New Zealand College of Clinical Psychologists Response to the Ministry of Health Consultation Request: *A Strategy to Prevent Suicide in New Zealand 2017*

Thank you for the opportunity to comment on this important issue.

The New Zealand College of Clinical Psychologists (NZCCP) represents 798 clinical psychologists and 225 postgraduate students enrolled in New Zealand clinical psychology programmes. Clinical psychologists are trained in assessment and diagnosis, formulation (i.e., generating a working theory about what has caused and maintains a person's mental health problems using established psychological knowledge), measurement (using psychometric instruments) and treatment of mental health disorders, and in the assessment of research into the efficacy and effectiveness of psychological therapies and interventions. All clinical psychologists have completed masters- or doctoral-level research. Clinical psychologists are registered under the clinical psychology scope defined by the New Zealand Psychologists Board. The Health Practitioners Competence Assurance Act 2003 requires clearly specified competences are met and maintained by all registered clinical psychologists; the title "clinical psychologist" is protected by this law. We are bound by a comprehensive code of ethics.

The NZCCP regards suicide prevention and building resilience/wellbeing among communities as key issues. The loss of clients to suicide has a devastating impact on families, the community, clinicians, and others working in our mental health system. Below is our overall response to the *Strategy to Prevent Suicide in New Zealand 2017*, along with comments relating to specific questions in the consultation document.

General comments

The NZCCP wishes to acknowledge the work that went into developing the draft Strategy. A key strength of the document is that it sets out a broad view that describes suicide as a complex issue requiring long-term, multi-dimensional solutions. We support the inclusive approach and acknowledge the importance of the objectives and outcomes set out in the Strategy. However, New Zealand is facing a crisis of suicide that requires an urgent response with identification and communication of specific, immediate targets. It is essential that there is adequate funding to achieve these targets. The NZCCP also wishes to emphasise the strong link between suicide and mental health problems.

Parts of the Strategy appear to focus on community responsibility. Building resilience and strengthening our communities is important, but greater emphasis should be placed on the mental and emotional wellbeing of individuals and specific at-risk populations, as well as the wider community. This should include a focus on early identification and intervention for mental health problems, particularly among children, adolescents, and other vulnerable groups. It is also essential to understand and address the gaps in services that reduce the ability of healthcare professionals to meet the mental health needs of New Zealanders across primary, secondary, and tertiary levels. Inclusive, cross-sector, and multi-disciplinary approaches are critical.

There are a number of underlying key issues that continue to impact on the success of national plans and strategies such as the *Strategy to Prevent Suicide in New Zealand 2017.* These include

underfunding of mental health services, fragmented services, workforce and workload planning, and the need for closer alignment of secondary mental health services and primary care. This also includes ensuring that key agencies (e.g. Work and Income New Zealand) and professional groups (e.g., teachers, Police, and other emergency response staff) receive appropriate, targeted training and support to identify and respond to at-risk people.

The broad approach described in the draft Strategy can only be meaningful if it is supported by efforts to address the underlying issues and challenges facing the mental and general health sectors. The overall goal of the Strategy may also benefit from being more focused; for example, "To reduce suicidal behaviour by recognising and appropriately supporting people in suicidal distress."

Proposed pathways

The proposed pathways set out in the draft Strategy are: building wellbeing throughout a person's life; recognising and appropriately supporting people in distress; and relieving the impact of suicidal behaviour. Although these pathways and associated key outcomes are relevant, they need to be strengthened to provide more real and focused guidance on how wellbeing will be built, how people in distress will be supported, and how the impact of suicidal behaviour will be relieved. These focused pathways and goals should reflect the actual context (including funding and structure) of New Zealand's mental health services.

One example of a concrete solution is introducing nationwide suicide education and mental health promotion activities. Such activities should focus on increasing the mental health literacy among our communities, and could be based around simple messages (e.g., "It's okay to admit suicidal thoughts"). In addition to increasing health literacy and understanding about mental wellbeing, such education may help to reduce the stigma and isolation experienced by people who are suicidal and increase the likelihood of a person speaking out and getting the help they need. A multi-faceted and inclusive education drive will also develop awareness among communities about risk factors, meaning communities are better equipped to identify and respond to vulnerable groups and at-risk individuals. Education could also be targeted to and led by identified at-risk populations (e.g., Māori leading education for Māori).

