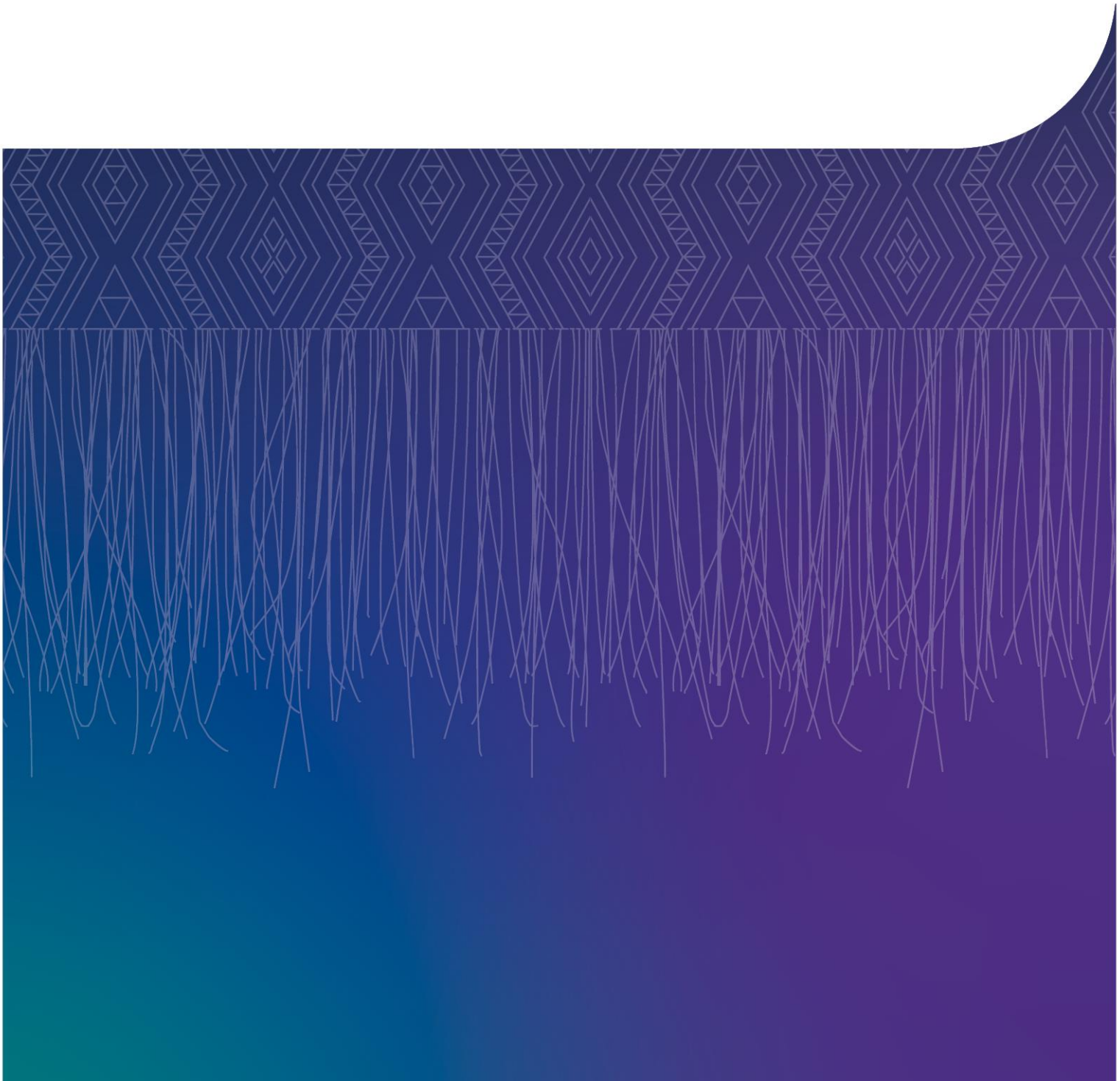
Health New Zealand
Te Whatu Ora

Sector Engagement Wānanga Suicide Prevention and Postvention Report

November 2025



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Foreword

As Interim National Director for Hauora Māori Services, Health New Zealand, I am honoured to present this report, which reflects the collective insights, aspirations, and first-hand perspectives of whānau, support services, and regional stakeholders across Aotearoa.

We facilitated a series of wānanga to engage with those who work in the suicide prevention and postvention sector, and to gain feedback regarding four actions within the Suicide Prevention Action Plan 2025–2029[1] (Action Plan 2025-2029) that Hauora Māori Services are responsible for. The kōrero shared was courageous, insightful, and grounded in lived realities. It has shaped the direction of this work in thoughtful ways.

The report aligns with the intent and priorities of He Arotake, the national review of suicide prevention and postvention[2] and supports the implementation of the Action Plan 2025–2029. It reflects a clear call for culturally inclusive, grassroots, and system-integrated approaches that honour the mana of whānau and uphold the principles of Te Tiriti o Waitangi.

The development of the proposed draft National Model of Care is a direct response to what we heard. It is designed to strengthen whānau and community resilience, improve suicide pre-postvention coordination, and embed regional leadership across the continuum of care, from well-being, prevention, intervention, crisis response, and postvention. It is a model that ensures services are fit-for-purpose and places whānau at the centre and recognises that suicide prevention and postvention must be woven into the fabric of local initiatives. I extend my deepest gratitude to all those who contributed to this kaupapa. Your voices have guided us, and your trust has grounded our responsibility. We remain committed to working alongside you to realise a future where those who are affected are supported, that every life is valued, and every community is equipped to respond with compassion, strength, and hope.

