



# Calling for action on suicide prevention in Aotearoa

19 October 2024

Sarah McKenzie, Clive Aspin, Chris Bowden, Angie Hoskin, Moko Kairua, Trevor Best, Barry Taylor, Gabrielle Jenkin

# Summary

The Ministry of Health is inviting submissions on the second Draft Suicide Prevention Action Plan for 2025-2029. We have a unique opportunity to craft a Suicide Prevention Action Plan that is transformative rather than additive and acknowledges that the solutions required to prevent suicide are broad and far-reaching.

A whole-of-society approach is urgently needed to address long-standing high rates of suicide in NZ. This approach requires a policy re-set moving the responsibility of suicide prevention to all of government with long-overdue collaboration and action by all sectors, public and private, and much wider than health.

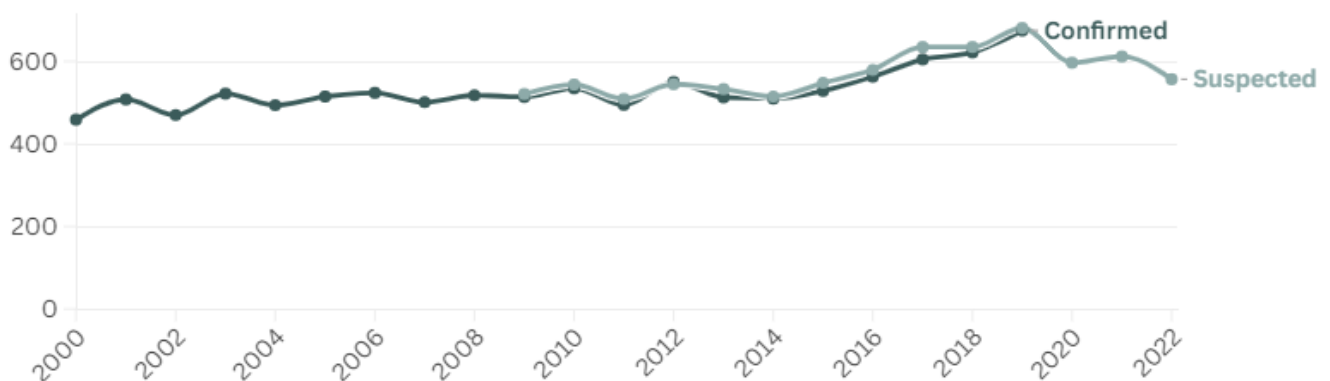
We need stronger leadership and robust local data and research to inform the implementation and evaluation of the effectiveness of interventions that tackle the broader determinants of suicide in Aotearoa New Zealand.

This Briefing opens the conversation about what a whole-of-society approach might look like and what an effective Suicide Action Plan must include.

---

Every year almost 600 people die by suicide in Aotearoa New Zealand (NZ), and 75% of them are men<sup>1</sup> (see Figure 1 below and [Appendix](#) for key epidemiological trends). Yet suicides are preventable.<sup>2</sup> Suicide results from a complex interaction of systemic, societal and individual factors. Traditional suicide prevention has been ineffective and narrowly focused on mental illness and clinical interventions, while overlooking broader social determinants.

**Figure 1. Overview—Number of suicide deaths in Aotearoa New Zealand, 2000-2022**  
Confirmed and suspected suicide deaths



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool

Confirmed suicide rates generally follow the same pattern as suspected suicide rates and the suspected suicide rates have decreased and remained stable across 2019-2022



## Central principles for suicide prevention

We consider that a whole-of-society approach<sup>3</sup> to suicide prevention has two principles. First, it acknowledges that the solutions are broad and far-reaching, should be developed

across government agencies and portfolio boundaries and move beyond the health sector. This principle supports global calls to shift suicide prevention towards a universal, long-term population-based approach.<sup>4</sup> It requires a policy shift, extending prevention responsibility beyond health departments to all areas of government.<sup>5-7</sup> Second, it requires the government and suicide prevention leadership to engage all relevant stakeholders beyond the public sector including communities, non-governmental organisations, civil society, academia, media and the private sector to address the challenges of suicide prevention.<sup>8</sup>