Another important area of focus is ensuring that high-quality epidemiological research data are available to support efforts to make the vision described in the Strategy a reality, and to monitor the success of implemented actions. This should include research on the prevalence of suicidal thoughts, suicidal behaviour (e.g., making plans), help-seeking behaviour, and the relationship between suicide and social determinants of health (e.g., poverty). Building the evidence base in key areas such as these will facilitate well-informed, effective, and timely suicide prevention interventions.

It is also essential that pathways and key outcomes are based on an understanding that many people who commit suicide are significantly mentally and emotionally distressed. Therefore, a major focus has to be on the provision of good mental health services. In the direct experience of NZCCP members, New Zealand community mental health services are fragmented, inadequate, underfunded, under-resourced, and undervalued. This means that there are a number of practical steps that are necessary to achieve the outcomes associated with the above pathways. For example, community mental health opening hours could be expanded to support increased opportunity for

people to access local services. These services will also need to be adequately staffed/resourced, including a greater clinical psychology presence to provide treatment for conditions linked to suicidality as well as education about and support to use strategies to cope with and tolerate high levels of distress and suicidality in individuals. In addition, better integration of services will reduce fragmentation. Currently, ACC provides support and treatment to people with specific issues/experiences, whereas general mental health services provide support and treatment to others. Such fragmentation does not contribute to building positive wellbeing; emotionally or mentally distressed people should have access to the same level/quality of support and treatment regardless of causative factors (which are incredibly complex and interactive).

All New Zealanders who are experiencing mental or emotional distress need access to high quality, effective psychological therapies. Access to these therapies should be consistent across the country and over time. For example, a decade ago, people could access up to 12 talking therapy sessions via their primary health organisation; subsequently, this was reduced to up to four sessions, which significantly limited the level of help available. However, some people need a significant amount of therapy and support, and are able to learn to manage their distress with a combination of a good therapeutic relationship and appropriate therapeutic strategies. Access to longer-term therapies is particularly important for vulnerable groups.

Overall, the pathways and outcomes proposed in the draft Strategy need to be re-framed to recognise that psychological management should be the first and most important line of treatment, supported by additional psychiatric intervention (e.g., medication) as required. To enable this, New Zealand mental health services need to be shaped in such a way that communities and people in need easily identify mental health services as trustworthy, safe, and the first port of call.

Prioritising actions

The 10 potential areas for action set out in the draft Strategy

In general, the 10 potential action areas set out in the draft Strategy cover appropriate actions. However, to reduce suicide in New Zealand, these action areas need to be supported by concrete, practical targets, enabled by well-resourced and visible mental health services, and supported by high-quality research. These concrete targets also need to be monitored and evaluated, with these measures clearly set out in the Strategy.

Are these the right areas for action to prevent suicide?

A national mental health literacy and suicide education drive that is inclusive and has simple messages should be initiated to reduce stigma, build resilience/wellbeing, increase awareness of risk and protective factors, and encourage help-seeking behaviour.

Greater emphasis should be placed on provision of and access to psychological therapies/talking therapies (including internet-based therapies). Psychological therapies are a vital part of treatment, and can be easily adapted to ensure they are appropriate and safe for diverse populations. Experienced clinical psychologists/psychotherapists are a valuable resource that should be drawn on to provide or lead/supervise large-scale provision of talking therapies. However, other treatments such as medication also have an important role in treatment for some people. This means that there

must be a strong collaborative focus to ensure that the right services are available at the right time, and that available services can be tailored to each person's needs and wishes.

