

1 November 2024

Re: Balance Aotearoa's submission on the draft Suicide Prevention Action Plan 2025-2029

Tēnā koutou

Thank you for the opportunity to comment on the Manatū Hauora/ Ministry of Health draft Suicide Prevention Action Plan 2025-2029. Throughout our submission you will see (in italics), direct quotes from our members on this draft plan.

Balance Aotearoa

Balance Aotearoa provides high quality mental health and addiction peer support, advocacy, consultancy, and education that enables people to improve their relationships and wellbeing.

Nationally, we work as consultants and advisors on human rights for disabled people and act as an amplification of the voice of people who are experienced or experiencing distress. We represent “persons with psychosocial disability” on the Disabled Persons Organisations’ Coalition, and the Independent Monitoring Mechanism, advising the government and monitoring the implementation of the United Nations Convention on the Rights of Persons with Disabilities.

Our contracts fund us to serve those with significant mental/emotional distress and addiction struggles who live in the community (both urban and rural setting) and those who find themselves in acute psychiatric and forensic inpatient settings. We also employ peer support staff that work within the Hapai Mauri Tangata crisis co-response team working alongside police to respond to mental health call outs. We have an open-door policy and accept anyone who identifies themselves as needing support. We are working towards opening a new crisis café in the next few months to bridge the gap in service provision during weekends, within Whanganui.

Our peer support service kaupapa is summarised as “enabling tāngata whai ora to create and maintain a life worth living”. Balance Aotearoa (formerly known as Balance Whanganui) has operated since the mid 1990's and has its origins in mutual self-help support groups for people experiencing mood disorders. We now focus upon people who experience any form of mental distress and run a range of engaging, holistic recovery focused groups as well as seeing people one-to-one.

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We have a strong team of 12 peer support workers. All staff are qualified by experience as we all have lived experience of mental/emotional distress and/or addiction. To guide their practice as peer support workers, all will have participated in a peer support training program that meets the peer support competencies advocated by Te Pou. In addition, all of our team have a Level 4 Mental Health Support qualification or are working towards this.

We have developed a Kaupapa Māori peer support framework with our Kaumatua Kori Hemi from Ratana, guiding us with Mātauranga and Te Ao Māori wisdom and practices when working with people in our community. We also work with the understanding of our community in relation to Te Awa Tupua.

Nō te kawa ora a 'Tupua te Kawa' hei taura here nā Te Awa Tupua me ōna tāngata ki te kawa nō tawhito rangi. - The natural law and value system of Te Awa Tupua, which binds the people to the River and the River to the people

Ko te Awa te mātāpuna o te ora - The river is the source of spiritual and physical sustenance, in this we understand that Te Awa Tupua is a spiritual and physical entity that supports and sustains both the life and natural resources within the Whanganui River and the health and well-being of the iwi, hapū, and other communities of the River.

E rere kau mai te Awa nui mai i te Kāhui Maunga ki Tangaroa - The great River flows from the mountains to the sea. Te Awa Tupua is an indivisible and living whole from the mountains to the sea, incorporating the Whanganui River and all of its physical and metaphysical elements.

Ko au te Awa, ko te Awa ko au - I am the River and the River is me. The iwi and hapū of the Whanganui River have an inalienable connection with, and responsibility to, Te Awa Tupua and its health and well-being.

Ngā manga iti, ngā manga nui e honohono kau ana, ka tupu hei Awa Tupua - The small and large streams that flow into one another and form one River. Te Awa Tupua is a singular entity comprised of many elements and communities, working collaboratively for the common purpose of the health and well-being of Te Awa Tupua.

We meet people where they are at and work with them in whatever way they find most helpful. All our work is guided by our tāngata whai ora, as we form intentional peer relationships exploring together ways to wellbeing and empowerment. We steer away from being the experts, and avoid rescuing, correcting and advising, instead we aim to listen and understand, to share our experience as relevant, offer hope and model healthy relationships. Peer support can happen in any environment when people are willing to connect and engage. We are about building healthy communities for ALL people.

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General comments on the draft plan:

This plan is not ambitious. It feels like, for a country with such a high rate of suicide, this plan is not trying to save lives but do the bare minimum. Why are we setting out to achieve a small set of critical actions, when 600 lives are lost on average every year? We need a combination of short, medium and long-term actions and a cross-government commitment to **support communities to support people**.