Selah Hart
Interim National Director
Hauora Māori Services | Health New Zealand

[1] suicide-prevention-action-plan-2025-2029-v2.pdf
[2] https://www.tewhatuora.govt.nz/publications/he-arotake-suicide-prevention-and-postvention-review

Acknowledgement

The National Hauora Māori Service | Health New Zealand (Hauora Māori Services) extends its sincere appreciation to the suicide prevention and postvention sector (the sector), Hauora Māori Services commission. We know the sector consists of bereaved whānau, people with lived experience of mental distress, iwi groups, grassroots organisations, regional groups, clinicians, and individuals who generously contributed their voices, insights, and experiential knowledge to the recent series of sector wānanga.

Your willingness to share personal experiences, identify systemic barriers, highlight effective practices, and propose aspirational pathways forward represents a significant and enduring contribution to the national suicide prevention and postvention kaupapa.

These insights are instrumental in shaping a more responsive, functionally aligned, equitable, and culturally grounded approach to suicide prevention and whānau wellbeing. While they support the actions under Hauora Māori Services remit across service delivery and workforce development, they indirectly inform the development of strategic priorities, service improvements, and policy direction which sit outside the scope of this kaupapa.

We acknowledge the trust placed in us through your participation and reaffirm our commitment to honouring that trust through meaningful action and sustained partnership.

Executive summary

Purpose

This report presents findings, recommendations, and a proposed draft national care model from the suicide pre-postvention sector wānanga, and written submissions received in July 2025, capturing perspectives on the design of suicide pre-postvention services to inform the implementation of four actions under the Action Plan 2025–2029, assigned to Hauora Māori Services.

Background

The engagement was initiated to ensure that Hauora Māori commissioned services are suited to local realities and aspirations of whānau across Aotearoa. It responds to longstanding calls for more equitable, culturally responsive, and grassroots approaches to suicide prevention, particularly for Māori and other priority populations.

Hauora Māori Services intend to reconfigure suicide postvention services. These services do not include funded or managed suicide prevention services, which have all been refreshed or are newly established and are currently delivering the intended outcomes.

The Expert Advisory Group

To guide the process, a newly established Expert Advisory Group will provide oversight for achieving the actions within the Action Plan 2025–2029 Hauora Māori Services are leading. The group is made up of members from the Ministry of Health, Mentally Well Health NZ and the Hauora Māori Service Directorate. Their role entails:

- Providing oversight on Hauora Māori Services suicide prevention roadmap.
- Offering governance advice on the suicide prevention and postvention national model of care.
- Ensuring messages for the Minister and the public are consistent across all agencies.

The insights gained from each wānanga will inform the joint work needed to develop a national model of care and reconfigure postvention services to better meet the needs of whānau bereaved by suicide and the regions.

Engagement Approach:

The rationale for these wānanga was twofold, to understand how we can work with the sector to achieve the actions delivered across Hauora Māori Services in line with the Action Plan 2025–2029 and to reconfigure suicide postvention services to ensure they are fit-for-purpose.

Four wānanga were held in Auckland, Whangārei, Tauranga, and Christchurch, along with one online wānanga with the sector. Approximately 148 participants attended from diverse communities that represent a wide range of perspectives and roles. In addition, a total of eight written submissions were received, offering rich qualitative insights that further informed the findings of this report.

The insights gathered through this engagement contribute to:

- The development of a nationally consistent model of care for suicide prevention.
- The reconfiguration of postvention services to better meet community needs.
- The ongoing implementation and refinement of the Suicide Prevention Action Plan 2025–2029 Hauora Maori Services are responsible for.

Key themes and findings

Hauora Māori Services identified several key themes from the hui: workforce capability, community leadership, data and evaluation, sustainable funding, equitable access, service integration, and addressing the social determinants of health. Within these themes are lived experience leadership, cultural safety, and trust-based commissioning were consistently raised.

While these insights support system change and future planning, the most urgent priority, given the scope and investment, was achieving national consistency across the four action points led by Hauora Māori Services. A summary of findings is included

in Appendix one to support the broader suicide prevention and postvention programme, which, although out of scope for this engagement[3], is essential to delivering the broader actions within Suicide Prevention Action Plan.

Recommendations:

Hauora Māori Services will:

Recommendation One:

Align the national model of care with the Suicide Prevention Action Plan 2025–2029 and He Arotake to ensure national consistency across suicide prevention and postvention services.

Recommendation Two:

Scope commissioned suicide prevention and postvention workforce development units to upskill the sector, with a focus on Suicide Prevention and Postvention Coordinators and Kia Piki te Ora.

Recommendation Three:

Reconfigure postvention services to ensure consistent national and regional coverage that avoids duplication, provides timely advice to affected groups and key agencies, and meets the needs of bereaved whānau.

Recommendation Four:

Facilitate access to identified community funding, resources, and training opportunities, focusing on extending reach, supporting priority populations, and enabling equitable participation across all-of-population groups.

Implementation, Risk and Communication Overview

Hauora Māori Services will progress the agreed recommendations with a focus on national consistency, workforce capability, service coordination, and equitable access. Risks will be managed through structured oversight, including regular reporting to the expert advisory, weekly reports to commissioning and senior leadership, and overseen by the National Hauora Māori Services Clinical team. Communication will be maintained through ongoing engagement with Hauora Māori partners and providers to ensure transparency and alignment.

Next Steps

Following this report, Hauora Māori Services will:

[3] Out of scope, meaning the findings did not meet the purpose of this engagement but the information provides insights to support the broader aspects of the Action Plan 2025-2029.

- Report back to the Expert Advisory Group and Hauora Māori Service Senior Leadership Team.
- Share the report on suicide prevention and postvention services to those involved in the engagement.
- Integrate the recommendations into service planning and commissioning.