While interventions delivered through the mental health sector remain vital for individuals in crisis, upstream prevention is long overdue and urgently needed to address determinants at a population level and reduce suicides in the long term. These drivers include income, poverty, education, unemployment, housing, gender;<sup>7</sup> structural determinants including macroeconomic/social policies, racism, discrimination, impacts of colonisation;<sup>9 10</sup> and commercial determinants including products that increase suicide risk and/or access to means.<sup>6 11</sup>

A second principle is that suicide prevention must also draw on the existing evidence base for which universal, targeted, and selective interventions are demonstrated to be effective in addition to addressing the underlying societal determinants<sup>12</sup>

This holistic vision should form the foundation of our Suicide Prevention Action Plan.

## **Our call to action**

An effective Suicide Action Plan would include:

### **Stronger leadership and cross-society collaboration**

Progressing suicide prevention requires strong, sustained, collective leadership with strategic vision. We support the global call from international suicide experts that leadership is needed to build a whole of government and society approach that addresses the social determinants that have the greatest links to suicide.<sup>5-7</sup> This requires addressing the upstream causes of suicide through a public health lens and a policy re-set in which the responsibility of suicide prevention shifts to all of government.

Leadership needs to be properly resourced financially and with appropriate expertise to undertake critical functions associated with suicide prevention, including developing and reviewing the national strategy and implementation plan; monitoring progress, evaluating outcomes, and building the necessary data and evidence infrastructure.

Leadership should foster and promote cross-society collaboration, especially in areas with high suicide rates. For example, recent efforts by MATES in construction show a strong commitment to preventing suicides within their sphere of influence.<sup>13 14</sup> WorkSafe's recent investigation into work-related suicides highlights the growing role of industry and employers' suicide prevention efforts.<sup>15</sup>

### **Māori suicide prevention and the Turamarama Declaration**

In tandem, Māori leadership is required.<sup>16</sup> Māori, particularly rangatahi and tanē, have some of the highest rates of suicide in Aotearoa.<sup>10 17</sup> (See [Appendix](#).) Māori suicide prevention needs to be led by Māori for Māori and should follow the principles outlined in the Turamarama Declaration – a global declaration supporting indigenous-led suicide

prevention.<sup>18</sup> It acknowledges the cultural, historical, and social factors affecting Māori wellbeing, including the impacts of colonisation, historical trauma, and health care inequities.<sup>19</sup> The Declaration also advocates for a holistic approach to prevention, recognising the importance of cultural identity, community, access to te reo Māori and connection to land and whakapapa. In this respect, non-Māori and Crown agents need to partner with Māori to honour our Te Tiriti o Waitangi commitments.

### **A funded Suicide Research Strategy with access to robust high-quality data**

The current evidence on suicide prevention reflects a Western, individualised, and often psychiatric perspective on suicidal behaviour<sup>12</sup> and there is a lack of evaluative studies.<sup>20</sup> Endorsing a previous call to develop a suicide research agenda and set priorities for Aotearoa is essential.<sup>20</sup> A repository or suicide research hub is needed for researchers and practitioners to exchange knowledge and build partnerships across the prevention spectrum.

Robust research and evaluation are essential, requiring dedicated funding and resources to ensure effective and fit-for-purpose interventions. Non-government organisations, iwi and hapū, and not-for-profits need funding, expertise and access to data to be properly resourced for evaluation.

