November 2023

He Arotake

Te Aka Whai Ora suicide prevention and postvention review

Wahi mihimihi

Tihei mauri ora
Ki te whaiao, ki te ao mārama
Ko te reo mihi tēnei o Manukura e rere atu nei ki a tātou katoa
Ki ō tātau mate huhua, tangihia, poroporoakitia
Hoatu koutou ki te aio o te rangi
Ahakoa kua ngaro i te tirohanga kanohi
Ka mau tonu i ngā whakaaro

He aha te mea nui o te ao?
Ko te whakautu, he tangata, he tangata, he tangata.
Koia ko te pukahu o ngā kaupapa i ahuru ai te tangata, i tieki hoki te whenua
Koia nei te reo mihi ki runga i a tātau, me te kaupapa e kawe nei tātau
Kati, tēnā koutou e hika mā

We issue the sneeze of life
Bringing forth the world of enlightenment
This is the voice of Manukura welcoming you all
Our thoughts turn to our loved ones who we have mourned
We bid them to the peace of the skies
Even though they are lost from our sight
We hold firm to them in our thoughts

What is the greatest thing in this world?
The answer: it is people, it is people, it is people
This is the very essence of our being - that people are well and prosper and thrive
At the very heart of this kaupapa is the care and aroha we have for our people
Our acknowledgements to you all

An important note

This report is about suicide, a topic that some readers may find confronting or distressing. Please take care and carefully consider your needs while reading this report, as well as the needs of any others with whom you share this report. You can free call or text 1737 at any time for support from a trained counsellor.

Acknowledgments

PwC Hauora would like to acknowledge the many people and organisations who contributed to the review:

- the whānau who bravely shared their stories with us, motivated by the opportunity to influence the national direction for Māori suicide prevention and ensure whānau in the future have the best possible experience of support;
- the Te Aka Whai Ora - Māori Health Authority partners and Te Whatu Ora providers currently delivering suicide prevention and postvention services, whose passion and dedication to the wellbeing of whānau and communities was clear, particularly given the uniquely challenging nature of the work;
- the Oranga Hinengaro team at Te Aka Whai Ora who commissioned the review, whose expectations were high and commitment to elevating the voices of whānau unwavering;
- the Suicide Prevention Office within Manatū Hauora - Ministry of Health, who were forthcoming with their sector knowledge, advice and relationships to maximise the impact of the review;
- the professionals within the broader sector whose work contributes to preventing and responding to Māori suicide, who generously shared their views with us.

He mihi maioha ki a koutou katoa.

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Purpose

An independent review of how well suicide prevention and postvention services are meeting the needs of Māori

Featuring strongly in *Te Pae Tata Interim New Zealand Health Plan 2022* under the Pae Ora legislation is suicide prevention. Within Te Pae Tata are two suicide prevention actions:

- Reducing the impact of suicide on communities by using approaches consistent with mātauranga Māori and by accelerating the implementation of *Every Life Matters | He Tapu te Oranga o ia Tangata, Suicide Prevention Action Plan 2019-2024*
- Reviewing the national approach to Māori suicide prevention and constructing suicide prevention approaches consistent with mātauranga Māori to reduce the rate of suicide and suicidal behaviour.

Te Aka Whai Ora commissioned PwC to undertake an external review into suicide prevention and postvention services, with a focus on how well services are meeting the needs of Māori. This is the review's final report.

About this report

This report is organised as follows:

- Section 1 contains an executive summary.
- Section 2 summarises the review approach, including the scope, intervention logic and timeline.
- Sections 3, 4 and 5 summarise key findings from the engagement undertaken as part of the review. Respectively, with whānau, Te Aka Whai Ora partners and Te Whatu Ora providers currently delivering suicide prevention and postvention services included in the review and professionals whose work contributes to preventing and responding to suicide by Māori.
- Section 6 summarises key findings from the scan of data on suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori.
- Section 7 summarises key gaps in currently funded suicide prevention and postvention services and support.
- Section 8 contains practical recommendations based on the findings of the review.

The Appendices contain a summary of the limitations of the review, a detailed description of scope, data by Iwi Māori Partnership Board regions, a glossary of key terms, references and a disclaimer.

Te kaupapa

Executive summary

1. Executive summary

1.1 Background and overview of the review

Suicide is felt deeply across Aotearoa and disproportionately affects Māori. As per the two suicide prevention actions in *Te Pae Tata Interim New Zealand Health Plan 2022 (Te Pae Tata),* Te Aka Whai Ora commissioned PwC to undertake an external review of how well current suicide prevention and postvention services are meeting the needs of Māori. As lead commissioner of suicide prevention services, Te Aka Whai Ora sought a comprehensive and independent view on:

- the current delivery of these services, as many have not been reviewed or substantially changed for more than 10 years and have recently been transferred to Te Aka Whai Ora;
- the extent to which services meet the needs, priorities and aspirations of Māori, including the use of approaches consistent with mātauranga Māori;
- the extent to which services in their current form and function support the delivery of the goals and aspirations of *Every Life Matters | He Tapu te Oranga o ia Tangata, Suicide Prevention Action Plan 2019-2024* and *Te Pae Tata.*

The review took place from July to November 2023 and covered the period 30 June 2020 to 30 June 2023. The review included the following key activities:

Scan of data on suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori;

Interviews with the 36 Te Aka Whai Ora partners currently delivering suicide prevention and postvention services;

Survey of 149 professionals whose work contributes to preventing and responding to suicide by Māori;

Wānanga with 28 whānau in Whangārei, Tāmaki-Makaurau, Rotorua and Ōtautahi to better understand the extent to which their needs and aspirations are being met by current services.

1.2 Summary of findings

Whānau had mixed experiences of current services, and clear views about what needs to change to better prevent and respond to suicide by Māori

When whānau reflected on their experiences of suicide prevention and postvention services and support and what went well, they told us about:

- the deep value of whanaungatanga (regardless of whether the service was kaupapa Māori);
- wraparound, holistic support grounded in te ao Māori;
- being equipped with the knowledge and practical tools to prevent and respond to suicide on their own terms (notably, via the Māori Suicide Prevention Community Fund administered by Te Rau Ora and the LifeKeepers / Mana Akiaki training by Le Va).

Whānau had clear views about what needs to change to better prevent and respond to suicide by Māori, telling us about:

- feeling overwhelmed by multiple services with different service offerings, particularly following the death of a loved one;
- non-Māori staff lacking cultural capability when working with Māori whānau, including experiences of profound cultural misunderstanding and racism;
- the need for more kaupapa Māori services and support, particularly in the crisis and postvention spaces;
- the need to increase efforts to promote mental health and wellbeing, awareness of suicide prevention and the services and support available;
- the urgent need to take meaningful action on suicide by Māori priority groups, including rangatahi Māori and tāne Māori.

There were mixed views among Te Aka Whai Ora partners and Te Whatu Ora providers on how well services are meeting the needs of whānau and communities

All-of-population and kaupapa Māori partners alike spoke about the value of kaupapa Māori approaches, and the need to address workforce issues and fragmentation within the system.

Many all-of-population services described themselves as ‘on a journey’ when it comes to meeting the needs of Māori. Some staff expressed frustration about working within services and systems they feel do not deliver on Te Tiriti o Waitangi obligations, and an ongoing lack of meaningful action to address inequities. Conversely, other staff expressed frustration about the focus on Māori suicide prevention within the system and this review, believing this to be at the expense of non-Māori.

An overarching theme from professionals within the broader sector was that services are not meeting the needs of Māori, and that there are major shortcomings within the system

We heard about:

- the need for a whole-of-Government approach to suicide prevention including for Māori;
- the need to improve the capacity and capability of frontline staff to prevent and respond to suicide by Māori;
- the need to address service and system fragmentation;
- once again, the value of kaupapa Māori, equity- and Te Tiriti-based approaches.

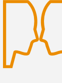
There are regional variations in rates of suspected self-inflicted deaths and hospitalisations for self-harm by Māori

There is a need for much deeper analysis of potential regional variations in the rates of suspected self-inflicted deaths and hospitalisations for self-harm by Māori, to support future decisions about regional investment. This analysis could be undertaken in partnership with the Suicide Prevention Office, with specialist epidemiological input and interpretation of the data alongside other relevant data sets.

1.3 Summary of recommendations

Recommendation 1:
Explore options for a significant increase in investment in kaupapa Māori suicide prevention

Recommendation 2:
Enhance the focus on priority groups in efforts to prevent and respond to suicide by Māori



Recommendation 3:
Strengthen the cultural competence of staff supporting the delivery of all-of-population suicide prevention and postvention services

Recommendation 4:
Increase efforts to equip whānau and communities with the knowledge and practical tools to prevent and respond to suicide

Recommendation 5:
Explore options to simplify the suicide prevention system and strengthen system leadership

Recommendation 6:
Accelerate the development and implementation of the national suicide prevention and postvention workforce development plan

Pou mua

Review approach

“The best services are the ones that are not just 9am-5pm. They are those that hold hands with whānau, understand kawa, work within te ao Māori and call on the ways of our tīpuna and our atua. If you don’t get that kai, the process is just really empty.”

– Whānau member

2. Review approach

2.1 Scope

The objective of the review was to develop a deep understanding of the current state of services, including common challenges, opportunities and gaps, to inform practical recommendations for Te Aka Whai Ora and issues for further exploration. The review was not an evaluation, nor an in-depth analysis of individual services. There are opportunities for further analysis by Te Aka Whai Ora and others to confirm the validity of the findings and further scope the recommendations and actions arising. A detailed description of scope is included in the Appendix B.

The suicide prevention and postvention services listed below were included in the review. Services have been represented as kaupapa Māori, all-of-population and Pacific, however, overlap between categories is acknowledged. Examples of this include Mana Akiaki: LifeKeepers Training for Māori delivered by Le Va and several Suicide Prevention and Postvention Coordination services delivered by kaupapa Māori or Pacific organisations with a Māori or Pacific focus, which have been represented as all-of-population services as the services receive all-of-population funding.

Kaupapa Māori services	All-of-population services	Pacific services
This refers to knowledge, attitudes and values that are inherently Māori, as held and followed by hapū and iwi. Kaupapa Māori services are often described as 'for Māori, by Māori'. Although the target population is Māori, these services are available to anyone who feels they will benefit from them	This refers to services for all eligible people, of all ethnicities. Partners may have Māori staff, collaborative working relationships with iwi or Māori organisations, and/or be guided by Māori frameworks	This refers to services for Pacific people, by Pacific-led organisations
• **Te Rau Ora** - Māori Suicide Prevention Community Programme • **Te Rau Ora** - Māori Suicide Prevention Community Fund • The nine Kia Piki te Ora Māori suicide prevention services during the period of the review, provided by: — **Te Rarawa Anga Mua** - Northland (Far North) — **Ngāti Hine Health Trust** - Northland — **Raukura Hauora o Tainui** - Waikato — **Te Rūnanga o Ngāti Pikiao** - Rotorua — **Te Ao Hou Trust** - Bay of Plenty — **Te Kupenga Hauora** - Hawke's Bay — **Ngā Tai o te Awa Trust** - Whanganui — **He Waka Tapu** - Canterbury — **Ngā Kete Mātauranga Pounamu Charitable Trust** - Southland	• **Mental Health Foundation** - suicide prevention resources for families and whānau, communities and the media • **NZ Rugby** - Mind, Set, Engage mental health promotion and suicide prevention programme (formerly HeadFirst) • **Le Va -** LifeKeepers suicide prevention training, including Mana Akiaki LifeKeepers for Māori training • **Victim Support** - support after a suicide death • **Skylight Trust** - training for facilitators of the Waves bereavement programme • **Clinical Advisory Services Aotearoa (CASA)** - Aoake te Rā counselling and support following a suicide death, coronial data sharing and community postvention response service • **Various** - Suicide Prevention and Postvention Coordination	• **Le Va** - FLO Pasifika for Life • **Le Va** - Pasifika Suicide Prevention Community Fund

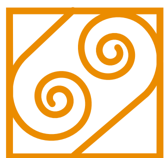
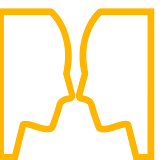
2.2 Intervention logic

The following intervention logic guided the review. The intervention logic was refined throughout the review in response to new insights, emerging themes and ongoing discussions with Te Aka Whai Ora and other key partners.