Suicide Risk and Disparities in Aotearoa

In the 2024/25 fiscal year, Aotearoa New Zealand recorded 630 suspected deaths by intentional self-inflicted deaths, equating to an age-standardized rate of 11.0 (95% CI: 10.7, 11.2) per 100,000 population[4]. These figures reflect a persistent and complex public health challenge, with significant disparities across demographic, cultural, and occupational groups.

Māori

In 2024/25, Māori had the highest rate of suspected suicide at 18.0 per 100,000 population (95% CI: 17.3–18.8). While overall rates remained stable, significant disparities persisted between Māori and non-Māori, particularly among 25–44-year-olds. In this age group, Māori males had a rate of 55.4 per 100,000, nearly three times that of non-Māori males (19.0), while Māori females had a rate of 11.4, about twice that of non-Māori females (5.8)[4].

Pacific Peoples

The rate of suspected self-inflicted deaths per 100,000 Pacific population in the 2024/25 financial year was 7.4 (95% CI: 6.7-8.2)[4].

Asian Peoples

The rate of suspected self-inflicted deaths per 100,000 Asian population in the 2024/25 financial year was 3.5 (95% CI: 3.2, 3.8)[4].

Youth and Marginalised Populations

New Zealand continues to have the highest adolescent suicide rate among high-income countries (17.1 per 100,000, 2018–2020), nearly three times the average. While recent trends suggest a slight decline, rates remain unacceptably high, particularly for Māori and Pasifika boys. High rates of bullying (28%) further compound youth wellbeing concerns[5].

[4] Suicide data web tool – Health New Zealand | Te Whatu Ora
[5] UNICEF Aotearoa

Disparities further increased for marginalized groups:

- Rainbow youth: In 2021, 64% reported suicidal ideation, and 10% attempted suicide[6].
- Disabled youth: Experience serious suicidal thoughts at 1.9 times the rate of non-disabled peers[7].
- Oranga Tamariki youth: Are four times more likely to attempt suicide than those not involved with the agency[8].

Occupational and Gender-Based Risk

Occupational risk factors are significant. Between 2017 and 2021, 18.3% of work-related suicides occurred in the agriculture, forestry, and fishing sectors[9]. Male construction workers were found to be 1.4 times more likely to die by suicide than other males[10].

Gender disparities persist, with males dying by suicide at 2.5 times the rate of females (15.9 vs. 6.4 per 100,000 in 2023/24). Rural residents also face elevated risks, with rural males and females experiencing suicide rates 1.4 and 1.2 times higher, respectively, than their urban counterparts (Health New Zealand, 2024).

Alcohol harm

Acute alcohol use was implicated in 26% of suicides between 2007 and 2020, rising to 32.3% for Māori and 35.3% for Pacific peoples[11].

Mental health service users experience

Mental health service users have a suicide rate nearly 18.7 times higher than non-users with 14 deaths by suspected suicide were reported under the Mental Health (Compulsory Assessment and Treatment) Act 1992 during 2022/23[12].

[6] Identity Survey: Community and Advocacy Report
[7] Youth Health and Wellbeing Survey - Ministry of Social Development
[8] Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access — Youth19 - A Youth2000 Survey
[9] Work-related suicide: Examining the role of work factors in suicide | WorkSafe
[10] External Research Report ER65 (2021) - Construction industry suicides: numbers, characteristics and rates
[11] Acute alcohol use and suicide deaths: an analysis of New Zealand coronial data from 2007-2020 - PubMed
[12] Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019 | Ministry of Health NZ

Maternal Suicide

Maternal suicide remains the leading cause of perinatal death, accounting for 22% of maternal mortality events. Māori and Pacific women are over three times more likely to die by suicide compared to New Zealand European women[13].

Policy Context

In 2024, Health New Zealand released He Arotake Suicide Prevention and Postvention Review (He Arotake) for Māori. The review drew on extensive engagement with whānau, pre-postvention services, and health professionals.

He Arotake assessed the extent to which current services support the goals of Every Life Matters - He tapu te oranga o ia tangata: Suicide Prevention Strategy 2019–2029, the expired Suicide Prevention Action Plan 2019–2024[14] and the expired Te Pae Tata Interim New Zealand Health Plan 2022[15]. It concluded that many services were not fit-for-purpose and recommended commissioning culturally appropriate, consistent services aligned with Māori aspirations and the Suicide Prevention Action Plan[14].

Following the disestablishment of Te Aka Whai Ora (the Māori Health Authority), responsibility for suicide pre-postvention investment now sits with Hauora Māori Services, Health New Zealand.

Building on this foundation, the Ministry of Health released the Suicide Prevention Action Plan 2025–2029[1] the second Government action plan under the national strategy. It outlines 21 Health-led and 13 cross-agency actions focused on:

- Improving access to suicide prevention and postvention support
- Growing a capable and confident workforce
- Strengthening prevention and early intervention
- Enhancing system effectiveness and understanding of suicide

The plan reaffirms the mana of every individual and places culturally grounded solutions at the centre of suicide prevention efforts. It is informed by public consultation, lived experience, and evidence, and supported by a combined investment of over $36 million annually from 2025/26.

Further information is provided in **Appendix Two**.

[13] 16th PMMRC Report Final report
[14] Every Life Matters – He Tapu te Oranga o ia tangata
[15] Te Pae Tata Interim New Zealand Health Plan 2022 – Health New Zealand | Te Whatu Ora

Sector Engagement Wānanga

Wānanga were held around the country by Te Whatu Ora regional partners and facilitated by Hauora Māori Services commissioning, clinical, and policy teams. Geographical locations were selected based on budget costs with the aim of ensuring metropolitan, rural, and priority populations were represented. An online wānanga and written submissions format offered further reach nationally.

