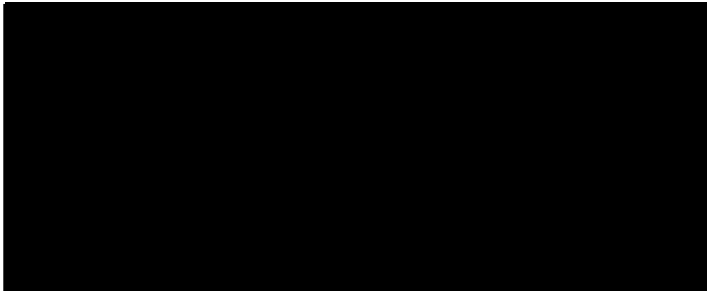




**Waitemata**  
District Health Board  
**Best Care for Everyone**

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13 September 2018



**Re: Official Information Act request – Draft Suicide Prevention Action Plans**

Thank you for your request under the Official Information Act received 27 August 2018 seeking the following of Waitemata District Health Board (DHB):

*Please supply the Draft Suicide Prevention Action Plan for your district that has recently been submitted to the Ministry of Health.*

*If the whole document is not available, please provide the following information:*

- 1. The priority populations stated in the draft plan*
- 2. All projects, activities or actions that are specifically identified or target men*

Please find a copy of the draft Auckland and Waitemata DHB Suicide Prevention and Postvention Interim Action Plan 2019/2022 (Attachment A), that was recently sent to the Ministry of Health.

I trust that this information meets your requirements. 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.

Your sincerely

A handwritten signature in blue ink, appearing to read 'Debbie Holdsworth', written over a blue ink stamp.

Dr Debbie Holdsworth  
**Director Funding**  
**Waitemata District Health Boards**

**Attachment A:  
Auckland and Waitemata DHB Suicide Prevention and Postvention Interim Action Plan 2019/2022**

<b>Objective 1: Support families, whanau, hapu, iwi and communities to prevent suicide.</b>				
<b>Action Area</b>	<b>Actions</b>	<b>Intended Outcomes</b>	<b>Timing</b>	<b>Lead Agencies</b>
1.1 Suicide Prevention training is widely disseminated across the WDHB and ADHB area	1.1.1 Deliver suicide prevention training programmes designed for health workers and community stakeholders using; SafeTalk, QPR; ASIST and Lifekeepers training packages; MH101	a) Two primary care focussed training programmes delivered	June 2020	Suicide Prevention Programme Manager, national and local training agencies
1.2 Train community health and social support service staff, families, whanau, hapu, iwi and community members to identify and support individuals at risk and refer them to agencies that can help	1.2.1 Support local providers to deliver Lifekeepers, SafeTalk; ASIST suicide prevention training and MH101	a) At least 6 suicide prevention workshops delivered in WDHB and ADHB each year b) Further Suicide prevention workshops delivered where funding permits	June 2021	Supporting Families in Mental illness and other NGOs e.g Le Va  Suicide Prevention and mental health training agencies, trainers, and postvention groups
1.3 Build the capacity of families, whanau and communities to prevent suicide	1.3.1 Support relevant District wide community-based initiatives with a suicide prevention focus  1.3.2 Develop positive and proactive relationships on suicide prevention with government agencies.  1.3.3 continue with the regional coordinated community response to suicide issues	a) Improve relationships between and with relevant providers (DHB directorates, PHO, AOD, MHS, Maori services, NGOs, work place health promotion and specific community projects) to ensure more effective suicide prevention outcomes b) Relationships with relevant government agencies are identified, established and maintained for benefit of community postvention and suicide prevention processes c) Continue with the region-wide approach to reduce further risk from people who attempt suicide, in collaboration with mental health services, Police and other relevant agencies.	June 2020  June 2022  June 2022	Public Health Service, Government and NGO"s, community postvention groups and individuals.  Public Health Service, regional and government agencies.  Public Health Service, Mental Health Foundation, mental health consumer

