beginning of this section. In addition, postvention is prevention in that the aim is to prevent further suicides occurring due to contagion. Postvention has been a core part of the Suicide Prevention Coordinator (SPC) role in the Southern district since the role's inception, and Community Postvention Groups (CPG) have developed as a part of this. Given the relatively high numbers of suspected suicides in the Southern district across a large geographical area with rural isolation, postvention work is often demanding, which leaves less capacity for prevention or 'upstream' work to prevent suicide. Due to CPGs being community-led and staffed by volunteers there has also been a constant shifting of many groups, with some no longer in operation and others re-forming. Many groups have suffered burn-out and exhaustion in this voluntary role. This places great demand to support, monitor, train and liaise with each of the eight groups to ensure their work is done in a safe, professional and outcome-focused manner. As such, there needs to be more resourcing and support for postvention groups, as well as greater development and availability of culturally appropriate postvention support.

Current Suicide Postvention Groups in the Southern District

The Southern district currently has eight hard-working community-led suicide postvention groups in operation with formal linkages to the SPC's role. These are based in Invercargill, Eastern Southland (Gore), Western Southland (Te Anau), Wanaka, Wakatipu (Queenstown), Dunedin (also covering South Otago), Oamaru (Waitaki) and Alexandra (Central Otago). The voluntary postvention chairs play a vital role in being well-

connected in their communities to carry out what is often demanding postvention work, by linking in with necessary services to ensure support for those impacted by suspected suicides.

Each group operates somewhat differently to meet their unique area's needs, and all mostly focus on postvention, though some do undertake prevention activities e.g. Queenstown and Wanaka have been collaborating on prevention work with men in the construction industry. A small district-wide postvention group made up of postvention chairs, inquest officers, Ministry of Education (MoE), Victim Support (VS) and other key stakeholders has also been established to monitor contagion risk. In addition, a Māori-lead district-wide postvention group is in development, which will work alongside the community postvention groups with the SPC.

When the SPC receives a suspected suicide notification from Coronial Services, they notify the district-wide group with the basic non-identifying information and the appropriate postvention chair with the relevant details for postvention work. Each notification is assessed in detail to undertake the appropriate postvention response; some responses are complex and ongoing for at least a year, depending on the contagion risk, while other notifications require a more straightforward response. The SPC and postvention groups also frequently work on suspected suicide cases that occur outside the district but have close ties in the Southern region. While these cases are not reflected in Coronial statistics, they do require a similar amount of time and resource as local cases.

Clinical Advisory Services Aotearoa (CASA) are a key partner in postvention work by assisting communities experiencing suicidal contagion or suicide clusters through their Community Postvention Response Service (CPRS). A suicide cluster may be defined as: ⁽¹⁷⁾

“A group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community.”

Contagion in the context of suicide is defined as: ⁽¹⁸⁾

“...a stimulus-response process where interpersonal, group, or mass media communications serve as avenues for human contact or communication, leading to imitation.”

Youth are especially vulnerable to suicide contagion, as are people bereaved by suicide. However, media (including social media) reporting on suicide, particularly when negative or the suicide method is described, is another mechanism by which suicide contagion occurs.

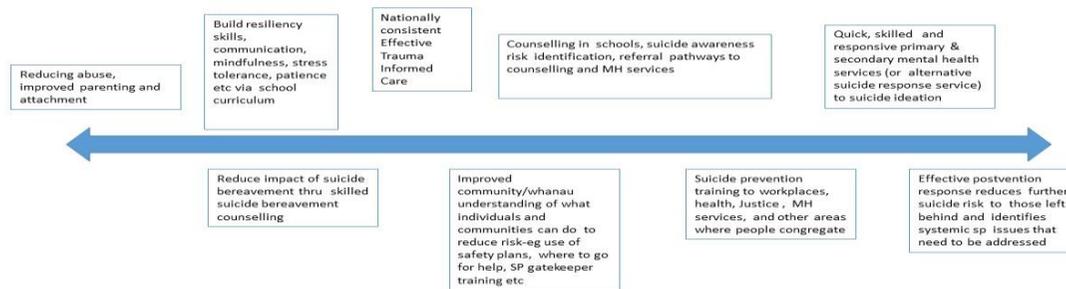
The CASA team helps communities assess if there is contagion or a cluster emerging or occurring and how best to respond to the situation.