Wānanga were held on:

Date	City	Time	Location	Participants
14 July	Auckland	9am - 1pm	Kōtuku House	22
15 July	Whangarei	9am - 1pm	Waima Room	16
16 July	Tauranga	9am - 1pm	Te Whare Whakamana	22
17 July	Christchurch	9am - 1pm	Manawa Room	26
22 July	Online	9am – 12pm	Teams	62
25 July	Written Submissions	Close at 5pm		8

To get the most out of participants, they were encouraged to read the Action Plan 2025–2029 and He Arotake to ensure alignment with the aspirations within these strategies.

Scope

The wānanga deliberately explored key priorities and actions from the Suicide Prevention Action Plan that are relevant to Hauora Māori Services and the all-of-population suicide prevention and postvention services they commission and manage. They are:

Sector	Responsibility	Timeframe
Establish a suicide prevention community fund focused on populations with specific needs (e.g., maternal, youth and rural communities) to complement existing Māori and Pacific funds	Hauora Māori Services	By 31 December 2025

Expand suicide prevention training and guidance to strengthen existing resources; increase access to training; reach wider audiences; and better equip workforces, communities, families and whānau to support people who may experience suicidal distress	Hauora Māori Services	By 31 December 2025
Establish national consistency for the suicide prevention and postvention coordinator workforce. This includes developing induction materials and best practice supports for suicide prevention and postvention coordinators and Kia Piki te Ora workforces	Hauora Māori Services	By 30 June 2026
Improve suicide bereavement support services by improving access to and the timeliness of initial supports after a suicide death, and responsiveness to population groups	Hauora Māori Services	By 31 December 2028

Wānanga Outline

The sector received an invitation prior to the wānanga and submission period, detailing two primary areas of focus, each consisting of two parts.

Part One: **Suicide Prevention Action Plan**

- Explore the key priorities and actions that Hauora Māori Services are responsible for as outlined in the plan.
- Understand how we can best implement these actions in a way that reflects the needs and values of our communities.

Part Two: Reconfiguration of Suicide Postvention Services

- It's time to look at how we commission and deliver postvention services.
- We aim to align these services with the Suicide Prevention Action Plan and ensure they are clinically and culturally safe.

Approach

The methodology combined qualitative and kaupapa Māori approaches, facilitated through wānanga (kanohi kitea – face-to-face engagement) and supported by written submissions.

Participants:

Community sector representatives, including whānau bereaved by suicide, and people with lived experience working within the sector, Hauora Māori Services partners and providers, and wider sector partners and interest groups.

Findings that are in scope:

These findings align to the four Hauora Māori suicide prevention actions. All recommendations are designed to be implemented within current funding and scope constraints.

1. Development of a National Model of Care for Suicide Prevention

- Strengthen coordination of suicide pre- and postvention efforts across Hauora Māori Service partners and providers by adopting a nationally consistent model of care.
- Promote consistency in service delivery while allowing for local responsiveness and cultural relevance.

2. Reconfiguration of Postvention Services

- Establish national consistency to enhance service coverage, reduce duplication, and clarify roles and responsibilities.
- Strengthen information-sharing protocols with key agencies (e.g., Ministry of Justice, New Zealand Police) to improve risk management and support for bereaved whānau.
- Embed supervision and peer support mechanisms into existing roles and service specifications to safeguard workforce wellbeing.
- Increase visibility and accessibility of postvention services, ensuring they are responsive to the needs of bereaved families and high-risk communities.

3. Training Expansion

- Leverage existing digital tools, training packages, and workforce development units within Hauora Māori Services to extend training reach without additional investment.
- Utilise current service infrastructure to support the capability-building of suicide pre-postvention providers, partners, and communities.

4. Community Funding, Resources and Training

- Ensure the all-of-population community fund is equitably accessed by priority populations, including tāne, rangatahi, rural communities, wāhine (maternal mental health), and rainbow communities.
- Simplify funding application processes to enable smaller organisations to access resources.
- Use existing services to support community-led training, education, and dissemination of mental wellbeing tools and suicide prevention resources.

Findings that are out-of-scope

These are in the Findings section (Appendix one) of the report.

Draft National Model of Care

The proposed draft national model of care, shaped by the findings, outlines an integrated approach to suicide prevention and postvention that combines cultural and clinical practice. It strengthens the connection between relational and professional responses, ensuring postvention is both therapeutic and grounded in whānau and community realities. This alignment supports consistent, effective care and reduces harm across Aotearoa.

Te Ahi Kā o te Whānau

Overview

Suicide has a deep and lasting impact on individuals, whānau, and communities across Aotearoa. The National Model of Care offers a unified approach to supporting people and communities after a suicide, ensuring responses are timely, coordinated, and culturally grounded.

Guiding Metaphor: Te Ahi Kā

Te Ahi Kā as a metaphor, talks about the home fires that represents connection, continuity, and resilience. It reminds us that healing happens in places where people feel safe, supported, and connected. The draft model of care is inclusive of all New Zealanders, while being underpinned by kaupapa Māori values, embracing principles that resonate across diverse communities. It is intended to guide the design and delivery of postvention services, providers, and communities that Hauora Māori Services commission.

The model of care is structured under four pou or pillars. Each pou acknowledges the sudden loss of someone to suspected suicide, supports whānau and communities to navigate the emotional turmoil, enables the community to coordinate cultural and clinical supports, and promotes well-being and recovery.

