

Canterbury

District Health Board

Te Poari Hauora o Waitaha

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[REDACTED]

RE Official information request CDHB 9928

We refer to your email dated 27 August 2018 requesting the following information under the Official Information Act from Canterbury DHB.

- **The Draft Suicide Prevention Action Plan for your district that has recently been submitted to the Ministry of Health. If the whole document is not available, please provide the following information:**
 - **The priority populations stated in the draft plan**
 - **All projects, activities or actions that are specifically identified or target men**

Please find attached as **Appendix 1** the current Canterbury Suicide Prevention Workplan Actions. The Canterbury DHB Suicide Prevention Action Plan is currently being updated and an interim plan for 2018/2019 is expected to be available in the next two months.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Theme	Objective	Action Required
Support families, whanau, hapu, iwi and communities to prevent suicide	Promote resilience building activities in the region to respond to early risks, promote mental health and wellbeing and prevent suicide	Continue to participate in Greater Christchurch Psychosocial Subcommittee and support any future initiatives
	Build capacity of Maori whanau, hapu, iwi, Pasifika families and communities to prevent suicide	Develop an online library of up to 10 community level interventions to support suicide prevention.
		Maintain a Maori provider collective focused on suicide prevention
		Engage with Pasifika youth via secondary schools, church groups and sports clubs to develop a Pasifika Youth Suicide Prevention Programme for Canterbury
	Approaches specific to vulnerable populations	MHERC's education team to work with youth sector workforce and with other community agencies
		MHERC's education team to work with rural sector workforce and with other community agencies
		LGBTI suicide prevention opportunities
	Ensure good quality information and resources on suicide prevention are available	Develop a widely accessible online package which provides an overview of local services, processes, resources and initiatives for suicide
	Train community health and social support services staff, families, whanau, hapu, iwi and community members to identify and support individuals at risk of suicide and refer them to agencies that can help	CDHB Suicide Prevention Coordinator to train community health workers in the "Fundamentals of Suicide Risk Identification and Referral"
		CDHB Suicide Prevention Coordinator to distribute QPR licenses
QPR Gatekeeper licences issued by MHERC to be monitored and promoted		
Promote Training for primary health practitioners on recognising and managing common mental health disorders		
Community Suicide Prevention Presentation		

<p>Support families, whanau, hapu, iwi and communities after a suicide</p>	<p>Ensure a range of accessible support services are available for families, whanau and others who are bereaved by suicide</p>	<p>Facilitate collaboration between organisations providing bereavement support to promote sharing of information and collaboration in the delivery of interventions, avoiding duplications and gaps.</p>
	<p>Support communities to respond following suicides, especially where there are concerns of suicide and suicide contagion</p>	<p>Explore development of an integrated Postvention service which provides advice and if required, appropriate support for families, whanau, significant other and service providers exposed, affected or bereaved by suicide.</p>
		<p>Develop a multi-agency reference group to ensure that clear processes can be put in place when contagion suspected.</p>
		<p>Continue to develop the agreed multi-agency postvention plan incorporating Clinical Advisory Services Aotearoa (CASA) guidelines as appropriate</p>
		<p>Regularly monitor coronial data and notify the appropriate agencies</p>
<p>Improve services and support for people at high risk of suicide who are receiving government services</p>	<p>Systematise the approach to the management of suicide prevention.</p>	<p>All SMHS community clinical staff (excluding psychologists and psychiatrists) trained in cognitive behavioural approaches for everyday practice (CBA) Adopt a standardised approach to risk management training</p>
<p>Risk Allocation and Initial Management Tool</p>		
<p>Telephone Triage Tool</p>		
<p>Hospital Health Pathways</p>		
<p>Psychological interventions training. Psychological Therapies Programme to have all CDHB (SMHS) non psychiatrist & psychologist) clinical staff trained in motivational approaches for behavioural change (MABC) All SMHS community clinical staff (excluding psychologists and psychiatrists) trained in cognitive behavioural approaches for everyday practice (CBA</p>		
<p>Develop of standardised safety plans</p>		

		Align ED Practices/Pathways with MOH Prevention of Suicide for ED 2017
Strengthen the infrastructure for suicide prevention	Utilise data collected on suicide deaths and self-harm incidents	Peer Support Group for Suicide Attempt Survivors
		Develop a database of distressed people who attempt suicide
		Trends in suicide data to be monitored monthly and interpreted
		Establish expert group to monitor suicide/attempted suicide data