

Specialist Mental Health and Addiction Service

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Dear

Re: Official Information Act Request – Number of recorded suicides between January 2018 and December 2018

Thank you for your Official Information Act request received by Waitemata District Health Board (DHB) on 5 March 2019, requesting information about suicides recorded from the Hibiscus Coast and North Shore area between January and December 2018. You mentioned this information was to be used for a report by Newshub into the rate of deaths by suicide in the area of Hibiscus Coast and North Shore.

We acknowledge that public discussion about suicide can be useful, however, we respectfully ask that all information treated in any responses regarding suicide or suspected suicide is treated with sensitivity for the impact that public discussion about suicide can have, particularly any impact on individuals contemplating suicide. Guidelines for responsible media management of suicide reporting are published on the Mental Health Foundation website and can be found here: https://www.mentalhealth.org.nz/home/our-work/category/39/suicide-media-response-service?gclid=EAlalQobChMlk Tls4OP1wlVQiRoCh3D6g-2EAAYASAAEgIIL D BwE.

Before responding to your specific questions, it may be useful to provide some context about our services to assist your understanding. Waitemata DHB serves a population of 630,000. The Specialist Mental Health and Addiction Services is the largest service of this kind in the country, by volume of service-users seen. The speciality comprises Adult Mental Health Services, Child Youth and Family Mental Health Services, Takanga a Fohe (Pacific mental health and addictions), Whitiki Maurea (Kāupapa Māori mental health and addictions), the Regional Forensic Psychiatry Service (covering Northland and greater Auckland regions) and Community Alcohol and Drug Services (CADS). All of our addictions services cover the Auckland region. Mental Health Services for Older Adults sits within Waitemata DHB's Speciality Medicine and Health of Older People Division.

We have endeavoured to answer all of your questions below. We have explained where information cannot be provided because it is not collected by Waitemata DHB. If you are dissatisfied with any of these decisions, you are entitled to make a complaint to the Ombudsman, whose details are available via www.ombudsman.parliament.nz.

- 1. How many suicides were recorded from the Hibiscus Coast and the North Shore area between January 1 2018 and December 31 2018?
- 2. How many of those people were between the ages of 5 30 years old?
- 3. What was the youngest death by suicide during this time frame from the Hibiscus Coast and North Shore area?

DHBs do not routinely collect or code cause-of-death information, including suicides. Cause of death information comes from the Department of Internal Affairs or the Coroner's Office. Publicly available information may be useful to provide some context about the number of suicides in the Waitemata district.

As the Coroner has not ruled on deaths in the time frame that you are requesting information about, information about confirmed suicides will not be available. The latest national information on provisional suicides (ie, suspected suicides that have not been ruled on) is available from https://coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/. Amongst the information provided is a breakdown of provisional suicides by DHB region, however, not by any smaller localities.

4. How many people between January 1 2018 and December 31 2018 received medical assistance for attempted suicide from the Hibiscus Coast and North Shore area?

Waitemata DHB is not able to provide information about the number of people who received medical assistance for attempted suicide, as many people would have received assistance from police, ambulance, GP practices, accident and medical clinics and other support agencies or people. Additionally, for people who receive medical assistance for attempted suicide within Waitemata DHB services, not all departments code medical events in clinical records in a way that would enable this information to be extracted.

5. How many people were referred on to counselling or psychiatric services by the Waitemata DHB for mental health issues with regard to suicidal thoughts or intent?

As for our response to Question 4 above, not all Waitemata DHB services code medical events in such a way that would enable this information to be extracted, so we are not able to answer this question.

6. How many calls between January 1 2018 and December 31 2018 were received by the Waitemata DHB helpline of people posing a suicidal threat or seeking assistance for an intention to commit suicide?

Waitemata DHB does not collect information in a way that allows us to easily identify people seeking support for a suicidal threat or an intention to die by suicide. Phone calls coming in to Waitemata DHB acute mental health services are triaged by a registered clinician and a response category that reflects the urgency and type of response required is applied. Phone calls are not coded in such a way that would enable the information you have requested to be collected.

I trust this information will satisfy your request. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Dr Susanna Galea-Singer

Director

Specialist Mental Health & Addictions Services