

November 2024

**To Ministry of Health**

Please find attached our submission on the Draft Suicide Prevention Action Plan 2024 – 2029.

For any further inquiries, please contact:

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**Introducing Disabled Persons Assembly NZ**

**We work on systemic change for the equity of disabled people**

Disabled Persons Assembly NZ (DPA) is a not-for-profit pan-impairment Disabled People’s Organisation run by and for disabled people.

**We recognise:**

* Māori as Tangata Whenua and [Te Tiriti o Waitangi](https://www.archives.govt.nz/discover-our-stories/the-treaty-of-waitangi) as the founding document of Aotearoa New Zealand;
* disabled people as experts on their own lives;
* the [Social Model of Disability](https://www.odi.govt.nz/guidance-and-resources/guidance-for-policy-makes/) as the guiding principle for interpreting disability and impairment;
* the [United Nations Convention on the Rights of Persons with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html) as the basis for disabled people’s relationship with the State;
* the [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/) as Government agencies’ guide on disability issues; and
* the [Enabling Good Lives Principles](https://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/), [Whāia Te Ao Mārama: Māori Disability Action Plan](https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan), and [Faiva Ora: National Pasifika Disability Disability Plan](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/5E544A3A23BEAECDCC2580FE007F7518/$file/faiva-ora-2016-2021-national-pasifika-disability-plan-feb17.pdf) as avenues to disabled people gaining greater choice and control over their lives and supports.

**We drive systemic change through:**

**Rangatiratanga / Leadership**: reflecting the collective voice of disabled people, locally, nationally and internationally.

**Pārongo me te tohutohu / Information and advice**: informing and advising on policies impacting on the lives of disabled people.

**Kōkiri / Advocacy**: supporting disabled people to have a voice, including a collective voice, in society.

**Aroturuki / Monitoring**: monitoring and giving feedback on existing laws, policies and practices about and relevant to disabled people.

## United Nations Convention on the Rights of Persons with Disabilities

DPA was influential in creating the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD),[[1]](#footnote-2) a foundational document for disabled people which New Zealand has signed and ratified, confirming that disabled people must have the same human rights as everyone else. All state bodies in New Zealand, including local and regional government, have a responsibility to uphold the principles and articles of this convention.

The following UNCRPD articles are particularly relevant to this submission:

* **Article 10 – Right to life**
* **Article 25 - Health**

## New Zealand Disability Strategy 2016-2026

Since ratifying the UNCRPD, the New Zealand Government has established a Disability Strategy[[2]](#footnote-3) to guide the work of government agencies on disability issues. The vision is that New Zealand be a non-disabling society, where disabled people have equal opportunity to achieve their goals and aspirations, and that all of New Zealand works together to make this happen. It identifies eight outcome areas contributing to achieving this vision.

The following outcomes are particularly relevant to this submission:

* **Outcome 3 – Health and wellbeing**

# The Submission

**Accessing mental health and wellbeing**

DPA welcomes the opportunity to engage with the Ministry of Health (MOH) on the Draft Suicide Prevention Action Plan for 2025 – 2029.

Disabled people experience greater levels of mental distress than non-disabled people. MOH figures from 2020/21 show that nearly 1 in 10 New Zealand adults (9.6 percent) experienced psychological distress in the four weeks before they did the survey.[[3]](#footnote-4)

When the figures are adjusted for disability status, the proportion of disabled adults who experienced mental distress in the same survey period was 27.3 percent versus 7.9 percent for non-disabled adults.[[4]](#footnote-5)

This evidence is further amplified by the statistic from the Ministry of Social Development in the consultation document that almost 1 in 2 young disabled people reported experiencing suicidal thoughts compared to 1 in 4 young people during 2021.

These statistics highlight the many barriers preventing disabled people from participating in society and maintaining their health and wellbeing, including barriers to accessing employment, housing, health, education, recreational, community and leisure opportunities on the same basis as non-disabled people.

The very disabling nature of our society contributes to higher levels of social isolation amongst disabled people which leads to the poorer mental health outcomes experienced by the disabled community.

On top of this, disabled people have long experienced considerable barriers to accessing quality mental healthcare in the community.[[5]](#footnote-6)

These include the poor disability responsiveness training that workers in the sector have traditionally received (if any) around disability.

General accessibility barriers are another issue in terms of, for example, physical barriers to accessing treatment spaces, and having to travel long distances on often inaccessible public transport to do so.

Disabled people also predominantly earn less than the general population and may rely on support from Work and Income or ACC to access private counselling and other mental health support.[[6]](#footnote-7)

The Health of Disabled People Strategy 2023[[7]](#footnote-8) outlines how the reformed health system will work to improve access to health care - including mental health care – for disabled people by removing the barriers which prevent us from doing so.

