

30/10/2024

Ministry of Health Manatū Hauora
PO Box 5013
Wellington 6140

Submission on the Draft Suicide Prevention Action Plan for 2025-2029

Tēnā koutou katoa

Age Concern New Zealand (ACNZ) welcomes the opportunity to submit comments on the Draft Suicide Prevention Action Plan for 2025-2029.

The Draft Action Plan is well presented, easy to read and clear. Overall, we are very supportive of the draft actions aimed at fulfilling *Every Life Matters He Tapu te Oranga o ia tangata Suicide Prevention Strategy 2019-2029*.

Our comments primarily relate to older people and suicide prevention. Statistics indicate that the 80 to 84 age group had the third highest suicide rate in 2019/2020 with older men being most at-risk.¹

Despite this, there is only one reference to older people in the document relating to strengthening suicide prevention knowledge amongst Elder Abuse Response Services. This compares to 14 instances of the word 'young' and seven references to 'youth'. We are very supportive of a focus on young people but wish to see older people made more visible in the Action Plan.

There are a growing number of people aged 65 years and older in Aotearoa New Zealand. Within ten years the over 65 population is expected to reach 1.2 million, with the over 85 age group being the fastest growing.² Over 65s are also increasingly diverse with Māori, Pasifika and Asian older populations growing at a faster rate than European/Pakeha seniors.

As the number and diversity of older people increases, addressing suicide in this age cohort will be a growing challenge. We can't afford to wait before acting and ensuring that appropriate services and support are available for older New Zealanders experiencing poor mental wellbeing and contemplating self-harm or suicide.

¹ <https://mentalhealth.org.nz/suicide-prevention/statistics-on-suicide-in-new-zealand#:~:text=The%20figures%20below%20are%20taken,628%20reported%20in%202019%2F20.>

² <https://officeforseniors.govt.nz/better-later-life-strategy/>

About Age Concern New Zealand

Age Concern New Zealand is a trusted charity working in local communities throughout Aotearoa New Zealand to support older people, their friends and whānau. We have 29 local Age Concerns operating in 40 locations throughout the country and a national office based in Wellington.

Our strategic goal is:

Every older person feels connected, has positive choices and can age well.

Our values of Dignity. Wellbeing. Equity and Respect for older people are our guiding lights and underpin everything we do.

Our core services include advocacy and public awareness, social connection, health promotion, elder abuse and neglect prevention, and providing support through expert information, advice and referrals.

Introduction

Age Concern New Zealand has a focus on people aged 65 and above as well as a keen interest in intergenerational health and wellbeing.

We are committed to seeing a reduction in suicide across all age groups, however, we are concerned that suicide in older people is likely to be under reported, with some deaths wrongly recorded as natural causes. We are aware that an overdose of a prescribed medication can be used by older people to end their life, or they may simply choose to stop medication or stop eating and drinking.

A 2022 Australian research article suggests that the death of an older person is frequently accepted with less scrutiny than that of a younger person or a death after a medical procedure.³ Some suicide prevention experts in Aotearoa New Zealand agree that suicide in older adults is under reported here as well.⁴

Risk factors for suicide among older people include loss of a spouse or loved one; loneliness; poverty; physical illness; chronic pain; unemployment / redundancy / retirement; alcoholism; loss of dignity and independence; and loss of meaning in life. Feeling a burden on others is also a risk factor. Disability is a risk factor for all age groups including older people, as is being Māori, Pasifika or a member of the Rainbow community.

³ <https://www.nature.com/articles/s43587-021-00160-1>

⁴ <https://4wellbeing.nz/training/suicide-prevention-populations/>

We want to see medical and other professionals assessing older people’s mental wellbeing and treating depression with the same diligence they would for a younger person.

Our primary comments for your consideration are:

1. Do you agree with the proposed actions for health and cross-government agencies? How could these actions be improved?

Age Concern New Zealand agrees with proposed actions for health and cross government agencies.

As with any action plan, monitoring achievement is crucial to determine how much is effectively carried out.

Having a sufficient number of trained professionals in mental health and social support agencies will determine whether the actions can be fully implemented. We are concerned about current and predicted workforce shortages.

We are pleased to see a focus on increasing access to suicide awareness training for communities, families and whānau. Mental wellbeing and suicide prevention will be addressed best by government, health and social systems collaborating with communities to make a difference.

2. What other actions do you think could be included for government agencies to consider?

a. **Mental wellbeing is linked to wider determinants of health** such as poverty; loneliness and isolation; secure housing; employment; redundancies, physical health; alcohol, drugs and other addictions. Reducing suicide rates is dependent on addressing these wider social issues that contribute significantly to mental wellbeing. We would like to see links drawn between the Draft Suicide Prevention Action Plan and wider policy and strategic documents.

b. **In Action 2** *Grow a capable and confident suicide prevention and postvention workforce* we propose revising the first action to “Enhance the suicide prevention knowledge and practices of Elder Abuse Response Services *and other community providers that work directly with older people*”.

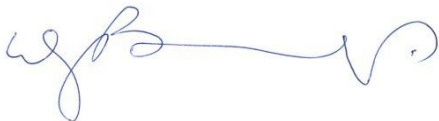
- c. **Work with others to address mental health workforce shortages.** There will need to be a comprehensive strategy to attract and retain a diverse mental health and suicide prevention workforce.
 - d. **Under Action 4 *Improve the effectiveness of suicide prevention and understanding of suicide*** we recommend adding an action to:
 - gather and analyse suicide data related to older people.
 - Identify the red flags or risk factors relevant specifically to older people.
- 3. What do government agencies need to consider when implementing these actions to ensure what is delivered meets the needs of communities?**
- a. **Fund and grow male-centred, male friendly services** given the higher suicide rates for men. These services need to include a focus on older men.
 - b. **Include role models in mental health** awareness and suicide prevention campaigns that older New Zealanders identify with and respect.
- 4. Is there anything else you want government agencies to know about what is needed to prevent suicide?**
- a. **Challenging ageism and societal attitudes toward older people are essential** if we are to reduce suicide amongst older New Zealanders. Ageist attitudes include examples such as ‘older people have lived their lives’ and that ‘they are somehow less important.’ These ageist attitudes need to be countered by positive stories and images of older people.
 - b. **Fund community providers and interventions**, such as visiting services, counselling and health promotion activities for older people that will help to build social connection and reduce loneliness. These are effective strategies to reduce depression and feelings of isolation.
 - c. **Provide mental health services specific to older people** which will have the potential to reduce barriers to access for this age group, combat the perception that mental health issues are just “part of growing old”, and build workforce skills and knowledge around specific mental health triggers, presentation, and intervention strategies for people in later life.

- d. **We recommend there is an increased number of coroners appointed** so that suspected suicides and unexplained deaths referred to the coroner are dealt with within a faster timeframe. Family and friends are under enormous pressure coming to terms with any bereavement, and uniquely so where suicide is suspected. We would like families to have the opportunity to grieve and learn to live with the death of their loved one without protracted legal processes preventing them from doing so.
- e. **Ensure that the Action Plan is sufficiently funded for it to be fully implemented.** With the stressors of housing and cost of living challenges, workforce shortages including in the health sector, climate change and the ongoing impact of Covid-19, our country is experiencing flow on effects that are likely to contribute to higher rates of depression for the foreseeable future.

Closing comment

Thank you again for the opportunity to provide our submission on the Draft Suicide Prevention Action Plan for 2025-2029. We look forward to hearing the outcome of your consultation process.

Nāku noa, nā,



Karen Billings-Jensen
Chief Executive
Age Concern New Zealand