Community postvention and prevention groups within the Southern district are not currently funded. Any work undertaken is done so under the auspices of employee's roles where the workplace is supportive, or by volunteers, and typically utilises existing resources. Given the infrequency

of suicide events in smaller communities, maintaining a group that retains the skills and knowledge of previous suicide community responses, even when no suicides are occurring, is considered essential. Equally, other communities that have a high number of suicides are often overwhelmed with suicide postvention work, leaving little capacity for upstream prevention work.

Given this context for postvention, an ongoing review of how postvention works both in individual communities in the Southern district as well as at a district-wide level, will be a key aspect of the strategy, with a view to enabling a sustainable, equitable and culturally appropriate model. Work will also continue to ensure commonality for terms of reference, monitoring and sharing of information across all groups.

The Prevention/Postvention Continuum



The Treaty of Waitangi Te Tiriti o Waitangi

The special relationship between Māori and the Crown under the Treaty of Waitangi should construct the way we work with iwi, hapū, whānau, and Māori communities. Therefore, we must develop strategies for supporting Māori leadership and participation in all areas of suicide prevention, from service design to implementation and evaluation. There is a higher rate of suicide among the national Māori population compared to other ethnic groups, and the SDHB is no exception. From a Treaty and equity perspective, we must work in partnership to address the higher suicide rate among Māori. ⁽¹⁾ This action plan aims to partner with key stakeholders that can provide expert health leadership and connection to community leadership to achieve equitable wellbeing for Māori. Partnerships with Southern DHB Māori Health Directorate, and Kia Piki te Ora - Ngā Kete Mātauranga Pounamu will support and guide this outcome.

The Action Plan

The strategy action areas/outputs and outcomes on the following pages in part reflect the objectives and required actions of 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 and the Southern District Health Board’s Raise Hope – Hāpai te Tūmanako Strategy 2019-2023. ^(1,2) As previously noted, the action plan also includes the outcomes from the co-design workshops facilitated across the district in 2018 and international evidence on effective suicide prevention. ^(4–7) The SPC will provide quarterly reports to the MoH on outputs aligned with the action plan. In addition, the Southern Mental Health and Addiction Network Leadership Group will have some oversight and responsibility in supporting the implementation and outcomes of the plan.

Abbreviations: Agencies or individuals identified in the tables below

CASA	Clinical Advisory Services Aotearoa	NGO	Non-government organisation
ED	Emergency Department	PHS	Public Health Service
HR	Human Resources	SDHB	Southern District Health Board
MHAID	Southern DHB Mental Health & Intellectual Disability Services Directorate	SF	Supporting Families

MHF	Mental Health Foundation	SPC	Suicide Prevention/Postvention Coordinator
MOE	Ministry of Education	UoO	University of Otago
MSD	Ministry of Social Development	KPTO	Kia Piki te Ora – Māori All Age Suicide Prevention

Objective 1: Support families, Whānau, Hapū, iwi and communities to <u>prevent</u> suicide and self-harm and promote wellbeing				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
1.0 Clinical and community support agencies are able to effectively support identified at-risk groups in the Southern district	1.0.1 Clinical support for those at risk of suicide and self-harm is well-coordinated and effective in reducing risk and increasing protective factors	a) SPC encourages and facilitates clinical suicide and self-harm prevention training that meets the clinical needs of agencies working in the primary secondary mental health and addictions sector	2020-2023	MHAID, CASA, Ministry of Health, Police, suicide prevention training agencies, General Practise teams
1.1 Suicide and self-harm prevention training is widely disseminated to Southern agencies and the wider community.	1.1.1 Suicide and self-harm prevention training is delivered at the right level to those who need it, and to as many agencies, communities and individuals as resources permit,	a) Deliver suicide and self-harm prevention training programmes designed for health workers and community individuals using suicide prevention 101 workshop developed by SPC (which covers self-harm), SafeSide rolled out by SDHB ^(2,19) SafeTALK, ¹¹ QPR and QPR Online, ¹² “Keeping the Balance” ¹³ (WellSouth) and/or ASIST training packages. ¹¹	2020-2023	MHAID, national & local training agencies & local trainers, Police, community funders, Southern NGOs, community groups, General Practise teams