The framework is structured around four pou:

- Pou Roimata – acknowledging grief and loss
- Pou Wairua – supporting spiritual restoration
- Pou Āwhina – enabling coordinated support
- Pou Ora – promoting wellbeing and recovery

Ngā Pou: Te Ahi Kaa o te Whānau

The framework is structured around four pou (pillars), each representing a key phase in the postvention journey:

Pou Roimata – Acknowledging Grief

Pou Roimata identifies the immediate and widespread impact of suicide across whānau, communities, and systems. It establishes the need for responses that are trauma-informed, culturally responsive, and clinically sound. These responses must be structured, scalable, and adaptable, drawing on relational, professional, and community-based approaches.

Pou Wairua – Restoring Spiritual and Cultural Wellbeing

Pou Wairua supports the systematic integration of culturally responsive and ethically sound practices into service design and delivery. It encourages services to:

1) Integrate cultural knowledge systems and values alongside therapeutic environments to enhance cultural safety and relevance.

2) Collaborate with cultural experts (e.g., kaumātua, tohunga), clinical experts, and community leaders to co-design and co-deliver services that reflect diversity.

3) Enables the ability to apply holistic approaches that incorporate spiritual, emotional, physical, and social dimensions into assessment, treatment planning, delivery, and recovery pathways. While, ensuring tikanga and kawa are respected and upheld within clinical settings.

Pou Wairua offers a scalable framework that enhances service relevance. It is adaptable to different cultural contexts and supports inclusive, and person-centred care.

Pou Āwhina – Coordinated Practical Support

Provides practical help and system navigation for those affected. It strengthens collaboration across health, education, justice, and social services to ensure people and communities are not left to manage alone and can manage the aftermath of suicide including access the support they needed to function.

Pou Ora – Sustaining Long-Term Wellbeing

Looks to the future, promoting well-being, resilience and recovery. It supports inclusive service design, community leadership, and long-term wellbeing through education, mental health literacy, and addressing social determinants of health.

Intended Use

The framework guides Hauora Māori Services including their partners, providers, and communities in designing and delivering postvention services. It supports consistent, culturally safe, and effective responses following a suicide, ensuring that no one is left behind.

Conclusion

The proposed National Model of Care Framework was formulated because of the call to ensure postvention is relational, cultural, and meets the needs of bereaved families and communities to manage the risks and look at how postvention services facilitate postvention activities across vulnerable communities.

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Related reports

Empowering whānau and communities: He Arotake: Te Aka Whai Ora Suicide Prevention and Postvention Review – Health New Zealand | Te Whatu Ora

Suicide Prevention Action Plan 2025–2029 | Ministry of Health NZ

Appendices

Appendix One: Workshop Findings

Regional wānanga questions

Prevention questions:

- What works well that could be replicated elsewhere?
- What is required to deliver a service that meets the needs of your community? Be specific. List 3-5 enables them to deliver on the specific actions.
- What is needed to focus on an all-of-population community funding round e.g., maternal/youth/rural/rainbow community?

Postvention questions:

- What does a good postvention look like to you? What should be considered in a model of care?
- Name up to five things that are working well in postvention now. Include how you cater to the different needs of your community. How do you know it is working?

Name up to five things we could both do to improve postvention services (Health NZ and partners).

What do you need to deliver a service that meets the needs of your community?

Online wānanga questions

The above questions were condensed to two questions for each section. The purpose of doing this is that it helped to mitigate online fatigue. They include:

Prevention questions:

What is required to deliver a service that meets the needs of your community? Be specific and list 3-5 enablers to deliver on the specified actions.

What is needed to focus on an all-of-population community funding round e.g., maternal/youth/rural/rainbow community?

Postvention questions:

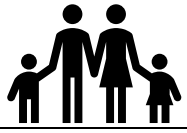
What does postvention look like to you? What should be considered in a model of care?

What do you need to deliver a service that meets the needs of bereaved whānau and community?

Out of Scope Findings

While not within the original scope of this review, participants shared valuable insights regarding a whole-of-system approach to suicide prevention and postvention. Hauora Māori Services agreed to include these perspectives in the final report to honour and reflect the voices of those who contributed.

Table 1: Results of Discussions

What is needed to focus on an all of population community funding round?		
Iwi & Māori Focus 	**Regional & Community Strategies** 	**Charitable & National Organisations** 
• Allocated to Māori • Māori fund-based on iwi focus (e.g., Waikato Tainui strategy) • Iwi suicide prevention strategy that incorporates social services/marae • Iwi social services/collaborative forums	• Regional hui strategy will also incorporate priority groups • Organisations who have connections across the country and an understanding of all-of population needs • Organisation with ability to distribute to communities.	• Salvation Army • Charitable organisations • National organisation establishing an advisory roopu to make decisions of need
What should the fund focus on?		
Community Needs & Priority 	• Priority of needs of suicide in communities • Meeting needs of hāpori • Ask community what's working and support those initiatives (lots agree) • Should cover as many communities as possible	

Specific Groups/Focus areas 	• Young māmā | Young tāne |Rangatahi needs • Young parents as a focus • Rural youth • Kaumatua | Older adults • Neurodiverse community • Gang communities and their whānau
Health & Well-being 	• Dealing with methamphetamine • Meth, whole whānau, community action (lots) • Rongoā kaimahi
Initiatives & Strategies 	• Develop reporting mechanisms to identify and fund successful initiatives. • Maintain a strong equity focus • Engage specific groups on fund allocation • Conduct workshops (wānanga) to identify gaps & needs • Focus on male suicide prevention initiatives
Infrastructure & Support 	• Fund transport needs for rural remote workers • Construction
What things are needed for it to work?	
Community Support & Advocacy 	• Whānau don't know what's out there, they need advocacy and support to apply • Support for communities on how to apply • Ensure whānau are aware of the funding • Tuakana Teina opportunities
Simplifying the Application Process 	• Streamline application process, don't make access complex • Directory of where to find funding • Videos on how to apply for funding • Making the process more accessible for communities

