

**Waitemata and Auckland District Health Board
Suicide Prevention and Postvention Action Plan
2015 – 2017**

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Committee
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Executive Summary

“What you do, makes the difference” is a term used by the Like Minds Like Mine campaign to address stigma and discrimination of people with mental illness. This message is very much applicable to our collective effort to prevent suicide and to support family/whānau after an event of suicide of a loved one in our districts.

Even with the increasing amount of information and evidence now available, suicide is still very hard to predict at an individual level. A comprehensive multi-level and cross sectorial approach is required to decrease the current high levels of suicide across all age groups in New Zealand.

Suicide prevention and postvention activities are now included in the National Services Coverage Schedule expectations and in DHB Annual Planning requirements. By April 2015, DHBs are expected to have provided the Ministry of Health with evidence of how they are developing district suicide prevention and postvention plans and facilitating integrated cross-agency collaboration in respect of local responses to suspected suicide clusters/contagion (Postvention).

In 2006 the Government released the New Zealand Suicide Prevention Strategy (Ministry of Health, 2006) and in 2013 the New Zealand Suicide Prevention Action Plan (Ministry of Health, 2013). These documents form the basis for suicide prevention initiatives at the national and local levels, which are reflected throughout this Waitemata and Auckland District Health Board Suicide Prevention and Postvention Plan 2015 - 2017. A suicide prevention advisory committee was formed to oversee the formulation of this plan and to ensure robust processes are in place to monitor and evaluate the implementation of this plan.

Introduction

Globally, suicide is among the top 20 leading causes of death for all ages. Each year, almost one million people die from suicide (World Health Organization, 2012). In Aotearoa New Zealand, approximately 500 New Zealanders die by suicide every year, an average of ten deaths per week (Ministry of Health, 2013). This translate to 53 suicides in Waitemata and 41 suicides in Auckland DHB on average per year over the five years to 2011 and more are treated in hospital after a suicide attempt, having seriously harmed themselves (Ministry of Health, 2014).

Approximately 40 percent of those who died by suicide or undetermined intent (aged 10 to 64 years) were known to mental health services (Ministry of Health, 2013a). People who make an unsuccessful suicide attempt are at high risk of making further attempts and an estimated 9% die within five years (In Waitemata DHB Needs Assessment, 2015). The New Zealand Mental Health survey (2006) found that 0.4% of adults had attempted suicide in the previous year (Ministry of Health, 2006).

Suicide is devastating for all those personally affected and a tragedy for our society as a whole. It affects family and friends of the person who died by suicide and also the community, creating a risk for contagion; the domino effect of subsequent suicides and or after the primary event. Research shows that for every suicide, up to 14 people become profoundly affected, and this exposure carries a risk of future suicidality in the person exposed (Jordan, 2011). Addressing the needs of those exposed to suicide must therefore be integral to any suicide prevention/postvention plan.

Chief Coroner Judge Neil MacLean stated “suicide rates have fallen by almost 24 per cent since the peak in 1998, but they are still far too high. Sadly, we have some of the highest youth suicide rates in the developed world, and suicide rates for Māori are 54 per cent higher than for non-Maori” (Chief Coroner Press release, 2014).

In June 2006 the Government released the New Zealand Suicide Prevention Strategy 2006–2016 (replacing the 1998 New Zealand Youth Suicide Prevention Strategy, and expanding the scope to cover suicide prevention across all ages). The strategy provides a high-level framework for reducing the rates of suicide and suicidal behaviour in New Zealand (Ministry of Health, 2006). The New Zealand Suicide Prevention Action Plan 2008–2012 was subsequently developed to translate the goals of this Strategy into action (Ministry of Health, 2008).

In May 2013 the Government released a new Suicide Prevention Action Plan (SPAP) 2013–2016 (Ministry of Health, 2013), focusing on the following key areas:

- Support families, whānau, hapū, iwi, and communities to prevent suicide
- Support families, whānau, hapū, iwi and communities after a suicide
- Improve services and support for people at high risk of suicide who are receiving government services
- Use social media to prevent suicide
- Strengthen the infrastructure for suicide prevention

The Ministry of Health has stated that the role of all District Health Boards (DHBs) in Suicide Prevention & Postvention is “ To implement the New Zealand Suicide Prevention Strategy 2006-2016 and Suicide Prevention Action Plan 2013 - 2016”.

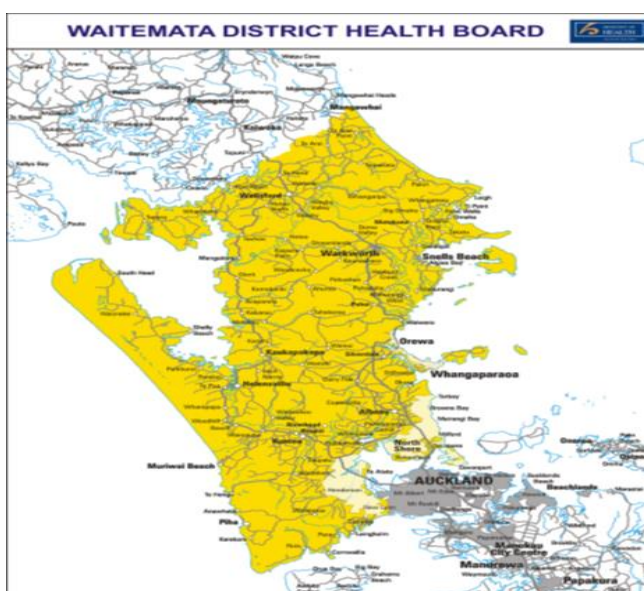
Demographic Summary

Waitemata DHB¹

The Waitemata District Health Board is the largest of New Zealand’s 21 Health Boards. In 2014 the estimated population of the district was 563,000. Nearly one in four of the districts population are aged 19 years and under and one in eight are aged 65+.

The population is ethnically diverse with nearly 10% Māori, 7% Pacific and 19% Asian. The district contains a large migrant population with over one third born overseas.

The population is relatively affluent with a large proportion living in areas with low levels of socio-economic deprivation (NZDep 1-4) and the region having the



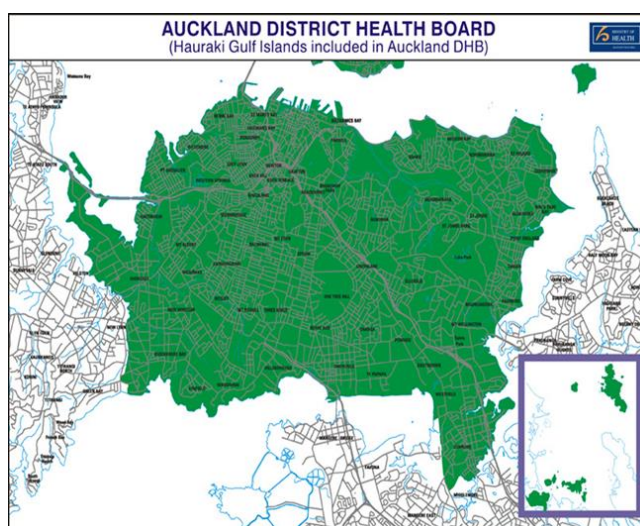
¹ For a full demographic and health profile, see the WDHB Health Needs Assessment on the WDHB website <http://www.waitematadhb.govt.nz/>

fourth highest median personal income when compared with other DHBs. Despite being a relatively affluent population, 37% of our Maori and Pacific population live in areas with high levels of socio-economic deprivation (NZDep 8-10). The most socio-economically deprived areas are located within the Henderson-Massey, Waitakere and Whau boards with small pockets within the Rodney board.

