



# MINISTRY OF SOCIAL DEVELOPMENT

*Te Manatū Whakahiato Ora*

Bowen State Building, Bowen Street, Wellington 6011, PO Box 1556, Wellington 6140 • Telephone: 0-4-916 3300 • Facsimile: 0-4-918 0099

**12 OCT 2012**

Mr Josh Martin  
[fyi-request-550-c725f17f@requests.fyi.org.nz](mailto:fyi-request-550-c725f17f@requests.fyi.org.nz)

Dear Mr Martin

Thank you for your email of 12 September 2012 requesting, under the Official Information Act 1982, the following information:

*"Please provide advice (whether written or email communication) from your Ministry (particularly the Ministry of Youth Development which you administer) between January 2009 to present on the prevention of youth suicide. Specifically, I would like to obtain recent advice to the Minister for Social Development, Minister of Education and Minister of Health (and their respective ministries) on the success of suicide prevention strategies. I also seek communications to these parties on plans, improvements and proposed policy which could lower the teen suicide rate in New Zealand."*

As explained in the letter to you dated 28 September 2012, part of your request has been transferred to the Ministry of Health.

In 2006, an all ages, New Zealand Suicide Prevention Strategy 2006-2016 was launched. This is an interagency framework to guide suicide prevention activity in New Zealand and an action plan was endorsed in 2008. The Ministry of Health is the lead government agency on this.

At present, the Ministry of Health is leading the development of a new, cross government suicide prevention action plan. The Ministry of Social Development is working with the Ministry of Health in the development of the plan.

The Ministry of Social Development assists more than one million New Zealanders every year, and often in difficult situations when people are vulnerable and dealing with issues that contribute to depression and suicide. Suicides are preventable but there is no one solution, and it requires community and individual action to prevent suicides.

For young people who are at higher risk of suicide than other groups, the Ministry of Social Development provides a range of services designed to give them pathways to more positive futures. Through the Ministry of Youth Development and Child, Youth and Family the most at risk are given support to meet their needs. For example the Towards Wellbeing Programme is a suicide prevention tool used to identify young people under the care and protection of Child, Youth and Family who are at risk of suicide, allowing the best supports to be put in place.

In response to your request I have enclosed the following three documents:

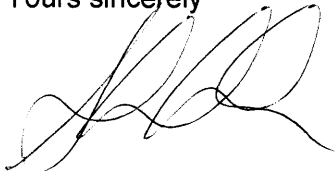
- *Ministerial Meeting on Suicide Prevention* dated 23 June 2009
- *Aide Memoire: Meeting of the Ministerial Committee on Suicide Prevention*, dated 21 October 2010
- *Suicide Prevention – Ministerial Meeting on 27 September 2011.*

I am withholding one report under section 9(2)(f)(iv) of the Official Information Act as it is under active consideration. While I understand that there is a significant public interest in the functions of the Ministry I consider that, in this instance, the public interest in open government is outweighed by the need for officials to be able to consider advice tendered before a decision has been made. The release of this information would likely prejudice the quality and impartiality of reports and advice generated, and the wider public interest of effective government would not be served.

I hope you find this information on youth suicide prevention helpful. You have the right to seek an investigation and review of my response by the Ombudsman, whose address for contact purposes is:

The Ombudsman  
Office of the Ombudsman  
PO Box 10-152  
WELLINGTON 6143

Yours sincerely

A handwritten signature in black ink, appearing to be 'Sue Mackwell', written in a cursive style.

Sue Mackwell  
**Deputy Chief Executive Social Policy and Knowledge**



Date: 23 June 2009

## MINISTERIAL MEETING ON SUICIDE PREVENTION

### **Purpose**

This briefing provides background notes for the first Ministerial Meeting on Suicide Prevention on 6 August, 2009

### **Incidence of suicide in New Zealand**

Around 500 people die by suicide each year. Around 20 per cent are under 25. A further 3000 people are hospitalised for intentional self harm, 30 per cent are under 25. Males are four times more likely than females to die by suicide, but females are almost twice as likely to be hospitalised for intentional self harm.