Objective 1: Support families, Whānau, Hapū, iwi and communities to <u>prevent</u> suicide and self-harm and promote wellbeing				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
	resulting in reduced suicide risk and increased protective factors.	b) Advocate, encourage and train all relevant agencies in means restriction for at-risk populations and clients.		
	1.1.2 Mental wellbeing and resilience work is coordinated effectively with suicide and self-harm prevention work throughout the district	a) SPC works alongside key health promotion agencies and individuals in the district to encourage mental wellbeing - particularly for those at risk of suicide and self-harm.	2020-2023	KPTO, Public Health South, health promoters and other national and local health promotion agencies, General Practise teams
	1.1.3 Build resilience to reduce suicide and self-harm risk and increase protective factors in communities.	a) Work collaboratively with communities, schools and funders to support projects and initiatives that increase community and individual psycho/social wellbeing and resiliency.	2020-2023	MHF, KPTO, mental health consumer groups, NGOs, MoE, schools, MSD, local councils, community initiatives, General Practise teams
	1.1.4 Suicide prevention is recognised as a key issue in workplaces and education settings and agencies have effective systems in place to reduce risk and increase protective factors	a) Facilitate Southern employers to develop good staff mental wellbeing practices and suicide prevention programmes (e.g. SafeTALK, Mates in Construction, ¹⁴ MH101, suicide prevention 101, and 'Keeping the Balance').	2020-2023	PHS, Chamber of Commerce, employers (management and HR), suicide prevention trainers,

Objective 2: Support Families, Whānau, Hapū, iwi and communities <u>after</u> a suicide				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
2.1 Support communities to respond to suicide, especially when there are concerns of suicide clusters and suicide contagion.	2.1.1 The Southern district has best practice, safe and effective community postvention groups that cover the district and meet the needs of their communities.	a) SPC and SDHB support the nine current community postvention/prevention groups to operate according to best practise and funds them for basic costs and needs.	2020-2023	Community prevention and postvention groups, NGOs, Coronial services, government agencies.
		b) All Southern postvention groups operate under the current postvention template co-developed by CASA, the SDHB and their community.		
		c) Ensure that all parties involved in the postvention processes are aware of back-up contacts over holidays or when key staff are on leave.	2020-2023	Community postvention groups, CASA, MOH, General Practise teams
		d) Support safe community initiatives based on best available evidence to reduce suicide risk and increase protective factors.	Ongoing	PHS, CASA, Postvention groups, General Practise teams
		e) SPC and SDHB support the development of a Māori community Postvention network in the Southern area.	2020-2023	CASA, postvention chairs, SDHB key agents, Southern suicide prevention community groups. KPTO, Māori providers, community groups.

Objective 2: Support Families, Whānau, Hapū, iwi and communities <u>after</u> a suicide				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
	2.1.2 Counsellors and clinicians are resourced and trained in the issues of suicide bereavement	a) People bereaved by suicide have effective suicide bereavement counselling available to them.	2020-2023	Counsellors and clinicians trained in suicide bereavement counselling, CASA, General Practise teams

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
3.1. Tertiary Students	3.1.1 Supports for tertiary students in the south are well coordinated and effective in reducing risk and increasing protective factors	3.1.1a) SPC works alongside key services within the southern tertiary sector to improve risk identification and response, suicide and self-harm prevention training and communication with other agencies involved in suicide prevention and enhance mental wellbeing	2020-2023	University of Otago, SIT, Otago Polytechnic, ComCol, MH services, mental health promotion services, NGOs working with vulnerable students, General Practise teams
3.2 People in smaller rural Southern towns	3.2.1 Supports for people in southern smaller towns and rural communities are based on the best available evidence, well-coordinated, and	3.2.1a) SPC works alongside key services within the Southern rural communities and those agencies who work in rural communities to improve risk identification and response, suicide prevention training and communication with other agencies involved	2020-2023	Otago and Southland Rural Trusts, rural health providers, rural mental health teams, mental health promotion services, agricultural