Building a local evidence base has been thwarted by lack of access to robust high-quality suicide related data and absence of a funded research strategy. Improved national data systems would enable this evidence base to be established including data linkage studies<sup>21</sup> and evaluation studies.<sup>22</sup>

While the current strategy includes a data-sharing service within the health system,<sup>23</sup> we need a suicide register, as our Australian counterparts have.<sup>24</sup> Suicide registers and other monitoring systems are critical for addressing suicide mortality and evaluation activities.<sup>25</sup> Our in-depth coronial suicide data is only accessible through the [Australian New Zealand Coronial Information System](#), and is costly and onerous to obtain. An essential feature of our strategy and action plan should be that Māori and New Zealanders have sovereignty over and ease of access to our own suicide data. Meanwhile, Māori-led research into experiences of suicide, and effective prevention and postvention at the whānau, hapū and iwi levels is urgently needed and should be resourced.<sup>26</sup>

Submissions on the [Draft Suicide Prevention Action Plan for 2025 – 2029 Public consultation document](#) close Friday, 1 November 2024 5pm. For those wanting to make a submission, here are some points to consider.

Aotearoa has a unique opportunity to craft a Suicide Prevention Action Plan that -

- **Supports stronger leadership:** Sustained, multi-sectoral leadership in suicide prevention that is wider than the health sector.
- **Promotes cross-society collaboration:** Involvement of public and private sectors, industries, and stakeholders in suicide prevention efforts.
- **Ensures Māori-led strategies:** Māori-led suicide prevention strategies based on the Turamarama Declaration, ensuring alignment with cultural values and Te Tiriti o Waitangi commitments.
- **Establishes a national suicide register:** The creation of a national suicide register to improve access to high-quality data for researchers, communities, and policymakers.
- **Invests in local research:** Ring-fenced funding for robust suicide prevention research, evaluation and knowledge translation.

## What is new in this Briefing

- Suicide prevention in NZ has focused on mental illness and clinical interventions, but needs to shift emphasis to the broader social, structural and commercial determinants to reduce the burden of suicide long term.
- NZ has a unique opportunity to craft a Suicide Prevention Action Plan that truly embraces the whole-of society approach stipulated in our overarching National Suicide Prevention Strategy.
- It is time to be transformative rather than additive with suicide prevention in NZ which requires building leadership beyond the health sector and partnering with relevant stakeholders across the whole-of society.

## Implications for policy and practice

- Build stronger, sustained, collective leadership in suicide prevention that goes beyond a narrow focus on health and involves cross-sector collaboration.
- Establish a dedicated focus and resourcing for Māori suicide prevention that follows the principles outlined in the Turamarama Declaration.
- Develop a national research strategy and repository/research hub to support knowledge exchange, partnership building and knowledge translation to ensure high quality and fit-for purpose interventions are designed, implemented and evaluated.
- Set up a suicide register and ensure access to high-quality national data to enable a robust local evidence base to be established.

# Where to get help

Need to talk? Free call or text **1737** any time for support from a trained counsellor.

**Lifeline** – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP).

**Youthline** – 0800 376 633, free text 234 or email [talk@youthline.co.nz](mailto:talk@youthline.co.nz) or online chat.

**Samaritans** – 0800 726 666

**Suicide Crisis Helpline** – 0508 828 865 (0508 TAUTOKO).

---

## Authors details

[Dr Sarah McKenzie](#), Suicide and Mental Health Research Group, Department of Psychological Medicine, Ōtākou Whakaihu Waka | University of Otago, Wellington

[Assoc Prof Clive Aspin](#), (Ngāti Maru, Ngāti Whanaunga, Ngāti Tamatera) School of Health, Te Herenga Waka | Victoria University of Wellington

[Dr Chris Bowden](#), School of Education, Te Herenga Waka | Victoria University of Wellington

[Angie Hoskin](#), Suicide and Mental Health Research Group, Department of Psychological Medicine, Ōtākou Whakaihu Waka | University of Otago, Wellington

Moko Kairua, Kaanaka Maoli, Kūki Āirani Maori, Ngapuhi-nui-tonu Te Iwi Professional Lead of Lived Experience: Peer Supports & Consumer/Tangata Whaiora Advisors. Consumer Family Whaanau Centred Care Team (CFWCC), Mental Health & Addiction | Counties Manukau District, Middlemore Hospital.

Dr Trevor Best, School of Forestry, Te Whare Wānanga o Waitaha | University of Canterbury

[Barry Taylor](#), Principal Consultant, TaylorMade Training & Consulting, Wellington.

