

2014 - 2017

Waikato DHB's Suicide Prevention and Postvention Action Plan



***“Any single suicide has reverberations both for those family members directly affected and far beyond in their communities. Hence, we must work assiduously to reduce the suicide and self-harm rates in our district, not simply because it is required of us as a DHB, but because it has the potential to save lives and reduce distress for those affected.
Our position is that one suicide is one too many”***

This document has not been published; the development of this document was guided by the Ministry of Health’s National Services Coverage Schedule expectations for DHBs.

The information in this document was gathered to inform the development of the Waikato District Health Board’s Suicide Prevention and Postvention Plan.

It is information only and as such may not represent Waikato District Health Board policy, management, or Board members views.

For further information on this Action Plan, please contact Waikato DHB Planning and Funding on (07) 834 3646

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1. Introduction

Suicide is a major issue of concern to New Zealanders. Multiple risk factors and life events are involved in a person ending their life. The link between mental illness and suicidal behaviour is well known but other risk factors include exposure to trauma, lack of social support, poor family relationships and difficult economic circumstances (New Zealand Suicide Prevention Action Plan 2013-2016).

While the statistics do not show Waikato in the highest cluster of DHBs, any single suicide has reverberations both for those family members directly affected and far beyond in their communities. Hence, we must work assiduously to reduce the suicide and self-harm rates in our district, not simply because it is required of us as a DHB, but because it has the potential to save lives and reduce distress for those affected. Our position is that one suicide is one too many.

The objectives and actions in this Plan were developed to reflect the *New Zealand Suicide Prevention Strategy 2006–2016*, the *New Zealand Suicide Prevention Action Plan 2013–2016*, and the information that was gathered through the Waikato DHB's processes (coordinate, plan, explore, review, respond) and the Ministry of Health's Suicide Prevention Toolkit for DHBs (see: <http://www.health.govt.nz/publication/suicide-prevention-toolkit-district-health-boards>).

Those involved in the development and/or review (to varying degrees) of the Plan include:

NZ Police – Waikato, Te Kauwhata Retirement Trust board, Cambridge Resthaven, The Psychology Centre, Raukawa Charitable Trust, Otorohanga District Council, Hauraki District Council, Department of Corrections, Taupo District Council, Thames Hospital, Te Kuiti Hospital, Waikato DHB - Quality and Safety, Care NZ, Population Health, Ministry of Social Development, Waikato Regional Council, Hamilton City Council, Care NZ, General Practitioner; Dr Fiona Bolden, Waikato DHB – Mental Health and Addiction Services, Clinical Advisory Services Aotearoa, Age Concern, Lifeline, Like Minds, MATES Men's Network, Kainga Aroha, Te Korowai Hauora Hauraki (CAMHS), Waka Hourua, and Waikato DHBs Community and Public Health Advisory Committee.

It is important to note that not everyone agreed with everything in and about the Plan, however no views have been lost; all feedback has been captured and documented as this Plan is a living document and will be updated as required.

1.1. The Waikato District

Waikato DHB serves a population of 377,335 (Ministry of Health 2014/15 estimate) and covers 21,220 square kilometres. Waikato DHB covers almost eight percent of New Zealand's population, from Northern Coromandel to close to Mt Ruapehu in the south, and from Raglan on the West Coast to Waihi on the East. It takes in the city of Hamilton and towns such as Thames, Huntly, Cambridge, Te Awamutu, Matamata, Morrinsville, Ngaruawahia, Te Kuiti, Tokoroa and Taumarunui.

We have a larger proportion of people living in areas of high deprivation than in areas of low deprivation. Our population is getting proportionately older (the 65-plus age group is projected to increase by 52 percent between 2011/12 and 2025/26). The Māori population (estimated to be 22 percent of our population for 2013/14) is growing at a slightly faster rate than other population groups and is estimated to be 23.3 percent by 2026. Pacific people represent an estimated 2.5 percent of our population. Almost 42 percent of our population live in rural areas.

1.2. Data on National Suicides

Nationally the subgroups of the New Zealand population with the highest suicide mortality rates in 2011 were: males, Māori (compared with non-Māori), male youth (those aged 15–24 years) and those residing in the most deprived (quintile 5) areas. Māori males and Māori youth showed particularly high suicide mortality rates.

Data for DHB regions was aggregated over five years (2007–2011) because the small number of suicides annually in some areas makes analysis unreliable¹.

