

MINISTERIAL COMMITTEE ON SUICIDE PREVENTION

Meeting of the Ministerial Committee on Suicide Prevention on 4 December 2007

MINUTES

Meeting started 7.30pm

1. Welcome and Apologies

Ministers Present

Hon Jim Anderton (Chair)	Associate Minister of Health
Hon Maryan Street	Minister of ACC (until 8 pm)
Hon Steve Chadwick	Minister of Women's Affairs (until 8.35 pm)

Apologies

Hon Phil Goff	Minister of Corrections
Hon Annette King	Minister of Police and Minister of Justice
Hon Ruth Dyson	Minister of Social Development and Employment
Hon Parekura Horomia	Minister of Māori Affairs
Hon Chris Carter	Minister of Education
Hon Nanaia Mahuta	Minister of Youth Affairs
Hon Rick Barker	Minister of Internal Affairs
Hon Luamanuvao Winnie Laban	Ministry of Pacific Island Affairs

Ministerial Advisors Present

David Cuthbert	Office of Hon Jim Anderton
Jonathon Jones	Office of Hon Jim Anderton
Karin Knedler	Office of Hon Steve Chadwick

Interagency Committee Officials Present

Maria Cotter	Ministry of Health
Catherine MacLean	Ministry of Health
Maraea Johns	Ministry of Health
Chris Laurenson	Ministry of Health
Jenny Skinner	Ministry of Health
John Wren	Ministry of Health
Erin Holmes	Ministry of Health
Michael Johnson	Accident Compensation Corporation
Dee Young	New Zealand Injury Prevention Secretariat
Peter Agnew	New Zealand Police
Katharine McDonald	Ministry of Women's Affairs
Bernadine MacKenzie	Child Youth and Family
Jenny Ngarimu	Child Youth and Family
Debra Packman	Ministry of Youth Development
Jim Greening	Ministry of Education

2. (a) Confirmation of minutes of last meeting on 28 March 2006

The minutes of the last meeting were confirmed as a true and accurate record.

It was agreed that in future minutes would be put on the Ministry of Health's suicide prevention webpage.

2. (b) Matters arising from last meeting

No matters arising from the last meeting were discussed.

3. Recap of the Terms of Reference for the Ministerial Committee on Suicide Prevention

The Committee agreed to the updated Terms of Reference.

4. Brief overview of suicide and suicide prevention

Maria Cotter, Ministry of Health, briefly outlined key points about suicide and suicide prevention. It was noted that the causes of suicide are complex, with mental illness being the main risk factor. A comprehensive range of approaches to prevent suicide is outlined in the New Zealand Suicide Prevention Strategy. The Ministry of Health is the lead agency for co-ordinating the implementation of the Strategy, but all government agencies have responsibility for contributing to suicide prevention.

Hon Steve Chadwick noted that a key issue for young people is a lack of access to appropriate health services and asked whether the Ministry of Health, Ministry of Education or Ministry of Youth Development were doing any work on this issue. The Ministry of Youth Development explained that work is underway in this area. The Ministry of Health commented that a new website for young people about depression called "The Lowdown" has just been launched and has already had an overwhelming response. It provides information about depression and has access to counsellors through the web, phone and texting.

Hon Steve Chadwick asked whether people phoning the Healthline about depression would be referred to the Depression helpline.

Action: Ministry of Health to check the process for Healthline responding to people asking about depression, in particular whether people are referred to the Depression helpline, and advise Hon Steve Chadwick.

5. Latest suicide statistics

John Wren, Public Health Intelligence, Ministry of Health, presented the latest suicide statistics (mortality 2005 and hospitalisations for intentional self-harm 2006). He outlined historical trends, methods, and differences in suicide and hospitalisation rates across gender, ethnicity and social deprivation.

Hon Jim Anderton noted the recent improvements in the timeliness of statistics, and asked whether timeliness could be improved any further. It was noted that hospitalisation statistics were unlikely to be available any more quickly than currently; and mortality statistics may be available more quickly in future as a result of changes to the coronial system. There are now 14 full-time coroners, but the previous part-time coroners are finishing off their existing cases, so it could take a couple of years before this process is complete.

