



Suicide Mortality Review Committee

Suicide post-vention

An example: 'Fusion', Te Tai Tokerau



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
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Thank you, Mariameno, Tania, Tim, Agnes, Dee-Ann, Jane and Maria.

Their journey continues.

Nā te hiahia kia titiro, ā, ka kite ai tātou te mutunga

You must understand the beginning if you wish to see the end

Glossary

Term	Meaning
Serious self-harm	Is a deliberate act of self-inflicted injury without the intent to die, however some people who self-harm are at increased risk of suicide.
Suicide	The deliberate and conscious act by a person to end their life.
Suicide attempt	Range of actions where a person makes an attempt at suicide but doesn't die.
Suicidal behaviour	Includes the range of behaviours related to suicide and self-harm including acute self-harming behaviours not aimed at causing death and suicide attempts. Some commentators also include deliberate risk-taking behaviours as suicidal behaviours.
Suicide cluster	Occurs in a community when there are multiple deaths linked by geospatial and/or psychosocial connections. In the absence of transparent psychosocial connectedness, evidence of space and time linkages is required.
Suicidal contagion	Is where suicidal thinking, verbalisations and behaviours spread through a community; where suicide contagion occurs, a suicide cluster can also occur.
Suicide ideation	When a person has thoughts about ending their life.
Suicide rate	Measure of how often a suicide occurs relative the number of people in the population. Rates, rather than numbers, are more meaningful when comparing suicide data over time and between different populations.

Introduction

This report is a brief introduction to the post-vention work of Fusion in Te Tai Tokerau. It primarily uses the voices of those involved in delivering the work with the agencies and communities, to describe its challenges and successes. The Suicide Mortality Review Committee hopes to shine a light on the benefit of working in and with community as a critical component of suicide prevention.

What is post-vention work?

Post-vention work is suicide prevention work. Evidence suggests that exposure to a suicide, family/whānau member¹ or peer,² increases risk of suicidal ideation, serious self-harm and suicide.

There is evidence to show that, for young people exposed to clusters of suicide, post-vention support reduces future harm,³ and that reaching out to family/whānau and friends after a suicide results in an increase in the use of support groups and bereavement support groups, reducing immediate emotional distress such as depression, anxiety and despair.⁴ However, if not done well, these interventions can result in the unintended outcome of more harm to those bereaved.

Post-vention supports those bereaved or affected by suicide, including family/whānau and friends, those who may have no association personally with the deceased but know of them, and those who may have experienced a suicide attempt.

When we started we were in the middle of a huge trauma incident and I think that one particular day there was a meeting of a whole lot of senior managers, from different organisations, who looked at each other and thought, what do we do now? No one knew, no one knew really what to do, so these five wonderful women at the time had represented their community, took it upon themselves to do something.

What is 'Fusion'?

Fusion is a suicide pre-/post-vention team based in Te Tai Tokerau ki Muriwhenua.⁵ The team was formed in March 2012, after two suicide deaths occurring two weeks apart prompted individuals from local agencies to get together to respond.

¹ Jordan, JR. 2017. Postvention is prevention. The case for suicide postvention. *Death Studies*. DOI: 10.1080/07481187.2017.1335544.

² Maple M, Cerel J, Sanford R, et al. 2016. Is Exposure to Suicide Beyond Kin Associated with Risk for Suicidal Behavior? A Systematic Review of the Evidence. *Suicide and Life-threatening Behaviour* 47(4): 461–74. <https://doi.org/10.1111/sltb.12308>.

³ Maple M, McKay K, Hess N, et al. 2018. Providing support following exposure to suicide: A mixed method study. *Health Soc Care Community* 1-8. <https://doi.org/10.1111/hsc.12713>.

⁴ Szumilas M, Kutcher S. 2011. Post-suicide intervention programs: a systematic review. *Can J Public Health* 102(1): 18–29.

