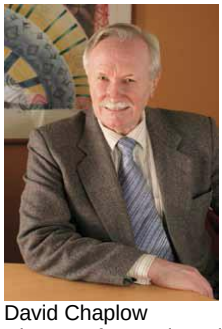
Mental Health, Mental Health Services, Suicide and Suicide Prevention



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Every year about 500 New Zealanders die by suicide. Each death brings sadness, pain and loss to family and friends and subsequent generations.

The questions that always arise are: 'How preventable was the death?' and 'Is anyone or any circumstance to blame?'

Each case is handled by coroners, who make a pronouncement on the mode and cause of death. They endeavour to disseminate and promote 'learning' by addressing, in part, the above questions.

What do we know? We know that there are many risk factors summating in suicide, and prominent of all are factors pertaining to the mental health of the person. These include depression, psychotic disorders, eating disorders, drug and alcohol use and abuse, conflict, loss and existential factors (including loss of meaning and loss of hope).

Suicide is often seen as a final solution to life's problems.

We know that 16 percent of people over the age of 16 have thought about committing suicide in the previous year and that 4.5 percent have attempted to do so (*Te Rau Hinengaro, The New Zealand Mental Health Survey 2006)*.

Each year, aside from the numbers of people who complete suicide, there are over 2800 who are hospitalised for 48 hours or more for intentional self-harm. We also know that about 37 percent of those who complete suicide have been 'specialist' mental health service users in the year prior to death. Service users (in 2004) had about 22 times the rate of suicide of non-service users.

All of this leads to the suggestion that mental health services have a crucial role in the assessment and management of those at risk of suicide. This may take the form of advice and support provided to general practitioners/primary health organisations or school counsellors, through to how a DHB manages those who present to emergency departments after an attempt.

We know that the thresholds for access to mental health specialist services are too high for the majority of those who present with suicidal thoughts or behaviour. The usual methodology of brief admission, consultation-liaison assessment and follow-up after 2–3 weeks is often too late for those who feel that they have recovered after an attempt only to return home to complete suicide on the next attempt.

Nevertheless, amidst this gloomy picture are statistics that tell us that the rate of suicides has fallen 19 percent over the past decade. This is good news, but the rate is still too high and needs to continue to fall.

What is the Ministry doing about this? In 2006, the *New Zealand Suicide Prevention Strategy 2006–2016* was released, setting out the key approaches to preventing suicide. This was followed in 2008 by the *New Zealand Suicide Prevention Action Plan 2008–2012*, which provides more detail as to what needs to happen, by when and by whom.

The Ministry co-ordinates the implementation of the strategy and plan through a comprehensive range of actions across DHBs, and other agencies such as Child, Youth and Family; Police; Corrections and Education.

In relation to DHBs, two projects are of particular note. The first is a suicide prevention pilot programme whereby five co-ordinators have been placed in selected DHBs to improve the quality and co-ordination of suicide-prevention efforts at a local level. The second is a project to support the implementation of best practice guidelines as to how emergency departments, mental health and Maori health services should best manage those who present with suicidal thoughts or following a suicide attempt.

Currently there are 13 DHBs involved in this project, which is being led by the New Zealand Guidelines Group.

Because of the strong role of depression in suicidal behaviours, central to the suicide prevention strategy is the National Depression Initiative. This initiative not only encourages people to seek help, via the television ('John Kirwan') advertisements and websites, but also provides early intervention services, such as online and text-based support services that back up the Lowdown website for young people, and a helpline that backs up the Depression website.

The Depression website has recently been refreshed, and more developments are under way to assist people in their recovery using an online self-management programme.

Clearly, there is much that can be done to bring suicide rates down, and while the health sector alone cannot be responsible for all prevention activity, the mental health sector has a vital role.

We need to continue developing 'upstream' prevention work, while at the same time improving the capability of mental health services to respond effectively to suicide risk.

For more information, see:
www.spinz.org.nz
www.moh.govt.nz/suicideprevention
The Depression website and Depression Helpline 0800 111 757
The Lowdown website
The Self-harm and Suicide Prevention Collaborative

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