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		<p>d) Work collaboratively with communities and funders to support projects and initiatives that increase community and individual psycho/social wellbeing and resiliency.</p> <p>e) Facilitate DHB employers to develop good practice staff mental wellbeing practice and suicide prevention.</p>	<p>June 2022</p> <p>June 2022</p>	<p>groups, Ministry of Social Development Social Sector Trials, local councils.</p> <p>Public Health Service, employers (management and human resources).</p>
<p><b>Objective 2: Support Families, whanau, hapu, iwi and communities after a suicide</b></p>				
<p><b>Action Area</b></p> <p><b>2.1</b> Support communities to respond to suicide, especially when there are concerns of suicide clusters and suicide contagion</p>	<p><b>Actions</b></p> <p><b>2.1.1</b> Continue work to support and build community postvention capacity.</p> <p><b>2.1.2</b> Provision of information to communities, agencies and frontline staff on postvention and suicide prevention issues.</p> <p><b>2.1.3</b> Maintain and develop relationships with Maori agencies and other at-risk groups.</p> <p><b>2.1.4</b> Suicide bereavement support developed.</p> <p><b>2.1.5</b> ADHB and WDHB suicide response plan maintained for the</p>	<p><b>Intended Outcomes</b></p> <p>a) Suicide Prevention Coordinator continues to provide regular email information to postvention groups and other interested parties on suicide pre and postvention issues, training and information on local initiatives and linkages and investigate other options for dissemination of information to targeted audiences—e.g. stand-alone website, social media platform, newsletter etc.</p> <p>b) Further development of relationships with the Maori health providers and other Maori services contracted to provide suicide prevention initiatives to ensure best practice and reduced risk for Maori.</p> <p>c) Facilitate any development of projects working alongside at-risk target groups—e.g. Pasifika, Maori, Asian, LGBTI, rural, A&amp;D, older people, and youth.</p> <p>d) ADHB and WDHB investigates resourcing a group of community agency staff to be trained in suicide bereavement issues along with the development of community support groups for those bereaved by</p>	<p><b>Timing</b></p> <p>June 2022</p> <p>June 2022</p> <p>June 2022</p> <p>June 2022</p>	<p><b>Lead Agencies</b></p> <p>Suicide Prevention Programme Manager</p> <p>Public Health Service Mental Health Promotion team, relevant consumer groups, Suicide Prevention Programme Manager</p> <p>Skylight,(WAVES), MHF, Public Health Service, community funders, MHF etc</p>

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Auckland and Waitemata DHB Suicide Prevention and Postvention Interim Action Plan 2019/2022**

	management of suicide clusters/contagion	suicide. e) Maintain and continue improvement of the Interagency group and notification pathway for notification of death by suspected suicide	June 2022	Suicide Prevention and Postvention Interagency Working group, CASA
<b>Objective 3: Improve Services and Support for people at high risk of suicide</b>				
<b>Action Area</b>	<b>Actions</b>	<b>Intended Outcomes</b>	<b>Timing</b>	<b>Lead Agencies</b>
<b>3.1</b> Improve services and support of people experiencing mental health problems and alcohol and other drug problems.	<p><b>3.1.1</b> Support organisational workforce development plans to include recognising and managing common mental disorders, including depression, anxiety and substance abuse</p> <p><b>3.1.2</b> Develop service pathway processes to enhance transition from <i>primary to secondary care</i> mental health and addiction services</p> <p><b>3.1.3</b> Develop service pathway processes to enhance transition from <i>secondary to primary care</i> mental health and addiction services</p>	<p>a) Work alongside the PHO and DHB Mental Health and Addictions Directorate and Police to improve pathways and reduce the risk for people who attempt suicide or are at risk of suicide.</p> <p>b) Investigate the mandating of training in suicide prevention for all professionals working in mental health services, and medical /surgical services in the DHB</p> <p>c) That ADHB and WDHB undertakes further work to develop and support suicide prevention assessment and responses within DHB mental health clinical teams including those clients who attempt suicide.</p> <p>d) Work alongside PHO, community mental health providers and the Mental Health and Addictions Directorate to facilitate the further development of suicide prevention in early intervention services</p>	<p>June 2022</p> <p>June 2022</p>	<p>Mental Health and Addictions Network, Police, Mental Health and Addictions Directorate.</p>
<b>3.2</b> Develop and implement Zero Suicide Framework	<p><b>3.2.1</b> Understand Zero Suicide framework and the resources available from</p>	<p>a) Provides a framework and toolkit to improving outcomes re: suicide</p>	<p>June 2022</p>	<p>Suicide Prevention Programme Manager, ADHB MHs and AOD</p>