⁵ Te Tai Tokerau/Northland has a population of 179,000 spread over a large area of 13,789 km²; in 2017 was the third fastest growing population in Aotearoa/New Zealand. See: www.stats.govt.nz/search?Search=northland.

The group included Child, Youth and Family (now Oranga Tamariki), the Ministry of Education, the district health boards' child and adolescent mental health service – Te Roopu Kimiora, and non-government organisations (NGOs) Ngāti Hine Health Trust and Ki A Ora Ngatiwai.

While the group was forming, further deaths by suicide and suicidal behaviour (ideation, threats, attempts) occurred. By April 2012 the group was aware they were dealing with a cluster of suicide and contagion – more rangatahi died by suicide and some were known to each other, sometimes related, or knew of the suicides. This cluster was unprecedented in Te Tai Tokerau, so the community, agencies and schools were unprepared.

The initial group was quickly formalised to an interagency working group. Their aim was to respond to the 'ongoing challenges facing vulnerable children, youth and families in Northland',⁶ then later that year evolved, and was named, to eventually become Fusion.

The work of the group came to the notice of the Ministry of Health, and the Director-General of Mental Health, who subsequently visited. This was a significant turning point in that he agreed, based on that visit, to provide financial resource to the region. The funding was used for the establishment of a suicide prevention coordinator in the district health board; the person appointed was welcomed into the Fusion group.

Over a period of three months the group operated in crisis mode. For some, business as usual had to be put aside; for others, they did their post-vention work on top of their day job – none of the agencies had suicide prevention in its remit.

How does Fusion work?

The Fusion process can be triggered by a sudden death/suspected suicide, attempt or threat of suicide from information acquired as part of the police response. When a suspected suicide occurs, a full-page initial report is prepared by the police, with details of circumstances, family, significant relationships and police history, usually within 24 hours of the episode. This data is provided to the team each morning via email.

... [T]here is a wealth of information we can gather from those in the room, which is quite phenomenal. We'll start with police information then go through everyone's knowledge base. The whiteboard will be absolutely chocka with names, then it's around our ability as a team to identify particular youth at risk and look for any potential risk of suicide contagion.

Timely updates for Fusion members allow for rapid follow-up the next day with whānau and schools, as the agencies and people involved wrap around the community. The Fusion members follow up via phone calls, email and personal contact; they find the right people and connections to provide an appropriate community response.

The Fusion members feed known information into the group to assess contagion, and map connections to identify possible risk. Risk is assessed using the Clinical Advisory Services

⁶ Fusion group terms of reference, 2013.

Aotearoa ‘circles of vulnerability’, which includes determining the geographical and psychosocial proximity to the deceased, and the general population at risk. They build on this with their community contacts and own agency information on the deceased and those associated with them.

The Fusion members individually look at the lives of both the deceased rangatahi and those who knew them; review connections with people, community, iwi and agencies; and share information about schooling, care, protection history and health history, and any other information accessible and considered relevant. This helps to determine vulnerability to self-harm and suicide, and the next actions – it is only when all the pieces come together, and connections are made, that the risk is seen.

If Fusion members believe there are immediate risks to rangatahi, the group will be in contact with each other and mobilised to action within hours.

What makes Fusion successful?

Valuing whakapapa and whanaungatanga

Suicide, in Māori specifically, is a structural, systems and loss of cultural identity issue.⁷ It is compounded by the impact of colonisation from its effect of intergenerational oppression and humiliation.⁸ It cannot therefore be treated as an individual or whānau deficit issue, nor an issue of an individual’s resilience.⁹

You’re working with people first, before you’re working with what happened.

Whakamate (suicide) was not considered shameful by Māori traditionally but treated with compassion; using traditions located around this can support whānau in recovering from unresolved grief, including contemporary responses of stigma associated with suicide.¹⁰ Understanding this and incorporating it is critical for suicide post-vention work with Māori.

I remember in te wiki o te reo Māori, whānau were less than encouraged; going back to my parents, they weren’t stopped from speaking Māori, they were stopped from being Māori. I think that is key to understanding it.