The district is projected to undergo significant population growth and demographic change over the next two decades and beyond. The total population is projected to increase by over 25%, reaching 764,000 by 2034 making it one of the fastest growing areas of New Zealand. The population will also be significantly older, with the number of those aged 65 and over doubling to 153,000 and making up over one in five of the total population. The population is further projected to diversify more with the Māori and Pacific population projected to increase by between 35 and 40 percent and the Asian population to more than double.

Auckland DHB²

The Auckland District Health Board is the fourth largest of New Zealand's 21 Health Boards. In 2014 the estimated population of the district was 470,000. Nearly one in four of the district's population are aged 19 years and under and one in ten are aged 65+. The population is ethnically diverse with 8% Māori, 11% Pacific and 29% Asian and over 40% being born overseas.



Significant socio-economic gradients exist within the district with a large proportion (28%) living in areas with high levels of socio-economic deprivation (NZDep 8-10).

When compared across ethnicities, over half (52%) of the Māori and Pacific population live in areas with high levels of socio-economic deprivation. Within the 0-19 year old population, 31% live in areas with high levels of socio-economic deprivation. When compared across ethnicities, over 56% of the Māori and Pacific population aged 19 and under live in areas with high levels of socioeconomic deprivation. The most socio-economically deprived areas are located within the Mangere - Otahuhu, and Waitemata borders with small pockets within the Puketapapa board.

Similar to other areas of New Zealand, the district is projected to undergo significant population growth and demographic change over the next two decades and beyond. The total population is projected to increase by approximately 23%, reaching 611,000 by 2034. The population will also be significantly older, with the number of those aged 65 and over nearly doubling to 96,500 and making up nearly 16% of the total population.

Suicide Data

Two national data sources exist from which suicide data is reported. The MoH publish data annually and report on suicides up to three years before the date of publication (Ministry of

² For a full demographic and health profile, see the ADHB Health Needs Assessment on the ADHB website <http://www.adhb.govt.nz/>

Health, 2014); the second source is the coronial data released annually by the Chief Coroner (Chief Coroner NZ, 2014). The numbers of deaths from suicide recorded in the MoH publication differ from those released by the Chief Coroner. This is primarily due to the Chief Coroner’s data including all deaths initially identified at the coroner’s office as ‘intentionally self-inflicted’. Of these, only those deaths determined by local coroners following investigation to be ‘intentional’ will receive a final verdict of suicide. In addition, the Chief Coroner’s data covers different time periods (years ended 30 June rather than the calendar years used in the MoH publication).

Report from Coroner’s Office

National rates and international comparison

Annual coronial figures³ were first produced in 2007/08. Over the seven year period (July 2007 to June 2014), suicides peaked in 2010/11 when 558 deaths (12.7 per 100,000 population) were as a result of suicide. In subsequent years the number of suicides has declined yearly. In 2013/14 (Table 1), 385 males (17.4 per 100,000 population) and 144 females (6.2 per 100,000 population) died by suicide, a total of 529 deaths (11.7 per 100,000 population), which equates to more than 1 death by suicide in New Zealand each day. Compared with other OECD countries, New Zealand’s overall suicide rate is similar to that observed in the USA, Austria and Chile, placing it towards the middle of all OECD countries. However, when a comparison is made across age groups and gender, New Zealand has the second highest suicide rate among males aged 15-24 behind Estonia and the second highest rate among females aged 15-24 behind the Republic of Korea.

National rates by age and gender 2013/14

Compared with the previous reporting year, the number of suicides in youth (those aged less than 24 years) was lower at 110 (11.8 per 100,000 population) compared with 144 (15.6 per 100,000 population) in 2012/13. The largest decline among youth has been within the 15 to 19 and 20 to 24 age groups, with 17 fewer suicides within both groups when compared with the previous year. The Chief Coroner Judge Maclean stated in his annual release of suicide statistics “The drop in teen suicide is good news. These are the some of the toughest and most tragic cases coroners deal with”.

Table 1. Provisional New Zealand Suicide deaths reported to the Coroner by age and gender between July 2013 and June 2014

Age Group (years)	Males		Females		Total	
	Number	Rate	Number	Rate	Number	Rate
10 to 24	77	16.1	33	7.2	110	11.8
25 to 39	97	23.9	33	7.6	130	15.4
40 to 64	159	22.5	66	8.7	225	15.3
65+	52	17.3	12	3.4	64	9.8
Total	385	17.4	144	6.2	529	11.7

³ For additional tables and statistics see the New Zealand Coronial Services website <http://www.justice.govt.nz/courts/coroners-court/suicide-in-new-zealand>

A further observation from the 2013/14 statistics is the rise in suicides among older people. The number of suicides recorded in the population aged 65+ has increased from 51 in 2012/13 to 64 in 2013/14.

National rates by ethnicity

Māori are significantly overrepresented within national suicide statistics. Māori account for nearly half (43%) of all suicides among youth and nearly 20% of all suicides. Suicides among Māori have increased from 87 (15.4 per 100,000 population) in 2007/08 to 108 (18.1 per 100,000 population) in 2013/14. In 2011/12 there was a spike in suicides among Māori with 132 recorded during that year⁴.

Table 2. Provisional New Zealand Suicide deaths reported to the Coroner for Māori by age and gender between July 2013 and June 2014

Age Group (years)	Males		Females		Total	
	Number	Rate	Number	Rate	Number	Rate
10 to 24	30	29.4	18	18.1	48	23.9
25 to 39	27	46.7	13	19.1	40	31.8
40 to 64	12	14.8	7	7.6	19	11.0
65+	1	-	2	-	3	-
Total	70	27.1	40	14.2	110	20.4

* Rate not calculated where number of suicides is less than 5

* Rates per 100,000 population

Within other ethnicities, suicide rates have remained relatively stable since 2007/08 with slight yearly fluctuations. However, variation exists when comparing suicide rates across ethnicities. In 2013/14, the rate in Asians was nearly four times lower than Maori, nearly three times lower than European/Other and half that of Pacific. The rate within Pacific was half that of Maori and lower than European/Other.

