

COOK ISLANDS NATIONAL SUICIDE PREVENTION STRATEGY 2016-2020

VISION

A community where life is valued and appropriate support is provided across all age groups-where people learn from and are strengthened by the experiences of others and where the specific needs of those who are going through a hard time are catered for in a caring and safe way.

NATIONAL TARGET

A 50% reduction in the suicide rate by 2020
A 20% reduction in the suicide attempt rate by 2020

Guiding Principles:

Action – The strategy is action focused.

Shared Responsibility – No single organization, group or sector can be solely responsible for suicide prevention. However in this strategy we will identify lead agencies to implement the activities.

Practicable, Achievable and Subject to Regular Evaluation – The strategy will identify expected deliverables which can be measured, monitored and revised.

Evidence Based – The strategy draws, where possible, on published scientific research and on the experience of those working in suicide prevention.

Broad Based – A fundamental aim of the strategy is to prevent suicide and deliberate self-harm, and to reduce levels of suicidal ideation in the general population by tackling contributing factors.

Transparency

Research and Development – Ongoing, quality, and multi-disciplinary research will be an essential strand of the strategy and findings will be of greatest value where they can inform and stimulate action and service development.

Continuous Quality improvement – Continuous quality control and ongoing modification and improvement of the strategy will be central to its implementation.

Consultation and Partnership – Actions, projects and services will be developed following consultation with those targeted, in partnership with the voluntary and community sector.

Resources – Where possible, existing human and other resources will be used to implement the strategy, but where these are not available new resources will be required and sought from all sectors

That this Strategy recognize Equity, culture, and Human rights provisions.

EVIDENCE

Suicidal behavior represents a global public health problem and its prevention continues to provide a major challenge to health and social services at all levels of the population.

The causes of suicide are complex and are likely to involve an inter-play of psychological, biological, social and environmental factors in the context of a person's negative experiences over a lifetime, sometimes aggravated by a recent personal difficulty. Premature death from suicide has many adverse consequences, not only for the family and friends of those who pass away but for all in the wider community who have to cope with the impact of the tragedy.

Currently there is no formal coordination for recording, collecting and classifying suicide completions and attempts in the Cook Islands. Cook Islands police, Ministry of Health, and other community organizations working in the area of suicide prevention each retain their own records with variations in their handling and recording of data.

The Ministry of Health figures record 13 completed suicides since 2010. – However if this is translated to per capita ratio it is very high for our population.

The Police department figures show that since 2010 there have been 12 completed suicides and 11 attempts.

Te Kainga has recorded a total of 22 attempted suicides for the period 2010 –May 2016:

The Youth suicide prevention steering committee based on information from two school counselors noted that there were 11 attempted suicides in 2012 and 22 in 2013. Available research indicates that suicide attempts are the strongest predictor of suicide.

Objective	Activity/implementation	Indicator	Outcome	Lead/supporting agency	Timeline and budget
Objective 1: To improve support for all families, especially those socially excluded and those at risk in crises.	Identify, strengthen support services and programs for families that are in crises/at risk	Support services (Ministry of health, Police, Ministry of education, Civil Society Organizations) strengthened to provide family counselling program initiatives	Families have good support when needed.	Lead- MoE Support Ministry of Health Punanga Tauturu Police	2016 10,000
	Develop effective promotional material for media release to raise awareness of wellbeing and behaviors that will trigger early warning signs (including contributing risk factors such as alcohol and substance abuse).	Number of effective promotional material developed		Lead- Ministry of Health Support MoE	2016 5000
Objective 2: To continue the promotion of positive mental	Health and Wellbeing Advisor for MoE to co-ordinate mental health promotion, Health and Wellbeing policies and critical incident response in schools.	Health and wellbeing advisor hired.	School children understand suicide	Lead- MoE	2016 20,000

health and wellbeing, and appropriately implement standard crisis response protocol in all primary, secondary & tertiary institutions.	Survey primary and secondary schools to establish base line information in relation to mental health promotion programs, critical incident response protocols, suicide attempts and the SPHE module.	Survey carried out. Critical Incident protocols to be distributed and implemented by schools	prevention and mental health and well being	Lead-MoE	2016 10,000
	Review and rate the usefulness and effectiveness of all of the available mental and emotional health promotion materials and programs, including peer support programs, and the relevant guidelines documents for primary and secondary schools and for students including help-websites.	Review completed with recommendations		Lead-MoE	2017 2,000
	Develop and implement a Cook Islands contextualized training program for teachers at all levels for mental health curriculum.	Teaching Unit plan developed and implemented		Lead-MoE	2017 500
	Review, adapt if appropriate, and disseminate mental health promotion, suicide prevention and critical incident management materials and resources	Reviewed and information disseminated		Lead- Ministry of health Support-MoE	2017 2,000
Objective 3: Strengthen youth division within Internal Affairs to ensure the voice of young people are heard in the planning of services	Publish the relevant national youth organizations outlining the role and nature of the service provided and make this information available through government ministries and to youth groups.	List developed and disseminated	Youth sector supported with resources around suicide prevention	Lead- Internal Affairs	2016
	Organize a consultation with a broad and widely representative sample of young people to ask them about existing services and about the type of services they would	Consultation completed with recommendations		Lead- Internal Affairs	2017