Growing tino rangatiratanga in whānau is critically important to the work of the Fusion team; it is essential that mana is upheld in the whānau they work with. They are given back the confidence of their existing skills, knowledge and strengths.

⁷ Lawson-Te Aho, K, Liu J. 2010. Indigenous Suicide and Colonization: The Legacy of Violence and the Necessity of Self-Determination. *Int J Conflict and Violence* 4(1): 124–33.

⁸ Durie M. 2001. *Mauri ora: The dynamics of Māori health*. Auckland: Oxford University Press.

⁹ Clark TC, Robinson E, Crengle S, et al. 2011. Risk and Protective Factors for Suicide Attempt Among Indigenous Māori Youth in NZ. *J Aboriginal Health* 7(1): 16–31.

¹⁰ Emery T, Cookson-Cox C, Raerino N. 2015. Te Waiata a Hinētītama – Hearing the Heartsong. A Māori suicide research project. *Alternative* 11(3): 225–39.

While the group deals with crisis situations, the post-vention work is also about longer-term support to develop skills to understand their rangatahi and tamariki, and signs and risks, and how to manage these.

The team checks in with whānau when they need it, and proactively, but from a te ao Māori perspective, supporting mana and rangatiratanga. They do not take over the situation, even in times of crisis. Post-vention support in the community can continue for at least 14 months, after the first anniversary of the death.

Whakapapa describes relationships between te ao kikokiko (physical world) and te ao wairua (spiritual world). It expresses these as sets of relationships, conditional obligations and privileges that determine a sense of self-wellbeing between whānau, hapū and iwi, and the interconnectedness between these and the environment – broadly, the continuum of life that includes kinship and history.¹¹

I'm drawing on the fact that she's Māori and I'm Māori, and that whether she evens knows her hapū or marae, I'm going to speak to her as if she warrants all the grace that it gives her, that she's entitled to regardless of which end of the spectrum she's on, knowing a little bit of reo or knowing a lot or in-between.

I know the rules of engagement when talking to Māori is that I give you it all and if I'm reading it right then I know she'll get that too and she'll respond.
It's like I felt there are three parts to this engagement; you know how a pōwhiri can take five hours, it's like I've compressed it into five minutes, so we can proceed; so, I honour her, she honours me, and we can talk about anything at all, particularly her loss.

It's our tikanga, our mātauranga. I recognise her whānau name and I can see where they are on the map, whether she's been there or not doesn't matter, but I'm treating her like she's a queen. Then I see her girl, I can see what they are going to have to deal with. I'm hearing all the agency story and her family, and I'm feeling for her.

Hirini Moko Mead stated that whanaungatanga embraces whakapapa – the kinship ties that the members of the whānau share; individual members of a whānau can expect to be cared for and supported by their relatives, and the collective whānau can expect help and support from all its individuals.¹²

The Children's Commissioner has been told by tamariki that whakapapa and whanaungatanga are important to them.¹³ Their desired experience of whakapapa is that they know of and are able to connect to places, ancestors, events and stories related to their whakapapa or genealogy. They want to have a strong sense of whakapapa, belonging and identity that enables them to walk confidently in the world; for whanaungatanga, that they have meaningful and life-changing relationships with their families, whānau, hapū, iwi and family groups, and that they experience, and can consistently develop, positive and

¹¹ Kruger T, Pitman M, Grennell D, et al. 2004. *Transforming Whānau Violence – a conceptual framework*. Wellington: Te Puni Kōkiri.

¹² Mead HM. 2003. *Tikanga Māori: Living by Māori Values*. Wellington: Huia Publishers.

¹³ Children's Commissioner. 2018. *Mana Mokopuna*. Wellington: Children's Commissioner. URL: www.occ.org.nz/assets/Uploads/Mana-Mokopuna-Web-PDF-Pages3.pdf.

reciprocal relationships with the people around them and those that matter to them.