Problem/opportunity	Inputs	Activities	Output	Contributing to...
Suicide is felt deeply in Aotearoa and disproportionately affects Māori	An independent review by PwC Hauora of how well suicide prevention and postvention services delivered over the period of the review (30 June 2020 to 30 June 2023) are meeting the needs of Māori	Wānanga with whānau to better understand the extent to which their needs and aspirations are being met by current services	A comprehensive final report that summarises key findings and practical recommendations on what is needed to best meet the needs and aspirations of Māori, now and into the future	An independent view of how well current suicide prevention and postvention services are meeting the needs of Māori
Te Pae Tata Interim New Zealand Health Plan 2022 contains two suicide prevention actions, one of which is to: "review the national approach to Māori suicide prevention"		Interviews with Te Aka Whai Ora Partners and Te Whatu Ora providers that delivered suicide prevention and postvention services over the period of the review		A national suicide prevention investment strategy and national model of care to be informed by this review
Services have recently (Sept 2022) been transferred to Te Aka Whai Ora, and many have not been substantively reviewed or changed in more than 10 years		Survey of professionals whose work contributes to preventing and responding to suicide and suicidal behaviours by Māori		Robust decisions about future commissioning by Te Aka Whai Ora, also to be informed by this review
		Scan of data on suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori		Te Aka Whai Ora and partners are strongly placed to contribute to Pae Ora - healthy futures for New Zealanders

2.3 Timeline

The review was undertaken from July to November 2023 and had a three-phased delivery approach. A timeline of key activities is included below, with in-depth summaries of the purpose and methodology for each of the key activities included in subsequent sections.

Kōtuia *Planning* **July/Aug 2023**	**Tukutuku** *Insights and engagement* **Aug/Sept 2023**	**He mimira haumi** *Analysis and reporting* **Oct/Nov 2023**
Whakawhanaungatanga	Engagement with Te Aka Whai Ora partners and Te Whatu Ora providers to gather early insights	Deliverable: Draft report
Agree engagement approach and methodology for the review	Scan of data on suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori	Deliverable: Final report
Deliverable: Project plan	Sector survey	Project close
	Whānau wānanga	

Te reo mai i ngā whānau

Key findings:

Engagement with whānau

“We talk about suicide in our whānau now, and that’s helped a lot. We acknowledge my brother who died – we don’t paint a pretty picture, we say it for what it truly is. That helps us to accept it more.”

– Whānau member

3. Engagement with whānau

3.1 Purpose and methodology

The purpose of the whānau wānanga was to better understand the extent to which whānau needs and aspirations are being met by current services, based on the lived experience of participants. Whānau were recruited via Te Aka Whai Ora partners and Te Whatu Ora providers - specifically, whānau who:

1. Are Māori;
2. Felt safe and ready ā tinana, ā hinengaro, ā wairua, ā whānau to share their experiences with others;
3. Were able to attend a wānanga in Whangārei, Tāmaki-Makaurau, Rotorua or Ōtautahi-Christchurch. These locations were chosen by Te Aka Whai Ora based on Māori suicide death trends, ease of access and geographical coverage nationwide.

Te Aka Whai Ora partners and Te Whatu Ora providers encouraged whānau to contact the PwC Hauora team directly, and/or gained consent from whānau for their contact details to be shared with the PwC Hauora team. The PwC Hauora team then shared further information with interested whānau by phone call and a follow up email, as part of the manaakitanga process.

The agenda for the wānanga was flexible to prioritise whānau needs and preferences, with a slow and gentle pace, frequent breaks and whakawātea practices woven throughout. Whānau were guided by the following questions:

- Thinking about your experience of suicide prevention services and support, what went well?
- Thinking again about your experience of suicide prevention services and support, what could have gone better?
- What needs to change to better prevent and respond to suicide by Māori?

3.2 Overview of participants

A total of 28 whānau attended the wānanga, with a range of lived experiences of suicide. Whānau had lost partners, parents, siblings, children, friends and others to suicide and some had experienced suicidal ideation themselves. All were motivated by the opportunity to influence the national direction for Māori suicide prevention by participating in the wānanga, and for whānau in the future to have the best possible experience of support.

Whānau participants had direct experiences of fewer than a third of services included in the review, as below. This was because recruitment was primarily through current Te Aka Whai Ora partners and Te Whatu Ora providers, where there were already trusting relationships with whānau. Regardless, the findings set out on the subsequent pages provide rich insights important to the review.

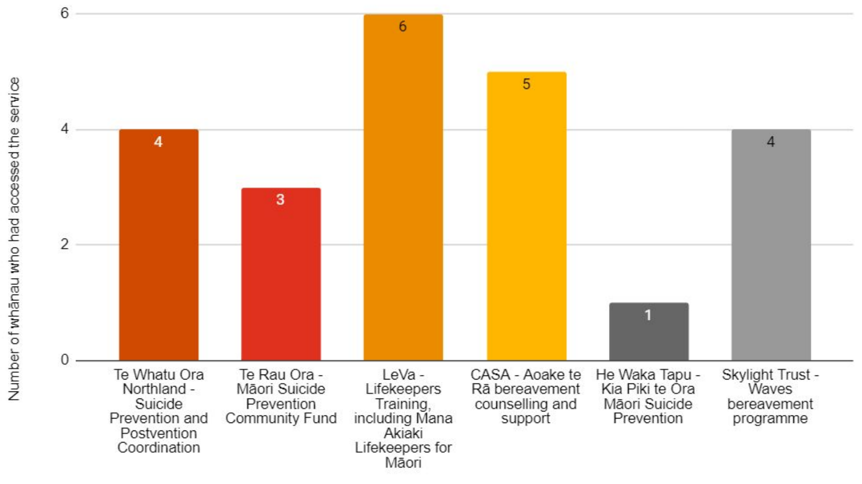


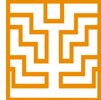
Figure 1: Services included in the review that wānanga attendees had accessed (n=23)

3.3 Summary of findings

What went well?

	Theme	What whānau told us
	A focus on whanaungatanga, regardless of whether the service was kaupapa Māori	• "Whanaungatanga and creating that initial connection with whānau is so important. The lady who interacted with me introduced herself appropriately, allowed my whānau to be part of the kōrero, gave us time to talk about who we are… this meant everything to me." • "I wouldn't have minded if a Chinese person had been telling me about Te Whare Tapa Whā… It really comes down to the person in front of you."
	Wraparound, holistic support grounded in te ao Māori, that draws from mātauranga Māori me taonga tuku iho	• "The [Suicide Prevention and Postvention Coordinators] helped me so much, even where to get support financially. And they were Māori - that's what was important. [The local Kia Piki te Ora service] was great for me, too – they were always sending people to check on me, and see if I was okay." • "The best services are the ones that are not just 9am-5pm. They are those that hold hands with whānau, understand kawa, work within te ao Māori and call on the ways of our tīpuna and our atua. If you don't get that kai, the process is just really empty." • The [Suicide Prevention and Postvention Coordinators] have been wonderful and we've really felt the manaakitanga, especially through the tangihanga process. From the undertakers to the nehu [burial], the knowledge of how to help whānau heal themselves in a te ao Māori way is what helped so much… especially for our whānau who are disconnected from who they are."
	Being equipped with the knowledge and practical tools to prevent and respond to suicide	• "I did some training through Le Va. The LifeKeepers Mana Akiaki training from a te ao Māori lens was amazing. People just got it… It's so worthwhile and should be made available to everyone on a regular basis." • "Even though I knew the Waves programme wasn't kaupapa Māori, I was already grieving, so I thought - why not? One facilitator was Māori and the other Pākehā, and they had this really cool way of facilitating; of taking care of our wairua. I did the programme with whānau members, and we all got practical skills to manage our grief. [The Māori facilitator] was amazing - that's what made the difference."
	Support from others who had lived or living experience of suicide	• "One of the things I really appreciated… was that the Waves programme facilitator had been bereaved by suicide themselves. Postvention comes from the heart… we're both in māmae, unpacking the hurt together."

What could have gone better?

	Theme	What whānau told us
	Not knowing where to go for support	• "The grief that comes with a suicide death is unique, and I just didn't know where to go for help. When I was looking, it was almost a dead-end street… Suicide is one of New Zealand's biggest crises, but services aren't promoted… it still feels taboo." • "I actually found a lot more kaupapa Māori suicide bereavement resources from up north, compared to down here in Christchurch… If you know of the kaupapa Māori services already, you're sweet. If you don't, it's so hard to know where to go." • "Our whānau don't know where the manaaki is. I've got to give 1737 a big ups because that number alone has saved so many rangatahi."
	**Feeling overwhelmed by multiple services with different service offers, particularly following a suicide death**	• "With the suicides we had in 2012, it was tough going for our rangatahi and whānau, but services used to just turn up and work together to support whānau. Nowadays, they say "My organisation won't allow me to do that…" There's policy, management, politics that get in the way. I can't keep track of who does what."
	Perception that staff lacked cultural competence	• What didn't work was when I went to the Anglican Church for counselling – there was nowhere else to go in Whangārei that I knew about. I wasn't sure how a Pākehā lady who hadn't experienced losing a son to suicide was going to help at all." • "Sometimes there is racism against our whanau. Some of our whānau are mate Māori [spiritually and culturally unwell] - they can see things, and others think they are crazy. Some are in the spiritual realm and they need that guidance on how to cope and be safe in the spiritual world. We have [a tōhunga service] – we're lucky to have one here – but whānau didn't know we can access it through ACC." • "It is so heavily clinical - psychiatrists, nurses, medicines, psychotherapy, etc. Yuck. Wairua practices and mirimiri are what's needed."
	Variable experiences of specialist mental health services	• "[The local child and adolescent mental health service] is hit or miss. I've had some amazing staff who go above and beyond, like sending texts and checking in all the time with our rangatahi, but others who don't even do the bare minimum." • "[After my son's suicide attempt] I found him in the hospital… they were kind in the beginning, but then they slap you with their processes. He was waiting for 12 hours for the specialist to come and do an assessment… but then we had to go home and wait, because they never turned up. They say you have to do this, you have do that, otherwise we're not gonna help you."

What needs to change?

	Theme	What whānau told us
	A greater focus on mental health and wellbeing promotion, particularly within priority groups	• "We need to equip whānau with the tools and resources for wellness - how to be well, eat healthy, exercise and deal with mental distress. We need to address online bullying, and bullying at kura. We need more funding for grassroots initiatives in the community, for the whole whānau."
	Increased efforts to equip whānau with knowledge and practical tools to prevent suicide, and where to get support	• "We see drunk driving campaigns - why not "your life is important" suicide awareness campaigns?" • "Suicide prevention is something services should be proud of... but it feels like it's taboo. This is one of New Zealand's biggest crises."
	More wraparound, holistic support particularly after a suicide death	• "The small stuff is so important. We need the basic needs addressed first - kai, finances etc. Whānau ora works - way more so than the big mainstream talking therapies. You can visit someone who is feeling really low on that day and change their whole outlook."
	Increase access to kaupapa Māori support, particularly in the crisis and postvention spaces	• "The reality is that crisis services get brought in, and then you're waiting 10-12 hours at [the Emergency Department]… Why isn't there a Māori group you can just make a call to? It's all those critical moments that really count." • "It would be better to have a mental health service that is led by Māori, for Māori. The kaupapa Māori support was so helpful for me and my girl. We saw a beautiful kuia - I wish it was ongoing."
	Improve access to bereavement support, ideally low/no cost and offering self-referral	• "What didn't go so well was the [Aoake te Rā] counselling sessions were limited to six. The counsellor would then have to go and ask, to fight, for more sessions. I didn't know where to go, so it took a long time to get further help." *[Note: Aoake te Rā counselling is no longer limited to six sessions]* • "Not a lot of whānau can afford to pay for counsellor… so the free support was something that went well."
	Shift resources and decision making to whānau, hapū and iwi	• "Enable iwi and Māori with resources to come up with our own solutions. We've done it with COVID-19, so we can do it with suicide. Not just tokenistic stuff - we need to be enabled to do the mahi we're doing already. We could run regular wānanga, hubs at the marae… all whānau would need to say is "I'm not ok" and they would get the help they need."
	The urgent need to take meaningful action on Māori priority groups	• "We definitely need more support for our tāne. My dad is in his 50s, and he would never ordinarily come to these kinds of things [Waves bereavement sessions], but it really helped him." • "We need to equip our rangatahi with the right tools. Trauma and strategies to cope with trauma need to be taught in schools. Our kids fall through the cracks."

Ngā whakataunga

Key findings:

Engagement with Te Aka Whai Ora partners and Te Whatu Ora providers

“Our role as a Tangata Tiriti organisation is to ensure that in everything we do, we make it responsive to Māori.”

– Staff member working for an all-of-population service

4. Engagement with Te Aka Whai Ora partners and Te Whatu Ora providers

Almost all (83%) Te Aka Whai Ora partners and Te Whatu Ora providers included in the review met with the PwC Hauora team to share their views on how well services are meeting the needs of Māori, and what needs to change to better prevent and respond to suicide by Māori. This section summarises key insights and themes from those interviews.