The lack of equity focus for high-risk populations (Māori, Pasifika, Disabled, Rainbow and more) in this plan is extremely concerning. One solution does not work for all. Yes, suicide can impact anyone, but there are groups of our population who continue to die at much higher rates and concerted efforts to reach and empower these communities in bespoke ways are not only the right thing to do but the essential thing to do.

Similarly, this plan does not feel like it has had much lived experience input. The language of the plan and the kinds of actions it proposes are not in line with what we (the lived experience communities and workforce) know works. Where is the strength-based language? The acknowledgement that peer support across the board (not just in 6 EDs) is what is needed?

“Suicide prevention activities is hit and miss, sometimes it is helpful, sometimes it feels empty, unrelated and like whoever organised it has no idea how it feels.”

Our final general comments are that the plan lacks measurable outputs/ outcomes and planned evaluation. The words “support” and “enhance” lack commitment and allow the bare minimum to be done, with much less public accountability. This is deeply troubling.

Do you agree with the proposed actions for health and cross-government agencies? How could these actions be improved? Please include the reasons for your answer.

Yes, we are supportive of:

- An increased roll-out of bereavement support. We agree that there needs to be quality bereavement support and it needs to be on-going.
- Crisis cafes/ hubs/ services – *“Crisis cafes need to be the done thing. We want to vote where money is spent, this is where we want it spent.”*
- Better data collection so we know where and what kind of services are needed the most.

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- More training for the workforce. A lot of the people working in mental health crisis areas seem burnt out, and void of compassion – *“We agree that community and agencies need to learn how to care and be caring. There are a lot of people who work in people facing jobs that behave in less than respectful and caring ways”* and *“How can the nurses stop us killing ourselves from where they sit in the nurses’ station anyway?”*
- Better support for students experiencing distress or self-harm and after a suicide. Let’s get peers in schools, talking about wellbeing strategies and promoting mental/ emotional wellbeing.
- Awareness raising campaigns – *“Awareness campaigns may help the general public, especially as there is still stigma and discrimination, not so much overtly but people still see us (tāngata whai ora) as a drain on resources and a blight on society.”*

We don’t agree with:

- the listed action points on creating safer environments/ reducing access to means (i.e. ligature points) Isn’t this BAU? – *“Restricting access to means is very bottom of the cliff, how about you instead increase connection, community and publicity of mental health community services?”... “the cost of living crisis, whānau and the first 1000 days of someone’s life”*
- having a national alcohol screening program. What would this do? Who or what would you screen? Reducing the means to accessing alcohol would be one of the most impactful things you could do, but the action in the plan doesn’t address this.

Here are some things we think you could improve:

- We think the action “Improving the cultural appropriateness of support after a suicide” should be changed to “Improving the cultural appropriateness of ALL supports.”
- We need investment in more services for young people, in every region, not just 2 regions.
- We agree with more training for Elder Abuse Response Services, but shouldn’t this be for all workforces that support our elderly people?
- Fund lived experience created programs to train the suicide prevention and postvention workforce. *“Pills and pillows don’t work, people will bide their time. What we want is more listening and less pills, staff to be well trained, cared for, and have healthy working environments so they do not (get) burned out. More peer support staff and animals. Having humans around you who care is more important than having nurses there.*
- Where are all of the other government agencies in this plan? Where is Whaikaha? How can these few actions be all that the rest of the government is able to achieve in the next 5 years?

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What other actions do you think could be included for government agencies to consider? Please include the reasons for your suggestions.

Re: Suicide prevention and postvention services:

- Make changes to the Mental Health Bill to remove forced treatment and solitary confinement.
Reasoning: *“Helping us by locking us up isn’t helping us or creating solutions, it only adds trauma to distress.”*
- More focus is needed on improving access to training about suicide prevention tools for whānau and friends.
Reasoning: people need to know what to say, what not to say and what to do/ not to do.
- Post-attempt supports e.g. making sure people being sent home from ED or hospital have follow up
Reasoning: this is a huge gap and such a dangerous time for people.
- Reducing the time that Serious Adverse Event Reviews take.
Reasoning: These currently take upwards of 3 years – causing more trauma to survivors and whānau. Much more investment in this area to grow capacity to process SERs faster will reduce trauma and help teams make systemic changes to improve care in a responsive manner.
- Grow the suicide prevention and postvention teams at Te Whatu Ora.
Reasoning: The teams are small. The need is huge.
- More wellbeing supports for all mental health and addiction staff impacted by suicide.
Reasoning: We need to care for our kaimahi so they do not get vicarious trauma or burn out. The workforce is stretched and we need to look after the staff we have.
- More funding for 1737 – the peer line. *“We think that there should be nation wide voting for where money is spent, we would 100% not vote for gumboot Friday, we would vote for 1737, let the people say where the money should go.”*