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Auckland and Waitemata DHB Suicide Prevention and Postvention Interim Action Plan 2019/2022**

	<p>“Zero Suicide Toolkit”</p> <p><b>3.2.2</b> Propose to ADHB and WDHB to adopt a comprehensive approach to suicide care using Zero Suicide framework</p> <p><b>3.2.3</b> Convene a Zero Suicide implementation team consisting of relevant members who will lead this initiative</p>	<p>b) Align with initiatives already implemented across ADHB and ADHB</p> <p>c) Would decrease readmissions for mental health issues (both inpatient psych and ED admissions)</p> <p>d) Gives all staff the education and confidence to assist patients who are struggling with suicidal thoughts.</p>		<p>Programme Board, MHS and AOD Directorate</p>
<p><b>Objective 4: Strengthen the infrastructure for suicide prevention</b></p>				
<p><b>4.1</b> Make better use of data related to suicide deaths and self-harm incidents</p>	<p><b>Actions</b></p> <p><b>4.1.1</b> Maintain local database for suspected suicides</p>	<p><b>Intended Outcomes</b></p> <p>a) Regional suicide data received continues to be recorded in an ethical and systematic way by the ADHB and WDHB.</p> <p>b) Data is shared with relevant agencies on request and as per the CASA Memorandum of Understanding.</p> <p>c) An annual summary of suicide trends in the District is collated and any emerging trends documented via the proposed Suicide Prevention and Postvention Advisory Committee.</p> <p>d) An appropriate response is developed to any emerging trends in local suicide.</p>	<p><b>Timing</b></p> <p>June 2022</p>	<p><b>Lead Agencies</b></p> <p>Public Health Service, ADHB and WDHB Mental Health and Addiction Directorate. Public Health Service, CASA, postvention groups.</p>
<p><b>4.2</b> Enhance infrastructure in the ADHB and WDHB for suicide prevention</p>	<p><b>4.2.1</b> Support agencies within ADHB and WDHB to implement the actions of</p>	<p>That ADHB and WDHB via its Suicide Prevention Programme Manager, work alongside community agencies and community postvention groups to gain</p>	<p>June 2022</p>	<p>Public Health Service, community funding agencies, community</p>

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<p>4.3 Self-harm reduction in the region</p>	<p>the New Zealand Suicide Prevention Action Plan 4.3.1 Data is collected across the ADHB and WDHB region to identify numbers and issues associated with self-harm. 4.3.2 Suicide Prevention Programme Manager identifies key stakeholders involved with self-harm intervention in the District.</p>	<p>further resourcing for suicide prevention training and awareness raising in the District Area. a) Self-harm data assists with identification of the key issues, risks and opportunities for intervention to reduce self-harm. b) The Suicide Prevention programme Manager works alongside DHB services, statutory and community agencies to investigate the development of a harm minimisation strategy for people who self-harm.</p>	<p>June 2021</p>	<p>NGOs. Suicide Prevention Programme Manager, ADHB and WDHB Mental Health Directorate, Child Youth and Family.</p>
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