The quality of whakapapa relationships and affiliation with ones' ethnic group have been found to be important predictors of positive adjustment for Māori youth over time.¹⁴

... I think it was also about us as women, as mothers, sisters and daughters, and people of our community that made the difference.

Whakawhanaungatanga extends across boundaries; it highlights the relationships and interconnection of Māori with each other, and with their environment. It comes with enduring obligation and reciprocity elements.¹⁵ As a collectivist culture, it underpins the whole social system for Māori.

The solutions for Māori are within Māori.

I think Fusion worked as well as it did, and still to this day, because it has an extra quality to it; it has the agency input, but the quality of how it works, the way it works is because it has Māori whanaungatanga as a quality of it.

As this advances, I would want it set up this way, that it's not additional, that it is embedded in the root of it – people first, tikanga, te reo, whakapapa and then it's everything else.

The dimension of whanaungatanga includes contribution to community and is embodied in and expressed by the small group of Fusion members, both Māori and Pākehā; whanaungatanga was and is a continuous thread through the community and Fusion members.

What I remember most about what mattered back in that time, and still today, is the value of whanaungatanga.

More than just 'Let's introduce ourselves' and then move into the usual business, it's an enduring necessity; it's a way of being, it's a lifestyle practice and it seems so ordinary to me, they seem ordinary to us. Even when some of us are talking about it we nearly have a little bit of a laugh about it.

It is so ordinary, but it's not that common.

The connection of the members to the community of Te Tai Tokerau means that, in addition to carrying out their roles in an expert professional capacity, they also care for that community. This results in a greater commitment to getting it right for whānau – seeing it through. This has also been key for gaining management support, many of whom are locally based.

¹⁴ Stuart J, Jose PE. 2014. The Protective Influence of Family Connectedness, Ethnic Identity, and Ethnic Engagement for New Zealand Māori Adolescents. *Developmental Psychology* 50(6): 1817–26.

¹⁵ Gillies A, Tinirau R, Mako N. 2007. Whakawhanaungatanga – extending the networking concept. *He Pukenga Kōrero* 8(2): 29–39.

The key element of Fusion's success is trust built from whanaungatanga. Without the initial intent to share their information quickly, despite previous organisational barriers to rapid information exchange, life-saving interventions would not have been possible.

The networks made through whakawhanaungatanga and whakapapa are enduring, and 'not just for the life of a project'.¹⁶

I believe we became an entity, apart from our respective agencies, and developed a level of trust whanaungatanga that broke down barriers for us to share information.

Assessing risk with a life-course approach

Police attend a suicide and on behalf of the coroner begin an investigation. Police complete a report to the coroner, obtain witness statements, complete a scene investigation and engage Victim Support services. Fusion influences an extra layer of police intervention over and above the standard sudden-death investigation process.

The life of an individual is delved into, and through this any risks and protective factors, strengths and supports the young person had in their life are identified. The Fusion members followed the natural process of sharing and having conversations – having conversations at the right time and place with the right people and offering thorough and ongoing support.

Over time, out of these conversations, the group became known and trusted. The members would be approached directly by the community about other rangatahi at risk, so they were able to put support around them too. This was an extra layer to the Fusion work, and critical to preventing suicide.

'Genograms'¹⁷ helped the group appreciate the critical importance of the life course and connections of rangatahi. Understanding how the whakapapa of rangatahi at risk was relevant to their mahi. This process of understanding trauma histories has been used as an opportunity for healing, and an exercise in self-determination.¹⁸

The genogram reiterates the point of stress of the immediate environment of tamariki and rangatahi (personal and structural). Understanding where they are has to include the impact on the individual of historical trauma and the intergenerational transfer of collective suffering of the whānau and iwi.¹⁹

Despite possibly a big gap between their lifestyle and tikanga, it is still providing them with the grace of tikanga, their entitlements to their rules of engagement, i roto i te ao Māori.