- A total of 478 people died by suicide in 2011 – a rate of 10.6 suicides per 100,000 population, which is 29.8 percent below the peak rate in 1998
- New Zealand's suicide rate for both males and females is mid-range among OECD countries
- At 28.1 per 100,000 male youth population and 9.9 per 100,000 female youth population, our youth suicide rates are the second highest in the OECD
- The rate for Māori was 1.8 times higher than for non-Māori, while the rate for young people (15 to 24 years) is 2.4 times higher for Māori than non-Māori

¹ Source: New Zealand National Minimum Dataset <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2011>

- Suicide rates are higher in the most deprived areas, with 14.0 deaths per 100,000 population in the most deprived area compared to 8.4 deaths per 100,000 population in the least deprived areas
- There are also over 2500 admissions to hospital for intentional self-harm injuries every year

1.3. Data on Waikato Suicides

Over the five years from 2007 to 2011, the Waikato DHB suicide rate of 11.3 was not significantly different to the national rate (10.6 suicides per 100,000). While Waikato is not at a significantly high rate (see table below), we intend to ensure focus is directed to this area as any suicide or suicide attempt is one too many.

Suicide deaths and age-standardised rates, by DHB, 2007–2011		
DHB	Number	Rate
Northland	85	11.8
Waitemata	265	9.3
Auckland	207	8.5
Counties Manukau	247	10.3
Waikato	207	11.3
Lakes	77	15.3
Bay of Plenty	145	14.7
Tairāwhiti	40	19.1
Hawke's Bay	100	13.6
Taranaki	73	13.5
MidCentral	126	14.9
Whanganui	52	17.5
Capital & Coast	117	7.5
Hutt Valley	78	10.3
Wairarapa	27	16.8
Nelson Marlborough	84	11.8
West Coast	24	13.1
Canterbury	314	11.7
South Canterbury	43	18.2
Otago	126	12.7
Southland	78	14.7

Source: New Zealand Mortality Collection

Note: The rates shown are age-standardised rates per 100,000 population, standardised to the WHO standard world population.

While the above data is the latest nationally, more recent data is required in order to respond quickly to suicide and attempted suicide, and to identify areas requiring extra prevention activities. Activities to access data as soon as possible are identified in the Plan under Action 8.4.

1.4. At-risk populations

A key focus for the Plan is to ensure delivery of services is targeted to those at-risk whilst ensuring the ability to also respond to those in need. When developing the Plan we considered the Waikato DHBs demographics and the populations identified as at-risk. The following table shows the link between the Waikato DHBs demographics with populations at-risk of suicide. As shown, **there is no demographic group that is not at-risk**, which is an important point to remember; that all people may at some point in their lives be at-risk of suicide.

Waikato DHB Demographics	High Māori population	High proportion of people living in areas of high deprivation	High rural population	High number of ageing population
Populations at- risk				
Males	✓	✓	✓	✓
Māori	✓	✓	✓	✓
Youth	✓	✓	✓	
Rural communities	✓	✓	✓	✓
Those who have previously attempted suicide	✓	✓	✓	✓
Those experiencing mental health issues or significant life stressors	✓	✓	✓	✓
People bereaved by suicide	✓	✓	✓	✓
Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersex	✓	✓	✓	✓
People 65 years and older	✓	✓	✓	✓

Objective seven in the Waikato DHB suicide prevention and postvention action plan sets the direction for how we will respond to the at-risk populations with a focus on reducing risk for these populations by improving areas to cater for the diverse needs of the various at-risk populations, such as:

- Improving access to appropriate and non-stigmatising services
- Improving discharge protocols from mental health services
- Improving best practice guidelines for emergency departments and community services
- Regular reviews of protocols and risk assessments used in mental health, emergency, and community services
- Regular reviews of procedures and training for those involved in first/early response
- Increase support and activities for men particularly men in high-risk groups (such as Māori, rural, youth)

2. Current Status and Linkages

When developing a plan it is important to assess the current state and identify goals for where you want to be. A scan of what was occurring and what was needed in the space of suicide prevention and postvention revealed the following key themes:

- A lot of passionate people and organisations
- A lot happening but not always promoted and coordinated as well as it could be
- Information needs to be promoted
- Training needed (continual)
- Clear processes need to be implemented

The Waikato DHBs Suicide Prevention and Postvention Action Plan for 2014 – 2017 was designed to respond to the points identified in the scan whilst aligning to the seven goals of the New Zealand Suicide Prevention Strategy:

1. Promote mental health and wellbeing, and prevent mental health problems
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviour
3. Improve the care of people who make non-fatal suicide attempts
4. Reduce access to the means of suicide
5. Promote the safe reporting and portrayal of suicidal behaviour by the media
6. Support families/whānau, friends and others affected by a suicide or suicide attempt
7. Expand the evidence about rates, causes and effective interventions

3. Roles and Governance

In order to successfully implement the Plan clear lines of accountability are required. The model below was chosen to illustrate that people in need are at the centre of all systems for suicide prevention and postvention. Monitoring of the action plan, governance of the action plan and those who are actively progressing the action plan are all working to ensure those in need receive the services and assistance they require. Each circle will have different roles and responsibilities, none of which will be considered more or less important than another.



