

Submission: Suicide Prevention and Mental Health



Te Kaunihera Māori o Aotearoa
New Zealand Māori Council

**Author: Matthew Tukaki, Executive
Director of the New Zealand Maori
Council**

**Paper: Recommendations out of the
Mental Health Inquiry**



The big things: suicide prevention and mental health; draft NZ Plan / observations / recommendations

Matthew Tukaki, Executive Director of the New Zealand Maori Council; Recommendations in respect of the Mental Health Inquiry of behalf of the Council

1. The establishment of the Mental Health Commission to oversee the co-ordination of the Government's response to the recommendations of the mental health and addictions inquiry. In addition, the role of the Commissioner will be preparing drafting for the changes need to the Mental Health Act including the separation of the role and duties of the Director of Mental Health so as to create a higher degree of independence, governance and oversight. There would be two Commissioners, one Maori (to continue the community engagement and development piece).
2. A single national commissioning agency to coordinate funding and evaluation of services being delivered in both suicide prevention and mental health – this could be attached to the Mental Health Commission
3. Establish a national hub for suicide prevention and mental health program evaluation. This would create a greater degree of consistency when it comes to how programs are being evaluated and assessed; the model would follow the Australian “Hub” model and including the ability for programs to be mentored if they didn't quite make the first round. This would provide Government agencies and departments, health authorities and so on to introduce the programs with more confidence.
4. Establish a National Suicide Prevention and Mental Health research fund – investing in research will enable us to interpret the data in a much more coordinated way, identify innovations occurring in programs and service delivery as well as further design and deliver programs for purpose for either demographic or geographic groupings
5. Establish a national co-design team within the Ministry of Health to work with Maori and highly impacted groups when it comes to service delivery models
6. Introduce trials sites in Auckland, Christchurch, Northland, the Bay of Plenty and Gisborne for “zero suicide” in hospitals and health systems – this could use the same evidence-based framework underway in the States of Queensland and Western Australia as well as several sites in the United States.
7. Shift specific focus for national health promotion campaigns related to both suicide prevention and mental health amongst target groups such as youth, Maori (rangatahi and middle years), women in their latter years and middle-aged white males.
8. Build and develop teacher and school specific resources for suicide prevention and mental health in line with the eSafety framework, bullying and cyber bullying etc.
9. Develop a national workforce plan for both allied and non-allied staff; the building of a mental health workforce to meet demand and specific workforce development and capacity building for high impact groups such as Maori.
10. Hapori Tahi – One Community: investing in a single national strategy for all New Zealanders – a ten-year roadmap towards a reduction in the rates of suicide underpinned by the above eight

points / this would include program development, reform and change, design and delivery, health promotion and so on.

The Mental Health System

- Investing in the building of five new rehabilitation centers (three north and two south-island) to be directly funded by Government or through an increase in the alcohol and cigarette levies / taxes targeting people with high rates of addiction to move them back into well being
- Investing in the establishment of “youth space” centers across the country similar to the “head space” programs targeting young people with mental health challenges / outreach and well-being
- Investing in a new national program to further build the mens shed networks targeting males between the ages of 45 and 75
- Investing in the development of a workplace strategy providing roving counselling services and pastoral care services directly in the work place. A program that would be required for all Government Departments and opt in with financial support for business and industry
- Establish an interagency taskforce headed by the Mental Health Commissioner to better co-ordinate programs, services and funding across the public sector

Hapori Tahī – One Community: investing in a single national strategy for all New Zealanders – a ten-year roadmap towards a reduction in the rates of suicide underpinned by the above eight points / this would include program development, reform and change, design and delivery, health promotion and so on. It would be the roadmap to change – this would include targeted policies for:

1. Maori men / middle years
2. Rangatahi Maori
3. Youth
4. Women in their latter years
5. Middle aged white males between 35 – 55
6. Rural and regional communities
7. Workplace
8. Employment / Unemployed

The bullet points above would be outlined in a plan of action and timelines to occur in stages across the next 0-10 years with a periodic review to test performance / follow the plan and we could expect to see a significant drop in the rates of suicide within five years