### **Groups at particular risk of suicide**

Young people (and specifically young people in care), Maori, and lesbian, gay and bisexual people are among the population groups at higher risk of self-harm and suicide than the general population. Maori have significantly higher suicide rates than non Maori. The overwhelming majority of Maori who die by suicide are in the 15-35 age range. Research suggests that each of these population's needs are not always adequately met in practice and policies around health care, mental health promotion and suicide prevention.

### **International comparisons**

New Zealand ranks in the middle of comparable OECD countries for suicide among the general population. But among the youth population, New Zealand has one of the highest suicide rates – second only to Finland (for males) and Japan (for females).

### **Trends over time**

Suicide rates among older people have declined over time. In contrast, the rates among the younger population have steadily increased. Suicides among 15 to 24 year olds reached an historic high in the early to mid 1990s as unemployment soared, and families came under significant stress. Over the past decade, suicide rates have declined among the population at large, including the youth population.

### **Causes of suicide**

There are many different pathways to suicide, but they are most often the result of an accumulation of social and emotional stress and unhappiness. In young people, they can be triggered by the end of a relationship, or the loss of a job or teasing by classmates.

For the lesbian, gay and bisexual population there are indications that the link between sexual orientation or gender identity and suicide risk results from the social stress and discrimination faced by individuals rather than their sexual orientation or gender identity per se.

## **Suicide prevention**

Suicides are preventable, but there is no one solution. Suicide prevention requires action at the broad societal level, as well as at the community and the individual level. People who are employed, healthy, happy, resilient, with good coping skills, strong self esteem and support of their families and communities are less likely to become suicidal. In 1998, the very high rates of youth suicide prompted the National Government of the time to support the development of a Youth Suicide Prevention Strategy, led by the Ministry of Youth Affairs. In 2006, an all ages Suicide Prevention Strategy took its place, with an action plan that was endorsed in 2008. MSD supports a number of initiatives that are part of this plan (see below).

## **The Ministry of Social Development's involvement**

The Ministry of Social Development became involved in the development of the Suicide Prevention Strategy because of the Ministry's role in tackling many of the problems that contribute to depression and suicide, e.g. family violence, child abuse and neglect, discrimination faced by different minority and ethnic groups, and the stress on families caused by loss of jobs, inadequate incomes and long term unemployment. The Ministry believes that a holistic approach that addresses these broader societal factors is vital if New Zealand's suicide rates are to drop. It supports the broad initiatives designed to promote the wellbeing and resilience of families, as outlined in Goal 1 of the Suicide Prevention Strategy.

