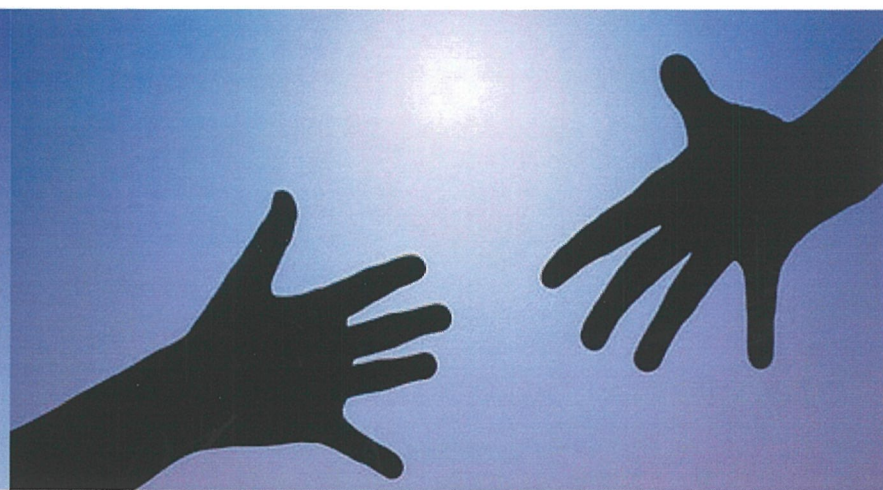


# Reducing Youth's Suicide Rates in New Zealand

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## Clinical Issue:

In New Zealand, the number of people taking their own lives continue to rise, with the highest rates being among men and Māori individuals (Law, 2017). New Zealand have one of the highest suicide rates in the developed world, with youth suicide being four times more likely than any other age group to commit suicide (Johns, 2017).

## Question:

How can we approach Māori and Non-Māori between the ages of 15 to 24 from contemplating suicide and reduce the number of fatalities in New Zealand?

## Findings:

- In New Zealand, Māori suicide rates are 54% higher than non-Māori (Ministry of Health, 2013).
- 15 to 24 year olds who live in lower socioeconomic areas are four times more likely to commit suicide than those youth living in higher socioeconomic areas (Ministry of Health, 2016).
- Positive Behavior for Learning is one programme that has been initiated into the education system promoting the wellbeing of youth (Johns, 2017)
- Māori have different cultural needs than non-Māori, therefore targeting their cultural needs will benefit them greatly (Ministry of Health, 2013)

## Recommendations:

- Youth are four times more likely to commit suicide than any other age group (Johns, 2017). Literature has found that increasing services such as counselling, can be used as a simple yet effective way to help screen mental health clients in schools and universities (Johns, 2017). Therefore, by increasing funding towards universities and schools, especially those in lower socioeconomic areas, more counselling services could be introduced or more readily available.
- In New Zealand, Māori youth suicide rates are higher than any other ethnicity (Gluckman, & FRS, 2017). Another recommendation I suggest is introducing services where there are the higher amounts of people with Māori ethnicity enrolled. Furthermore, making sure that these services are suited to Māori's cultural needs to benefit them.

## References:

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- Johns, C. (2017). Mental Health and Wellbeing in New Zealand Education
- Law, T. (2017). National suicide numbers rise three years in a row. Retrieved from, <https://www.stuff.co.nz/national/health/96217175/national-suicide-numbers-rise-three-years-in-a-row>
- Ministry of Health. (2013). New Zealand Suicide Prevention Action Plan 2013-2016.
- Ministry of Health. (2016). Suicide Facts: Deaths and intentional self-harm hospitalisations 2013. Wellington: Ministry of Health
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## PECOT

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|--------------------|---|--|
| Population         | People aged 15 to 24 years old                    | I have chosen this age range because studies show that there is a high suicide rate within this age population (Ministry of Health, 2017b) |
| Exposure           | Youth contemplating suicide                       | To examine how to prevent youth going through with their suicide plans   |
| Comparison/Control | Interventions comparing with gender and ethnicity | Non-Māori and Māori as Māori suicide statistics are much higher than Non-Māori (Ministry of Health, 2013)                                  |
| Outcome            | Education, support and availability               | Investigating programmes designed to help decrease suicide fatalities amongst youth  |
| Time               | N/A   | I have not included a time period as suicide fatalities range far too widely   |

### Rationale:

Posters are visual aids that are efficient at communicating research findings to large audiences (Keely, 2004; Duchin & Sherwood, 1990). When presented well, posters draw peoples attention to them, especially when they are bold and eye-catching, which can leave lasting impressions on people (Keely, 2004).

I have chosen a poster presentation to represent this as posters are proven to be successful in increasing knowledge changing attitudes and behaviour (Ilic & Rowe, 2013). If a person is engaged by what they're looking at, and the information is easy to read, then the message is able to get across in a faster fashion – its also been stated that although superficial, the graphical design and physical appearance of the poster can determine its overall success in knowledge transfer (Ilic & Rowe, 2013). Everyone learns differently and with posters you can target both kinaesthetic learners and auditory learners when presenting the poster to audiences. My core demographic group this poster is directed towards are health professionals who would be able to provide early intervention methods in any area they work in. With a poster I am able to target this group in a confronting yet simplistic way that will enable my message to get across effectively.

### References:

- Duchin, S., & Sherwood, G. (1990). Posters as an educational strategy. *The Journal of Continuing Education in Nursing*, 21(5), 205-208.
- Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information & Libraries Journal*, 30(1), 4-12. doi:10.1111/hir.12015
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