Access to Funding 	• There is a need for access to pūtea for smaller communities/hāpori • Smaller organisations are less likely to be able to access pūtea in comparison to larger ones • Grassroots being able to access community funding • Clear criteria for applying for funding that matches the needs of a specific community • Support for smaller organisations
Accountability and Criteria 	• Prioritised communities included in application criteria • What is the application process and how can communities be supported to participate? • Accountability around funding
Skill building & confidence 	• Skill building in the community at grassroots level to support people's confidence and skills to apply
How should the funding work?	
Sustainable Funding 	• One-year funding has limitations from a sustainable perspective • Sustainable pūtea • Multi-year funding model needs to change • Sustainable funding for initiatives that demonstrate positive outcomes – will need outcome measures • Making the funding sustainable – insecurity of funding – evergreen contracts • Rolling pūtea because of need for different timeframes • Sustainable funding
Fair & Equitable Acess 	• Fair/equitable commissioning • Criteria around who is funded is a restriction/barrier • Amount of funding per grant and sometimes smaller grants provide real benefit and outcomes • Timing of grant round to allow communities to know it is coming out
Community Support & Understanding 	• Socialise fund, support community to understand what is needed/expected of them (reporting, proposals etc)

Long-term solutions 	• Sustainability of solutions over time
Other Comments	
Storytelling and Public Presentation 	• Stronger ways to tell the stories of what's worked • Public presentation of what has been funded to showcase on the website
Evaluation & Impact 	• What is the evaluation for the initiative and who pays for it? • Impact data to evidence what is being delivered and provided • Outcomes framework for replication and implementation
Relationships & Collaboration 	• Channels to relationship between SP organisations, SP co-ordinators and community groups • Cross-sector – outside of health and inside • Intersectoral support, integrated health planning • Intersectional approaches for effective support and success
Community understanding & Education 	• Understand context of communities include understanding of LE • Education and information to the community on autism and autistic needs
Infrastructure & Systems 	• Systems approach, not individual one • Care and systems infrastructure for communities to continue on after the funds • Rural isolated locations and response times • Need a central funding database

Themes

Each wānanga captured a multitude of feedback that was outside the scope of these sector engagement wānanga. They contribute to a set of insights that requires a whole of systems approach to suicide pre-postvention. These findings reflect a collective aspiration for a system that is culturally safe, community-led, and structurally responsive to the realities of whānau.

Seven core themes emerged, each underpinned by cross-cutting themes that reinforce the need for transformation grounded in equity, trust, and lived experience.

Workforce Capability & Support

Participants across regions voiced a strong call for a well-supported, culturally competent, and trauma-informed workforce.

Currently the landscape is marked by high burnout, particularly in rural areas where kaimahi often carry unmanageable caseloads with limited supervision. Lived experience was consistently highlighted as a vital component of workforce development, not only for its credibility and connection to whānau, but also as a leadership pathway that must be resourced and respected.

> "Our kaimahi are burning out, they carry too much, with too little support."
>
> "We need more people who look like us, speak our language, and understand our grief."
>
> "Lived experience workers bring credibility but must be supported with clear role boundaries and training."

Participants identified several key strengths that contribute to effective service delivery, including the presence of skilled coordinators, access to clinical and cultural supervision, and the involvement of workers with lived experience.

To further enhance the quality and consistency of services, they recommended targeted investment in funded supervision, comprehensive induction programmes, and ongoing professional development. Additionally, ensuring adequate staffing levels (FTE) to prevent single-point bottlenecks was highlighted as a critical operational improvement.

The strategic implication is clear: A national workforce development framework is needed, encompassing standardised induction, ongoing clinical and cultural supervision, and embedded pathways for lived experience leadership. This must include recognition of cultural healing roles such as kaumātua, kuia, and rongoā practitioners.

Community Leadership & Co-Design

Communities expressed a strong desire to lead their own solutions, with backbone support rather than top-down mandates. This theme intersects powerfully with lived experience and trust-based commissioning, reinforcing the need for governance models that devolve decision-making to those closest to the kaupapa.

> "Let us lead our own solutions, we know what works here."
>
> "Top-down doesn't work. We need backbone support, not mandates."
>
> "Decision-making should involve those directly impacted."

Participants stressed the need to meet people where they are, at home, in schools, and community spaces. Local responders and peer support groups were seen as trusted and effective. Sustaining local outreach teams and prioritising face-to-face engagement, alongside phone and digital services, were identified as key practices to replicate.

Strategically, this means shifting to shared governance arrangements where community advisory rōpū have real influence over priorities, funding, and evaluation. Co-design must be embedded from the outset, not retrofitted, and must reflect the unique makeup of each community.

Data, Information Sharing & Evaluation

Access to real-time, transparent data and information sharing was a recurring priority. Communities want to understand what services exist, how they perform, and where gaps remain. Lived experience perspectives were seen as essential to meaningful evaluation, ensuring that outcomes reflect lived realities rather than abstract metrics.

> "We don't know what services are out there, or if they're working."
>
> "Share the data but do it ethically and with our input."

Participants endorsed locally led SPPC setups, MOUs between Police, Coronial Services, and Health, and 'no wrong door' pathways as effective. These approaches streamline referrals, reduce duplication, and prevent whānau from being bounced between agencies. Regionally agreed postvention protocols and a live national support directory were recommended for wider use.

Partnerships with universities and simple pre/post measures were encouraged to show impact. Limited time and funding often constrain evaluation. Light-touch tracking and periodic independent reviews were suggested as practical solutions. The strategic response is to develop a national postvention intelligence platform that aggregates

data and information across coronial, health, and community systems, while enabling community-led feedback loops and ethical data sharing.