Role	Role definition	Membership
Monitoring	Ministry of Health will monitor specified activities via quarterly and annual reporting	Ministry of Health
	Community and Public Health Advisory Committee will monitor all actions in the action plan via the committee meetings held every two months, they will provide their views and feedback to Governance	Community and Public Health Advisory Committee members
Governance	Provides guidance and direction to the suicide prevention and postvention coordinator who provides governance with information and needs of the Action Team, Stakeholders, and People in need	Senior managers from DHB: Planning and Funding, Te Puna Oranga, Population Health, Mental Health and Addictions, Primary Care, To be confirmed Senior managers from key stakeholder organisations: Police and others to be confirmed
Suicide prevention and postvention coordinator	Uses the action plan as their direction for activity and provides coordination, facilitation, information and responds to needs of the Action Team and Stakeholders	Waikato DHB suicide prevention and postvention coordinator (to be employed)
Suicide Prevention and Postvention Interagency Action Team	Works with the suicide prevention and postvention coordinator to deliver on the actions in the action plan.	Police, Waikato Regional Council, Lifeline, Department of Corrections, MATES Men's Network, Others as required
Stakeholders	To be kept informed of what activities are occurring. To provide specialist knowledge (such as community specific or best practice) on an as needs basis	Clinical Advisory Services Aotearoa, Waka Hourua, Age Concern, Social Sector Trial Leads, Others as required
People in need	Any person or group who identifies themselves or is identified as being at risk of suicide, attempting suicide, and/or self-harm	Anyone

4. Areas of Activity

Ministry of Health Area of Activity Waikato DHB's Objectives	Resilience building activities in the region - activities to respond to early risks, promote mental health and wellbeing and help prevent suicide	Information on workforce development for health workers and key community gatekeepers to respond to distressed people in the community	Approaches specific to at-risk groups such as Māori, Pasifika and other vulnerable populations	Multi-agency postvention response in cluster and contagion situations	Postvention approaches in in-cluster situations
Waikato DHB is committed to leading suicide prevention and postvention activities for the Waikato District	✓				
Information on suicide prevention and postvention activities will be easily accessible		✓			
The Waikato district will have effective inter-agency mechanisms for suicide prevention and postvention, which ensure the diverse populations needs are met	✓	✓	✓	✓	
Distribution and sharing information about community based suicide prevention programmes	✓	✓			
Improve collaboration among services working in the area of suicide prevention	✓	✓			
Increase and support suicide prevention activities for Māori and Pacific Island People	✓	✓	✓	✓	
Reduce the risk of attempted suicide or self-harm among people in high-risk groups	✓	✓	✓		
Organisations and agencies involved in suicide postvention are committed to providing an effective and seamless response to incidents of suicide, attempted suicide, or self-harm			✓	✓	✓
Provide prompt and effective support to those affected by suicide, attempted suicide, or self-harm and work to prevent contagion/clusters	✓	✓	✓	✓	✓