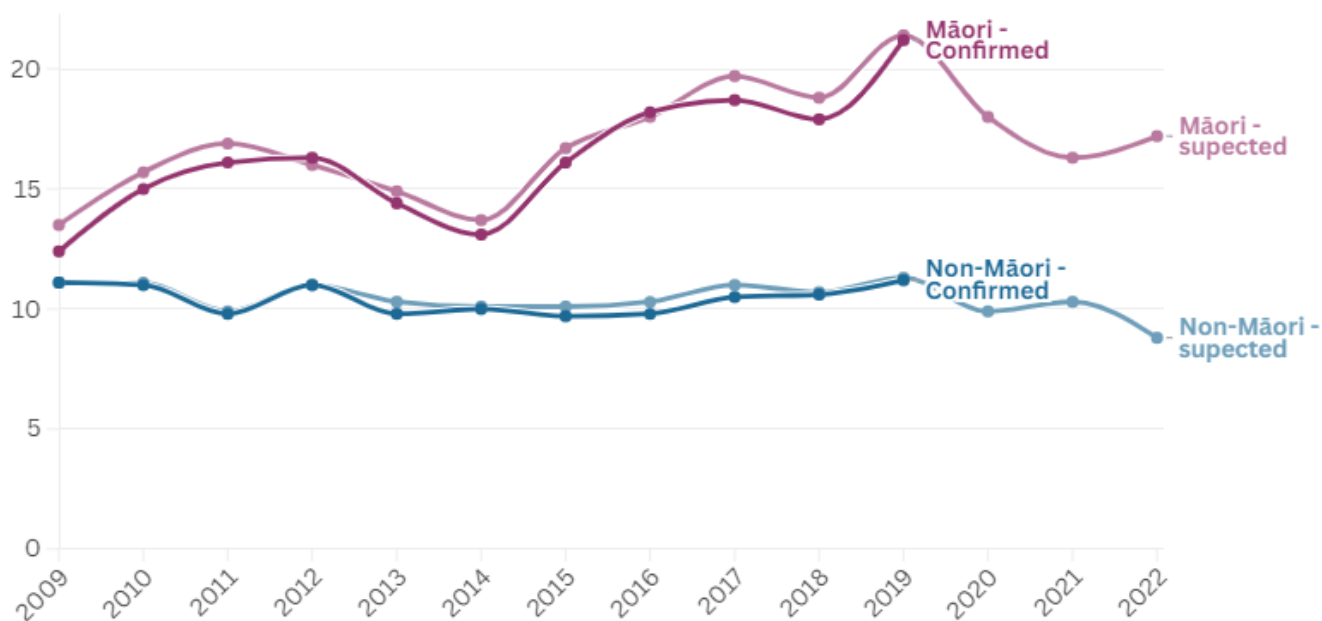
[Assoc Prof Gabrielle Jenkin](#), Suicide and Mental Health Research Group, Department of Psychological Medicine, Ōtākou Whakaihu Waka | University of Otago