Sustainable & Flexible Funding

Short-term, contestable funding was widely criticised for undermining service stability and innovation. Communities called for multi-year, high-trust funding agreements that allow for adaptation, responsiveness, and continuity. The aspiration for trust-based commissioning was clear and consistent.

> "Community after community called for long-term, flexible pūtea, not short-term, contestable crumbs."

> "The kaupapa is long-term, but the pūtea is short-term. That doesn't work."

> "Risk-driven, compliance-heavy systems undermine local innovation."

What is needs to be considered in delivering an all of population suicide prevention community fund:

a. Sustainable Funding Models
b. Priority Population Groups
   Young tāne, rainbow youth, neurodiverse, men, rural, older adults, gang whānau, māmā & pēpi, all consistently highlighted as underserved.
c. Equitable Access & Simplified Processes
   Barrier-free funding processes with plain language, clear criteria, and open support for smaller grassroots rōpū.
d. Community-led Design & Delivery
   The strongest call: let communities lead their own kaupapa with backbone support
e. Cross-sector Collaboration
   Health, education, justice, and social services must co-invest and co-deliver.

Equitable Access & Tailored Delivery

Access barriers persist for Māori, Pacific, rainbow, rural, and other priority populations. Participants emphasised the need for mobile, flexible, and culturally safe services that are available beyond standard hours and delivered in ways that reflect local tikanga and preferences.

> "Support stops at 5pm. Grief doesn't."

> "We need services that come to us, not the other way around."

> "One-size-fits-all approaches fail to meet cultural needs."

Participants advised that digital tools such as suicide prevention web platforms, safety-plan apps like Manawa, and clear online hubs were seen to increase access. Communities also called for better local data breakdowns and real-time use. Promoting standardised digital toolkits and improving local data views to guide action are key practices to replicate.

The strategic implication is to design services around whānau needs, whether online, in-home, marae-based, or community-led, and to embed dual-model approaches that honour mātauranga Māori alongside clinical care.

Service Integration & Coordination

The current system was described as fragmented, with poor interagency collaboration and inconsistent protocols. Whānau often face multiple agencies with no clear navigator, leading to duplication and retraumatisation.

> "We tell our story five times to five different people. It's retraumatising."

> "There's no one place to go; we need a single point of contact."

Participants consistently praised programmes such as: Aoake te Rā, Waves, LifeKeepers, SafeSide, Le Va, and Kia Piki te Ora for their impact and relevance. Communities want these scaled up, including digital access. Wider rollout and promotion of retention strategies, such as safety-plan skills alongside gatekeeper content and support for uptake of the Manawa app, are recommended.

Highlighted was the need to support whānau with WINZ/ACC, funeral costs, and administrative burdens was highly valued. Services that included practical navigation saw repeat engagement. Including a small flexi, fund and navigator function in local models is recommended.

Strategically, regional coordination hubs are needed, supported by shared protocols, joint training, and centralised referral pathways.

Addressing Social Determinants of Health

Communities were unequivocal: suicide prevention cannot be separated from broader systemic issues such as housing, poverty, addiction, and racism. These determinants shape the context in which distress arises and must be addressed in parallel with clinical and community responses.

> "You can't talk about suicide without talking about housing, poverty, and racism."

> "We need to deal with meth, with trauma, with the stuff that sits underneath."

The strategic response is a whole-of-government approach that integrates health with housing, justice, education, and social development, ensuring that suicide prevention is embedded across all systems that impact wellbeing.

Intersecting Themes

Lived Experience Leadership

Lived experience is not just a workforce issue, it is a governance, design, and evaluation imperative. It was mentioned across multiple themes, reinforcing its centrality to effective service delivery.

> "Lived experience workers bring credibility but must be supported with clear role boundaries and training."

> "Decision-making should involve those directly impacted."

Cultural Safety & Dual-Model Approaches

Cultural safety emerged as a foundational requirement. Communities called for dual-model service delivery where mātauranga Māori and Pacific frameworks are given equal weight alongside clinical models.

> "Services must honour mātauranga Māori and Pacific frameworks in equal partnership with clinical models."

> "One-size-fits-all approaches fail to meet cultural needs."

They align directly with the call made by He Arotake for equity and cultural integrity. It is more than tailoring; it is about structural redesign.

Trust-Based Commissioning & Community Autonomy

There was strong frustration with compliance-heavy systems that stifle innovation. Communities want to be trusted to deliver what works, with light-touch accountability focused on outcomes rather than rigid KPIs.

> "Risk-driven, compliance-heavy systems undermine local innovation."

> "Fund us to do what works, then get out of the way."

The theme supports the shift from transactional contracting to relational, outcomes-focused investment, a key principle in both He Arotake and the Action Plan.