	prefer to use if they were distressed or suicidal and develop services on that basis as pilot projects to be evaluated for efficacy.			Support- Ministry of Health	
	Work with and support youth organizations to promote healthy Wellbeing and suicide prevention programs.	Organization help package developed and disseminated to the organizations		Lead- Ministry of Health	2017
Objective 4: To promote positive mental health and wellbeing, employee support and crisis readiness in all places of work.	Provide suicide prevention support information packs to work places.	Information packs developed and delivered to work places	Employers and employees are aware of suicide prevention	Lead- Ministry of Health	Ongoing
Objective 5: To develop the potential of sports clubs as settings for positive mental health promotion.	Recruit the major national sporting organizations as partners in the development of a national positive mental health (suicide prevention) promotion campaign.	MOU developed with national sporting organizations	People involved in sports are aware of suicide prevention	Lead- Ministry of Health Support- CISNOC	2016 onwards
Objective 6: To support the role of churches and religious groups in providing pastoral	Develop and provide Mental Health and wellbeing messaging for church ministers.	Messaging package developed and implemented	Population involved with churches are aware	Lead- Ministry of Health Support-	2016

care to the community and in promoting positive mental health, especially after a death by suicide.			of suicide prevention	Religious advisory council	
Objective 7: Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media	Media Guidelines for the Responsible Portrayal of Suicide, in partnership with media representatives including owners, editors, senior producers and Journalists.	Media guidelines developed and implemented	Media industry sensitized	Media committee	2017
Objective 8: To support the development of mental health care within primary care services and to develop suicide prevention awareness and skills training for primary health care workers.	Agree, plan and deliver a program of education and training on suicide prevention for all relevant members of primary care teams including GP, Pharmacists, PHN, and Community Health Centre.	Program developed and implemented	Primary health care workers aware and trained for suicide prevention	Lead- Te Kainga Support- Ministry of Health	2018
	Strengthen the current referral system (i.e. police to CMO- Public health nurses/counsellors	Referral system formalized		Lead- Police	2017

<p>Objective 9: To improve the mental health service provision, especially in the areas of community mental health, pre-discharge assessment from in-patient services and follow up support.</p>	<p>Review, improve and standardize pre-discharge and transfer planning from or between mental health services settings, guided by the availability of appropriate supports in the community including family and significant others.</p>	<p>Pre discharge and transfer planning reviewed, improved and standardized</p>	<p>Patients and families referred appropriately</p>	<p>Lead- Ministry of health Support- Te Kainga; Police</p>	<p>2017</p>
<p>Objective 10: To ensure that an effective and standardized service and supportive response is provided by relevant professionals and voluntary agencies, across a range of settings when a death by suicide occurs.</p>	<p>Develop and implement protocols for the health service and voluntary sector response if a community is affected by suicide, learning from the experience of previous crises and building on existing critical incident response protocols.</p>	<p>Protocol developed and implemented</p>	<p>Communities supported</p>	<p>Lead- MOH</p>	
	<p>Facilitate, support, and coordinate NGOs working in the area of suicide bereavement support.</p>	<p>MOU with organizations on suicide bereavement support.</p>		<p>Lead- MOH</p>	

Objective 11: To establish effective and integrated national information systems relating to suicidal behavior (attempts and completed suicide)	Design a system that draws the required reporting information and data from the key government agencies and records the methods used by these agencies to collect data and information.	System developed and implemented	Evidence based decision making	Lead- Ministry of health	2016
	Co-ordinated reporting, classification and collection of data for effective planning, funding, delivery and evaluation of programs and services	MOU between the agencies on reporting, classification and collection of data.		Lead- Ministry of health	2017
	Look at options to maintain the current 0800 Helpline service and explore its eventual establishment as a service fully staffed and operated by the Cook Islands.	Options reported on.		Lead- Internal Affairs	2016
	Review all available guidelines relevant to suicide prevention (ranging from guidelines for the management of deliberate self-harm, to guidelines on media portrayal of suicide and guidelines for supporting those bereaved) with a view to agreeing a set of guidelines for use in Cook Islands settings.	Review completed with guidelines established for the Cook Islands		Lead- Ministry of Health	2018 10,000
Objective 12: To systematically plan research into suicidal behavior to address deficits in our knowledge,	Encourage research into deliberate self-harm, suicide and suicide prevention, detailing the means of using research findings to inform service provision and health and social policy.	Number of Research conducted on suicide prevention	Research to improve suicide prevention in the Cook Islands	Link with OPM Policy division	Ongoing

ensure that the development of services is evidence-based and bridge the gap between research and practice.					
	Develop and maintain international suicide prevention and research links through membership of the International Association for Suicide Prevention and other relevant networks so that the Cook Islands can learn from, and contribute to, international best practice.	Establish links with international association for suicide prevention.		Lead-Ministry of Health	2016

Monitoring and Evaluation

Target	Baseline 2016	2017	2018	2019	2020
A 50% reduction in the completed suicide rate	Average no of completed suicides per annum:				
A 20% reduction in the number of suicide attempts					
MID TERM REVIEW TO BE CONDUCTED IN JUNE 2018					
END TERM REVIEW TO BE CONDUCTED IN JUNE 2020					