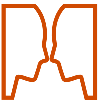
4.1 Summary of findings

What is working well?

Kaupapa Māori partners

Support that draws on mātauranga Māori me ngā taonga tuku iho (traditional Māori knowledge and the treasures handed down from our ancestors), such as the whānau champion model, postvention support and traditional healing kura provided by Tuwharetoa ki Kawerau Hauora, and the rongoā group provided by Te Rūnanga o Ngāti Pikiao and funded by the Māori Suicide Prevention Community Fund administered by Te Rau Ora

Ability to offer wraparound, holistic, whānau-centered support in line with the social determinants of hauora, given the integrated health, social and cultural service offers typical of kaupapa Māori services



Ability to engage and build trust with whānau who are less likely to engage with services, as Māori staff typically live within the communities they support and have relevant lived experiences

Deep relationships with local marae, hapū and iwi given many services are iwi and mana whenua-mandated, enabling collaboration on kaupapa of mutual interest

Enabling whānau and communities to come up with their own solutions to suicide, via Kia Piki te Ora activities within communities and the Community Fund administered by Te Rau Ora

All-of-population and Pacific partners

The use of Māori concepts and models of health such as Te Whare Tapa Whā and mauri noho (languishing), mauri oho (awakening), mauri ora (flourishing) to support whānau

Continued work to grow Māori capability through Māori cultural roles and prioritising recruitment of frontline Māori staff

Developing service offerings and resources specifically for Māori, such as Le Va's Mana Akiaki: LifeKeepers for Māori training and the Mental Health Foundation's suicide prevention resources specifically designed for Māori, distributed to kohanga reo, kura kaupapa and iwi organisations

Establishing relationships with marae, hapū and iwi, and kaupapa Māori and iwi providers, through collaborative arrangements such as joint governance groups for specific kaupapa

Leveraging organisational scale, reach and community connections. For example, NZ Rugby's ability to engage with rugby communities through their Mind, Set, Engage mental health promotion and suicide prevention programme, or CASA's unique, nationwide view of suicide deaths and suicidal behaviours through its delivery of the Coronial Data Sharing Service and Community Postvention Response Service

Maintaining choice for whānau Māori who may not wish to access kaupapa Māori services or support

What could work better?

Kaupapa Māori partners	All-of-population and Pacific partners

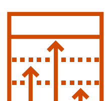
Insufficient funding and resourcing, particularly where there are significant geographical areas to be covered such as the Kia Piki te Ora and Suicide Prevention and Postvention Coordinator roles. [*Note: service coverage has improved with the expansion of Kia Piki te Ora services nationwide from 1 July 2023]*

Incomplete picture of other suicide prevention and postvention services and resources available, which can lead to whānau not receiving the support they need, when they need it, and duplication of efforts by services

Kaupapa Māori partners

Workforce capability and wellbeing issues. Whānau often prefer to engage with staff in roles that are grounded within communities, such as health promoters, rather than the clinical workforce. It can be challenging to keep staff safe ā hinengaro, ā wairua given the nature of the work

Institutional racism, a lack of understanding of mātauranga Māori me taonga tuku iho and the privileging of Western models of health within the broader health system



The Request for Proposal model of procurement which can promote unhelpful competition among kaupapa Māori services and disincentivises collaboration to better support the needs of Māori *[Note: the expansion of Kia Piki te Ora services nationwide used a Registration of Interest process to encourage collaboration, rather than a Request for Proposal process]*

All-of-population and Pacific partners

Workforce capability and wellbeing issues. There are a limited number of Māori staff working in suicide prevention, and many prefer to work for kaupapa Māori organisations. Whānau often prefer to engage with staff in Māori cultural roles such as kaumātua, who may in turn feel they do not have the capability to support. A high turnover of staff and burnout were reported as common

The ongoing need to lift the cultural competence of staff, for example among Victim Support volunteers given their role in responding to every death by suicide in Aotearoa

What needs to change?

Kaupapa Māori partners	All-of-population and Pacific partners

A whole-of-Government approach to preventing and responding to suicide by Māori, which is aligned with efforts by other services and sectors to respond to the social determinants of hauora

Greater service and system cohesion and collaboration - currently, parts of the suicide prevention and postvention system are fragmented and siloed. Leadership, policy and commissioning are spread across Te Aka Whai Ora, Te Whatu Ora and the Suicide Prevention Office within Manatū Hauora - Ministry of Health, and a range of different services support whānau and communities at different points across the promotion, prevention, intervention and postvention spectrum

Stronger system leadership and greater stability - there has been much change within Government, and a perception that Government is reluctant to take bold action on suicide prevention due to a culture of risk aversion given the high media and public interest in suicide prevention

More sustainable investment in kaupapa Māori suicide prevention. The Māori Suicide Prevention Community Fund administered by Te Rau Ora is highly impactful, but funding is time-limited

A greater focus on enhancing knowledge of how to prevent suicide and how to speak about suicide safely, ideally led by whānau, hapū and iwi

A greater focus on workforce development, given workforce gaps (particularly Māori staff and staff with lived experience), capacity issues and the risks of vicarious traumatisation and burnout

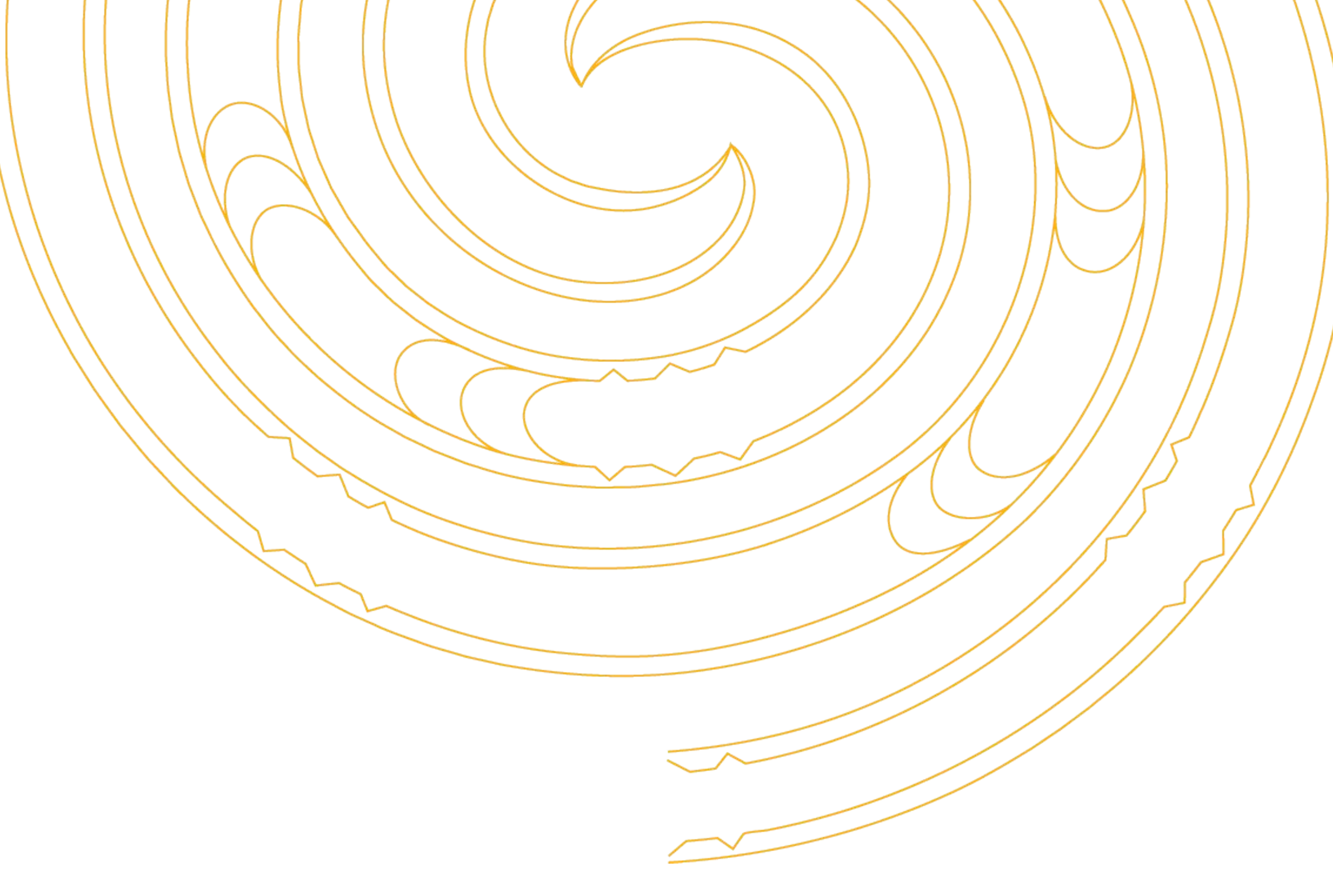
Commissioning and service delivery models that better enable an outcomes-focused, whānau-centered approach. Usually, Māori present as whānau, not as individuals with a single issue. Kaupapa Māori providers work holistically, aiming to meet all whānau needs *[Note: the expansion of Kia Piki te Ora services nationwide used this commissioning model]*

Continued work to lift the cultural competence of staff working for all-of-population service, to improve service quality and continue to ensure choice for whānau

Ngā huanga

Key findings:

Engagement with professionals whose work contributes to preventing and responding to suicide by Māori



“We need cohesive, iwi-led services for tāne, hapū māmā, kaumātua, takatāpui and wāhine. We need kaupapa Maori responses - whānau ora and connection to te taiao. We need to courageously address poverty, and deliver programmes in kura. We need to invest in kaupapa that work.”

– Professional working for a kaupapa Māori organisation

5. Engagement with professionals whose work contributes to preventing and responding to suicide by Māori

5.1 Survey purpose and methodology

The purpose of the survey was to invite the views of professionals whose work contributes to preventing and responding to Māori suicide. This was in line with the social determinants of hauora and the need for a whole-of-society, whole-of-Government approach to Māori suicide prevention. Te Aka Whai Ora partners and Te Whatu Ora providers in scope of the review were not included in the survey distribution, due to the extensive engagement with services earlier in the review.

The survey was distributed to the following kaupapa Māori and health, social and education organisations.

- All recipients of the Māori Suicide Prevention Community Fund administered by Te Rau Ora
- All recipients of the Le Va Suicide Prevention Community Fund where the funded initiative had both a Māori and Pacific focus
- Whakarongorau, provider of 1737 Need to Talk helpline
- Lifeline, provider of 0508 TAUTOKO helpline
- Specialist kaupapa Māori mental health and addiction services, crisis assessment and treatment teams and community mental health teams
- Key to Life Charitable Trust
- Takatāpui and rainbow organisations Te Ngākau Kahukura and Rainbow Youth
- Mental health workforce development organisations Whāraurau and Te Pou o te Whakaaro Nui
- Approximately 60 providers of kaupapa Māori and iwi health and disability services
- Eleven researchers and academics in the areas of suicide prevention and postvention
- The following professional bodies, with a request to share with Māori staff groups and councils where these existed: the New Zealand Psychological Society; the New Zealand Institute of Psychotherapists; the New Zealand Association of Counsellors; the Royal Australian and New Zealand College of Psychiatrists, the Royal New Zealand College of General Practitioners; the New Zealand Nurses Organisations; Te Kaunihera o Ngā Neehi - National Council of Māori Nurses; Social Workers Registration Board; Aotearoa New Zealand Association of Social Workers and the New Zealand Teaching Council

5.2 Overview of respondents

There were 149 responses to the survey. Key characteristics of respondents were as follows:

- Fifty-six percent of respondents identified as Māori, which likely reflects the targeted nature of the survey distribution.
- Seventy-eight percent of respondents identified as female, which likely reflects the gender make up of professionals working in the health and social sectors.
- As per figure 2 below, most respondents worked for an all-of-population health service, a kaupapa Māori or iwi organisation and/or a non-Government organisation.