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
	effective in reducing risk and increasing protective factors.	in suicide prevention and to enhance mental wellbeing		employers' groups, General Practise teams
3.3 People bereaved by suicide	3.3.1 Supports for people bereaved by suicide are based on the best available evidence and assist in reducing their risk and increasing protective factors	3.3.1a) SPC works alongside bereavement groups, WAVES trainers and other agencies working with people bereaved by suicide to provide best practice bereavement support that reduces suicide risk and enhances mental wellbeing	2020-2023	ABLE, Skylight, Mental Health Foundation, Southern bereavement groups, Life Matters Trust, bereavement counsellors, trainers, mental health promotion services, General Practise teams
1.3 Rangatahi Māori	3.4.1 Supports for rangatahi(young Māori) in the south are based on the best available evidence, well-coordinated and effective in reducing risk and increasing protective factors	3.4.1 a) SPC works alongside key Māori health services and local iwi to improve risk identification and response for Māori, encourage culturally appropriate suicide prevention training and resources and effective bilateral communication with other agencies involved in suicide prevention and enhancing mental wellbeing	2020-2023	KPTO, Southern Māori Health Providers, local Iwi, Māori tertiary education providers, SDHB Māori services, mental health promotion services, General Practise teams

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
3.5 People in the justice system	3.5.1 Supports for people in the justice system are based on the best available evidence, well-coordinated and effective in reducing risk and increasing protective factors	3.5.1a) SPC works alongside key services within the justice system to improve risk identification and response, suicide prevention training, postvention support and communication with other key agencies involved in suicide prevention and to enhance mental wellbeing	2020-2023	Corrections, Prison services, Police, Brief Intervention Service, MH services, mental health promotion services, Stopping Violence Dunedin, General Practise teams
3.6 People in the mental health service system	3.6.1 Clinical mental health services, primary care and community supports for people in mental distress is based on the best available evidence, well-coordinated and effective in reducing risk and increasing protective factors	3.6.1 a) SPC works alongside key services within SDHB mental health, NGO and primary care services to improve risk identification and response, suicide prevention training and communication with other agencies involved in suicide prevention and to enhance mental wellbeing	2020-2023	MHAID, NGOs, Brief Intervention Service, Counsellors, Police, mental health promotion services, General Practise teams
		3.6.1b) SDHB MHAID reviews and improves identified processes and systems for access to and discharge from mental health and addiction services where patients present with suicidal behaviours in order to reduce risk and increase protective factors	2020-2023	MHAID, training providers, consumers

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
3.7 People in the farming sector	3.7. People in rural communities have access to resources and supports that promote mental wellbeing during rural high-risk events – e.g. the Myoclasma Bovis outbreak	3.7.1a) Mental wellbeing and mental health service supports are well coordinated and accessible for rural people during rural high-risk events	2020-2023	health promoters, Rural Trusts, rural NGOs and Community networks, General Practise teams
3.8 NZ/European men (including older age men)	3.8 NZE men have access to resources and supports that promote mental wellbeing. Resources and supports are based on the best available evidence, well-coordinated and effective in reducing risk and increasing protective factors.	3.8.1a) SPC identifies and works alongside those key agencies working with NZE men in distress to help coordinate efforts to reduce mental distress and suicide risk for Southern men. 3.8.1b) SPC with other key agencies working with men identifies gaps in resourcing and supports for men and finds collaboratively works on solutions to provide appropriate support and resources for men at risk of suicide.	2020-2023	MHAID, SVD, UoO, BIS, LMT, consumers, Rural Support, Work and Income, Justice, industry sector agencies and bodies (i.e. – NZ Construction industry Council, Otago/Southland Employers Association, Trades organisations, General Practise teams
3.9 Pacific Peoples	3.9 Local agencies involved in suicide prevention are well engaged and working alongside Pacific agencies.	3.9 SPC with other key agencies encourages greater engagement with Pacific agencies and works on building connections.	2020-2023	PIACT, Pacific Trust Otago, UoO, NGOs, MHF, MHAID, Health Promotion, NGOs, General Practise teams