Table 3. Provisional Suicide deaths reported to the Coroner by ethnicity between July 2008 and June 2014

Year	Asian		Māori		Pacific		European/Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007/08	21	5.9	87	15.4	24	9.1	408	13.3
2008/09	10	2.8	95	16.8	26	9.8	400	13.0
2009/10	22	6.2	105	18.6	31	11.7	383	12.5
2010/11	19	5.4	101	17.9	22	8.3	416	13.5
2011/12	19	5.4	132	23.3	31	11.7	365	11.2
2012/13	28	7.9	105	18.6	24	9.1	384	12.5
2013/14	22	4.7	108	18.1	26	8.8	373	13.0

* Rates per 100,000 population

⁴ For additional tables and statistics relating to Maori suicide see the New Zealand Coronial Services website <http://www.justice.govt.nz/courts/coroners-court/suicide-in-new-zealand>

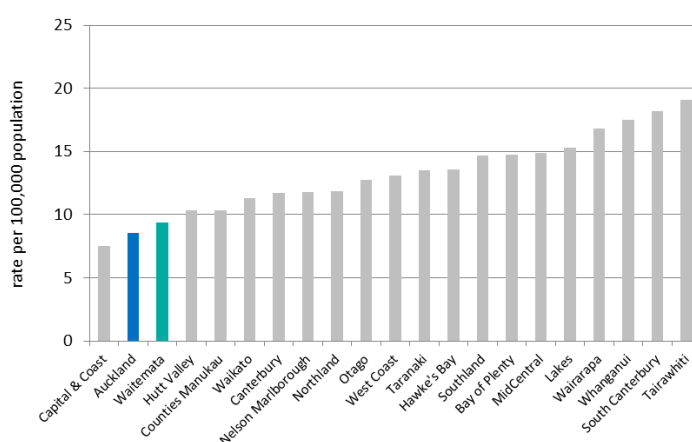
ADHB and WDHB Suicide Statistics

Despite yearly fluctuations, between 2008/09 and 2013/14, suicide rates within both Auckland and Waitemata DHBs, according to Coronial data, appear to be trending downwards (Table 4). Ministry of Health data over the five year period from 2007 to 2011 (Figure 1), shows Auckland DHB having the second lowest suicide rate (8.5 per 100,000 population, 207 suicides) in the country behind Capital and Coast (7.5 per 100,000 population, 117 suicides) and ahead of Waitemata (9.3 per 100,000 population, 265 suicides).

Table 4. Provisional Suicide deaths reported to the Coroner for Auckland and Waitemata DHBs between July 2008 and June 2014,

		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Total
Auckland	Number	53	39	51	42	46	41	325
	Rate	12.2	8.8	11.4	9.3	10.1	8.9	-
Waitemata	Number	56	51	55	50	62	52	388
	Rate	10.8	9.7	10.4	9.3	11.4	9.4	-

* Rates per 100,000 population



Suicide Prevention and Postvention Advisory Committee

The Suicide Prevention Advisory Committee is responsible for advising and guiding the Inter Agency Working Group (currently under construction) and Suicide Prevention Programme Manager to develop and implement a comprehensive, integrated and evidence-based SPPAP for the Waitemata and Auckland District Health Board.

The Advisory Committee made a huge contribution to the design of the SPPAP, and played an integral part in overseeing its development, ensuring that the SPPAP reflected issues and solutions for the Auckland and Waitemata District Health Board populations.

Members of the advisory group include representation from various sectors including:

- Mental Health Planning and Funding
- Mental Health Services
- Primary Care Planning and Funding

- PHO
- Psychiatric Liaison Services
- CADS
- Youth Services
- Maori
- Pacific
- Asian
- Provider Executive Group
- CYMRC – Child and Youth Mortality Review Committee
- MHSOA – Mental Health Services for Older Adults.

Suicide Prevention Inter-Agency Working Group (SPIWG)

The Suicide Prevention Inter-Agency Working Group (SPIWG) will be an integral element in ensuring that the Suicide Prevention and Postvention Action Plan (SPPAP) reflects the issues for Waitemata and Auckland DHB; that the plan has ownership by the community and there is commitment from key stakeholders for the plan's implementation.

The key purpose of the SPIWG is to implement District Suicide Prevention and Postvention Plan and to ensure the national programme of action is appropriately targeted to the specific needs and priorities of Waitemata and Auckland communities, aimed at:

- Reducing the rate of suicide and suicidal behaviour
- Reducing the harmful effect and impact associated with suicide and suicidal behaviour on families/whanau, friends and the wider community.
- Reducing inequalities in suicide and suicidal behaviour.
- Improving access to, safety and effectiveness of local services for people at risk of suicide and their families/significant others.
- Building resiliency in key target groups.

Membership of the SPIWG is to include representatives of key sector agencies as indicated by The New Zealand Suicide Prevention Action Plan (SPAP) 2013 – 2016, together with those identified locally. The group is to include agencies that can positively contribute to achieving suicide prevention outcomes (which may change over time). While it is anticipated that members will be decision-makers and change-agents in their sector with the ability to influence and advocate as appropriate [senior roles], they must also be available to participate fully. A copy of the Term of Reference for this group is included in the Appendices.

The SPIWG will also be reflective of geographical coverage for Waitemata and Auckland District Health Boards.

The Plan

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 with approximately 40 percent of those who died by suicide or undetermined intent (aged 10 to 64 years) were mental health service users (Ministry of Health, 2013a). Mental disorders are a significant risk factor for suicidal behaviour. However, there are other risk factors associated with suicidal behaviour including exposure to trauma, a lack of social support, poor family relationships and difficult economic circumstances. The prevention of suicide is both complex and challenging, and no single initiative or

organisation can prevent suicide on its own. A comprehensive and coordinated approach is required across government and non-governmental organisations, and in partnership with the community (Ministry of Health, 2013).

With the over representation of Māori within suicide statistics, any action plan would include being responsive to Māori needs and ensure interventions are accessible, effective and appropriate for Māori. Involvement and participation of Māori has been embedded into each activity. We have also embedded the broad principles of Whānau Ora into this approach and so specifically incorporated the importance of family in the work of suicide prevention. We are therefore looking at ways, in the action plan, of how we can strengthen families and support them to reduce suicidal behaviour.

The New Zealand Suicide Prevention Action Plan (SPAP) 2013 – 2016 highlighted the shared society responsibility and builds on existing work in suicide prevention. There are 30 actions within this plan and eight government agencies including; Ministry of Health, Ministry of Youth Development, Ministry of Education, Police, Ministry of Social Development, Child Youth and Family, Ministry of Justice and Department of Corrections, will contribute to its implementation.

Waitemata and Auckland DHB SPPAP 2015-2017 take a population health and community development approach to suicide prevention, and highlights priority actions for suicide prevention and postvention in our districts. It aims to reflect current strategic directions and 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 SPPAP notes specific work needing to be undertaken alongside at-risk groups in our district including Māori, Pasifika, people who are lesbian, gay, bisexual, transgender or intersex (LGBT), youth, older people, migrants and the rural community.