## Appendix: Key epidemiological trends in suicide in Aotearoa New Zealand



**Figure A1. Rates of suicide deaths among Māori and non-Māori of all ages**

Confirmed and suspected suicide deaths per 100,000



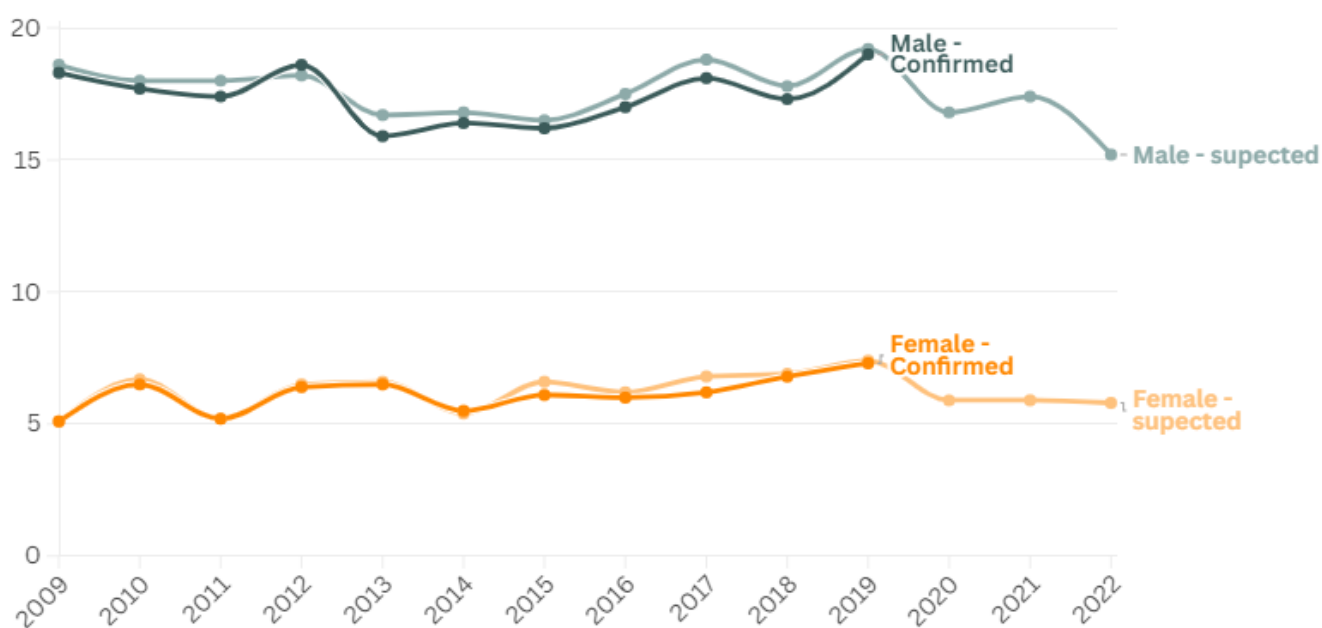
Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool

Rates are per 100,000 and age-standardised to the WHO standard world population.

phce

**Figure A2. Rates of suicide deaths for all ethnic groups and all ages, by sex, 2009-2022**

Confirmed and suspected suicide deaths per 100,000



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool

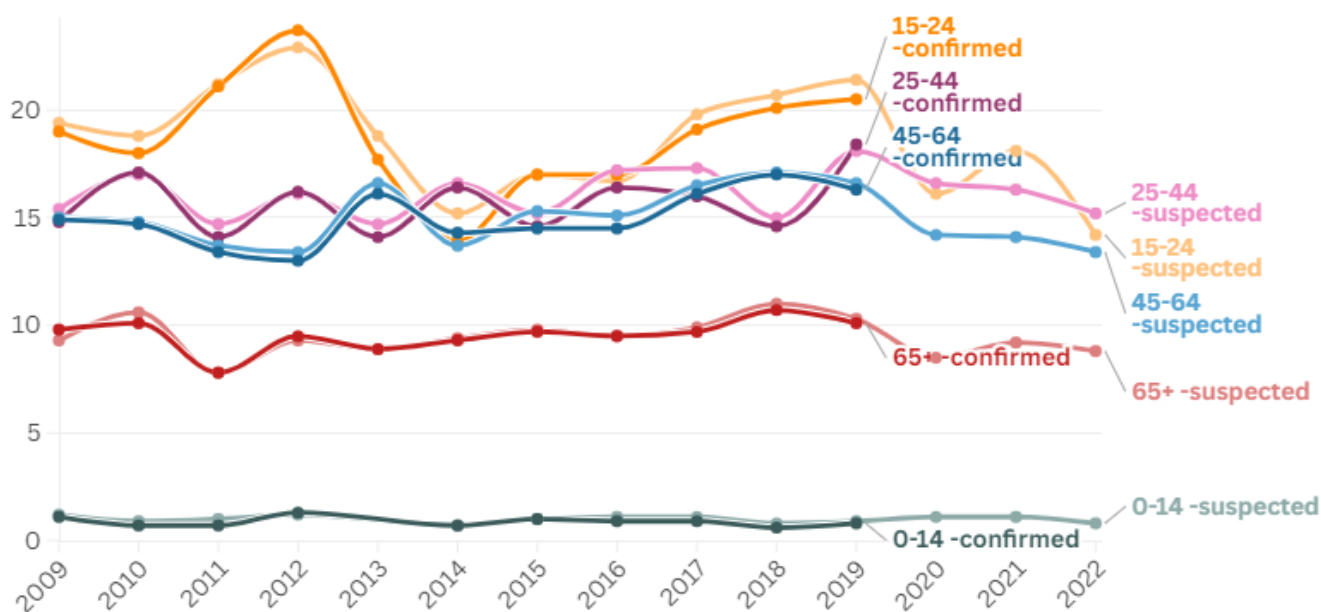
Rates are per 100,000 and age-standardised to the WHO standard world population.