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
	<p>3.9.1 Pacific peoples feel comfortable and safe engaging with support services and know where to go for help.</p> <p>3.9.2 Support services are culturally safe and available for Pacific peoples.</p>	<p>3.9.1 Cultural safety training is developed and undertaken by relevant agencies to better work with Pacific peoples.</p> <p>3.9.2 Resources have a variety of Pacific languages and cultural competency training is ongoing for relevant services.</p>		
<p>3.10 Higher-risk young people including LGBTTI+; in Oranga Tamariki care; engaged with youth Justice; who have suffered trauma and abuse; have substance abuse issues</p>	<p>3.10.1 Young people at higher risk of suicide and self-harm are well supported when engaged with services, feel safe, and know how and where to seek appropriate help.</p> <p>3.10.2 As per Raise Hope Hāpai Te Tūmanako⁽²⁾ youth presentations for self-harm are reduced by 5% and youth suicide rates decrease across the district over time.</p>	<p>3.10.1 Increase youth engagement and collaboration with services across the district and work with youth consumers and peer supporters to encourage safer services that meet youth needs.</p> <p>3.10.2 Increase information dissemination through means relevant to youth such as social media platforms and in collaboration with education settings so that young people know how and where to get help.</p> <p>3.10.3 Increase collaboration between primary, secondary and NGO youth-oriented services to deliver relevant education and training to young people on wellbeing and supporting each other through difficult times.</p>	<p>2020-2023 and ongoing</p>	<p>CYMRG, MHAID, NGO youth services, MoE, Corrections, Oranga Tamaraki, LGBTTI+ groups, Health Promotion, AoD services, CHROMA in Southland, General Practise teams</p>

Objective 3: Improve Services and Support for people at high risk of suicide and self-harm.				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
		3.10.4 Continue to review youth self-harm presentations and youth suicide cases to learn and implement changes where needed. Improve review systems as needed.		

Objective 4: Strengthen the infrastructure for suicide and self-harm prevention				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
4.1 Collect and make better use of data related to suicide deaths and self-harm (attempted suicide) incidents.	<p>4.1 Establish effective linkages with the Suicide Mortality Review Committee (SUMRC) for improved data analysis and understanding</p> <p>4.2 Develop a data system for more effective stratified analyses of Southern suicides/suspected suicides.</p> <p>4.3 A clearer understanding of suicide trends allows better</p>	<p>4.1 SPC liaises with national suicide prevention coordinators and SUMRC to ensure safe and effective bilateral flow of data and information on suicide prevention issues</p> <p>4.2 Data surveillance group is established with effective systems for analysis.</p>	2020-2023 and ongoing	National SPCs, Ministry of Health, SUMRC key representatives, CASA, UoO, SDHB

Objective 4: Strengthen the infrastructure for suicide and self-harm prevention				
Action Area	Intended Outcomes	Actions	Timing	Agencies involved in collaboration with SPC & WellSouth
	targeting of resources and suicide prevention activities. High need populations and areas are more effectively identified and supported.	4.3 A system for targeting high-need areas and groups is developed based on analysis of data surveillance group.		
4.2 Develop a systemic response to identified suicide risks and clusters in southern communities	4.2 Systemic responses to suicide risk (e.g. socio-economic risks) are effective, sustainable and resourced in the southern district.	4.2.1 a) Develop a southern district senior level advisory group for suicide prevention which includes all key statutory agencies and incorporates advice from those with lived experience of suicide. 4.2.2 Develop a small review group to learn from suspected suicides not reviewed by SAC	2020-2023 and ongoing	Prisons, Police, Corrections, Tamariki Ora, Work and Income, MoE, local and district councils, Iwi, Southern DHB, KPTO People with lived experience of suicide.
4.3 People know where to seek support at a general population level	4.3 Information to get help from GPs, Helplines (e.g.1737, Youthline, Lifeline, etc), Mental Health Crisis Assessment Teams, Police and other agencies is widely disseminated.	4.3.1 a) Coordinate increased information dissemination via social media, agencies, training, presentations (e.g. in schools, tertiary organisations, general practises) and wider networking.	2020-2023	PHS, PHOs, LMT, MoE, NGOs, Police, Work and Income, Homecare Medical, SDHB, Rural Trusts, General Practise Teams

Appendix

Agency and Group Input for Areas of Action and Outcome Objectives

Agencies and groups that are consistently involved in collaborating with WellSouth and the SDHB on suicide prevention were invited to input their key outputs for 2020-2023 for this strategy. Research has consistently found that interagency partnership and collaboration is key to lowering suicide rates.^(20,21) The following tables are generously provided by key groups working together for suicide prevention in the Southern district.