This plan is also underpinned by the principles in the Strategy 2006-2016 so all activities should:

- be evidence based
- be safe and effective
- be responsive to Māori
- recognise and respect diversity
- reflect a coordinated multi-sectorial approach
- demonstrate sustainability and long-term commitment
- acknowledge that everyone has a role in suicide prevention
- have a commitment to reduce inequalities.

The evidence base for suicide interventions in general is limited and some of the proposed actions in this plan have been based on the Suicide Prevention Toolkit for District Health Boards 2015 (Ministry of Health, 2015). The Toolkit was developed, as a result of the Ministry of Health evaluation process of suicide prevention activities undertaken in New Zealand in the past 6 years, and to assist and guide DHBs in developing suicide prevention and postvention action plan. The ministry acknowledged, “The Toolkit draws on existing suicide prevention initiatives in New Zealand and internationally with strong evidence base and others that are currently helping to build that base”.

The Suicide Prevention and Postvention Advisory Committee recommended on three priority areas which include:

- Development of a suicide prevention and inter-agency working group

- Development of a centralised suicide and self-harm data collection process for the district
- Workforce development – tools to assess and screen for at risks clients and postvention trainings.

These priority areas are highlighted in the plan.

This Suicide Prevention and Postvention Action Plan endeavour to reflect ownership by the community, along with commitment from key stakeholders for its implementation for the next two years and beyond.

Postvention Response

Suicide postvention includes all the activities undertaken after a suicide to address the traumatic after-effects for survivors of suicide, including bereavement and trauma recovery needs, as well as ensuring education and screening efforts to reduce the risk of further suicides. When the coroner office advice of a suspected suicide has occurred and contact details have been received, the postvention response can begin. The various support services are then informed, namely:

- Victim support
- Police
- CYFS
- MoE representatives
- Mental Health Services and other relevant support services
- Relevant cultural services when appropriate

There are other signs indicative of “contagion” (including concerns of self-harm) such as media sensationalisation, unsupervised gatherings of youth around the sentinel event, mass texts, face-book postings etc. about the sentinel event, heightened community anxiety or a history of suicidal clusters or contagion in the community. Information will NOT be disseminated beyond the Postvention groups and agencies that are providing postvention services, except for the purpose of minimising suicide contagion/clusters. The SPIWG will strengthen the postvention response when established, by initiate postvention activity following a suicide event. The role of the SPIWG is not to work directly with the affected individuals, whānau and communities but to ensure a successful postvention response is provided. It also ensures a consistent and proactive community response to suicide events that alleviates the distress of affected individuals and whānau and promotes the healthy recovery of the affected community.

Responding to at risk population

Effective suicide prevention requires that the issues and needs of particular population groups are addressed both within general population programmes and, where appropriate, through targeted programmes. Development of good working relationship with various organisations that facilitate suicide prevention activities within their community is critical to reducing the suicide rate. The Suicide prevention programme manager will continue with the development of the Pacific Regional Suicide Prevention group to support with the implementation of the plan, and in particular focusing on the Pacific community. This process will be applied to other relevant groups like; Māori, Asian, Older adult, LGBTT, Refuges and migrants.

Monitoring and Evaluation process

Effective implementations of the actions recorded in this Plan require support from a number of Organisations, namely, the Organisations who have contributed to the development of this Plan, and those who are represented in the SPIWG and those with a common interest in reducing the occurrence of suicide and suicidal behaviour in the WDHB and ADHB area. Prior to tasks being assigned to any particular Organisation, their express consent will be sought.

A multi-faceted approach to the monitoring of this Action Plan will be implemented to ensure relevance and success throughout. In particular, the Suicide Prevention programme manager will have an ongoing monitoring role, and will be monitored through the funding and planning monthly reports and in conjunction with the Suicide Prevention advisory committee. The Suicide Prevention programme manager will develop appropriate monitoring and evaluation framework to utilise in the monitoring and evaluation process for the plan.

Identification and mitigation of risk

Where postvention groups or the Suicide Prevention Programme manager identify postvention risks that are not easily managed or have not been confronted before, support is sought from CASA and also internally from the Waitemata and Auckland DHB Mental Health Clinical Director. The Suicide Prevention Programme Manager may also identify more systemic postvention and prevention risk issues in conjunctions with the Suicide Prevention Inter-agency Working Group through regular reports to Waitemata and Auckland DHB reporting processes. The Suicide Prevention Programme Manager will use this adopted Action Plan as a template for reporting against, ensuring outcomes and risk and opportunities can be identified.

References:

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4. Ministry of Health. (2014) Suicide facts: Deaths and intentional self-harm hospitalisations 2011.
5. Ministry of Health. (2013a). Office of the Director of Mental Health Annual Report 2013.
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Glossary:

ADHB - Auckland District Health Board

CADS - Community Alcohol and Drugs Service

CASA - Clinical Advisory Services Aotearoa

CYFS - Child Youth and Family Service

CYMRC - Child and Youth Mortality Review Committee

DHB - District Health Board

E.D - Emergency Department

GP - General Practitioner

LGBTI - Lesbian, Gay, Bisexual, Transgender, Inter-sex

MoH - Ministry of Health

MoU - Memorandum of Understanding

MHSOA - Mental Health Services for Older Adult

MHF - Mental health Foundation

NGO - Non-Government Organisation

NRA - Northern Regional Alliance

OECD - Organisation for Economic Co-operation and Development

PHO - Primary Health Organisation

SPAP - Suicide Prevention Action Plan

SPPAP - Waitemata and Auckland DHB Suicide Prevention and Postvention Action Plan
2015-2017

SPINZ - Suicide Prevention Information New Zealand

SPIWG - Suicide Prevention Inter-agency Working Group

WDHB – Waitemata District Health Board

Areas of Activity				
Area of Activity	Objectives	Key activities, milestones and deliverables (with dates)	Expected Outcomes	Lead Agency
A. Resilience building activities in the region - activities to respond to early risks, promote mental health and wellbeing and help prevent suicide	Improve current suicide prevention and postvention resources delivered to family and whānau	Complete a stocktake of all providers that provide resources in the community related to suicide prevention and postvention by December 2015 .	A Data base of all providers that provide resources in the community related to suicide prevention and postvention developed.	Suicide Prevention Programme Manager In association with Suicide Prevention Inter – agency working group (SPIWG)
		Based on the results from the stocktake, develop targeted resources in the community in culturally appropriate formats (e.g. visual, written, IT) that aim to increase knowledge and access to both information and services related to suicide prevention by December 2016	Improved access to culturally appropriate information for Māori, Pacific, Asians, Refuge, Youth, Elderly, and LGBTT.	Suicide Prevention Programme Manager In association with Suicide Prevention Inter – agency working group (SPIWG).
		Work collaboratively with local communities and funders to support the development and implementation of projects and initiatives that increase community and individual psycho/social wellbeing and resiliency by June 2017	Increased access to locally developed and delivered psycho/social wellbeing and resiliency services	Suicide Prevention Programme manager in association with DHB MH services, ED, Police and PHO
		Waitemata and Auckland DHB to develop and streamline policies,	Review best practice and currently funded trainings so that a	Improved co-ordination of support for family and whānau affected by