This plan should not be limited to only ‘suicide prevention and postvention services’. All work to support people’s wellbeing is suicide prevention, and should include:

- Increased peer support across the board, from co-response teams to crisis cafes to ED to inpatient units to forensic units to community.
Reasoning: It works, more than anything else.
- More crisis co-response teams (with peer support included) across the country
Reasoning: They work – read the evaluations.
- Expanding the eligibility criteria for Maternal Mental Health services
Reasoning: Mothers of babies that have died are still mothers but cannot access maternal mental health services. This is just cruel. They need specialist mental

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health support from people who understand the impact and particular grief from the loss of a foetus/ baby.

- Improved access to gender-affirming healthcare
Reasoning: People being able to be their true-selves and have surgery to feel like they are in the right body will save lives. Guaranteed.
- Addressing hate speech and hate crimes
Reasoning: There is a known link between bullying, hate crimes and suicide.
- There is no focus in this plan around people experiencing sexual assault and rape
Reasoning: This is known known to be a huge contributing factor to suicide. There needs to be immediate, easily accessible support for people who suffer sexual assault and rape. Also, resourcing and research into preventing sexual assault and rape.
- Social media is a good thing to focus on, being tougher on internet trolls, limit comment sections, discourage bullying behaviour.
- Internet pop-ups – *“such as a pop up that says “are you ok” and you can click yes or no. If you click no you will be taken to a site where you can talk to a human, like 1737.”*

What government agencies need to consider when implementing these actions to ensure what is delivered meets the needs of communities? Please include the reasons for your suggestions.

We need:

- Trusted places and faces (lived experience in both Te Whatu Ora and NGOs) should be financially supported to be sustainable and able to continue to meet the needs of communities. Invest in community, as well as facilitation and promotion of connection. Community, friends and whānau training that is created by people who experience suicidal ideation
Reasoning: *“Fund peer services, humans that get it.”*
- We need trauma informed care, we need trauma informed community.
- Purpose – *“We need jobs, jobs that can offer resonable accomodations for our wellbeing needs. Bosses that understand or are trained to understand.”*
- Less barriers – *“Society as it is, disables us”*

Is there anything else you want government agencies to know about what is needed to prevent suicide.

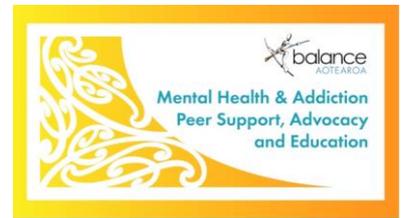
- Cuts to mental health funding - to services that were supporting us - has made us feel like the government doesn't care about our mental health – *“How can the government bring out this plan while making cuts to funding for disability supports and mental health funding that has a direct negative impact on people who are needing support and increases the likelihood of suicide?”* Yet the government still funds work that puts people at risk – *“Please stop giving millions for people to have one counselling session when all it will do is make them feel worse.”*

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- Focus on improving the social determinants of health. These have a direct correlation with increased risk of suicide. Re: improving the effectiveness of suicide prevention and our understanding of suicide – *“WE ALREADY KNOW, WE HAVE BEEN TRYING TO TELL YOU, talk to people with lived/living experience, we will tell you, data will not give you any idea WHY this happens. Listen to our stories. Trauma and social determinants, start collecting your data on that, that is where you will find your answer.”*

Thank you for the opportunity to input into this important kaupapa. Our members who have contributed to this submission have asked for a response to their thoughts they have expressed.

Please don't hesitate to contact me if you have any questions on our submission.

Ngā mihi,

Alexia Black

National Chairperson
Board of Trustees
Balance Aotearoa