Organisation/Group	Key Action areas to focus on with outputs 2020-2023	Annual outcomes 2020-2023
University of Otago	Enhance the wellbeing of students and staff <ul style="list-style-type: none"> • Health Yourself campaign • Raising awareness & understanding of wellbeing • Promoting self-responsibility • Coordinated approach to all wellbeing initiatives • Give Nothing to Racism Campaign • Shaping our Culture initiative • Workshops held 2019 • Student / staff surveys to measure wellbeing (WHO-5) Identify students & staff at risk	Ongoing marketing campaign to improve student /staff understanding and knowledge of wellbeing A Healthy University Advisory Group reports to the Vice-Chancellor Ongoing campaign to highlight inclusivity on campus and zero tolerance of racism

	<ul style="list-style-type: none"> • Implement standardised screening tool for clinicians - Columbia assessment tool is recommended • Develop a database that identifies students of concern • Identify common stressors - study, finance, housing, relationships • Student Health to collect data on students who self-harm and have alcohol/substance abuse issues. <p>Promote & provide support</p> <ul style="list-style-type: none"> • Review of resources available - gaps identified • Resources available are visible and available to all students and staff. • Healthy Campus website enhanced • Develop and provide workshops /courses that address identified stressors • Develop capacity within OU community to provide robust Gatekeeper training to staff and students • Postvention support team (already in place) <p>A partnership approach from all services that support students and staff is required with a nominated person/s as the coordinator.</p>	<p>Collation of feedback from staff & students. Feedback used to develop tangible ways of improving the culture at the University of Otago</p> <p>Initial survey 2020</p> <p>Students who attend Student Health are assessed for risk using standardised tool</p> <p>Database established</p> <p>Stressors identified and initiatives developed to help students / staff develop skills to self-manage</p> <p>Data available from 2020</p>
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	<p>Currently this role sits with HUAG (Healthy University Advisory Group).</p>	<p>Additional resources obtained as identified</p> <p>Students & staff have access to resources available</p> <p>Website up to date and promoted</p> <p>Workshop schedule in place</p> <p>Training plan in place for key staff</p>
<p>Waitaki Community Postvention Group</p>	<p>Work in partnership with Safer Waitaki Mental Health & Addictions Network to identify areas of need, coordinate and deliver Mental Health Awareness/Suicide Prevention activities.</p> <p>To establish clear roles, guidelines and actions for each team member/organisation in the</p>	<p>Mental Health Awareness/Suicide Prevention activities are coordinated based on need and successfully delivered across the Waitaki district.</p>

	<p>prevention of, and response to a suicide to best support the community.</p> <p>Support Families, Whanau, Hapū, Iwi and Cultural communities after a suicide or suicide attempt</p> <p>Support population-based initiatives that encourage and promote health & mental wellbeing</p> <p>Enhance the skills of people in the community, workplaces and other organizations to identify and improve access to health care by facilitating help-seeking for people experiencing mental health problems.</p>	<ul style="list-style-type: none"> - Role descriptions/ Standard operating procedures developed for involved team members/organisations. - A scenario exercise/drill is run to practice response as a team. - Consultation with local Iwi, Maori leaders, Maori health provider, Whanau Ora provider, marae - Record of support initiatives and how well or otherwise they were received. - Ensure a list or updated range of local support services that are readily available, accessible and culturally appropriate and responsive to the needs of the diverse populations - List of activities that have been initiated - Assessment of efficacy of various initiatives - Evaluate the effectiveness of the initiatives/strategies and that support workers are adequately supported/supervised for their safety and the safety of those they are supporting. <p>Waitaki district – Chairperson will have a list of people who undertake training that provides advice and support in the community to improve their understanding about and recognition of mental</p>
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		health problems and suicidal behaviours and appropriately facilitate help.
Arai Te Uru Whare Hauora	<ul style="list-style-type: none"> • Setting up and facilitating support for rangatahi who have mental health conditions and have self-harming or suicidal thoughts. 	<ul style="list-style-type: none"> • Rangatahi with mental health conditions or self-harming or suicidality feel appropriately supported and have increased wellbeing.
Kia Piki te Ora, Ngā Kete Mātauranga Pounamu	<ul style="list-style-type: none"> • Promote health and wellbeing for Māori • Reduce access to the means of suicide • Contribute to improved mental health services for Māori 	<ul style="list-style-type: none"> • Kia Piki te Ora has a bridging function, linking community and intersectoral networks in support of the Kia Piki te Ora – Māori All Age Suicide Prevention programme goals. Initiatives and suicide prevention activities are co-designed with community that are responsive to local needs. Maori Community leadership is vital in finding solutions and pathways that affirm cultural or Māori models and approaches. • Enhance access for whānau and communities to services and support to improve equitable outcomes. • Promote Māori suicide prevention protective factors that demonstrate and enhance a strong sense of belonging (te reo me ōna tikanga), identity (whakapapa, takatāpui), connection (whānau, marae) and