Given these issues, it is essential that the new Suicide Prevention Action Plan is responsive to the needs of disabled people through the development and funding of specific prevention and subvention programmes aimed at the disability community and improved disability responsiveness within the mental health workforce through more training.

There also is a clear need for more disabled people to be recruited, trained and employed within all sectors of the mental health workforce from psychologists/ psychiatrists and mental health nurses through to peer support workers.[[8]](#footnote-9)

There is also a need address the underlying social and economic factors which affect people’s mental health and wellbeing. This includes issues such as poverty, unemployment and underemployment, poor housing/homelessness, and access to benefits, government services and supports, all issues which disproportionately impact upon disabled people.

These social and economic determinants have all been impacted by recenti policy changes across different ministries, which have seen, for example, the introduction of traffic light settings for beneficiaries, a factor that is already reportedly contributing to rising distress and anxiety amongst beneficiaries impacted by this policy.[[9]](#footnote-10)

DPA has heard from our members that cuts to disability support services have caused serious anxiety and distress for many disabled people and their families/whānau since the first tranche of cuts were announced earlier this year.

**Mental health and human rights**

He Oranga Tangata – Report of the Government Inquiry into Mental Health and Addiction[[10]](#footnote-11) in 2018 recommended that a human rights and mental health approach be taken when the need to treat people with psychosocial disability and mental distress is required.

Respondents to the inquiry called for the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and an end to seclusion and restraint practises.

DPA is pleased to see that there is a commitment to new legislation that will address these issues in the form of the Mental Health Bill.

Once passed, it is hoped that it will support the rights of people in mental distress who need mental healthcare.

We now turn to answering the questions posed in the discussion document from a disability perspective.

1. **Do you agree with the proposed actions for health and cross government agencies?**

**DPA agrees with the proposed actions outlined for health on the proviso that these recognise the impact of suicide on disabled people and their families/whānau.**

DPA recommends that when the suicide prevention community fund focused on populations with higher needs is established that disabled people are one of the identified population groups most impacted by suicide.

DPA recommends that programmes based around prevention and early intervention are accessible to disabled people and D/deaf people through, for example, the provision of programmes/resources in New Zealand Sign Language (NZSL) and other accessible formats.

DPA recommends that the proposed wellbeing promotion campaign aimed at youth prioritises the needs of disabled rangatahi/youth as part of it and that accompanying resources and supports are made accessible to this segment of the disability community.

DPA recommends that as part of creating safer environments in inpatient mental health and addiction facilities that accessibility requirements are fully addressed in terms of, for example, building all new facilities to universal design (UD) standards.

When it comes to growing a capable and confident suicide prevention and postvention workforce, there is an absolute need to actively recruit disabled people and people with lived experience of mental distress as part of that workforce.

Around publishing a national competency-based framework for workforces, communities, and family and whānau members, this should include information around how to best support disabled people and D/deaf people in terms of suicide prevention and postvention.

DPA recommends that the same apply to the development and publication of enhanced guidance for health professionals on assessing and supporting people who might be suicidal or experiencing suicidal distress in that these resources should contain disability perspectives as well.

While DPA welcomes the proposal to review the effectiveness of investment in suicide prevention services from Vote Health and to implement any changes that are recommended, it must be kept in mind that mental health services have been chronically underfunded for many years.

While the previous government made a $1 billion additional investment in services through Budget 2019,[[11]](#footnote-12) this has been slow in working its way through the system but if the slowly decreasing numbers of people dying from suicide are any indication, that investment is beginning to have some impact.

However, access to mental health services remains constrained for many people and this includes disabled people. That is why DPA recommends substantial increases to mental health spending in coming years to get wait times down even further and interventions/support flowing to those who need it, including disabled and D/deaf people.

**DPA agrees with the proposed cross-government actions again on the proviso that these recognise the impact of suicide on disabled people and their families/whānau.**

We welcome the specific proposals to support people in suicidal distress or impacted by suicide in correctional facilities, schools, and amongst networks of older people and younger people.

Disabled people are disproportionately more likely to be in correctional facilities and need additional support in educational settings and within older people’s networks around suicide prevention and postvention.

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

DPA recommends that aligning with the disability rights movement principle of nothing about us, without us, that disabled people are involved as full co-design partners in developing policies, programmes and resources around suicide prevention and subvention to ensure that funding is targeted on providing services that work for disabled people.

**Disabled people must be one of the key stakeholders involved given that the disabled community experiences disproportionately high rates of suicide attempts and suicides.**

**Disabled people should also be viewed by central government as one of the highest needs population groups when it comes to all mental health and wellbeing programmes.**

DPA recommends that government targets funding on providing services which are more community-based, peer-to-peer and responsive to the needs of people with psychosocial disability and mental distress rather than just funding failed systems from 30 years ago that do not meet the needs of our community.