	<p>strategies and services that ensure better treatment, management and postvention is provided to families, whānau and friends of those who died by suicide.</p>	<p>policy can be: drafted, consulted, and agreed (2015) Policy implemented by June 2016 Policy evaluated, revised and re-implemented by 2017.</p>	<p>suicide to be inclusive of:</p> <ul style="list-style-type: none"> - assisting the survivors with the grief process - identifying and referring those survivors who may be at risk of engaging in suicide behaviours themselves - reducing contagion - promoting the healthy recovery of the affected community (building community resilience) 	<p>association with DHB MH services, ED, Police and PHO</p>
	<p>Improve services and support of people experiencing mental health problems and alcohol and other drug problems.</p>	<p>Conduct a stocktake of current clinical or service pathways for people who attempt suicide or are at risk of suicide and on transition from primary to secondary services and to identify any gaps by June 2016</p> <p>Support the development of service pathway processes to enhance transition from primary to secondary care mental health and addiction services and back to primary care by June 2017</p>	<p>a) PHO/NGO and DHB mental health and addictions services and police improve pathways and reduce the risk for people who attempt suicide or are at risk of suicide.</p> <p>b) A clinical pathway between Primary Care, the E.D and Secondary mental health services is developed for people who attempt suicide or are at risk of suicide.</p> <p>c) Strategies are developed for building resilience, and detecting at risk individuals in primary and community settings</p>	<p>Suicide Prevention Programme manager in association with DHB MH services, ED, Police and PHO</p>
<p>B. Information on workforce development for health workers and key community</p>	<p>Engaging with the community</p>	<p>Develop positive and proactive relationships with family whānau and community groups to grow community</p>	<p>Increase and improve relationships with relevant family, whānau and community networks Increasing community</p>	<p>Suicide Prevention Programme manager in association with DHB Services,</p>

<p>gatekeepers to respond to distressed people in the community</p>	<p>Train community health and social support service staff, families, whānau, hapu, iwi and community members to identify and support individuals at risk and refer them to agencies that can help.</p> <p>Develop referral pathway for those “survivors of suicide</p> <p>Training and education for Clinicians after a Client Suicide so they provide support</p>	<p>capacity in suicide prevention by August 2016</p> <p>Deliver suicide prevention training programmes designed for health workers and community stakeholders using SafeTALK, QPR and QPR on line, ASSIST training completed June 2017</p> <p>Facilitated Waves Training programme Support key community leaders (e.g church Ministers and Kaumatua) to talk about suicides in a non-judgmental way by July 2016</p> <p>Ensure training and adequate formal supervision and support to health professionals after a client suicide that could also include a dialogue with family of a client bereaved by suicide.</p> <p>2016 Family contact noted on SIRPs</p>	<p>capacity in suicide prevention processes.</p> <p>Increase leadership capacity of Māori, Pacific, Asian, Refuge, Youth, Older adults, and LGBTTT communities</p> <p>2 training workshops delivered per district annually.</p> <ul style="list-style-type: none"> • 20% of all trainees to be Māori • 10% of all trainees will be Pacific <p>At least 2 training workshops delivered in the district each year.</p> <p>A group of six staff in Auckland West, East, South, Central and North Shore are trained in train the trainer in early bereavement care</p> <p>a) Increase responsiveness to Counsellors in professional practice affected by client suicide and reduces stress symptoms, guilt and hyper-vigilance, and other personal adverse outcomes.</p> <p>b) Procedures developed for staff</p>	<p>regional and local family/whānau and community groups and NGO organisations.</p> <p>Suicide Prevention Programme Manager in association with Training providers.</p> <p>Suicide Prevention Programme Manager in Association with Skylight, Inter-agency working group (SPIWG)</p> <p>Suicide prevention Programme Manager in association with Mental Health and Addictions Network, Police, Mental Health and Addictions Provider arm. PHO</p>
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	<p>Improve services and support of people experiencing mental health problems and alcohol and other drug problems.</p>	<p>Support PHO and Primary workforce development plans to include recognising and managing common mental health issues, including depression, anxiety and substance abuse by July 2016</p>	<p>support post client death.</p> <p>c) Training on client suicide and related aspects provided in DHB orientation.</p> <p>d) Resilience training</p> <p>a) Primary services and PHO organisations improve screening for and recognise depression and to offer advice on appropriate interventions.</p> <p>b) Support public health strategies in respect of alcohol use with emphasis on binge drinking and other excessive use of alcohol; particularly for those who are depressed.</p>	<p>Suicide prevention Programme Manager in association with Mental Health and Addictions Network, Police, Mental Health and Addictions Provider arm. PHO</p>
<p>C. Approaches specific to at-risk groups such as Māori and other vulnerable populations</p>	<p>Engagement with all main stakeholders (Māori, Pacific, Asian, Refugee, LGBTT, youth, refuge, Older adults) and communities and work with them as well as appropriate NGOs e.g. Te Rau Matatini, Le Va, Rainbow youth etc. to tailor messages for specific communities</p> <p>Build evidence base and capacity of high needs populations and communities.</p> <p>Make better use of data related to suicide deaths and</p>	<p>Develop suicide prevention messages in collaboration with main stakeholders and identify mechanisms for delivering messages to the diverse communities named E.g. Māori, Pacific, Asian, Refuge, Youth, Older adults, LGBTT by June 2017</p> <p>Develop evidence base regarding interventions, best practice for Maori through Māori academic researchers</p> <p>To develop a local database for data collation of</p>	<p>Improve the capacity of the health system to deliver tailored health messages to the communities of interest such as. Māori, Pacific, Asian, Refuge, Youth, Older adults, LGBTT.</p> <p>Develop positive and productive relationships with research facilities in the region and nationally, on suicide prevention issues</p> <p>Detailed analysis of emerging trends, with identification of</p>	<p>Suicide Prevention Programme manager in association with DHB Services, regional and local family/whānau and community groups and NGO organisations.</p> <p>Suicide Prevention Programme Manager in association with Research facilities</p> <p>Suicide Prevention Inter-agencies working</p>