		expression (art, cultural activities, music, technology).
Southland Community Postvention Groups (three groups combined input)	<ul style="list-style-type: none"> • Facilitating quality improvement initiatives across the region. • Setting up systems and processes to help staff cope with vicarious trauma and the on-going stress of responding to suicide. • Developing policies for self-care, supervision, and workforce development. • Improving case management and communications between services when responding, assessing and supporting suicidal people and whanau. 	<ul style="list-style-type: none"> • SDHB staff working with suicide in Southland identify and facilitate quality improvements in regard to suicide prevention and post-vention. • All SDHB services relating to suicide are improved in Southland. • Staff who deal with suicide feel supported. Vicarious trauma is tended to in a timely and appropriate manner. • Staff are well-supported, so are better placed to support suicide cases. • Workforce dealing with suicide in Southland has appropriate supervision on a regular basis and have good self-care plans, • Communication and case-management is seamless in appropriate safe systems when responding to and assessing suicidal people and whanau.
Wakatipu Community Postvention Group	<ul style="list-style-type: none"> • When a notification is received from the Governance Group the W PCWG will conduct a community risk assessment. [CRA] Activities of the WPCWG will be 	<ul style="list-style-type: none"> • Sensitive information is shared appropriately and safely during the CRA and planning stages.

	<p>adapted to the identified level of risk in the community.</p> <ul style="list-style-type: none"> • The WPCWG will utilise expert advice and coordination from CASA, and WellSouth. • Postvention actions will ordinarily be sharing timely and accurate suicide prevention support information with affected agencies and affected individuals. For instance, where and how to get help, if distressed, and how to maintain wellbeing and resilience. • In the event of higher risk of cluster suicides, or contagion effect, the WPCWG, will work collaboratively with WellSouth / SDHB to provide population-based suicide prevention / postvention initiatives. 	<ul style="list-style-type: none"> • All WPCWG Group activities are consistent with CASA best practise guidelines. • The WPCWG is working collaboratively with the district Governance group, and with Wakatipu community-based agencies. • The strong network of participating Wakatipu agencies feels valued and supported. • Community distress will be managed and minimised. Best practise management of clustered suicides and / or contagion is achieved. • All members of the WPCWG are encouraged to utilise clinical supervision. For those Group members without professional access to this, The WPCWG, will [while funds permit] provide funding for private professional clinical supervision. • All members of the WPCWG will feel supported and safe in their practise. • Where practically and affordably possible, the WPCWG members, have received opportunities for ongoing suicide prevention / postvention knowledge and skill
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		development. [A benefactor has donated limited funds to our Group]
Wanaka Community Postvention Group	<ul style="list-style-type: none"> • To continue to link in with and support existing organisations and activities i.e. Public Health South, Community Networks, WellSouth, Local Initiatives including Ignite Wanaka- Wellbeing in the Workplace, Mental Health Peer Support Group, Headspace- Men's Support Group, Anxiety Workshops. • Keep identifying gaps i.e. Exploration of Protective factors with families of preschool and primary age children. • Respond in a timely and appropriate manner to members of the community (including friends and family) and various agencies: <ul style="list-style-type: none"> - to assess risk -to offer support -to ensure appropriate agencies are informed and engaged -to liaise and refer where appropriate -to review and engage in prevention and intervention processes as a result 	<ul style="list-style-type: none"> • Wanaka has a strong network of collaborative organisations and individuals working together for suicide prevention/postvention. • All gaps in the suicide prevention/postvention space are identified and addressed appropriately. • The postvention process in Wanaka area occurs in a timely manner with best-practise and continues to evolve and adapt to meet the needs of the community.