Hon Steve Chadwick asked whether information is routinely collected about alcohol and drug use by people who die by suicide. It was noted that research has shown people who die by suicide often have alcohol in their blood at the time of death, and substance use disorders are recognised as a risk factor for suicide. However, consistent information about this is not routinely collected or commented on by coroners. The Ministry of Health commented that the development of a Coronial database could address this issue. Ministry of Justice was asked to comment, but no Ministry of Justice officials were present.

Action: Ministry of Health to report to the Ministerial Committee on Suicide Prevention on the availability of data recording the presence of alcohol and drugs at the time of death by suicide, when this information is available.

Hon Steve Chadwick asked whether information about sexual orientation is included in the suicide statistics. It was noted that information about sexual orientation is not included in the New Zealand Health Information Service (NZHIS) suicide mortality statistics, but information about suicide risk for gay, lesbian, bisexual, transgender and intersex people is included in other surveys and research. The Ministry of Health explained that New Zealand research had shown that gay and lesbian people had between five to seven times the risk of suicidal behaviour.

Action: Ministry of Health to provide Hon Steve Chadwick with a copy of this research.

Hon Steve Chadwick asked whether there is a relationship between the Inter-Agency Committee on Suicide Prevention and SPARC (Sport and Recreation New Zealand). She commented that a couple of years ago she was told of suicides occurring in sports groups, particularly Rugby League players, and of a lack of support for people after the suicide. The Ministry of Health responded that it was not aware of this particular issue, but the new Postvention Support Initiative could provide bereavement support and respond to clusters in situations such as these.

6. Draft New Zealand Suicide Prevention Action Plan

The Ministry of Health briefly outlined the background to the development of the Action Plan, which includes two companion documents: a document of the evidence and a document of actions.

Hon Steve Chadwick asked whether anything is being done about new migrants' health. The Ministry of Health noted that an Asian health plan is being developed.

Action: Ministry of Health to provide an update to the Ministerial Committee on Suicide Prevention on progress in the development of the Asian health plan.

Hon Jim Anderton asked who was involved in the Māori Caucus, why Māori suicide rates are higher than non-Māori rates, and how the Action Plan will be effective for Māori. The Ministry of Health responded that the Māori Caucus included people with expertise in Māori mental health, psychiatry and psychology, research and epidemiology, youth services, and Māori community development. The high suicide rates among Māori reflect other poor health outcomes for Māori, presence of a high number of risk factors, and low access to health services. The Action Plan has a strong focus on Māori and includes actions such as increasing research about Māori suicide and improving access and effectiveness of services for Māori.

Hon Jim Anderton asked whether the media would be likely to report the information in the Action Plan about methods of suicide. The Ministry of Health commented that

information about common methods of suicide was already publicly available through Suicide Trends, and that the media tend not to report detail about methods of suicide.

Mr Anderton also asked whether there is any monitoring of jumpsites. The Ministry of Health responded that there is no formal monitoring, but there is usually local anecdotal knowledge about common jumpsites, and these issues are better managed locally on a case by case basis. The Action Plan includes looking into the establishment of a mortality review committee, which could assist with providing information about emerging issues such as jumpsites. Up-to-date information about emerging issues is also available through the new database established as part of the Postvention Support Initiative.

The Committee:

- agreed to the Chair of the Ministerial Committee on Suicide Prevention presenting the *New Zealand Suicide Prevention Action Plan 2008-2012: The Evidence for Action* and *The Summary for Action* (The Action Plan) to the Cabinet Social Development Committee to seek approval for publication
- noted that the implementation of the Action Plan requires commitment from a range of government agencies
- noted that the Ministry of Health will lead the implementation of the Action Plan at a national level by fostering collaboration and coordination across a range of agencies and sectors
- noted that a progress report on the implementation of the Action Plan will be presented to the Ministerial Committee on Suicide Prevention on an annual basis.

7. Other business

No other business was discussed.

8. Date of next meeting

The next meeting will be arranged for May/June 2008.

Meeting closed 8.45pm.