	self-harm incidents	<p>completed and or suspected suicides and self-harm</p> <p>a) Regional suicide data received continues to be recorded in an ethical way by the 2 DHBs</p> <p>b) Data is shared with relevant agencies on request and as per CASA Memorandum of Understanding.</p> <p>c) A year by year summary of suicide data in the 2 districts is collated by age, gender, ethnicity, sexual orientation and geographical location. Data analysis will include identification of proportion of completed suicides by people receiving secondary mental health or AOD services. Emerging trends and risk groups are identified and documented for the Advisory Committee and Inter-agency working group by June 2017</p>	targeted responses and/or solutions	Group (SPIWG, yet to be formed), CASA, Waitemata and Auckland DHB Services, Suicide Prevention Advisory Committee Public Health Clinicians
D. Multi-agency postvention response in cluster and contagion situations	Enhance infrastructure in the Waitemata and Auckland DHBs area for suicide prevention	<p>Support agencies within Waitemata and Auckland DHBs to implement the actions of the New Zealand Suicide Prevention Action Plan 2013-2016.</p> <p>A Multi-Agency working group will be formed to support the implementation of the Waitemata and</p>	<p>All multi-agency parties are able to quickly activate their part of the response plan.</p> <p>Timely, effective and appropriate response to support family and whānau after suicide will be provided.</p> <p>Prevent further suicide in a cluster/contagion</p>	<p>Suicide prevention programme manager in association with Suicide Prevention Inter-agencies Working Group (SPIWG), DHB Services, CASA, Ministry of Health, Māori MOU partners.</p>

	A mechanism for supporting families bereaved by suicide	<p>Auckland DHB suicide prevention and postvention action plan (SPPAP) and to develop a response plan in cluster and contagion situations.</p> <p>a) Identify agency members; e.g. CYFS, Police, MOE, primary care, older adult care, as well as high risk groups such as Maori, Pacific, Asian, Youth, LGBTT, Refugee, older adult, and other relevant community groups.</p> <p>b) agree terms of reference and meeting schedule</p> <p>c) Waitemata and Auckland DHB via its Suicide Prevention Programme Manager will work alongside community agencies and community postvention groups to gain further resourcing for suicide prevention training and awareness in Waitemata and Auckland DHB districts by December 2015</p>	<p>Contribute to development of resilience for family and whānau</p> <p>Ensure postvention responses are timely, appropriate and duplication is avoided. Sharing best practice across agencies and any training opportunities.</p> <p>Mechanism for identifying community based health crises, including those related to mental health and suicidality, which links to a multidisciplinary response with clearly assigned responsibilities.</p> <p>Meeting minutes and agreed action points and clearly assigned responsibilities</p>	<p>Suicide prevention programme manager in association with Suicide Prevention Inter-agencies Working Group (SPIWG), DHB Services, CASA, Ministry of Health, Māori MOU partners.</p>
E. Postvention approaches in in-cluster situations	Develop a regionally coordinated community response to suicide prevention and postvention	<p>a) Develop a region-wide approach to reducing further risk to people who attempt suicide, in collaboration with mental health services, police and other relevant agencies.</p> <p>b) to facilitate a</p>	Multi-Agency working group support the implementation of the Waitemata and Auckland DHB suicide prevention and postvention action plan (SPPAP) and to develop a response plan in cluster and contagion situations.	<p>Suicide prevention programme manager in association with Suicide Prevention Inter-agencies Working Group (SPIWG), DHB Services, CASA, Ministry of Health, Māori</p>

	<p>Resourcing for cluster management</p> <p>Communities are supported to respond to the needs of family, whānau, friends and others following a suicide and reduce suicide contagion.</p>	<p>Network with the Mental Health Foundation (MHF) and Werry Centre to utilise existing 'Lived Experience Advisory Group' to provide advice to Waitemata and Auckland DHB on suicide prevention and postvention processes by December 2015</p> <p>DHBs work with the Ministry of Health and other relevant agencies to compile evidence based postvention interventions by December 2015</p> <p>Develop a Communication network that provides communities, agencies and first responders with suicide prevention and postvention information and that enables the community to strengthen help seeking behaviours.</p> <p>Waitemata and Auckland DHB suicide response plan developed for the management of suicide clusters/contagion by December 2015</p>	<p>a) Postvention approach will be informed by evidence based activities</p> <p>The Suicide Prevention Programme Manager provides regular network updates regarding;</p> <ul style="list-style-type: none"> - notification from Coroner - pre and postvention information - training opportunities - Local initiatives and other linkages like the (ACGB) and American association of suicidology, (IASP) and other international links/research. <p>a) Interagency (SPIWG) initiate early intervention that is guided by the suicide response plan and reduces suicide clusters/contagion.</p> <p>b) Agree an alert pathway for notifications of suicide (particularly in youth services).</p>	<p>MOU partners, Mental Health Foundation (MHF), Werry Centre.</p> <p>Suicide Prevention Programme Manager in association with Suicide Prevention Inter-agencies Working Group (SPIWG), DHB Services, CASA, Ministry of Health, Māori MOU partners.</p> <p>Suicide Prevention Programme Manager in association with Suicide Prevention Inter-agencies Working Group (SPIWG), DHB Services, CASA, Ministry of Health, Māori MOU partners.</p>
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			c) Develop procedures for mapping youth connections, identifying vulnerable persons and ensuring ease of access to services.	
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NOTE

The Suicide Prevention Advisory Committee recommends that these priority areas will be the focus for the next two years:

- Development of the Suicide Prevention and Postvention Inter-agency Working Group
- Development of a centralise suicide and self-harm data collection process for the two DHBs
- Workforce development including primary care focusing on at risks clients and postvention support.

These priority areas are highlighted in the plan.

New Zealand Suicide Prevention Strategy 2006-2016
&
Suicide Action Plan 2013-2016
Membership of the WDHB Suicide Prevention Advisory Committee
(SPAC)

Required	Chairperson
ADHB/WDHB Planning & Funding	Simon Bowen Director Health Outcomes ADHB/WDHB
	Manu Fotu Project Manager Suicide Prevention
Representation From	Member
ADHB/WDHB Planning & Funding	Jean Marie Bush Manager Mental Health and Addictions Planning & Funding
Mental Health Services	Dr Murray Patton Clinical Director Mental Health Service WDHB Dr Clive Bensemann Clinical Director Mental Health Service ADHB CliveB@adhb.govt.nz
Mental Health Services	Megan Jones Mental health quality Improvement Megan.Jones@waitematadhb.govt.nz Ana Sokratov Ana.Sokratov@waitematadhb.govt.nz Consumer Consultant Mental Health Services Group Waitemata DHB Dr Andrew Howie Andrew.Howie@waitematadhb.govt.nz FRANZCP Consultant Psychiatrist, Service Clinical Director, Te Whitiki Maurea Maori Mental Health and Drug and Alcohol Services, Waitemata District Health Board Mike Butcher Senior Clinical Psychologist Acting Clinical Director, Regional Eating Disorders Service Allied Health Director, Mental Health and Addictions Auckland District Health Board Mob: 021 862 263 Work: (09) 375 7099 MButcher@adhb.govt.nz
Primary Care ADHB/WDHB	Lis Cowling