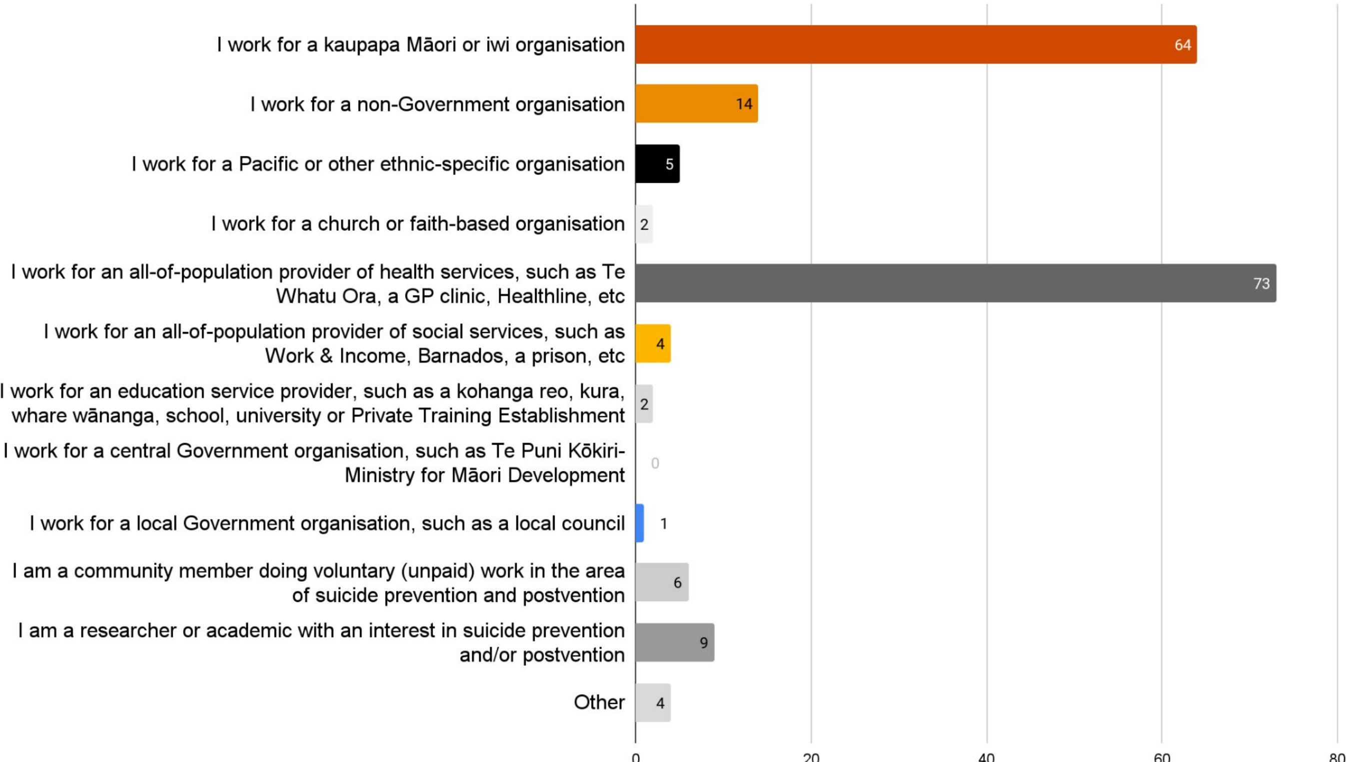


Figure 2: Survey respondents (n=149), by self-identified profession (n=184)

Notes: As respondents had the option to select multiple responses, the number of responses to this question is greater than the number of survey responses overall.

5.3 Survey results

Respondent's awareness of services

The survey first asked about professionals' awareness of suicide prevention and postvention services in scope of the review. Responses indicated:

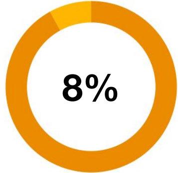
A **high level of awareness of all-of-population services**, with most respondents indicating knowledge of multiple services

A similarly **high level of awareness of kaupapa Māori services**, particularly Kia Piki te Ora

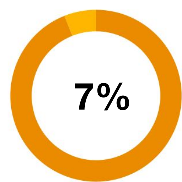
A **lower level of awareness of Pacific services**, with over half of professionals indicating they did not know of any of the listed services and support

Views on how well current services are meeting the needs of Māori

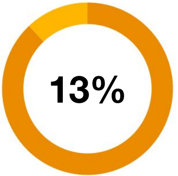
Almost all respondents had strong views that current suicide prevention and postvention services are not meeting the needs of Māori, as illustrated by their responses to the following questions:



Eight percent agreed that Māori whānau, hapū, iwi and communities have a **good understanding of the suicide prevention and postvention services available to them**, and how to access this support

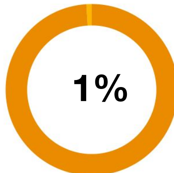


Seven percent agreed that suicide prevention and postvention services are **meeting the needs** of Māori whānau, hapū, iwi and communities

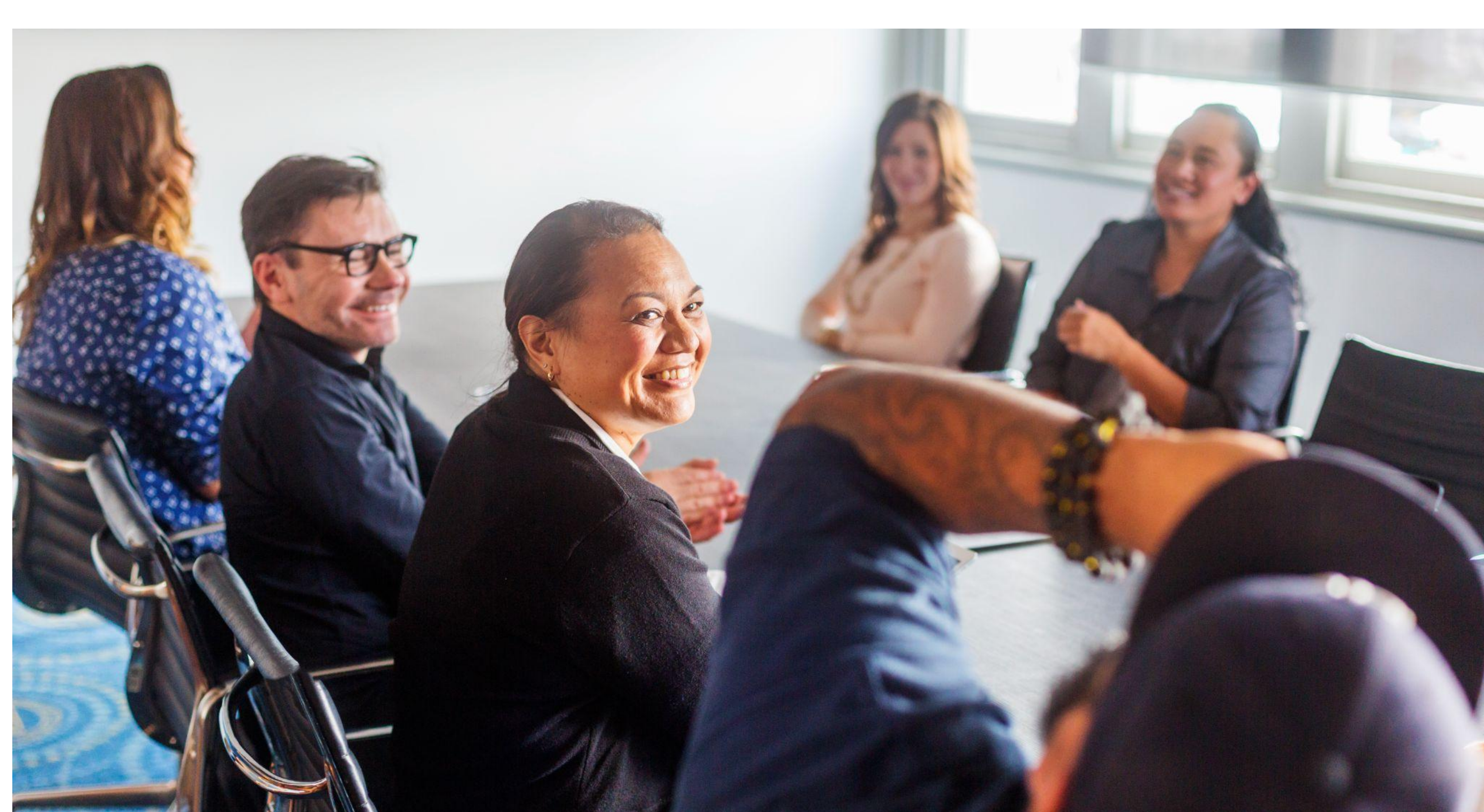


Thirteen percent agreed that all-of-population suicide prevention and postvention services provide **culturally competent, appropriate support** to Māori whānau, hapū, iwi and communities

Fifteen percent agreed that suicide prevention and postvention services deliver on their **obligations under Te Tiriti o Waitangi**

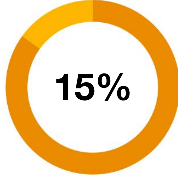


One percent agreed that there are enough **kaupapa Māori suicide prevention and postvention services**

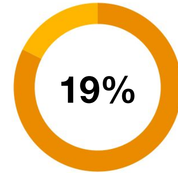


Views on how well broader efforts to prevent and respond to suicide are working for Māori

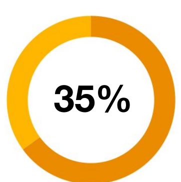
Professionals were also fairly consistent in their views that broader efforts to prevent and respond to suicide are not working as well as they should be for Māori, although these views seemed to be less strongly held than their views that current suicide prevention and postvention services are not meeting the needs of Māori.



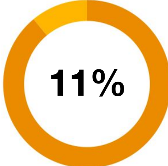
Fifteen percent agreed that people and organisations are **working in a joined up way** to prevent and respond to Māori suicide



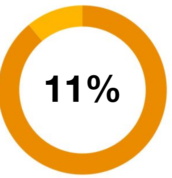
Nineteen percent agreed that efforts to prevent and respond to Māori suicide meaningfully address the **ongoing effects of colonisation and the social determinants of hauora**



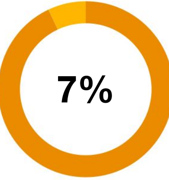
Professionals were mixed in their views on the extent to which the **perspectives of Māori with lived or living experience of suicide** inform efforts to prevent and respond to suicide by Māori, with 35% agreeing and similar proportions neither agreeing nor disagreeing or disagreeing.



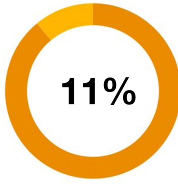
Eleven percent agreed that Māori whānau, hapū, iwi and communities receive the right **tools, resources and support to come up with their own solutions** to preventing and responding to suicide



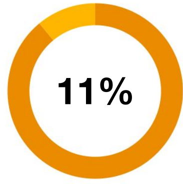
Eleven percent agreed that **Government policy sets a clear national direction** for efforts to prevent and respond to Māori suicide, with a similar proportion neither agreeing nor disagreeing



Seven percent agreed that there is **enough funding** for efforts to prevent and respond to Māori suicide



Eleven percent agreed that **data and evidence** sufficiently inform efforts to prevent and respond to Māori suicide



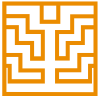
Eleven percent agreed that there is **strong national leadership** that supports efforts to prevent and respond to Māori suicide

Views on what needs to change

Professionals' responses to the open-text question "What needs to change to better prevent and respond to suicide by Māori?" provided rich context to their responses to the previous questions, with eight clear themes across the 149 responses.

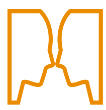
The need for a whole-of-Government approach to preventing and responding to suicide by Māori

- "Efforts are not joined up, and there is not enough pūtea [money]. We need an Te Puna Aonui [family violence and sexual violence] approach to address suicide - a clear strategy with action plans across 10+ Ministries, whose Chief Executives would meet regularly to hold themselves and each other to account."
- "We need to properly address the wider socioeconomic determinants of health - poverty, child poverty, education, parenting support, and so on. Māori cannot be healthy within a society that is not conducive to them succeeding and realising their potential."



The need to address service and system fragmentation

- "There needs to be more collaboration between services. Too many of us work in silos due to concerns around funding, which means everyone misses out."



The need to increase investment in kaupapa Māori services

- "We need more kaupapa Maori organisations providing care in culturally safe environments, where we can come together for intergenerational healing."
- "There needs to be more funding for kaupapa Māori interventions right across the spectrum - from mental health promotion, to suicide prevention, to suicide postvention."

The need for a greater focus on evidence-based responses to suicide by Māori

- "Put simply, mātauranga Māori is needed - Māori research, Māori solutions, Māori evidence."
- "There is lots of research on the drivers of suicide. The Māori Health Authority should have more control and influence on policy and commissioning, to ensure decisions are evidence-based."