¹⁶ *Ibid.*

¹⁷ Genograms describe the life course and key events in the life of an individual, including their whānau and whakapapa.

¹⁸ Lawson-Te Aho K. 2014. The Healing is in the Pain: Revisiting and Re-narrating Trauma Histories as a Starting Point for Healing. *Psychology and Developing Societies* 26(2): 181–212.

¹⁹ Lawson-Te Aho K. 2017. The Case for Re-framing Māori Suicide Prevention Research in Aotearoa/New Zealand: Applying Lessons from Indigenous Suicide Prevention Research. *J Indigenous Research* 6(1): 1–16.

Relationships and trust

The core group was required to write a new rule book. This included establishing a high-trust environment between members and developing processes for immediate sharing of information. The timely sharing of information is critical. The members mobilise within minutes when needed.

While Fusion analyses suicide contagion risk in a similar way to other post-vention groups, the level of detail they share and the speed at which they share it differs. They have close connections and trust with each other and their community. Since 2012 they have refined the process – it is based primarily on what works for the whānau and community, and secondly what works for the agencies involved.

Over time schools have become critical partners in successful post-vention work. This setting has potential as a ‘caretaking’ environment and a supportive place for rangatahi. The pre-Fusion group did a lot of initial work to engage the schools and gain trust, and to help schools see the value in the Fusion model.

Now the group gets proactive calls and referrals from principals about rangatahi they are worried about, especially those who have been affected by suicide in the past. The schools are responding better now when advice is offered; they are more confident, have processes in place and have a high level of trust in their partners. It has taken a lot of work by and commitment from the Fusion members to reach this point.

The right people

The agencies are represented by the right people at the right level of each organisation, with the authority to act and mobilise staff immediately. They leave their organisation ‘hat’ at the door and focus on the needs of the impacted individuals and whānau.

Information-sharing and timeliness

Fusion are highly responsive to schools and the community. They exchange and process information quickly and use that information to reduce risk factors in people’s lives, while strengthening protective factors. Within minutes, the Fusion team can contact schools, knock on doors and drive to locations where young people are.

Working beyond post-vention to prevention

In addition to Fusion responding to a suicide and protecting bereaved whānau, friends and associates, the Fusion post-vention work also looks at the calls to police from those in distress, for a threat/attempt at suicide. These callouts in Te Tai Tokerau are 10 times that of the number of completed suicides. This is a significant early intervention point and opportunity for the Fusion team to engage with rangatahi and their whānau.

Coordination

Having a **coordinator** who pulls everyone together has been critical. The role is specific to suicide prevention/post-vention, and a touchstone for the community agencies. It has been especially valuable to engaging schools. The role also frees up time for other group members to work more closely with rangatahi and their whānau.

A story²⁰

Last night I receive a call from a mum who is protecting her daughter. She is saying, 'I'm going to leave, I can't live without him'. This is related to a suicide 12 days ago of a very young man and this is his girlfriend's mother... The reason she has my number at all is because when Fusion was meeting and running our information process, an unexpected call comes into me from somebody who knows somebody. It's that type of connection. So, they ring because they have a particular piece of information that can only be known through relationships outside of agency domain.

So, a colleague phones and says, you need to keep an eye on this girl because her relationship with this boy was such that they would be surprised if she were still alive at the end of this week. That information becomes part of what we feed into the Fusion discussion. On the recommendation of the colleague, you see, it becomes that familiar and that close. I trust completely the colleague, so I make that call on that day and spend an hour listening to that mum, who is saying we are going to take her down to the tangi and support her as she buries her boyfriend; after the tangi she phones: 'Our girl is going down again, we need to get her help, am I doing the right thing taking her to ED?'

This is how close it needs to be sometimes, despite our agency, despite our NGO-ness, or agency-ness. If you're called to be the one who has to be closer than close then you've got to do that.