Planning & Funding	<p>Lis.Cowling@waitematadhb.govt.nz Programme Manager, Primary Care Planning Funding & Outcomes Auckland & Waitemata District Health Boards Phone: 09 489 8920 Extn: 9602 - Mobile: 021 872 455</p>
PHO	<p>Dr Ann Hood Clinical Psychologist Team Leader Epsom ProCare Imagetext House, Level 1, 3 Owens Road, Epsom PO Box 105 346, Auckland 1143 New Zealand Telephone 09 375 7761 AnnH@procare.co.nz</p> <p>Neil Kemp Mental Health and Addictions Service Manager Comprehensive Care Ltd Building A, 42 Tawa Drive, Albany, Auckland 0632 PO Box 302163, North Harbour, Auckland 0751 Mobile: 021 249 1308. Phone: +64 9 415 1091 www.comprehensivecare.co.nz nkemp@waitematapho.health.nz</p> <p>Dr Kristin Good Director of Primary Care Mental Health and Addictions ADHB KristinG@adhb.govt.nz</p>
Maori Health	<p>Karl Snowden Māori Health Gain Portfolio Manager He Kamaka Waiora – Planning & Funding Auckland & Waitemata District Health Boards Level 1, 15 Shea Terrace Private Bag 93-503, Takapuna Phone : (09) 486 8920 Ext 5438 Cell: (021) 417357 Fax: (09) 441 8957 Karl.Snowden@waitematadhb.govt.nz</p>
Psychiatrist Liaison Psychiatry Team	<p>Dr Louise Armstrong Psychiatric Liaison Phone : (09) 4868920 ext 2526 Louise.Armstrong@waitematadhb.govt.nz</p> <p>Karen Sayer Manager of psych Liaison Services Kingsley Mortimer Phone : (09) 486 8920 Ext 3275 Cell: Fax: Karen.Sayer@WaitemataDHB.govt.nz</p> <p>Dr Yvonne Fullerton Liaison Psychiatrist Clinical Director ADHB Dept Liaison Psychiatry</p>

	<p>Level 4 Support Building Auckland City Hospital Park Road, Grafton YvonneF@adhb.govt.nz</p>
Iwi, Hapu, and Maori community organisations	<p>Kim Wi Te Whānau O Waipareira Phone: 0800 924 942 Phone: +64 9 836 6683 Ext .9749 Cell: +64 021 175 7283 Fax: +64 9 835 9213 Email: Kim.Wi@waiwhanau.com Address: Level2, Whanau Centre, 6/8 Pioneer Street, Henderson Postal Address: PO Box 21 081, Henderson, Auckland 0650 www.waiwhanau.com</p> <p>Malina Parkinson Te Runga o Ngati whatua malina@tehaoranga.co.nz</p>
Pacific	<p>Lita Foliaki Pacific Health Gain Manager Lita.Foliaki@waitematadhb.govt.nz</p>
Asian	<p>John Wong QSM Master of Education in Counselling (Hons) Director Asian Family Services Problem Gambling Foundation of New Zealand Phone: +64 9 369 0609</p> <p>Asian Family Hotline: 0800 862 342</p> <p>john.wong@pgfnz.org.nz</p>
CADS	<p>Catherine Kissel Regional Clinical Advisor CADS WDHB Catherine.Kissel@waitematadhb.govt.nz</p>
Providers Executive Group	<p>Naomi Cowan CEO Equip PO Box 65-385, Mairangi Bay North Shore, Auckland Phone: 09 477 0450 Cell: 0274 610 252 E-mail: naomi.cowan@equip.net.nz</p>
Child and Youth Mortality Review Committee (CYMRC)	<p>Anna-Marie Frost Child and Youth Mortality Review Committee Co-ordinator WDHB Phone: 09 8390000 ext 7742 Anna-Marie.Frost@waitematadhb.govt.nz</p>
MHSOA	<p>Robyn Buskin Team Manager Community Mental Health Team for Older Adults North (MHSOA) Entrance 4, Ground Floor, North Shore Hospital Private Bag 93-503 Takapuna 0740 phone: 09 486 8920 Ext 2805</p>

	<p>fax: 09 486 8310 email: robyn.buskin@waitematadhb.govt.nz</p> <p>Margaret Ross Unit Manager, MHS OA and AT&R Phone : 09 486 8900 Ext 7268 Margaret.Ross@waitematadhb.govt.nz</p>
Youth Health	<p>Fiona Ironside Operations Manager for Child, Youth and Family, Mental Health Services Fiona.Ironside@waitematadhb.govt.nz</p> <p>Andrew Malone Clinical Team Leader Intake and Assessment Team - Kari Centre - Child & Adolescent Mental Health Auckland District Health Board Phone: 623 4646 Mob: 021 544 917 Fax: 623 4612 AMalone@adhb.govt.nz</p> <p>Theresa Rongonui Youth Health Programme Manager Planning and Funding Waitemata DHB Level 1, 15 Shea Terrace, Private Bag 93-503 Takapuna Phone: 4868920 Ext 2669 Fax: 4418957 Theresa.Rongonui2@waitematadhb.govt.nz</p> <p>Tania Wilson Clinical Director, Health WEST Ltd PO Box 104098, Lincoln North, Auckland 0654 Phone : 839 7480 Fax : 839 7498 Cell : 027 292 1007 www.healthwest.co.nz tania.wilson@healthwest.co.nz</p>
Family	<p>Amanda Christian Registered Psychologist M: 027 284 3012 E: amandachristianz@gmail.com</p> <p>Leigh Murray Family Advisor ADHB LMurray@adhb.govt.nz</p>
ADHB and University of Auckland	<p>Dr Gary Cheung Old Age Psychiatrist & Senior Lecturer, Department of Psychological Medicine, University of Auckland Director of Academic Programme, Auckland Regional Psychiatric Registrar Training Programme Phone 64 9 373 7599 Fax 64 9 373 7013 Email: g.cheung@auckland.ac.nz</p>

**Waitemata DHB and Auckland DHB Suicide Prevention
Inter-Agency Working Group (SPIWG)
"Terms of Reference" 2015**

Background

In 2006 the Government released the New Zealand Suicide Prevention Strategy [2006 – 2016] and in 2013 the New Zealand Suicide Prevention Action Plan (SPAP) [2013 – 2016]. These documents form the basis for suicide prevention initiatives at the national and local levels.

The emphasis of the plan is on a whole of government approach based on inter-sectorial collaboration at the national and local levels. To facilitate the implementation of the national plan at the local level, the Ministry of Health funded a pilot position of Suicide Prevention Coordinators (SPC) with a number of DHBs, including ADHB, CMDHB and NDHB. This contract ended in June 2014, and as a result, a Suicide Programme Manager was appointed to coordinate this Programme for WDHB and ADHB. Specifically, DHBs are expected to co-ordinate suicide prevention activities. This includes implementing a district suicide plan, facilitating and enhancing cross-agency collaboration in respect of suicide prevention, and when necessary, implementing a suicide postvention plan and a coordinated response to clusters/contagions.