Visual Charts

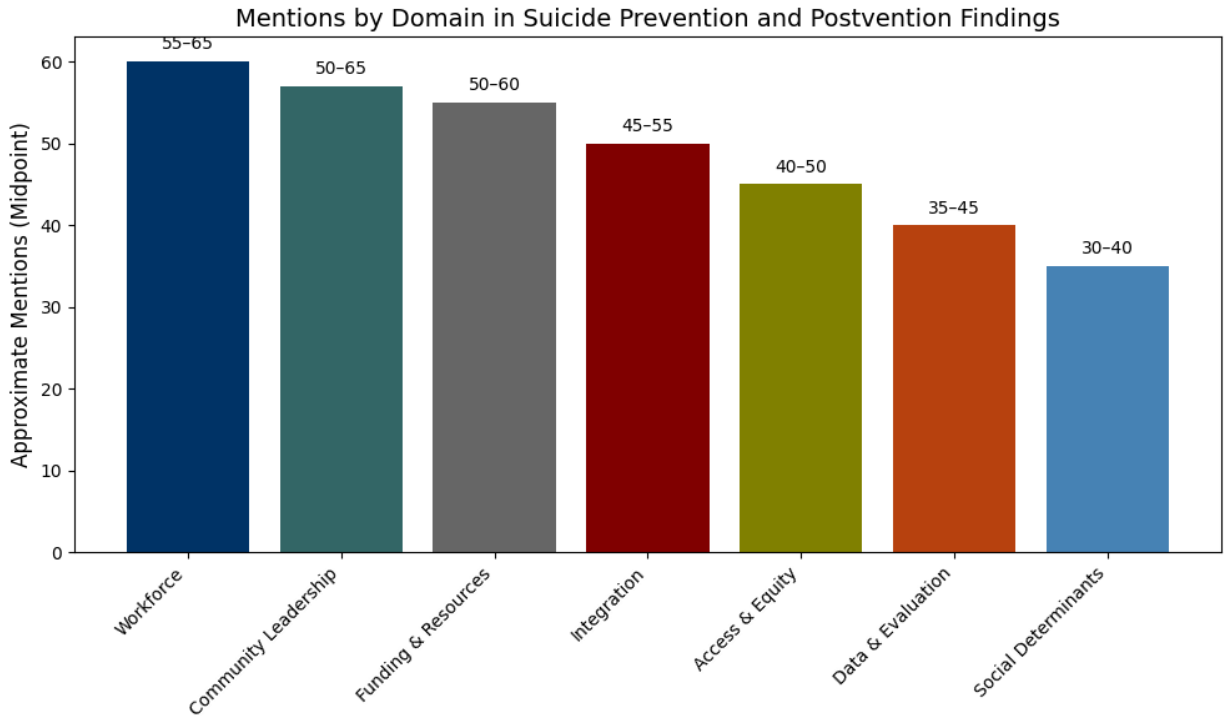
Tables 1 and 2 present the most frequently mentioned themes across all four regions. Table 1 provides a detailed breakdown of the subthemes that emerged during the wānanga, offering insights into the specific areas of focus raised by participants.

Table 1: Key Thematic Insights

Domain	Core Themes	Approx. Mentions
Workforce	Cultural safety, trauma-informed care, supervision, lived experience roles	55–65
Community Leadership	Community-led service design and governance	50–65
Funding & Resources	Multi-year, flexible contracts; high-trust commissioning	50–60
Service Integration	Central directories, shared protocols, 'no wrong door' pathways	45–55
Access & Equity	After-hours support, rural reach, barrier removal	40–50
Data & Evaluation	Real-time data; community-led evaluation	35–45
Social Determinants	Housing, employment, addiction support	30–40

Table 2 complements this by visually representing the same information in graph form, allowing for quick comparison and thematic emphasis.

Table 2: Average Number of Mentions



Appendix Two: Key Messages

How are Health NZ and the Ministry of Health working together to implement the Suicide Prevention Action Plan 2025–2029?

- We all have roles to play to prevent suicide and support those bereaved by suicide in Aotearoa. Now that the next action plan has been developed, and alongside the recommendations from He Arotake, we are focused on implementing the actions allocated to Health NZ.
- We are working closely with the Manatū Hauora and the Suicide Prevention Office to design the suicide prevention and postvention service landscape, and to develop evidence-informed and responsive models of care.
- The insights gained from sector wānanga will inform our joint work to develop national models of care and reconfigure services to better meet the needs of whānau and communities.

What is Health New Zealand's role and what is the Ministry of Health's role?

- The **Ministry of Health – Suicide Prevention Office** leads and oversees cross-agency delivery of the suicide prevention strategy and action plan, and supports suicide prevention efforts through national leadership, coordination and sharing of best practice evidence and research.
- **Health New Zealand** commissions suicide prevention and postvention supports for New Zealanders across a continuum of care, in addition to workforce development and system-level supports including coordination, data sharing, and information services and guidance for community providers, media, and whānau/families.
- We are **working closely together** to design the suicide prevention and postvention service landscape, and to develop evidence-informed and responsive models of care. The insights gained from these sector wānanga will inform our joint work to develop national models of care and reconfigure services to better meet the needs of whānau and communities.
- Agencies across government, whānau, iwi, community groups, non-government organisations, businesses and others all have an important role to play in suicide prevention.

Feedback during the Suicide Prevention Action Plan consultation.

- There was a massive response from the community during the Ministry's consultation on the new Suicide Prevention Action Plan. Over 400 submissions were received and over 20 workshops facilitated with a range of different population groups, community organisations, and through general forums open to the public.
- What was shared is a taonga. The Suicide Prevention Action Plan will inform our joint work with Manatū Hauora and the Suicide Prevention Office to design the suicide prevention and postvention service landscape, and to develop evidence-informed and responsive models of care.
- These wānanga are one of the ways we are putting what we've heard into action. One of the key things we heard was that communities have the best understanding of their own needs and strengths and need to be genuine partners in solutions. That's why we're here today.

How much funding has been provided for suicide prevention in New Zealand? How much of it is specifically for this mahi?

- On top of the current $20 million per year Vote Health suicide prevention investment an additional $16 million per year has been allocated to improve access to mental health and suicide prevention supports through initiatives in the Suicide Prevention Action Plan 2025–2029.
- This includes funding for initiatives including crisis recovery cafés, a new wellbeing promotion campaign, a suicide prevention community fund for groups who are disproportionately impacted by suicide, and enhancements to postvention services.
- The details of these initiatives are still being worked through and today's wānanga will help to inform how they shape up.

Appendix Three: Wānanga Photos

Figure 1 Auckland Wānanga

Figure 2: Whangarei Wānanga

Figure 3: Tauranga Wānanga

Figure 4: Christchurch Wānanga