## **Current initiatives**

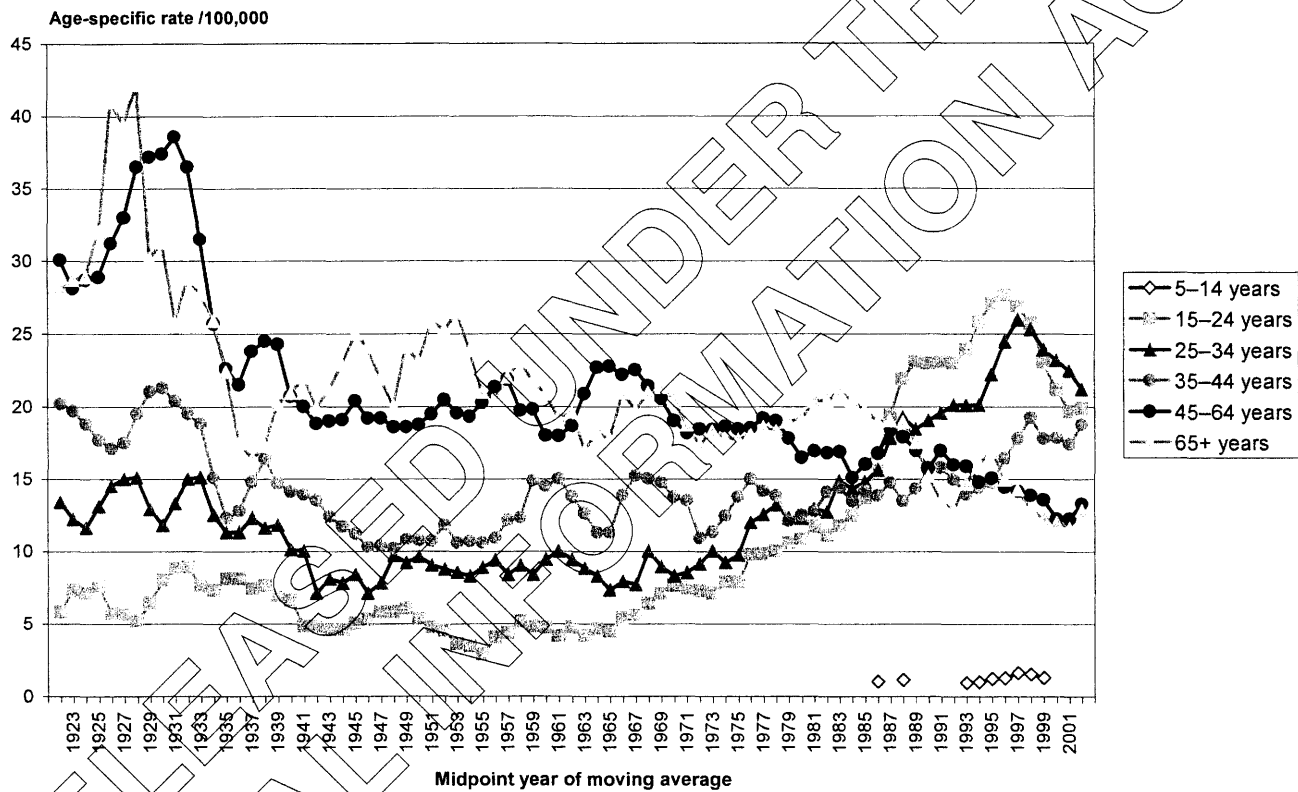
Aside from its major programmes designed to address family violence, job loss, income support, and the care and protection of children and young people, MSD is involved in other initiatives designed to help reduce the incidence of suicide. These include:

- **The *Towards Wellbeing* Programme:** *Towards Wellbeing* is a suicide risk assessment, monitoring and management programme for young people under the care and protection of CYF. Under the programme, all youth under CYF care are assessed, and if the young person is considered to be at risk, a support plan is put in place. More than 570 young people per year are managed in this way. The programme has contributed to a sharp decrease in deaths and hospital admissions for deliberate self harm since its implementation. There has been a 30 percent decrease in the relative likelihood of death and a 50 percent decrease in the relative likelihood of hospital admission. The last evaluation in 2007 highlighted some issues with implementation and these are being addressed through the priority actions for 2009.
- **Youth 2000 Survey series:** The Ministry of Youth Development contributes funding to this regular survey of secondary school students, which monitors trends in young people's health and wellbeing and allows links to be made between broader social and economic trends and young people's health and wellbeing. The most recent survey (2007) showed a reduction in depression and suicidal behaviours among young people over the 6 years since the previous survey
- ***Out There!*** - the community youth development organisation that promotes positive mental health for young gay, lesbian, bisexual, transgender, takatāpui, fa'afafine, queer and intersex people – has received government funding from its

inception in 2002 until the end of June 2009. MYD recently provided *Out There* with \$10,000 to enable the completion of their *Curious* text project.

- *Membership of the Interdepartmental Committee on Suicide Prevention:* MSD, MYD and CYF are all represented on this Committee. Through this membership, each agency keeps up to date with activities in the suicide prevention area and continues to contribute to the implementation of the NZ Suicide Prevention Action Strategy.

Age-specific suicide rate, by age group, 3-year moving average, 1921-2003



RELEASED UNDER THE OFFICIAL INFORMATION ACT

21 October 2010

## **Aide Memoire: Meeting of the Ministerial Committee on Suicide Prevention**

The Ministerial Committee on Suicide Prevention meets every six months to discuss issues that are impacting on New Zealand's suicide rate. The Committee's next meeting is on Thursday 28 October and the main issue on the agenda is the media reporting of suicide.