The Inter-Agency Working Group (IAWG) is an integral element in ensuring that the District Plan reflects the issues for Waitemata and Auckland District Health Board; that the plan has ownership by the community and there is commitment from key stakeholders for the plan's implementation.

The main task is developing and implementing a comprehensive, integrated and evidence-based local community suicide prevention plan to ensure the national programme of action is appropriately targeted to the specific needs and priorities of local Waitemata and Auckland communities, aimed at:

- Reducing the rate of suicide and suicidal behaviour
- Reducing the harmful effect and impact associated with suicide and suicidal behaviour on families/whanaū, friends and the wider community.
- Reduce inequalities in suicide and suicidal behaviour.
- Improving access to, safe and effective local services for people at risk of suicide and their families/significant others.
- Building resiliency in key target groups.

Purpose

The key purpose of the SPIWG is to assist in the implementation of a District Suicide Prevention Plan and to support district suicide prevention activities in the Waitemata and Auckland District Health Board.

Objectives

1. Develop a District Suicide Prevention Plan, including prioritisation of initiatives that will best meet the needs of the Waitemata and Auckland District Health Board's population.
 - Provide advice, support and guidance to the implementation of the WDHB and ADHB Suicide Prevention and Postvention Action Plan.
 - Contribute information towards the development of any Needs Analysis, Pathway Mapping, Communications and Risk Management Plans.
2. Implement the District Suicide Prevention Plan [Cross-agency collaboration to support the implementation of the WDHB and ADHB Suicide Prevention Plan].
3. Monitor implementation of the District Suicide Prevention Plan
4. Align the District Suicide Prevention and Postvention Action Plan based on the National Suicide Prevention Strategy and Action Plan.
5. Provide leadership on the issue and in the member sectors

- Ensure the appropriate engagement of their sector in the development and implementation of the WDHB and ADHB Suicide Prevention and Postvention Action Plan.
6. Develop constructive and sustainable relationships and identify opportunities to increase linkages.

Accountability

SPIWG will report to Waitemata and Auckland District Health Board Planning and Funding Division through the Suicide Prevention Advisory Committee (SPAC).

Membership:

Functions of the SPIWG

- (1) Communication – two way sharing of information, and support for the Programme Manager to act as a conduit for information-sharing between the district and national bodies
- (2) Coordination – sharing information, resources and responsibilities to achieve the agreed suicide prevention outcomes
- (3) Collaboration - arrangements that encourage joint decision-making with regard to planning and strategy development, implementation, monitoring and accountability.
- (4) Decision-making - decisions related to suicide prevention where ownership lies with the group, and the member agencies with the required support of the WDHB and ADHB following due process.

The SPIWG will be the core structure for facilitating and strengthening inter-agency collaboration. It will provide support both to the programme manager in their leadership role within the group, as well as to the members in their leadership roles within their respective sectors. The contributions of the member agencies will be “greater than the sum of its parts”, creating a “collaborative advantage”. The diversity of knowledge, skills and resources within the group will lead to better analysis and understanding of the complexities of suicide prevention, and to identification and delivery of responses that most effectively and efficiently meet the needs of local communities.

The SPIWG will maximise opportunities, improve synergies and economies of scale, streamline decision-making processes, reduce duplication, fragmentation, gaps and risks. It will also provide the cornerstone for broader stakeholder engagement and relationship building, and will create goodwill and sustainable relationships critical for achieving positive outcomes in the longer term and in related areas.

Chairperson

The principal role of the Chairperson will be to lead and facilitate cross-agency collaboration to implement the Strategy and Action Plan at a district level. The Suicide Prevention Programme Manager holds the Chairperson role. The Chairperson will be responsible for:

- Convening, leading, and facilitating SPIWG Meetings.
- Providing administration of meetings including agendas, background papers, and minutes.
- Coordination of key tasks and ensuring completion of key deliverables to meet deadlines.

Roles & Responsibilities of Working Group Members

- To share information of relevant activities/projects occurring at an agency or community level.
- To contribute to the development of a Waitemata and Auckland District Health Board Suicide Prevention Plan based on the principles and the seven goals of the New Zealand Suicide Prevention Strategy 2006 – 2016 and aligned with the New Zealand Suicide Prevention Action Plan 2013 – 2016
- To participate in working sub-groups as identified by the SPIWG
- To audit the District Plan to ensure that the issues for Māori are addressed.
- To identify potential risks/safety issues in the implementation of the District Plan and to advice on mitigation strategies.

- To monitor and review the implementation of the District Plan.
- To promote and facilitate the implementation of the District Plan within their own organizations and/or sector
- To provide feedback from agency and/or sector about the implementation of the District Plan
- To be a conduit between the SPIWG and their own agency at a district or national level on agency's policies or service deliverables that impact on the implementation of the District Plan
- To provide advice and guidance to the Suicide Prevention Programme Manager on the implementation of suicide prevention activities in the Waitemata and Auckland District Health Board.
- To ensure that such recommendations are made through the Suicide Prevention Programme Manager (chairperson) on issues that directly or indirectly affects suicide prevention in the Waitemata and Auckland District Health Board.
- To identify and make linkages with other initiatives and projects in Waitemata and Auckland District Health Board that impact on suicide prevention outcomes
- To identify opportunities for collaboration between organizations to implement suicide prevention activities.

Quorum

Quorum shall be at least 50% of the current membership.

Meetings

The SPIWG will set dates for four quarterly meetings per annum. There may be occasions where more regular or extraordinary IAWG meetings and sub-group meetings are held in order to achieve agreed upon outcomes.

Structure and expectations

Decisions will generally be determined by consensus decision-making.

Where a consensus cannot be reached, further consultation will be encouraged for the matter to be revisited.

Members of the SPIWG are expected to be well briefed regarding the New Zealand Suicide Prevention Strategy and Action Plan. Further to this they are to be familiar with and promote suicide prevention within their own sector.

Members may at times be assigned tasks to complete between meetings and will need to consult and communicate within their sector to inform the development and implementation of the Action Plan.

Agenda

An agenda for each meeting will be circulated four working days prior to the meeting.

- SPIWG Members will contact the Chairperson at least five working days in advance of the meeting to table any agenda items.

Minutes

Minutes will be compiled and distributed within 2 working days of the meeting.

Confidentiality

Content of SPIWG meetings is to be regarded as confidential.

Linkages

- Ministry of Health
- SPINZ
- Mental Health Foundation
- Waitemata and Auckland District Health Board
- SPIWG Representative Agencies

Review

The Terms of Reference for the SPIWG will be reviewed at each third quarter or more regularly as required.