phce

## Figure A3. Rate of suicide deaths in NZ by age group, 2009–2022

Confirmed and suspected suicide deaths per 100,000

Age: 0-14 15-24 25-44 45-64 65+



Source: NZ Mortality Collection (confirmed suicides), Ministry of Justice's case management system (suspected suicides), Health NZ - Suicide web tool

Rates are per 100,000 and age-standardised to the WHO standard world population.



## References

1. Te Whatu Ora, Health New Zealand. Suicide web tool 2024 [Available from: <https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/suicide/data-web-tool> accessed 10 October 2024.
2. World Health Organization. Preventing suicide: A global imperative. Geneva: World Health Organisation 2014. Available from: <https://www.who.int/publications/i/item/9789241564779>.
3. Ministry of Health. Every Life Matters - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand. Wellington: Ministry of Health; 2019. Available from: <https://www.health.govt.nz/publications/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide>.
4. The Lancet Public H. A public health approach to suicide prevention. *The Lancet Public Health* 2024. doi: 10.1016/S2468-2667(24)00220-2
5. Hawton K, Pirkis J. Preventing suicide: a call to action. *The Lancet Public Health* 2024. doi: 10.1016/S2468-2667(24)00159-2
6. Pirkis J, Bantjes J, Dandona R, et al. Addressing key risk factors for suicide at a societal level. *The Lancet Public Health* 2024. doi: 10.1016/S2468-2667(24)00158-0
7. Pirkis J, Dandona R, Silverman M, et al. Preventing suicide: a public health approach to a global problem. *The Lancet Public Health* 2024. doi: 10.1016/S2468-2667(24)00149-X
8. Ortenzi F, Marten R, Valentine NB, et al. Whole of government and whole of society



approaches: call for further research to improve population health and health equity. *BMJ Global Health* 2022;7(7). doi: 10.1136/bmjgh-2022-009972