I am listening to her, and I'm listening and looking for places when she's talking; as to where our part is and where our part isn't. And our part isn't directing whānau, even in this state; even though they are in a state of pani – in tikanga it's a place where you are. All you have to do is grieve; you don't have to make decisions, you don't have to stand and talk, you don't have to do anything, all you have to do is grieve, and everybody else takes care of those things for you and even if you think you are ready to stand and say something the pani doesn't allow you to.

The reason she could call is because I listened. When I phoned her and introduced myself, we'd never seen each other, kano ki te kano. But listening to her picking up the pieces for us, and pieces we think might be useful, but it's actually not our place, knowing how to be with this particular whānau, and the tikanga. Despite this, there may be a big gap between their lifestyle and tikanga, but we still provide them with the grace of tikanga, their entitlements to their rules of engagement, i roto i te ao Māori.

From that call, it was to ask those questions, to seek assurance, to talk it through; I said to her, 'I'm going to ring a colleague and a friend, because she knows exactly once you end up in ED what's going to happen'. I could've said just go up to ED and it'll all work out, but I could hear in her voice – if she went up there and they didn't look after her in the right way, and the state that she was in and her daughter – she'd walk away, she'd take her away because there was already enough on her to have to deal with that type of process.

²⁰ Provided by a member of Fusion.

So, I rang a Fusion colleague. She is driving home. I give her the brief detail, and say I'm going to send you my notes. It's our process; I guess we are literally writing this down as it's all happening. So, she takes the notes and has got a sense of it. She messages, 'Yep, got it, yes, I know this whānau, my boy is friends with her son and our girl', and suddenly all these whakapapa obligations are there, you see. So, I ring the mum back, I go, 'Are you good to talk to her?' She says, 'Yeah, we know her', so that connection happens, and she gets the satisfaction of knowing what the clinical response is likely to be tonight at ED, but she gets the protection of having a connection with this woman. They set a time to meet at their house the next morning. The access to that resource was only made because of whanaungatanga and working inside that.

Last night is an example of what I remember most about what mattered back in that time, and still today; it is the value of whanaungatanga.

More than just 'Let's introduce ourselves' and then move into the usual business, it's an enduring necessity, it's a way of being, it's a lifestyle practice and it seems so ordinary to me, it seems ordinary to us, even when some of us are talking about it we nearly have a little bit of a laugh about it. It's so ordinary, but it's still not that common.

Now and the future

Currently the Fusion group members meet daily, virtually. They continue to keep 'eyes' on those at-risk post-suicide and act immediately together when needed. They retain a huge commitment to this work, because they have seen it work. The Fusion approach indicates that effective post-vention work is prevention work, and that locally grown solutions based on te ao Māori are central to success – saving rangatahi lives.

The agencies involved appreciate their responsibility in creating better social policy environments to support whānau tino rangatiratanga (Māori self-determination).

Fusion was established when 19 young people died. Since then the number of provisional suicides of young people recorded in Northland District Health Board has not peaked again: seven in 2013, four in 2014, one in 2015, five in 2016, seven in 2017, and seven in 2018. Fusion continues to strive for zero youth suicide.

The work of Fusion is just five people getting around the table and sharing information. It has to be collaborative because we don't know what we don't know so we have to share information. We can't work in silos with this problem, we have to work together and in a joint effort with our communities, and respectfully with Māori.

Reflections on the Fusion work

The following are thoughts from the Suicide Mortality Review Committee (SuMRC). These reflections have evolved from the SuMRC's work with the Fusion post-vention programme of Te Tai Tokerau.

A range of post-vention initiatives are operating around Aotearoa New Zealand, and Fusion is one example. Its approach will naturally differ to those of other post-vention groups, due to district health board priorities, interagency relationships, and population profiles and needs.