1. **What do government agencies need to consider when implementing these actions to ensure what is delivered meets the needs of communities?**

DPA recommends that MOH establish a Disabled People’s Suicide Prevention Action Plan Advisory group comprised of disabled people from across the impairment spectrum and D/deaf communities to provide advice and feedback on policies, programmes and initiatives around preventing suicide amongst disabled people and our families/whānau.

DPA recommends that disability and D/deaf community representatives should also be appointed by MOH to any wider advisory panels/groups on suicide prevention and/or mental health to provide disability and D/deaf perspectives alongside other high needs population group representatives.

1. **Is there anything else you want government agencies to know about what is needed to prevent suicide?**

DPA recommends that government should, as part of any redress package for the survivors of abuse in state care recognise the high levels of mental distress, suicide and suicide attempts that have been made by survivors as part of any individual and group compensation packages.

Whanaketia, the final report of the Royal Commission into Abuse in Care [[12]](#footnote-13) extensively covered the trauma experienced by many survivors of state and institutionally based care, including disabled people, much of which has led abuse survivors to live with ongoing mental distress.

In many cases, this high level of mental distress has left a considerable number of survivors to live with suicidal ideation/thoughts. Government needs to provide appropriately resourced wraparound care and support for this group of survivors going forward.

We also recommend that MOH, when developing suicide prevention and intervention programmes and resources work alongside abuse in care survivors to create and deliver appropriate programmes, resources and training that accurately reflects the lived experience of survivors and their need to feel supported in times of distress.

**Recommendations Summary**

**Recommendation 1:** that when government establishes the suicide prevention community fund that disabled people are an identified population group for priority funding.

**Recommendation 2:** that programmes based around prevention and early intervention are accessible to disabled people and D/deaf people through, for example, the provision of programmes/resources in New Zealand Sign Language (NZSL) and other accessible formats.

**Recommendation 3:** that the proposed wellbeing promotion campaign aimed at youth prioritises the needs of disabled rangatahi/youth as part of it.

**Recommendation 4:** that as part of creating safer environments in inpatient mental health and addiction facilities that all new facilities are built to universal design (UD) standards.

**Recommendation 5:** that disabled people and people with lived experience of mental distress are actively recruited to the mental health and suicide prevention/postvention workforces.

**Recommendation 6:** that any national competency-based framework for workforces, communities, mental health professionals and family and whānau members, contain information about how to best support disabled people and D/deaf people around suicide prevention/postvention.

**Recommendation 7:**  that all programmes and initiatives outlined in the draft strategy are appropriately resourced.

**Recommendation 8:** that MOH establish a Disabled People’s Suicide Prevention Action Plan Advisory group comprised of disabled people from across the impairment spectrum and D/deaf communities to provide advice and feedback.

**Recommendation 9:** that MOH appoints disability and D/deaf community representatives to any wider advisory panels/groups on suicide prevention and/or mental health to provide disability and D/deaf community perspectives.

**Recommendation 10:** that disability and D/deaf community representatives should also be appointed by MOH to any wider advisory panels/groups on suicide prevention and/or mental health to provide disability and D/deaf perspectives

**Recommendation 11:** that government appropriately resourced wraparound care and support for survivors of abuse in care.

1. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> [↑](#footnote-ref-2)
2. <https://www.odi.govt.nz/nz-disability-strategy/> [↑](#footnote-ref-3)
3. <https://www.health.govt.nz/statistics-research> [↑](#footnote-ref-4)
4. <https://www.health.govt.nz/statistics-research> [↑](#footnote-ref-5)
5. <https://theconversation.com/mental-distress-is-much-worse-for-people-with-disabilities-and-many-health-professionals-dont-know-how-to-help-187078> [↑](#footnote-ref-6)
6. <https://www.weag.govt.nz/background/welfare-system-statistics/> [↑](#footnote-ref-7)
7. <https://www.health.govt.nz/strategies-initiatives/health-strategies/health-of-disabled-people-strategy> [↑](#footnote-ref-8)
8. <https://www.tepou.co.nz/our-work/lived-experience> [↑](#footnote-ref-9)
9. <https://www.nzherald.co.nz/nz/jobseekers-say-they-struggle-under-traffic-light-pressure-sanctions-have-done-nothing/Z5DI7NKDWBAA3NGRKHMQ2AELPM/> [↑](#footnote-ref-10)
10. <https://www.mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>

    [↑](#footnote-ref-11)
11. <https://www.mhwc.govt.nz/assets/Reports/Budget-investment/MHA-Budget-investment-report-August-2024.pdf> [↑](#footnote-ref-12)
12. <https://www.abuseincare.org.nz/reports/whanaketia> [↑](#footnote-ref-13)