9. Fitzpatrick SJ. Reshaping the ethics of suicide prevention: responsibility, inequality and action on the social determinants of suicide. *Public Health Ethics* 2018;11(2):179-90. doi: 10.1093/phe/phx022
10. Ngā Pou Arawhenua, Child and Youth Mortality Review Committee, Suicide Mortality Review Committee. Te Mauri. The Life Force. Rangatahi suicide report. Te purongo mo te mate whakamomori o te rangatahi. Wellington: Health Quality & Safety Commission; 2020. Available from: <https://www.hqsc.govt.nz/resources/resource-library/te-mauri-the-life-force-i-rangatahi-suicide-report-i-te-purongo-mo-te-mate-whakamomori-o-te-rangatahi/>.
11. van Schalkwyk MC, Collin J, Eddleston M, et al. Conceptualising the commercial determinants of suicide: broadening the lens on suicide and self-harm prevention. *The Lancet Psychiatry* 2023;10(5):363-70. doi: 10.1016/S2215-0366(23)00043-3
12. Fortune S, Sharma V, Papalii T. Evidence Synthesis of the research on Suicide Prevention and Postvention: Aotearoa New Zealand and International Perspectives. . Wellington: Ministry of Health; 2023. Available from: <https://www.health.govt.nz/publications/evidence-synthesis-of-the-research-on-suicide-prevention-and-postvention-aotearoa-new-zealand-and>.
13. Doran CM. The economic cost of suicide and non-fatal suicide behaviour to the New Zealand construction industry and the impact of MATES in Construction in reducing this cost. 2024. Available from: <https://mates.net.nz/research/>.
14. Jenkin G, Atkinson J. Construction Industry Suicides: numbers, characteristics and rates: report prepared for MATES in Construction NZ. Wellington: Suicide and Mental Health Research Group, University of Otago 2021. Available from: <https://mates.net.nz/research/>.
15. Magill R. Work-related suicide: Examining the role of work factors in suicide. Worksafe; 2022. Available from: <https://www.worksafe.govt.nz/research/work-related-suicide-examining-the-role-of-work-factors-in-suicide/>.
16. Lawson-Te Aho Dr KR. The case for Re-framing Māori Suicide Prevention Research in Aotearoa/New Zealand: Applying Lessons from Indigenous Suicide Prevention Research. *Journal of Indigenous Research* 2017;6(2017):1. doi,
17. Nguyen T, Ullah S, Looi JC, et al. Indigenous suicide rates in the United States, Australia and New Zealand between 2006 and 2019. *Australian & New Zealand Journal of Psychiatry* 2023;57(10):1324-30. doi: <https://doi.org/10.1177/00048674231167327>
18. Durie M. Indigenous suicide: the turamarama declaration. *Journal of Indigenous Wellbeing* 2017;2(2):59-67. doi, [https://journalindigenousewellbeing.co.nz/journal\\_articles/indigenous-suicide-the-turamarama-declaration/](https://journalindigenousewellbeing.co.nz/journal_articles/indigenous-suicide-the-turamarama-declaration/)
19. Lawson-Te Aho K, McClintock K. Maori Suicide Prevention Research, Policy & Practice. Wellington: University of Otago & Te Rau Ora; 2020. Available from: <https://terauora.com/maori-suicide-prevention-research-policy-practice/>.
20. Coppersmith DD, Nada-Raja S, Beautrais AL. An examination of suicide research and funding in New Zealand 2006–16: implications for new research and policies. *Australian Health Review* 2017;42(3):356-60. doi: 10.1071/AH16189
21. Clapperton A, Spittal MJ, Dwyer J, et al. Suicide within five years of hospital-treated self-harm: A data linkage cohort study. *Journal of Affective Disorders* 2024;356:528-34. doi: 10.1016/j.jad.2024.04.092
22. Platt S, Niederkrotenthaler T. Suicide Prevention Programs. *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 2020;41. doi:

<https://doi.org/10.1027/0227-5910/a000671>

23. Benson R, Rigby J, Brunsdon C, et al. Real-time suicide surveillance: comparison of international surveillance systems and recommended best practice. *Archives of Suicide Research* 2023;27(4):1312-38. doi: 10.1080/13811118.2022.2131489
24. Sutherland G, Milner A, Dwyer J, et al. Implementation and evaluation of the Victorian Suicide Register. *Australian and New Zealand Journal of Public Health* 2018;42(3):296-302. doi: 10.1111/1753-6405.12725
25. Nevarez Flores AG, Martin A, Bartkowiak-Theron I, et al. The impact of suicide registers and other monitoring systems on suicide prevention: A scoping review. *International Journal of Social Psychiatry* 2024. doi: 10.1177/00207640241261164
26. McClintock K, McClintock R. Hōea te waka: Indigenous suicide prevention outcomes framework and evaluation processes-Part 1. *Journal of Indigenous Wellbeing* 2017;2(2):68-76. doi, <https://terauora.com/wp-content/uploads/2022/04/74.70.Hoea-te-waka-Indigenous-suicide-prevention-outcomes-framework-and-evaluation-processes-Part-1.pdf>



Public Health Expert Briefing (ISSN 2816-1203)

---

**Source URL:** <https://www.phcc.org.nz/briefing/calling-action-suicide-prevention-aotearoa>