The need to improve the capacity and capability of frontline staff to prevent and respond to suicide by Māori

- "We need to improve and expand Māori cultural training for staff in all-of-population services. Accurate, meaningful training on Te Tiriti o Waitangi should be essential for services who work with tangata whenua."
- "As professionals, we need to do much better at responding to distress by Māori. Rather than lip service, we need to have the tools and knowledge to identify distress and be able to respond appropriately."
- "We need to dismantle institutional racism, and embrace Tiriti-informed practice across services and sectors."

	The need to build whānau knowledge of services and how to access them	• “We need to educate our whānau about the suicide prevention services in the community - Helpline, Youthline, Need to Talk, etc. These numbers should already be established in mobile phones on purchase, just like 111 emergency calls.”
	The need to better equip whānau, hapū, iwi and Māori communities with the tools, knowledge and resources to come up with their own solutions to suicide	• “There need to be more resources for Māori to design, develop and deliver their own initiatives to address suicide. The Te Rau Ora Community Fund is great, and should be scaled up.” • “What’s needed is education for whānau to identify and act on the signs of mental distress… And the tools they need to intervene when whānau are at imminent risk of suicide.” • “Māori are capable of looking after our own, using our knowledge, wānanga, and tīkanga practices from a te ao Māori worldview."

Te wānanga

Scan of the data

6. Scan of the data

An understanding of the prevalence of Māori suspected self-inflicted deaths (suspected suicide) and hospitalisation for self-harm will be crucial to the work by Te Aka Whai Ora and others to make data-driven commissioning decisions, develop a national suicide prevention investment strategy and a national model of care. Although the *Suicide Web Tool* (Te Whatu Ora, 2023) publishes numbers and rates of suicide deaths by year, ethnicity, sex, age group and District Health Board of residence, more detailed breakdowns are not publicly available due to privacy issues. For this reason, Te Aka Whai Ora commissioned analysis of data on suspected suicide and intentional self-harm hospitalisations by Māori, including 'heatmap' outputs. The findings of this analysis are included on the following pages.

There were two datasets available: data held by Te Whatu Ora on suicide deaths confirmed to be suicide by a coroner, and provisional data held by the Office of the Chief Coroner on suspected suicide, including those where a coroner has not yet established that the death was intentionally self-inflicted.

Given the objectives of the data analysis, the decision was made to use provisional Office of the Chief Coroner data on suspected suicide for the period 2018/19 to 2022/23 (rather than Te Whatu Ora data on confirmed suicide deaths for the period 2014 to 2018), alongside Te Whatu Ora data on hospitalisation due to self-harm.

Any apparent regional differences on the following pages should be interpreted with caution. Analysis and interpretation of data on suicidal behaviours is a specialist field, and as such, there is a need for much deeper analysis with specialist epidemiological input and interpretation of the data alongside other relevant, publicly available data sets. We suggest this analysis be undertaken in partnership with the Suicide Prevention Office before the data are used to inform commissioning and policy decisions.

An important note

Statistics can be dehumanising. It is important to acknowledge that every statistic represents a life lost that will have wide-ranging ripple effects for whānau and communities. Once again, please take care and carefully consider your needs while reading this section, as well as the needs of any others with whom you share this section of the report. You can free call or text 1737 at any time for support from a trained counsellor.

6.1 Suspected self-inflicted deaths by Māori

Throughout this section, there are references to “suspected self-inflicted deaths” rather than “suicide deaths”, given the provisional nature of the data. Rates per 100,000 allow comparisons to be made between regions, as the differing Māori population sizes are accounted for. However, due to differences in how ethnicity is recorded, differences between regions should be interpreted with caution. In figure 3 below, darker grey regions indicate higher rates and lighter grey regions indicate lower rates of suspected self-inflicted deaths.

Rates by former District Health Board regions

Over the 5-year period 2018/19 to 2022/23, the rate of suspected self-inflicted deaths by Māori nationally was 17.0 per 100,000 Māori population. As per figure 3, the numbers of deaths have been included alongside rates.

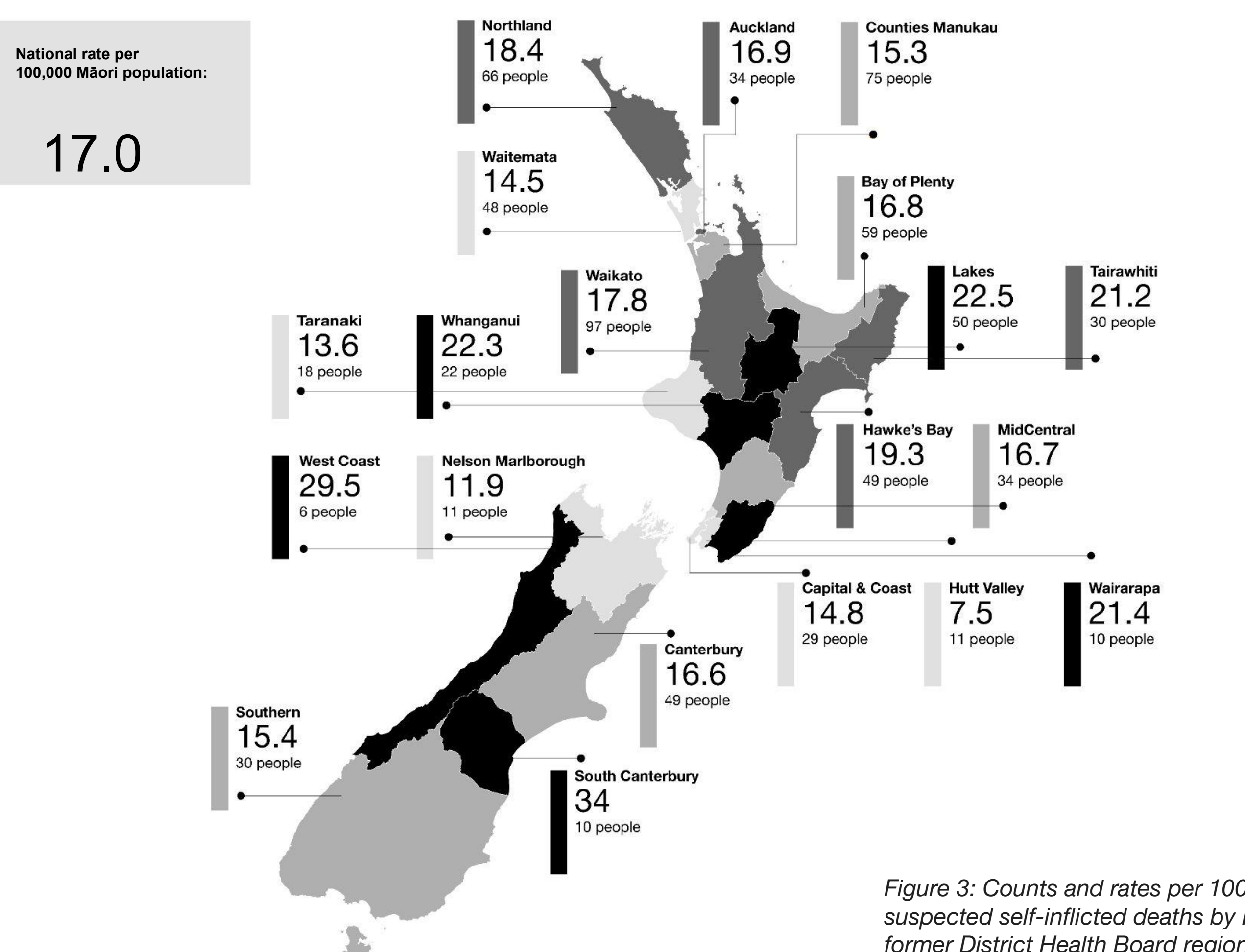


Figure 3: Counts and rates per 100,000 of suspected self-inflicted deaths by Māori, by former District Health Board region, 2018/19 to 2022/23.

Source: Te Whatu Ora Data Services, supplied 27 October 2023

Notes from Te Whatu Ora:

- The Māori population denominators for the rate calculations were sourced from the *Suicide Web Tool* (Te Whatu Ora, 2023).
- These are data by ethnicity and District Health Board created specifically for the health and disability system (i.e. they are not Stats NZ population data). These data are as at 30 June of the relevant year, i.e. a static capture of the Māori population at the end of the year of interest. For each year of interest, suspected self-inflicted deaths were those recorded in that financial year (1 July to 30 June), whereas the population denominator was the estimated resident population of Māori in the relevant District Health Board region as at 30 June.
- The total number of deaths was summed together over the relevant period, and the total number of Māori in those District Health Board regions was summed for the relevant period to create an average rate over the 5-year period, per 100,000 population.

6.2 Hospitalisations for self-harm by Māori

Rates by former District Health Board regions

Over the 5-year period 2017/18 to 2021/22, the rate per 100,000 of self-harm hospitalisations by Māori was 294 per 100,000 Māori population. As per figure 4 below, the regions with the highest rates were Auckland, Southern, Capital & Coast and Canterbury. The highest rate, in Auckland, was 2.4 times the lowest rate, in Tairāwhiti.

Apparent differences between regions should be interpreted with caution. Notably, differences in hospitalisation rates can be due to differences in how data are recorded and reported by hospitals and known issues with the reporting of Emergency Department events in 2021/22. There may also be discrepancies in how hospitals record and report ethnicity data, which may mean better data capture of ethnicity in some regions. Finally, it should be noted that hospitalisations for self-harm under represent the prevalence of self-harm, which is significantly greater than instances resulting in hospitalisation.

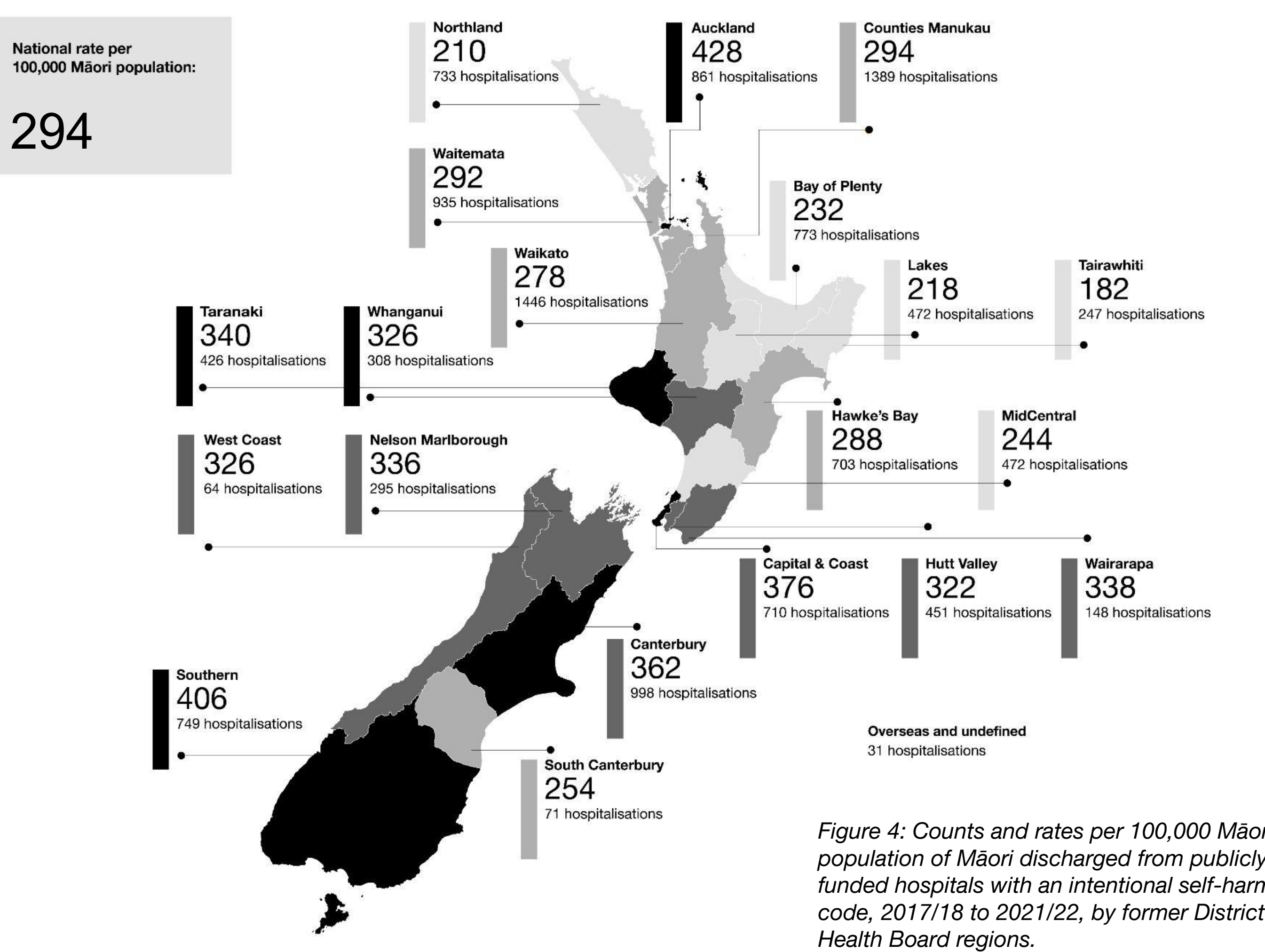


Figure 4: Counts and rates per 100,000 Māori population of Māori discharged from publicly funded hospitals with an intentional self-harm code, 2017/18 to 2021/22, by former District Health Board regions.