In addition, relevant and appropriate support groups need to be available on an ongoing and consistent basis, rather than as ad hoc groups that are often poorly supported and not sustainable. These groups could be targeted to specific populations and/or areas. Greater inclusion of family/whanau (and/or significant others) in care and therapy is another important aspect. This may require better understanding of, and support for, the concept that family/whanau have a contributing part to play when a person is struggling mentally or emotionally. Ensuring that appropriate education, support, and resources are available for family/whanau will maximise potential for family/whanau to have a positive role in building the mental and emotional wellbeing of individuals.

The NZCCP believes there is urgent need for funding and configuring of mental health services to promote early identification of and intervention for mental health problems. This will contribute to reducing suicide/suicide attempts by enhancing the capability of services to respond to people in need/at risk. Early intervention is particularly important in health, social, education, and justice services for children and young people. Adverse events that occur in childhood (e.g., abuse, neglect, deprivation) often have significant negative impacts, and can become risk factors for mental health problems and suicide throughout an individual's life. More attention should be directed to cross-sector child-focused services to identify and support those as risk as well as to build resilience and wellbeing. An example of a particularly vulnerable group is children in care.

Finally, it is important that Government and mental health services use language that is meaningful for people in our communities, rather than professional/technical/corporate jargon. Although our aspirations for New Zealand mental health services should remain high, communicating these visions and the associated targets should be simple, direct, and couched in real language.

Areas for action that are most important and should be focused on first

The NZCCP believes that initial action should be focused on the top six at-risk groups:

- Māori
- Pasifika
- Young people (aged 15–24 years)
- Mental health service users
- Geographical regions with severe socioeconomic deprivation
- LGBTI community

As well as specific, targeted action in these six groups, the NZCCP has identified other areas for action—action in these areas will support and reinforce actions specifically targeted to the above groups.

Schools

Schools are an important area on which particular emphasis should be placed. It is common for teachers to have classrooms with 30 or more children and heavy workloads. Practical steps such as working to ensure classes are smaller would enable teachers to help individuals (including

identifying at-risk children) and foster important values that will build and enhance community wellbeing (e.g., cooperation, respect for individual differences, kindness). In addition, there are many troubled children in our schools. Provision should be made for clinical psychologists to be readily available to teachers for advice/support/supervision. Formal school curricula should also include education about emotions and managing emotions, interpersonal differences, and empathy/communication.

Families/whanau
Many New Zealand families/whanau have high levels of need for general and mental health services, because of factors such as family dysfunction, poverty, involvement of justice/welfare systems, substance abuse or dependency, and mental health problems. This means that often, families/whanau require strong hands-on support, particularly those that slip through the gaps because they are too dysfunctional to seek or receive help. Agencies that support needy or dysfunctional families/whanau should have clinical psychologists in leadership, clinical management, and educational roles.

Activities within these action areas that are the most important
It is essential that mental health services for identified at-risk groups are properly resourced and perceived as trustworthy, that people are aware of how to access these services, and that the service framework is consistent both nationally and over time. A key activity is improving awareness and knowledge about mental wellbeing among the general public and among specific at-risk groups. This will help to reduce the stigma associated with issues such as mental health problems and suicide and encourage help-seeking. The Strategy would be better placed to provide guidance regarding important action areas if clear targets and measurable outcomes were included.

Conclusion and key messages

Suicide is complex and often associated with mental/emotional distress. For each person who attempts or commits suicide, there are a number who are equally as distressed but who do not attempt or commit suicide. Although risk and protective factors have been relatively well studied, the factors associated with suicide are so complex that we cannot predict with any certainty who will act on suicidal thoughts/impulses and who will not. Therefore, to reduce the suicide rate, the focus must be on:

1. Provision of accessible, effective, coherent, stable, and reliable support/help for those who are distressed. This requires ensuring that New Zealand mental health services are adequately resourced and integrated within the wider health, social, justice, and education sectors.

2. Preventative work and early intervention with identified at-risk populations, including vulnerable families/whanau and in schools.

3. Mental health literacy promotion, including a comprehensive, national education campaign to raise awareness and reduce stigma associated with mental health problems and suicide.

4. Ensuring education and support is available for key agencies and professional groups (including teachers and Work and Income staff). Clinical psychologists are well placed to take a guiding or lead role is such education and support.