1. Post-vention must be a key and prominent component in the national suicide prevention strategy and the Ministry of Health's original framework outcome of 'recognising and appropriately supporting people in distress'.²¹ It must also be applied to those in distress from being bereaved by a suicide.
2. National policy should hold all agencies equally accountable; suicide is not just a health sector responsibility.
3. Post-vention initiatives must be developed locally and owned locally; they should include processes that ensure the initiative listens to the community; and they should place the work and workers within that community
4. The local knowledge, whanaungatanga and whakapapa of NGOs should be respected.
5. Privacy issues should not impede safe practice in saving lives.
6. Local communities must be respected and resourced to develop local solutions; any central government framework should provide a model that specifies what service is required, allows the design and implementation to be developed locally, then is provided with report measuring operational delivery, including successes and challenges.
7. What is effective in smaller regions may not be readily scalable to larger urban areas; however, principles such as whanaungatanga and whakapapa must be the basis of any post-vention initiative development, regardless of the size or location of a region.
8. The coordination of post-vention work, tools and resources but must be part of a national strategy that works for everybody locally. National leadership should be provided on best practice around suicide prevention and post-vention to mitigate against mixed messages and methodologies of those delivering presentations nationally.
9. This type of suicide prevention work should be properly valued. That means resourcing staff and systems well and recognising that post-vention work demands a 24/7 response at times. The work should not be on top of existing work.
10. Post-vention initiatives need resourcing that allows for succession planning and teams within agencies, so it doesn't rely on individuals.
11. Post-vention initiatives and services need to be better supported by intelligence and analytical support; improved information-sharing will create opportunities from information captured by agencies individually.

²¹ www.health.govt.nz/system/files/documents/publications/strategy-prevent-suicide-nz-draft-consultation-apr17-v2.pdf

12. Proactive communication is essential and a communications package should be developed for the public and between agencies.
13. Post-vention work for the adults who die by suicide in the same community should be explored (eg, the impact of suicide by middle-aged males on the whole community, including young people).
14. Resources should be built in to capture learnings (an outcomes framework). In post-vention work there will always be emerging issues, so the work needs to be responsive and evolve to be sustainable and effective. Anecdotal evidence is not always powerful enough to inform policy or attract resource.
15. There should be Māori, iwi and NGO influence at every level of the development of a suicide post-vention initiative.
16. Post-vention staff need to be suited to the work and require resilience and the relevant experience.
17. Post-vention staff must be local experts in their field, compassionate, trusting and work in their community. They must include the right people in the community and have networks and connections. They should be able to 'warm call' (where the caller is connected in some way to the person, as opposed to a cold call) whānau, and talk about risks carefully and ethically.
 - The World Health Organization²² noted that communities can play a critical role in suicide prevention, providing social support to individuals and engaging in follow-up care, fighting discrimination and supporting whānau and friends bereaved by suicide. It has observed the positive impact of communities and their support programmes in suicide prevention. This is evident especially in countries with limited resources, indicating that community responses are not demanding of traditional central government resource.
 - Communities are best placed to build social connectedness, a key approach to reducing suicide. They can provide rapid help in crisis situations, keep in contact with people who have attempted suicide, and provide sustained support persons bereaved by suicide. A top-down government approach cannot empower communities to take control of the situation themselves or allow for creation of sustainable solutions.
 - The Government Inquiry into Mental Health and Addiction²³ noted that local communities want more control: 'We repeatedly heard how poor mental health outcomes can become endemic within communities. People told us how whole communities, not just individuals, can become depressed or anxious, disconnect from each other, and lose the sense of trust and the ability to work together. They wanted access to national resources to create local solutions and sought wider powers to take charge of what they perceived to be the main drivers of poor mental health outcomes for their communities.'

²² World Health Organization. 2014. *Preventing suicide: A global imperative*. Geneva: World Health Organization.

²³ Mental Health and Addictions Inquiry Panel. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry in Mental Health and Addiction.

18. Everybody who wants help should have easy access to services. Currently the police are still the 'go to' and 111 is the crisis number, especially for remote, isolated areas.
19. The community response to suicide could be improved by educating them about the best-evidence information available and how to access it. This would also help reduce sensationalism and fear around suicide and encourage understanding without normalising it.