Source: Te Whatu Ora Data Services, supplied 27 October 2023

Notes from Te Whatu Ora:

- The Māori population denominator for the rate calculations was sourced from the *Suicide Web Tool* (Te Whatu Ora, 2023).
- These are data by ethnicity and District Health Board created specifically for the health and disability system (i.e. they are not Stats NZ population data). These data are as at 30 June of the relevant year, i.e. a static capture of the Māori population at the end of the year of interest. For each year of interest, suspected self-inflicted deaths were those recorded in that financial year (1 July to 30 June), whereas the population denominator was the estimated resident population of Māori in the relevant DHB region as at 30 June.
- The total number of deaths was summed together over the relevant period, and the total number of Māori in those DHB regions was summed for the relevant period to create an average rate over the 5-year period, per 100,000 population. For hospitalisations reported as Overseas and undefined, rates per 100,000 have not been calculated due to the uncertainty of the underlying population.

6.3 Māori priority groups

This page refers to data from publicly available sources, and not to the data analysed as part of the review.

There is significant diversity within the Māori population. A person's experience of being Māori differs, depending on factors like their connection to te ao Māori, age, gender, sexuality, socioeconomic status, disability, whether they are living in an urban or rural location, etc. The following rōpū Māori are reported to be disproportionately affected by suicide and suicidal behaviour:

Rangatahi Māori - In 2021/22, the rate of suspected self-inflicted deaths for rangatahi Māori aged 15-24 years was 2.6 times the rate for non-Māori young people (Te Whatu Ora, 2023).

Tane Māori - In 2021/22, the rate of suspected self-inflicted deaths for tāne Māori was 2.8 times the rate for wāhine Māori (Te Whatu Ora, 2023). Suicide is the second leading cause of death for tāne Māori (Te Whatu Ora, 2023).

Other rōpū Māori we know to disproportionately experience mental health challenges are:

Māori who are living rurally - Approximately 25% of the Māori population in Aotearoa live in rural areas, compared to 18% of the non-Māori population (Crengle et al., 2022). He Ara Oranga (Government Inquiry into Mental Health and Addiction, 2018) reported that people living in rural areas experience difficulties accessing mental health support due to limited service locations, specialist care gaps, lack of culturally appropriate options, long waitlists and long travel times.

Takatāpui - People who identify as rainbow, including takatāpui Māori, are at higher risk of distress or suicide due to systemic factors such as stigma, discrimination and marginalisation (He Ara Oranga, 2018).

Tāngata whaikaha - Disability is more common among Māori than non-Māori (He Ara Oranga, 2018), and disabled Māori have poorer health and wellbeing related outcomes compared to non-disabled Māori. Statistics NZ (2018) found that 55% of tāngata whaikaha Māori reported their self-rated health status as high, compared to 84% of Māori non-disabled. Mental health challenges can be both causes and consequences of disability (He Ara Oranga, 2018).

Tāngata whaiora - Māori who use mental health and addiction services are at higher risk of suicidal behaviour (Ministry of Health, 2019).

Ngā angotanga

Summary of gaps

7. Summary of gaps

Figure 5 below shows gaps in currently funded suicide prevention and postvention services and support across the spectrum of promotion, prevention, intervention and postvention. The gaps are mostly in the intervention and postvention spaces, given the investment in Kia Piki te Ora Māori Suicide Prevention services and the Māori Suicide Prevention Community Fund administered by Te Rau Ora.

Promotion → **Prevention** → **Intervention** → **Postvention**

Prevention, intervention and postvention support in rural areas, particularly where there are significant geographical areas to be covered

Promotion

- **Targeted mental health promotion for Māori priority groups**, particularly rangatahi and tāne Māori

Prevention

- **Availability of LifeKeepers training to ensure whānau have the knowledge and practical tools to prevent suicide.** From whānau and professionals alike, there was very positive feedback about the Mana Akiaki LifeKeepers for Māori training delivered by Le Va. There was a desire for the training to be more widely available, including refresher, intermediate and advanced training options

Intervention

- **Kaupapa Māori crisis support**, as an alternative to Crisis Assessment Teams, Emergency Departments and Police. This gap can create pressure on Kia Piki Te Ora services and other kaupapa Maori services to provide support to whānau in crisis
- **Kaupapa Māori specialist mental health and addiction services.** Although these services were not included in the review, multiple whānau expressed the desire for kaupapa Māori alternatives to all-of-population specialist mental health and addiction services

Postvention

- **Clear, accessible information on the suicide postvention services and support available**, including traditional healing (rongoā, mirimiri, etc), financial assistance options and other practical support
- **Support immediately after a suicide death that is provided by culturally competent staff, or by a kaupapa Māori service.** Whānau emphasised the variable cultural competence of Victim Support volunteers and staff, with some whānau choosing not to access the service for this reason
- **Bereavement psychoeducation that is provided by culturally competent staff, or by a kaupapa Māori service.** Although some whānau had positive experiences of the Waves bereavement programme when the facilitators were skilled and culturally competent, other whānau expressed frustration about the lack of kaupapa Māori options
- **Access to Kaupapa Māori postvention support and rongoā Māori in Canterbury** (and likely, Te Wai Pounamu-the South Island as a whole)

Figure 5: Gaps in currently funded suicide prevention and postvention services and support across the promotion, prevention, intervention and postvention spectrum

Ngā tūtohunga

Recommendations

Overview

This final section of the report makes practical recommendations for Te Aka Whai Ora that will inform future work on a national suicide prevention investment strategy, national model of care and commissioning decisions that contribute to achieving pae ora. The recommendations in this section are exploratory rather than definitive, with opportunities for Te Aka Whai Ora and others to undertake further analysis to scope the options identified. We suggest agreed recommendations and actions arising are considered for inclusion in the *2025-2029 Every Life Matters Action Plan,* to ensure these are incorporated into Government policy.

8. Recommendations

Recommendation 1: Explore options for a significant increase in investment in kaupapa Māori suicide prevention

Overview

Although Māori also access and benefit from all-of-population services, the value of kaupapa Māori responses to suicide was a clear key theme. We recommend that Te Aka Whai Ora and commissioning partners explore options for a significant increase in investment in kaupapa Māori suicide prevention. This should be supported by:

- A re-balancing of current investment to ensure that investment in kaupapa Māori services and support is commensurate with the inequities between the rates of suspected self-inflicted deaths by Māori and non-Māori. In 2021/22, the rate of suspected self-inflicted deaths for Māori was almost twice the rate for non Māori* (Te Whatu Ora, 2023).
- Deeper analysis of the potential regional variations in the rates of suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori observed as part of this review, to inform decisions about regional investment.
- Alignment with the *Every Life Matters* monitoring and evaluation framework being developed by the Suicide Prevention Office, to ensure investment is contributing to the goals and aspirations of *Every Life Matters.*

Increased investment could involve working in partnership with Iwi Māori Partnership Boards to:

- Build on the enhancement and expansion of Kia Piki te Ora Māori suicide prevention services nationwide;
- Scope new/enhanced service options to address the gaps identified in this report, including greater availability of LifeKeepers training (see recommendation four) and kaupapa Māori crisis support and postvention support (potentially via any further Kia Piki te Ora enhancement);
- Increase investment in the Māori Suicide Prevention Community Fund administered by Te Rau Ora, with a greater focus on Māori priority groups and options to improve the sustainability of initiatives (for example, multi-year contracts);
- Continue to transition to commissioning and service delivery models that enable outcomes-focused, whānau-centered approach.

Rationale

Relevant findings from the review

An overarching common theme across whānau, Te Aka Whai Ora partners and professionals in the broader sector, was the value of kaupapa Māori approaches to suicide prevention.

From the data analysis, we observed potential regional variations in the rates of suspected self-inflicted deaths by Māori that would benefit from deeper analysis.

Alignment with national strategy

- *Te Pae Tata* makes a commitment to suicide prevention approaches consistent with mātauranga Māori, and to commissioning a wider range and greater volume of "Te Ao Māori health services".
- *Every Life Matters* states that suicide prevention services and support designed, delivered and evaluated by Māori are integral to reducing the Māori suicide rate, and that kaupapa Māori services and whānau-centred approaches are essential to this.

* In 2021/22, the rate of suspected self-inflicted deaths for Māori males was 24.7 per 100,000 Māori male population. This was about 1.9 times that of non-Māori males, who had a rate of 12.9 per 100,000 non-Māori male population. In the same financial year, the rate of suspected self-inflicted deaths for Māori females was 8.8 per 100,000 Māori female population. This was about 1.8 times that of non-Māori females, who had a rate of 4.8 per 100,000 non-Māori female population.

Recommendation 2: Enhance the focus on priority groups in efforts to prevent and respond to suicide by Māori

Overview

It is important to acknowledge the significant diversity within the Māori population. We know that the certain rōpū Māori are disproportionately affected by mental health challenges and suicide, which have wide-ranging ripple effects within whānau and communities.

We recommend that Te Aka Whai Ora and partners strengthen the focus on priority groups in efforts to prevent and respond to suicide by Māori. This could involve Te Aka Whai Ora working with Iwi Māori Partnership Boards and Māori priority groups to:

- Further develop mental health promotion and suicide prevention programmes and resources for Māori priority groups. There are likely to be opportunities to capitalise on the learnings from NZ Rugby's Mind, Set, Engage mental health promotion and suicide prevention programme for rugby communities, for example, the programme's use of community champions, psychoeducation and bespoke resources;
- Ensure a focus on Māori priority groups in future work by Te Aka Whai Ora and partners to develop a national suicide investment strategy. This could include actions to improve data quality and capture, analysis of risk and protective factors specific to priority groups and identification of evidence-based strategies;
- Introduce a requirement for all current Te Aka Whai Ora suicide prevention and postvention partners to plan, deliver and report on activities relating to Māori priority groups;
- Introduce a requirement for all Suicide Prevention and Postvention Coordinators to include specific activities and indicators relating to Māori priority groups in the regional Suicide Prevention Action Plans.
- Include a focus on Māori priority groups in the *Every Life Matters* evaluation and monitoring framework currently being developed by the Suicide Prevention Office.

Rationale

Relevant findings from the review

Māori priority groups are disproportionately affected by suicide: tāne (men), rangatahi (young people), takatāpui (rainbow), whaikaha (disabled), tāngata whai ora (mental health and addiction service users), Māori living rurally and Māori living in areas of high deprivation.

From whānau and professionals in the broader sector, we heard about the urgent need to take meaningful action on suicide by Māori priority groups.

Alignment with national strategy

- *Every Life Matters* signals a greater focus on specific population groups, recognising that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes.
- *Te Pae Tata* describes its 'pro-equity approach' as a central part of the journey towards pae ora.

Recommendation 3: Strengthen the cultural competence of staff supporting the delivery of suicide prevention and postvention services

Overview

Whānau Māori will continue to access and benefit from all-of-population suicide prevention and postvention services in Aotearoa. This is important, given:

- the need to maintain choice for whānau;
- the organisational scale, reach and community connections that all-of-population services offer (for example, NZ Rugby's connections to rugby communities through the Mind, Set, Engage programme);
- the specialised nature of some services (for example, those provided by Clinical Advisory Services Aotearoa).

We recommend that all-of-population services continue to strengthen the Māori cultural competence of staff, particularly frontline staff, and the cultural safety of services. This could involve:

- Scoping opportunities for all-of-population services to establish or further develop service offers specifically for Māori;
- Given the sensitive nature of suicide prevention and postvention work, all-of-population services could be prioritised as part of the existing national work programmes referenced in *Te Pae Tata* to:

  "- design and deliver mandatory education on Te Tiriti o Waitangi, equity, racism and bias for the health workforce;

  - build a network of practitioners who are mentors and leaders on cultural safety work, who can build Te Tiriti awareness and help non-Māori staff understand their cultural responsibilities;

  - set Māori equity key performance indicators within service delivery."
- Prioritising cultural competence initiatives in the Suicide Prevention and Postvention Workforce Plan being developed by the Suicide Prevention Office.