	<ul style="list-style-type: none"> • The Community Postvention response is managed well in the Wanaka district with learned links to timely Intervention processes and Community based Prevention Activities. • Support population-based initiatives that encourages and promotes health & mental wellbeing 	
<p>Central Otago Community Postvention Group</p>	<ul style="list-style-type: none"> • Invite other relevant people/agencies to participate in the group. • Secure the appointment of a chairperson from within the district and resources to support their role. • Provide information & resources to the community on coping with and mitigating risk after a suspected suicide. • Offer support with the identification and management of community members considered at elevated risk as a result of the sentinel event. • Increase the awareness within the community of the variety of support agencies available and enlist those 	<ul style="list-style-type: none"> • Central Otago has a strong network of collaborative organisations and individuals working together for suicide prevention/postvention

	<p>agencies support when relevant to responding to a suspected suicide.</p> <ul style="list-style-type: none"> • Support the provision of MH / suicide awareness training eg.SAFETalk to at least one targeted area of our community e.g. Rural districts, farmers. • Regularly review prevention strategies and postvention response to ensure we are mitigating risk effectively and accurately identifying and responding to areas of concern. 	
<p>Dunedin and South Otago Community Postvention Group</p>	<ul style="list-style-type: none"> • Offer support with the co-ordination of community agency responses after a suspected suicide, including a preliminary assessment of contagion risk. • Offer support with the identification and management of community members considered at elevated risk as a result of the sentinel event. • Provide communities with information, resources and/or education about coping and mitigating risk after a suspected suicide. This includes the dissemination of information 	<ul style="list-style-type: none"> • Community postvention response is well-assessed, coordinated and managed in wide Dunedin area. • At-risk community members in Dunedin area are identified and supported in the wake of a suicide. • Dunedin area community members have access to relevant most up-to-date and best-practise resources on suicide, bereavement and support services. • Contagion risk is appropriately managed in conjunction with CASA. Clinical community is supported with establishment of risk

	<p>about local health and support services available to assist the community.</p> <ul style="list-style-type: none"> • Support communities to establish VPR's as necessary. Liaise with communities, Clinicians and Agencies to ensure appropriate referrals have been made. <p>Support communities to establish links with support services; gatekeeper training opportunities; appropriate information about self-care for community members who are supporting the bereaved.</p> <ul style="list-style-type: none"> • Continue to establish and maintain relationships and community networks. In the event of contagion risk being identified, utilise ISA's with people/agencies who are in a position to actively mitigate risk. • Regularly review postvention response to ensure we are mitigating risk effectively and accurately identifying areas of concern e.g. Systemic gaps, Vulnerable communities/community members requiring long term oversight; Unsafe practices etc and addressing those concerns with an appropriate agency (SPC). 	<p>registers and ongoing contagion management.</p> <ul style="list-style-type: none"> • Dunedin area has access to gatekeeper training and high uptake of training opportunities, including self-care. Community feels supported and feels equipped to support and intervene someone through suicidal episode. • Dunedin postvention group has the right people established in network to effectively mitigate risk and contagion in the wake of a suicide. • Dunedin postvention group practises safe and effective postvention and regular reviews prevent unsafe practises.
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<p>Life Matters Trust</p>	<ul style="list-style-type: none"> • Working at grassroots level providing education and support. • Education – safeTALK workshops and speakers providing workshops. Training peer support volunteers to work in Hope Centre. • Support – Monthly peer bereavement support groups, providing online support, face to face support. Helping others to navigate mental health systems. Helping others in the aftermath with investigations and Inquests. Peer support volunteers providing support in the Hope Centre. • Desire to work together with other groups in the prevention/postvention area to ensure nobody is left unsupported. • Collecting data from Educational activities, support groups and face to face. • Setting targets to provide more education workshops and extending that further than Dunedin. • Training more trainers to deliver workshops and mental health toolbox talks. 	<p>The SDHB population are better equipped and informed to support friends, whanau, and colleagues through a suicide event.</p> <p>A greater proportion of the volunteer workforce and SDHB population have gatekeeper training and feel able to safely respond to suicide.</p> <p>Those bereaved by suicide feel supported and equipped to deal with coronial processes in the wake of a suicide event.</p> <p>Greater collaboration across all organisations working in suicide prevention/postvention with better outcomes for all.</p> <p>Data collection and analysis enables more focused targets for resourcing and education.</p> <p>A more equipped workforce to deliver suicide prevention, education and training in SDHB district with a greater number of skilled trainers in the district.</p>
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