5. The Waikato DHBs Suicide Prevention and Postvention Action Plan 2014 – 2017

OBJECTIVE 1. Waikato DHB is committed to leading suicide prevention and postvention activities for the Waikato District						
ACTIONS	1.1. Waikato DHB will employ a Suicide Prevention and Postvention Coordinator	1.2. A Waikato DHB working group will develop the draft suicide prevention and postvention plan in collaboration with agencies in the Waikato	1.3. Information about suicide prevention and postvention activities will be promoted to staff at the Waikato DHB	1.4. Train health workers to identify and support individuals with self-harm injuries or at risk of suicide and refer them to the services they need	1.5. Actions from the suicide prevention and postvention plan will be linked to other relevant plans and documents at the Waikato DHB	
RESPONSIBILITIES	Planning and Funding with input from Population Health, Mental Health, Te Puna Oranga, Quality and Patient Safety	Planning and Funding to develop draft. Input required from Population Health, Mental Health, Te Puna Oranga, and other stakeholders at a draft level and during any updates and reviews	Planning and Funding to initiate process with the media and communication department (DHB). Ongoing - SPP Coordinator	SPP coordinator to work with staff at the Waikato DHB	Planning and Funding Ongoing responsibility – All staff coordinated by SPP coordinator	
COMPLETED BY	30 June 2015	1st Draft due at MOH 20 April 2015 Plan finalised July 20 2015	23 March 2015 Ongoing	Assessment by December 2015 Ongoing	December 2015 Ongoing	
SUCCESS WILL BE MEASURED BY	The employment of a suicide prevention and postvention coordinator	A Waikato DHB suicide prevention and postvention plan for 2014 - 2017	Waikato DHB staff will be informed about activities and will know who to direct queries and issues to	A needs assessment A plan for delivering on the recommendations of the needs assessment Staff who are trained	Waikato DHB plans will incorporate actions from the suicide prevention and postvention plan to ensure an organisation-wide response to suicide prevention and postvention	

OBJECTIVE: 2. Information on suicide prevention and postvention activities will be easily accessible

ACTIONS	2.1. Develop a database of all the agencies in the Waikato that are or want to be involved in suicide prevention and/or postvention	2.2. Conduct a stocktake of the suicide prevention and postvention activities carried out by organisations for a database of services and activities occurring in the Waikato	2.3. The Ministry of Health Toolkit will be promoted in the Waikato and updates and any new resources will be shared with Ministry of Health for inclusion in the Toolkit if appropriate	2.4. Waikato DHB will promote suicide prevention and postvention activities and services available to their communities, stakeholders, and providers
RESPONSIBILITIES	Planning and Funding to initiate process Ongoing responsibility - SPP coordinator	Planning and Funding to conduct initial stocktake and develop the database Ongoing responsibility – SPP coordinator	Planning and Funding and Media and Communications Ongoing responsibilities - SPP coordinator	Planning and Funding and Media and Communications Ongoing responsibilities - SPP coordinator
COMPLETED BY	March 2015 Update annually in January	December 2014 Update annually in January	March, 2015 Ongoing	Ongoing
SUCCESS WILL BE MEASURED BY	A database that includes the names of all the organisations who are involved in suicide prevention and postvention, what their contact details are, and an explanation of how they are involved	A stocktake that shows the suicide prevention and postvention activities that different organisations are involved in	The toolkit will be widely known about and utilised by Waikato DHB and other agencies and organisations	People in the Waikato will know what activities and services are available for suicide prevention and postvention

OBJECTIVE: 3. The Waikato DHB district will have effective inter-agency mechanisms for suicide prevention and postvention, which ensure the diverse populations needs are met

ACTIONS	3.1. Develop an inter-agency suicide prevention and postvention Action Team with representation for Waikato's diverse communities and high-risk populations	3.2. Relationships with Action Team members and stakeholders will be managed to ensure effective interactions and participation	3.3. Develop a process for monitoring, reviewing, and reporting on the actions in the suicide prevention and postvention plans
RESPONSIBILITIES	<p>Planning and Funding to set up group</p> <p>Ongoing responsibility for lead will be SPP Coordinator</p> <p>Ongoing participation - Population Health, Mental Health, Te Puna Oranga, Police, General Practitioner's, others as required</p>	<p>SPP Coordinator</p> <p>All Action Team group members</p>	<p>Planning and Funding</p>
COMPLETED BY	<p>August 2015</p> <p>Ongoing</p>	<p>Ongoing</p>	<p>March 2015</p>
SUCCESS WILL BE MEASURED BY	<p>Regular meetings will occur with tasks and actions implemented</p>	<p>An action team who feel their time is well spent and that they are making an impact on suicide prevention and postvention</p>	<p>Regular external reporting to the Ministry of Health</p> <p>Regular internal reporting to the Waikato DHB Community and Public Health Advisory Committee</p> <p>An evaluation of the Plan</p> <p>All actions implemented by 2017</p>

OBJECTIVE: 4. Distribution and sharing information about community based suicide prevention programmes