Rationale

What we heard during the review

A key theme from whānau was the experience of cultural misunderstanding from non-Māori workers, including instances of racism. However, we also heard about the deep value of whakawhanaungatanga and cultural competence, regardless of whether a service was kaupapa Māori.

Many all-of-population services described themselves as 'on a journey' when it comes to engaging with and meeting the needs of Māori.

Very few (13%) professionals who participated in the survey agreed that all-of-population services provide culturally competent support to Māori.

Alignment with national strategy

- *Te Pae Tata* makes a commitment to a tangata tiriti workforce of healthcare professionals who are conscientised around racism and bias, with all professionals bringing this awareness into their practice to guarantee quality of care.
- *Every Life Matters* makes a commitment to the delivery of culturally safe supports and services and includes an action to build the cultural competency of the workforce.

Recommendation 4: Increase efforts to equip whānau and communities with the knowledge and practical tools to prevent and respond to suicide by Māori

Overview

We recommend that Te Aka Whai Ora and partners increase efforts to equip whānau and communities with the knowledge and practical tools to prevent suicide by Māori. This could involve:

- Scoping options to enhance and expand the Mana Akiaki LifeKeepers for Māori training provided by Le Va. For example, a greater focus on building hapū, iwi and community capability and expanding the training offer to include refresher, intermediate and advanced training options;
- Identifying opportunities to enhance the suicide prevention information and resources for Māori developed by the Mental Health Foundation;
- Scoping options for kaupapa Māori bereavement psychoeducation and peer support, ideally guided by the lived experience advisory function being established to advise on the work of the Suicide Prevention Office and the implementation of *Every Life Matters.*

Rationale

What we heard during the review

An overarching theme from whānau was the immense value of being equipped with the knowledge and practical tools to prevent suicide on their own terms, notably via the Mana Akiaki LifeKeepers for Māori training by Le Va and the Te Rau Ora Community Fund. Whānau also shared the desire for these resources to be more widely available.

Te Aka Whai Ora partners had similarly positive feedback about the Mana Akiaki LifeKeepers for Māori training, although some expressed concern about the 'fly in, fly out' approach and sometimes, communities having to wait several months for training.

Te Aka Whai Ora partners reported that whānau in need often prefer to engage with staff in roles that are grounded within communities, such as health promoters and kaumātua, rather than the clinical workforce. For this reason, it is important that these frontline staff are equipped with the knowledge and practical tools to prevent and respond to suicide.

Alignment with national strategy

- *Every Life Matters* makes a commitment to promoting new and existing training programmes and resources to build the competence of the suicide prevention workforce (including whānau, hapū and iwi).
- *Te Pae Tata* makes a commitment to putting people and whānau and communities at the centre of the health and disability system, with whānau having greater influence over the services and support available.

Recommendation 5: Explore options to simplify the suicide prevention system and strengthen system leadership

Overview

Preventing and responding to suicide is complex, and current system settings in Aotearoa appear to add to this complexity. Legislation, regulation, policy and commissioning functions are currently spread across three central agencies: Te Aka Whai Ora, Te Whatu Ora and the Suicide Prevention Office within te Manatū Hauora. There are also a range of services engaging with whānau and communities at different points across the promotion, prevention, intervention and postvention spectrum. There were 36 services included in this review* and the Kia Piki te Ora enhancement and expansion has resulted in an additional 17 Te Aka Whai Ora partners.

We recommend that Te Aka Whai Ora work with Te Whatu Ora and the Suicide Prevention Office to explore options to simplify the suicide prevention and postvention system for whānau and professionals alike. This could involve:

- A comprehensive system mapping exercise, complemented by a journey mapping exercise to better understand the experiences of whānau. The purpose would be to identify opportunities to address duplication and unnecessary complexity, improve system collaboration cohesion and inform potential service commissioning and delivery changes. The Suicide Prevention Office is currently undertaking a system mapping exercise, which could be a starting point for this work.
- An operating model review of the suicide prevention and postvention roles and functions across Te Aka Whai Ora, Te Whatu Ora and the Suicide Prevention Office, to improve cohesion and the impact of the Suicide Prevention Office going forward.
- Work with Iwi Māori Partnership Boards to identify opportunities to build hapū and iwi leadership in the area of suicide prevention and postvention, such as the use of hapū and iwi champions and more hapū- and iwi-led initiatives;
- Improvements to information dissemination for whānau and professionals about the suicide prevention and postvention services and support available.

Rationale

What we heard during the review

From whānau, we heard about not knowing where to go for support and feeling overwhelmed by multiple services with different service offers, particularly following the death of a loved one.

From current Te Aka Whai Ora partners, Te Whatu Ora providers and professionals who participated in the survey, we heard about fragmentation and silos within the system. Many providers spoke about having an incomplete picture of the services and resources available, which inhibits their ability to support whānau.

From current Te Aka Whai Ora partners and professionals who participated in the survey, we also heard about the need for greater system stability and stronger leadership from the Suicide Prevention Office. There is a perception that Government is reluctant to take bold action on suicide prevention, due to a culture of risk aversion given the high media and public interest in suicide prevention.

Alignment with national strategy

- *Every Life Matters* makes a commitment to building a strong system that supports wellbeing and responds to people's needs, with national leadership as a key enabler.
- The intent of *Te Pae Tata* and the health and disability sector reforms is to simplify the delivery of health services, reduce duplication and unwarranted variation, and concentrate resources to achieve improvement in outcomes and equity across priority areas of health service delivery. Māori suicide prevention is one of these priority areas.

* This figure includes 22 Suicide Prevention and Postvention Coordination services, as well as two Kia Piki te Ora services that ceased delivery on 30 June 2023.

Recommendation 6: Accelerate the development and implementation of the national suicide prevention and postvention workforce development plan

Overview

Workforce is key to the strong suicide prevention and postvention system described in *Every Life Matters* that works towards a future where there is no suicide in Aotearoa. We recommend that the Suicide Prevention Office's work to develop and implement a national suicide prevention and postvention workforce development plan be accelerated, specifically its actions to:

- Increase and support the peer and Māori suicide prevention workforce;
- Create and promote new and existing training programmes and resources to build the clinical, cultural and trauma-informed competency of the suicide prevention workforce;
- Develop a suicide prevention and postvention workforce competency-based framework with Māori, suicide prevention experts and people with lived experience;
- Support the wellbeing of the suicide prevention workforce by promoting supervision and training options;
- Promote resources that support first responders and health professionals who have been supporting someone who dies by suicide.

We also recommend that the national workforce plan include an action to increase capability of relevant staff in other sectors (such as frontline staff employed by Work & Income, Corrections, Child Protection and Youth Justice facilities, etc) to prevent and respond to suicide. This could be an enhanced and tailored LifeKeepers / Mana Akiaki training programme.

Rationale

What we heard during the review

From both kaupapa Māori and all-of-population partners, we heard about gaps in the Māori suicide prevention and lived experience workforce, and recruitment and retention challenges. We also heard about vicarious trauma, burnout and high staff turnover, given the uniquely challenging nature of the work.

Partners also told us about the need for structured professional development pathways, including suicide prevention and postvention training beyond foundation level.

Professionals who participated in the survey shared their views on the need to improve the capacity and capability of frontline staff to prevent and respond to suicide by Māori.

Alignment with national strategy

- *Every Life Matters* includes a specific action to develop workforce capacity and capability, as previously mentioned.
- *Te Pae Tata* recognises workforce as central to delivering on the objectives of the health and disability sector reforms, and includes a range of commitments to develop a health workforce that is fit for the future.

"We believe that the will to 'live well' is strong when the human mauri is strong; 'living well' means being able to live as Māori, as indigenous peoples, and as citizens of the world…

We pledge ourselves to work collectively so that our combined energies can create a world where the mauri can flourish and all our peoples can live well, into old age."

– Durie (2017). *Indigenous suicide: The Turamarama Declaration*

Ngā tāpiritanga

Appendices

Appendix A: Limitations of the review

- The findings of this report are specific to the suicide prevention and postvention services included in the review, and not to other publicly funded services (such as specialist mental health and addiction services, helplines, etc).
- The review was not an evaluation, nor an in-depth analysis of individual services. There are opportunities for further analysis by Te Aka Whai Ora and others to confirm the validity of the findings and further scope the recommendations and actions arising.
- The review was also limited in its ability to make specific findings about the extent to which services are supporting the delivery of *Every Life Matters,* as the monitoring and evaluation framework for *Every Life Matters* is still being developed by the Suicide Prevention Office.
- This report has been finalised at a time of significant change for the health and disability sector in Aotearoa, 18 months into the health and disability system reforms (notably, the establishment of Te Aka Whai Ora) and a change of Government. Although analysis can always go deeper, the timing of this report is intended to influence thinking and advocate for change within a timeframe aligned with the reforms and the new Government currently being formed.
- There was a wide range of services included in the review. There were limited findings relating to some services, such as the non-whānau-facing services provided by Clinical Advisory Services Aotearoa and some Suicide Prevention and Postvention Coordination providers.
- The perspectives of whānau in this report only represent the perspectives of the 28 whānau who chose to participate in the wānanga. Wānanga were held in four regions of Aotearoa, and as such do not represent a nationwide perspective.
- Recruitment for the wānanga was primarily through current Te Aka Whai Ora partners and Te Whatu Ora providers, where there were already trusting relationships with whānau. Although this approach was appropriate given the targeted nature of the review and the need to prioritise whānau safety, sampled whānau had direct experiences of fewer than a third of services included in the review, and their perspectives may present an overly positive experience of those services. (In saying this, where whānau-facing services are missing from the sample, this may indicate that trusting relationships with whānau did not exist to the same degree and/or that whānau chose not to access those services altogether.)
- Finally, participation in the sector survey was voluntary, and as such the perspectives of professionals who chose to participate may be be biased in various respects.

Appendix B: Detailed description of scope

Below is a detailed description of the activities that were in and out of scope for the review.

In scope	Out of scope
• Review of suicide prevention and postvention services currently funded by Te Aka Whai Ora and Te Whatu Ora • Virtual whakawhanaungatanga hui with Te Aka Whai Ora partners, jointly facilitated by Te Aka Whai Ora and PwC • Interviews between Te Aka Whai Ora partners, Te Whatu Ora providers and PwC Hauora • Scan of data on suspected self-inflicted deaths and hospitalisations for intentional self-harm by Māori, based on former District Health Board and new Iwi Māori Partnership Board boundaries • A survey of professionals whose work contributes to preventing and responding to suicide by Māori • Four wānanga with whānau who have accessed suicide prevention and postvention services in scope of the review (and in some instances, were not able to access these services) • A final report that includes a high-level summary of the key findings and conclusions, as well as practical recommendations	• Programme or outcome evaluations of individual services and programmes • Suicide prevention and postvention services and support not currently funded by Te Aka Whai Ora and Te Whatu Ora (other than those who ‘opted in’ to the sector survey) • New Kia Piki Te Ora Māori Suicide Prevention services contracted from 1 July 2023, due to the review’s 3-year lookback period • Specialist mental health and addiction services funded by Te Aka Whai Ora and Te Whatu Ora • Engagement with whānau Māori outside of the four wānanga • Engagement with non-Māori families • Engagement with iwi/hapū (aside from the sector survey and iwi services currently delivering services in scope of the review) • Public consultation/engagement • Clinical care for whānau following the wānanga • The coronial inquiry process (aside from some parts of the coronial process supported by services in scope of the review, i.e. CASA) • In-depth consideration of the evidence base for suicide prevention and postvention • Implementation of the report’s recommendations

Appendix C: Rates by Iwi Māori Partnership Board regions

Suspected self-inflicted deaths by Māori

Over the 5-year period 2018/19 to 2022/23, the rate per 100,000 of suspected self-inflicted deaths by Māori across the Iwi Māori Partnership Board regions was 19.4 per 100,000. This is slightly higher than the District Health Board population rate due to the use of a different denominator population (for further information, see the Notes section below). As per figure 6, the regions with the highest rates were Tūwharetoa, Te Mātuku and Tairāwhiti Toitū te Ora.