### **Why this is an issue right now**

In August 2010 the Chief Coroner highlighted the high incidence of suicide among New Zealanders ("50% higher than the annual road toll") and commented that it might be time to have more public discussion of the issue. He suggested that the restrictions on the media relating to the reporting of suicide deaths might need to be reviewed. The Prime Minister responded by asking the Ministerial Committee on Suicide Prevention to review the issue and report back to him by 4 November 2010.

### **Why this is relevant to young people**

Young New Zealanders are disproportionately affected by suicide; our rates of youth suicide are the second highest among comparable countries and the media often directs its attention in a sensational way to young people who die by suicide. Sensationalist coverage in turn can lead to further suicides: there are many reported instances of copycat suicides following high profile suicide deaths.

### **Current restrictions on reporting of suicides**

The Coroners Act 2006 places some restrictions on the information that can be published in relation to deaths by suicide. In effect, these restrictions apply only to information about the details of the death of individuals who have killed themselves. There are no restrictions on broader discussions of suicide as a public health issue, for instance. We note that there have been no prosecutions for breaches of the Act.

### **Media response to the restrictions**

The media considers that restrictions are unfair, constrain public debate and inhibit free speech. They say that opening up the debate could reduce the number of suicides. They argue that the ability to tell personal stories makes the discussion more real. They also argue that the spread of highly detailed information about suicide deaths on social networking sites undermines the case for restrictions on other media. They say that the 1999 guidelines for the media were drawn up without any input from the media, and therefore had little buy-in from them. In practice, some media treat suicide deaths sensitively, others do not.

### **What the evidence says**

There is strong evidence that stories about suicide deaths in the news media influence copycat acts, particularly where the reporting is sensationalist. Young people are the most vulnerable, both to sensationalist coverage and to copycat acts.

### **Recommendations**

Based on the evidence above we support the proposed recommendations:

- That no changes be made to provisions in the Coroners Act 2006 that restrict the reporting of the details of individual deaths
- That the Ministry of Health work collaboratively with the media and mental health professionals to revise the 1999 guidelines: *Suicide and the Media*.



MINISTRY OF  
SOCIAL DEVELOPMENT  
*Te Manatū Whakahiato Ora*

Date: 22 September 2011

Security Level:

Aide-mémoire for: Hon Paula Bennett, Minister of Social Development and Youth Affairs

**SUICIDE PREVENTION – MINISTERIAL MEETING ON 27 SEPTEMBER 2011**

<b>Meeting/visit details</b>	9 am - 10 am Tuesday 27 September 2011
<b>Expected attendees</b>	Members of the Committee [the Ministers of Health, Education, Internal Affairs, Justice, Police, Maori Affairs, Pacific Island Affairs, Women's Affairs and Youth Affairs] ; the Acting Chief Coroner ; Officials

**Purpose of meeting**

- This meeting will focus on actions taken in response to recent clusters of suicides among young people. The Chair (Hon Peter Dunne) will also update Committee members on the latest suicide data, the development of advice for media reporting of suicide, and progress against the Suicide Prevention Action Plan 2008 - 2012.

**Background**

- Since the last Ministerial meeting in October 2010, the environment has changed considerably, with positive and negative effects on the incidence of suicide:
  - The Prime Minister has signalled his interest in the issue of youth depression and suicide and his department is leading a project designed to find solutions that might work to improve young New Zealanders' mental health.
  - Following the Christchurch earthquake, the number of suicides in that city has dropped. (That fits with international evidence that significant events often have a galvanising effect on communities).
  - As a counterpoint however, suicides among young people have risen, with the "contagion" effect occurring in some parts of the country.

**Key issues**

- With attention shifting to clusters of youth suicides around the country, the question arises as to whether the NZ Suicide Prevention Action Plan 2008-2012 is sufficiently focussed on young people. (The current plan is an "all ages" strategy). Minister Dunne has indicated that key action areas in the next phase of the Suicide Prevention Strategy will focus on 14 -25 age group and support for family and whanau following suicide. The Minister will be reporting on progress against the Strategy at the meeting on Tuesday.

**Next steps**

- It will be vital that work to refocus the Suicide Prevention Action Plan is closely linked to initiatives being proposed by the Prime Minister's project on youth mental health.