ACTIONS	4.1. Develop mechanisms for inter community/ agency communication about suicide prevention programmes	4.2. Encourage information sharing to ensure wider involvement from Waikato's various and diverse communities, such as rural communities	4.3. Encourage and support the dissemination of safe accurate and appropriate information and educational material to communities	4.4. Support the ongoing review of research into effective community resilience strategies
RESPONSIBILITIES	SPP coordinator Action Team	SPP coordinator Action Team	SPP coordinator Action Team	SPP coordinator Action Team
COMPLETED BY	February 2016 Ongoing	February 2016 Ongoing	February 2016 Ongoing	February 2016 Ongoing
SUCCESS WILL BE MEASURED BY	A mechanism that facilitates sharing information about suicide prevention programmes amongst communities and agencies	Effective communication mechanisms that are appropriate and relevant for the diverse communities in the Waikato	Agreement on the range, type and content of information to be promoted Information and educational material is easily accessible to those who need it	Up-to-date and effective community resilience strategies will be available for use

OBJECTIVE: 5. Improve collaboration among services working in the area of suicide prevention

ACTIONS	5.1. Establish a district suicide prevention network	5.2. Encourage the development of joint regional/district/local suicide prevention initiatives linking to national campaigns	5.3. Facilitate intersectoral support for proven programmes	5.4. Identify and implement effective population approaches to improving mental health promotion and resilience building programmes across the life-span taking account of national campaigns	5.5. Develop a project to assess 'hot spots' where attempted suicides and suicides are common and work with stakeholders for best possible solutions
RESPONSIBILITIES	SPP Coordinator SPP Action Team	SPP Coordinator SPP Action Team	SPP Coordinator Planning and Funding Executive Director or Waikato DHB CEO	SPP coordinator Action Team	Planning and Funding SPP coordinator
COMPLETED BY	December 2015 Ongoing	Ongoing	December 2015	March 2016 Annual review	December 2015 Yearly review of data
SUCCESS WILL BE MEASURED BY	An established network of people and agencies working in suicide prevention and postvention who keep up to date with information and activities	Waikato DHB's active involvement in joint initiatives, including the word suicide prevention days, mental health weeks and national workshops (aimed to enhance networking and sharing of activities and information)	Intersect Waikato's awareness of the plan will help with buy-in and sharing of information	A brief report that conducts a stocktake of what mental health promotion and resilience building programmes are currently occurring (local, national, international) and identify what the Waikato DHB could be involved in	A data assessment and report for recommended action for any identified hotspots in the Waikato. Any identified hotspots to produce a project plan for response to the issue

OBJECTIVE: 6. Increase and support suicide prevention activities for Māori and Pacific Island People

ACTIONS	6.1. Identify effective and culturally appropriate suicide prevention programmes	6.2. Increase the input from Māori and Pacific Island people into suicide prevention policy, planning and service development	6.3. Ensure that Waikato DHB suicide prevention and self-harm protocols within emergency and mental health and addiction services are appropriate to the needs of Māori and Pacific people and include appropriate follow up services and support services
RESPONSIBILITIES	SPP coordinator Action Team	SPP coordinator	SPP coordinator Te Puna Oranga (Waikato DHB Māori Health Unit)
COMPLETED BY	March 2016 Annual review	Ongoing	December 2015
SUCCESS WILL BE MEASURED BY	A brief report that conducts a stocktake on programmes for Māori and Pacific (local, national, international examples that are developed by and for Māori and Pacific Island People) – consider conducting a larger report incorporating Action 5.4 and 6.1	Participation from Māori and Pacific Island people working in suicide prevention and postvention in Waikato DHB led activities. Waikato DHB will participate in activities led by organisations working towards suicide prevention policy, planning and service development for Māori and Pacific Island people	Waikato DHB suicide prevention and self-harm protocols within emergency and mental health and addiction services are appropriate to the needs of Māori and Pacific people and include appropriate follow up services and support services

OBJECTIVE: 7. Reduce the risk of attempted suicide or self-harm among people in high-risk² groups

