



College of Nurses Aotearoa (NZ) Inc

P O Box 1258

Palmerston North 4440

Phone: (06) 358 6000

Email: [admin@nurse.org.nz](mailto:admin@nurse.org.nz)

Website: [www.nurse.org.nz](http://www.nurse.org.nz)

# A Strategy to Prevent Suicide in New Zealand: Submission to the Ministry of Health

June 2017

## Part 1: Submission Form

Submission completed by: Professor Jenny Carryer  
Address: PO Box 1258  
PALMERSTON NORTH  
Email: J.B.Carryer@massey.ac.nz  
Organisation: College of Nurses (Aotearoa)  
Position: Executive Director  
This submission: Is made on behalf of a group or organisation  
Please indicate which sector(s) your submission represents: Professional association

We confirm our submission can be published on the Ministry of Health's website and does not contain commercially sensitive information

## Part 2: The College of Nurses (Aotearoa)

The College of Nurses (Aotearoa) – the College - welcomes the opportunity to comment on the much needed draft strategy to prevent suicide in New Zealand. The College is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (“DHB”) setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

In summary, the College and NPNZ supports initiatives that seek to address New Zealand's high suicide rate. Key to our feedback is the need to invest in two key areas:

- appropriately resource secondary schools by funding comprehensive health services, including school nurses, given the New Zealand based evidence we now have showing there is less depression and suicide risk among students attending schools with a higher level of health service.
- build capacity in the general practice team for pre-emptive work with adults.

## Part 3: Submission

### *Summary*

While the Ministry has sought targeted feedback in relation to several specific areas of the strategy, the College has significant concerns about overall deficiencies in the strategy and a lack of consideration for evidence. These deficiencies include:

- the growing body of evidence demonstrating that there is less depression and suicide risk among students attending schools that had a higher level of health service
- the potential of the primary care sector to be appropriately resourced given that 94.9% of New Zealanders are enrolled with a primary care provider (Ministry of Health 2015)
- the need to quantify expected outcomes.

## *Health services in schools*

Results for the Youth 12 Survey (Denny et al 2014) show significant variation in health services provided in schools with 12% of secondary schools reporting no health services beyond basic first aid. In relation to mental health there is less depression and suicide risk among students attending schools that had a higher level of health service.

High quality school health services that have onsite staff trained in youth health and health professionals such as school nurses, general practitioners, youth workers, counsellors with sufficient time to conduct assessments positively impact on the health and wellbeing outcomes areas such as depression, suicide risk, sexual health, and alcohol misuse (Denny et al 2014).

Teen suicide and depression drops by two thirds if a school has a fully resourced comprehensive health service. Depression dropped from 14.2 percent to 4.7 percent, emotional behaviour problems fell from 13 to 4 percent, and suicide attempts from 5.6 to 2 percent. This is a significant finding, which means that more investment and funding in health services in schools could lead to a positive impact on the health and wellbeing of youth aged 13 – 18. Schools with an onsite school nurse were more likely to have more facilities, to be better integrated with the school, the community and local Primary Health Organisations, and to provide routine comprehensive health services.

Unfortunately only 10% of New Zealand secondary schools currently provide the level of comprehensive health care sufficient to impact on the mental health of our young people and there is no formal requirement to have such a service. In 2009, the Ministry of Health did begin funding school nursing services in lower socioeconomic communities and the Ministry of Education also funds school nurses via the schools annual operational grant. However, this approach has led to variable employment conditions and opportunities for professional development and despite the nursing sector making considerable attempts to gain sustained attention, the issue persists and young people continue to lack equity of access to appropriate health services within schools.

The College therefore urges the Ministry of Health to consider the findings of the research led by Denny demonstrating the clear link between investment in comprehensive health services in secondary schools and a reduction in depression and suicide risk.

## *Potential of the primary care sector*

Secondly, the College considers that a significant opportunity is presented to build preventive action within general practice teams. Around 95% of the New Zealand population is enrolled with a PHO. One of the most important potential areas for action is in the primary care sector.

The majority of the population visits general practice or primary health care annually and should therefore be pivotal to preventive action by identifying suicidal tendencies and or early stressors such as bullying, chronic pain, discrimination, unemployment, financial loss, LGBTI population. There appears to be no connection in the draft strategy to the potential of primary care.

Improving the capacity of the General Practice team to address community need in this context means they must be resourced to move away from responding mostly to the “tyranny of the acute”. They need to have genuine time and relevant training to respond to people in need through careful assessment, skilled listening and clear knowledge of community and mental health resources. It is probably most cost effective to resource nursing staff to undertake this expanded service and this should be considered alongside the current review of HWNZ funding of vocational training.

## References

Denny S, Robinson E, Lawler C, Bagshaw S et al (2012). Association between availability and quality of health services in schools and reproductive health outcomes among students: a multilevel observational study. *American Journal of Public Health* 102 e14-e29.

Denny S., Grant S., Galbreath R., Clark, T.C., Fleming, T., Bullen, P., Dyson, B., Crengle, S., Fortune, S., Peiris-John, R., Utter, J., Robinson, E., Rossen, F., Sheridan, J., Teevale, T. (2014). *Health Services in New Zealand Secondary Schools and the Associated Health Outcomes for Students*. Auckland, New Zealand: University of Auckland.

Ministry of Health. 2015. Primary Care Data and Stats. Available at [www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/primary-care-data-and-stats](http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/primary-care-data-and-stats)

A handwritten signature in blue ink that reads "Jennifer B. Carryer". The signature is written in a cursive style.

Professor Jenny Carryer RN PhD FCNA(NZ) MNZM  
Executive Director