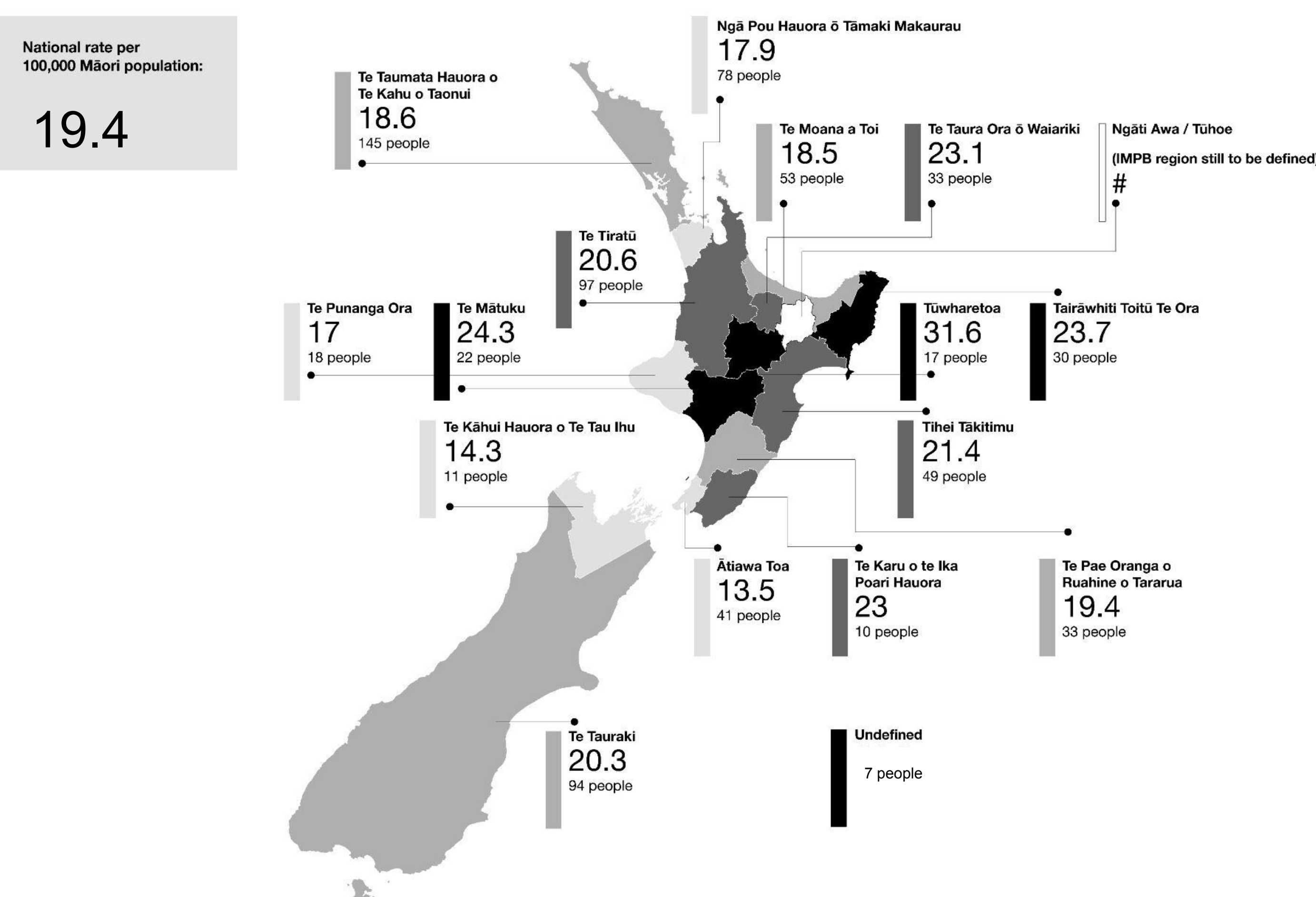


Figure 6: Counts and rates per 100,000 of suspected self-inflicted deaths by Māori, by Iwi Māori Partnership Board region, 2018/19 to 2022/23.

Source: Te Whatu Ora Data Services, supplied 27 October 2023

Notes from Te Whatu Ora:

- The Māori population denominators for the rate calculations are health service user counts for the relevant years, as Stats NZ does not currently produce population estimates for Iwi Māori Partnership Boards. As not all New Zealanders use health services (and Māori use health services at a lower rate than non-Māori), the health service user population denominators are lower than the population denominators used for the District Health Board rate calculations. Therefore, the rates in this section are slightly higher than those in the previous section.
- The total number of deaths was summed together over the relevant period, and the total number of Māori living in the relevant Iwi Māori Partnership Board region was summed for the relevant period to create an average rate over the 5-year period, per 100,000 population. For deaths reported as Undefined, rates per 100,000 have not been calculated due to the uncertainty of the underlying population.
- There are no data for the Ngāti Awa/Tūhoe region, as this region is still being defined.

Hospitalisations for intentional self-harm by Māori

Over the 5-year period 2017/18 to 2021/22, the rate per 100,000 of self-harm hospitalisations by Māori was 336 per 100,000 Māori population. As per figure 7, the regions with the highest rates were Te Tauraki, Te Punanga Ora, Te Kahui Hauora o te Tau Ihu and Ātiawa Toa.

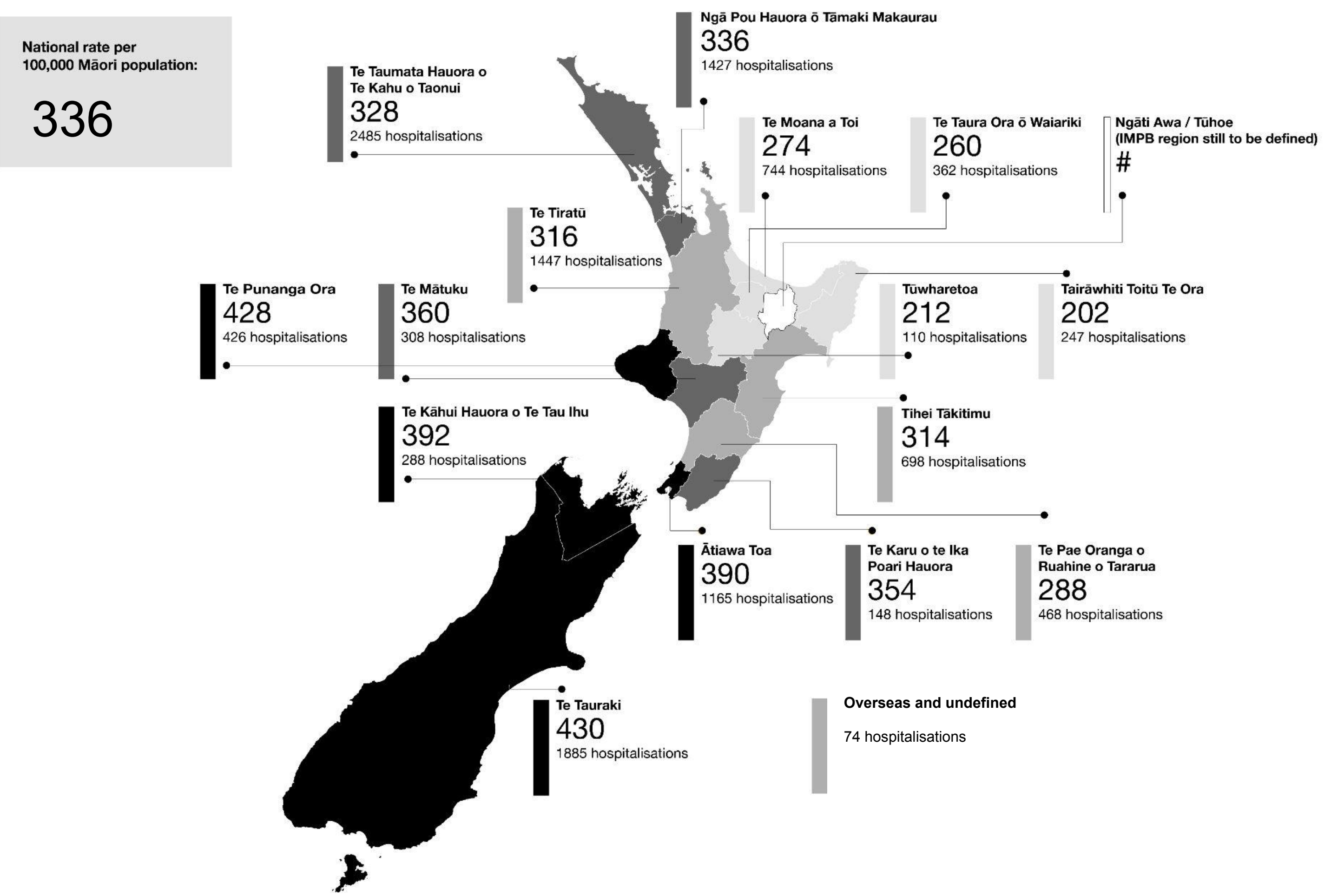


Figure 7: Counts and rates per 100,000 Māori population of Māori discharged from publicly funded hospitals with an intentional self-harm code, 2017/18 to 2021/22, by former District Health Board regions.

Source: Te Whatu Ora Data Services, supplied 27 October 2023

Notes from Te Whatu Ora:

- Once again, the Māori population denominators for the rate calculations are health service user counts for the relevant years, as Stats NZ does not currently produce population estimates for Iwi Māori Partnership Boards. As not all New Zealanders use health services (and Māori use health services at a lower rate than non-Māori), the health service user population denominators are lower than the population denominators used for the District Health Board rate calculations. Therefore, the rates in this section are slightly higher than those in the previous section.
- The total number of deaths was summed together over the relevant period, and the total number of Māori living in the relevant Iwi Māori Partnership Board region was summed for the relevant period to create an average rate over the 5-year period, per 100,000 population. For hospitalisations reported as Overseas and undefined, rates per 100,000 have not been calculated due to the uncertainty of the underlying population.
- There are no data for the Ngāti Awa/Tūhoe region, as this region is still being defined.

Appendix D: Glossary

This section provides definitions for key terms used throughout this report.

Bereaved by suicide. When someone has lost a loved one to suicide.

Cultural competence. An awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds.

Culture. Behaviours, beliefs and values of a particular group of people, including, but not restricted to, groups of people based on age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

Hapū. A clan or family group of the same iwi with blood links to a common ancestor(s).

Iwi. Tribe, kinfolk of same lineage with blood links to a common ancestor(s); a group of the same ethnicity.

Kaupapa Māori services. This refers to knowledge, attitudes and values that are inherently Māori, as held and followed by hapū and iwi. Kaupapa Māori services are often described as 'for Māori, by Māori'

Mātauranga Māori. Time-honoured Māori knowledge; the knowledge, comprehension or understanding of everything visible and invisible existing in the universe (based on te ao Māori, nga atua, nga tīpuna) through cultural expressions, for example kōrero or pūrākau (stories), te reo (language), whaikōrero (formal oratory), waiata mōteatea (traditional songs), karakia (spiritual dedications) and whakapapa (genealogy).

Mauri ora. Healthy individuals.

Pae ora. Healthy futures. Pae ora has three elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments).

Peer support. A response provided to someone who needs support by people with their own lived experience of mental illness, addiction or suicide bereavement.

People with lived experience (also known as tāngata whaiora). See 'Tāngata whaiora' below.

Protective factors. A range of biological, psychological, social, spiritual, whānau and family, or community factors that reduce the likelihood of suicide.

Rangatahi. Youth.

Risk factors. A range of biological, psychological, social, spiritual, whānau and family, or community factors that increase the likelihood of suicide.

Suicidal behaviour. Behaviours that may occur as a result of suicidal distress, for example, suspected self-injury (self-harm), suicidal distress, attempted suicide and suicide.

Suicide. When someone has intentionally taken their own life.

Suicide postvention. Activities developed by, with or for those bereaved and affected by suicide to support recovery after suicide and to prevent subsequent suicidal behaviour.

Suicide prevention. Activities undertaken to prevent or reduce risk of suicide. These activities often focus on increasing protective factors and reducing risk factors.

Tāngata whaiora (also known as people with lived experience). People who have their own experience of mental distress or illness, substance use or addiction.

Te ao Māori. Māori world view.

Wai ora. Healthy environments. The concept of wai ora encapsulates the importance of the environments that we live in and that have a significant impact on the health and wellbeing of individuals, whānau and families, and communities.

Whakapapa. Genealogy, lineage, understanding where one comes from and where one belongs.

Whānau and family. Whānau and family are not limited to blood ties but may include partners, friends and others in a person's wider support network. It is up to each whānau and family and each individual to define for themselves what people make up their whānau and family.

Whānaungatanga. Kinship, sense of family connection.

Whānau ora. Healthy families. The concept of whānau ora is about supporting Māori whānau to achieve their maximum health and wellbeing.

Whānau Ora. A way of working (model of care) that supports whānau to achieve fullness of health and wellbeing within te ao Māori and New Zealand society as a whole. Note: Whānau Ora is also an example of a whanau-centred approach to delivering support and services that help whānau achieve better outcomes for themselves.

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Appendix F: Disclaimer

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