ACTIONS	7.1. Improve access to appropriate and non-stigmatising mental health and community support services for people in high-risk groups	7.2. Continue to improve discharge protocols from mental health services, including alcohol and drug services for people at high-risk of suicide or self-harm	7.3. Continual improvement in best practice guidelines for all emergency and community services dealing with high risk individuals	7.4. Support regular reviews of protocols and risk assessments currently used within health, emergency, and community services for high-risk groups	7.5. Facilitate and support regular reviews of protocols, procedures, and training for those responding to suicide attempts or self-harm in the health, emergency (including police), and community services	7.6. Increase and support suicide prevention activities for men with particular attention to men in high-risk groups such as Rural, youth, Māori and Pacific men, unemployed, elderly, and gay, bi and transgender men
RESPONSIBILITIES	SPP coordinator Action Team	SPP coordinator	SPP Coordinator to work with Police, Ambulance, Emergency Department staff, and GP's	SPP Coordinator to work with Police, Ambulance, Emergency Department staff, and GP's	SPP Coordinator to work with Police, Ambulance, Emergency Department staff, GP's, and Victims Support	SPP coordinator to work with MATES Men's Network and other agencies who focus on working with men at risk
COMPLETED BY	July 2016	March 2016 Yearly review	March 2016	March 2016 Yearly review	March 2016 Yearly review	December 2015 Ongoing
SUCCESS WILL BE MEASURED BY	Identification of current access barriers with a recommendations report/options paper to be submitted to the Waikato DHB suicide prevention and postvention Governance Group	Report with outcomes of a review and recommendations for any actions	Identify and implement best practice guidelines for use within suicide prevention services including emergency services Develop training programmes for front line staff	Annual reviews of protocols will be carried out to ensure any new initiatives can be implemented	Protocols, procedures, and training for frontline people responding to suicide attempts and self-harm are reviewed annually to allow for new best practice and training to be considered alongside the changing demographics of those self-harming and attempting suicide	The Waikato DHB will have good relationships with agencies working with men who are at a high-risk for suicide and those agencies will feel supported by the Waikato DHB

² High-risk as a definition may change depending on statistics released about suicides, attempted suicides, and self-harm. For the Waikato DHB area (for July 2014) high-risk constitutes (but is not limited to); Men; lesbian, gay, bisexual, and transgender (LGBT); rural; Māori; youth; older people; people receiving mental health and addiction services.

OBJECTIVE: 8. Organisations and agencies involved in suicide postvention are committed to providing an effective and seamless response to incidents of suicide, attempted suicide, or self-harm

ACTIONS	8.1. Develop an intersectoral postvention response team who will implement the decided processes following an event	8.2. Develop postvention pathways that identifies the responsibility of each agency for each type of event (suicide, attempted suicide, self-harm)	8.3. Ensure those involved in postvention activities receive appropriate training and support to be able to respond appropriately to incidents of suicide, attempted suicide or self-harm	8.4. Improve the quality and capture of data on incidents of suicide, attempted suicide and self-harm
RESPONSIBILITIES	SPP Coordinator Action Team Governance Group	SPP Coordinator Governance Group	SPP coordinator Action Team	Planning and Funding to work with CASA (CDS), Ministry of Health, SPP coordinator, Police, Victims Support
COMPLETED BY	December 2015	December 2015	July 2016 Ongoing	December 2015 Ongoing
SUCCESS WILL BE MEASURED BY	A memorandum of understanding for the group to adhere to during an event All those involved understand their roles and respond as needed Those affected by suicide will receive quick assistance	An interagency post-event process plan, which is seamlessly implemented when required All those involved understand their roles and respond as needed	Those working in suicide prevention and postvention will have clear pathways for accessing training and supervision/ counselling for suicide prevention and postvention	Data capture on suicide, attempted suicide, and self-harm incidents will be as reliable as possible so the appropriate responses can be initiated for the circumstances

OBJECTIVE: 9. Provide prompt and effective support to those affected by suicide, attempted suicide, or self-harm and work to prevent contagion/clusters

ACTIONS	9.1. Establish or maintain relationships between all agencies involved in the provision of follow up support and postvention services to people affected by suicide, attempted suicide and self-harm	9.2. Review all current support and information provided to people bereaved by suicide to ensure conformity to standards of best practice	9.3. Review, develop, and implement protocols and procedures within emergency services and front line community agencies for responding to incidents of suicide, attempted suicide or self-harm	9.4. Develop and implement a media strategy for responsible and appropriate reporting of suicide or attempted suicide or incidents of self-harm within communities	9.5. Managing contagion – Clear procedures for all those involved will be developed
RESPONSIBILITIES	SPP coordinator Governance Group Action Team	SPP coordinator Action Team Governance Group	SPP coordinator Action Team Governance Group	SPP coordinator Action Team Governance Group	SPP coordinator Action Team Governance Group CASA (CPRS)
COMPLETED BY	December 2015 Ongoing	July 2016	July 2016	July 2016	December 2015
SUCCESS WILL BE MEASURED BY	Good relationships between all the agencies working in follow up support and postvention services with clear understandings for access to information	An agreement among services and stakeholders on the consistent messages to be used in promotional material	A postvention protocol and procedure developed, agreed and implemented by all agencies involved in postvention	An approved media strategy for reporting information to communities	An action plan to be implemented when there is a suspected contagion in the Waikato