



# Skylight Trust's Submission to the Ministry of Health on the Draft Suicide Prevention Action Plan for 2025-2029

## Who is Skylight Trust?

Skylight Trust began as a service for children and young people experiencing loss and grief. More recently we have refined our services. Our unique offering is a full spectrum of care for those to tamariki (children), rangatahi (young people) aged 5-18 with mild to moderate mental health concerns.

While we are not a suicide crisis agency, we are deeply involved in the early intervention, prevention, as well as postvention support.

We have a range of resources and counselling available to support the bereaved, and those experiencing loss, grief, and trauma. We hold the contract with Ministry of Health | Te Whatu Ora for the Waves programme – a professionally facilitated eight-week grief education programme, designed to help adults bereaved by suicide. We train the facilitators and run the programme in Wellington.

We run in-school and community programmes to help tamariki and rangatahi cope with tough times and build resilience. Our counselling team also work with a substantial number of clients presenting with self-harm and/or risk of harm to self – which are well known risk factors.

Our vision is to become the centre of excellence in Aotearoa for building resilient Tamariki and rangatahi. With Aotearoa having some of the worst statistics for youth/adolescent suicide globally, we really want to see the Suicide Prevention Action Plan for 2025-2029 deliver a step change for our tamariki and rangatahi and their whānau and we want to be part of the solution.

## We support

A whole-of-society approach is needed urgently to address long-standing high rates of suicide in Aotearoa, particularly for our tamariki and rangatahi. We agree that suicide is “not solely a health issue”. We therefore welcome the Draft Plan’s Cross-Government approach to suicide prevention and postvention but think it can go further. The responsibility must sit with all-of-government in collaboration with all sectors, public and private, including communities and non-governmental organisations such as ourselves.

We must address the determinants – sufficient income, quality housing, gender equality, inclusivity, equity, decolonisation and the revitalisation of culture, language and traditions etc – of suicide at a population level and focus on upstream prevention as well as address individual factors.<sup>1</sup>

We support ‘strengthen the focus on prevention and early intervention’. By delivering high-quality, evidence-based interventions at the universal (tier 1) level, the risk factors for suicide are being addressed before they may even be present. This is beneficial as it reduces the number of students who will need more intensive suicide intervention later on (Beautrais, 2003). Cultural connection – connected to Māoritanga (those things Māori; Māori culture) – must also be increased (Coupe, 2005, Whakamomori, PhD thesis).

Skylight is in the business of promoting wellbeing and strengthening school support for students. Travellers is one of our more well-known youth resilience programmes and it is active in over 250 schools. Travellers provides various forms of assistance to vulnerable youth, including fostering protective elements for rangatahi facing change, loss, transitions, and initial stages of emotional distress. Travellers currently runs on a 12-month contract between the Ministry of Health and Skylight Trust, despite having been running for over 20 years in schools.

Travellers works. It improves youth mental health, academic achievement and reduces risky behaviour. It also increases confidence, help seeking behaviours, wellbeing, self-esteem, improves resilience, peer relations, emotion identification and regulation, problem solving skills, school engagement and reduces bullying. For every \$1 invested in Skylight Trust, Aotearoa receives a \$3.30 social return on investment (Impact Lab 2024, [Good Measure Report](#)).

There is therefore a ready-made proven programme that can be built on to meet the proposed action (Proposed Cross-Government Actions, Action 3 first bullet point)

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<sup>1</sup> Sarah McKenzie, Clive Aspin, Chris Bowden, Angie Hoskin, Moko Kairua, Trevor Best, Barry Taylor, Gabrielle Jenkin, [Calling for action on suicide prevention in Aotearoa](#), 19 October 2024, Public Health Communication Centre Aotearoa

earlier than 30 June 2026 and would also contribute to Proposed Cross-Government Actions, Action 4, alongside better data and online coronial recommendations.

We would also like to expand our suite of more general early intervention programmes for emotional wellbeing and resilience. We already offer Tai Oranga – a wellbeing, mental health and resilience programme that runs in schools – targeted at years 3 to 6. We are also completing the development of a new programme Te Korowai – a resilience-based wellbeing programme for tamariki aged 7 to 12 – that uses Te Whare Tapa Whā as its framework and is designed to be delivered in schools and the wider community. We also run ‘Adjusting Your Sails’ as part of the Awhi Mai Awhi Atu – Counselling in Schools Ministry of Education programme.

Skylight therefore has a lot to offer that could expedite the action to promote wellbeing and strengthen supports provided by schools and in the community (Action 3, bullet 1 Proposed Cross Government Actions) and we strongly encourage the Ministry of Health and Ministry of Education to engage with us on programme development and delivery.

We also support enhanced suicide bereavement support (Action 1, bullet 2 Proposed Health-Led Actions). Waves is a cornerstone programme that needs to be updated for its cultural responsiveness and cultural safety. The Waves programme fits with the two key outcomes of the “Every Life Matters” framework and takes a trauma-informed approach - reducing suicide rates and achieving wellbeing for all.

We estimate that over 4000 people have been through the Waves programme<sup>2</sup> and 101 facilitators have been trained either online or in various parts of the country since the new version of the programme was introduced in November 2022. Another 22 want to attend online facilitator training in November this year.

We have conducted an internal evaluation<sup>3</sup> that found –

- Decrease post-programme in: substance use, behavioural disengagement, venting and a statistically significant decrease in - self-distraction, denial, behavioural disengagement, self-blame.
- Increase post-programme in all emotion-focused coping (adaptive coping strategies): use of emotional support, humour, acceptance, religion and a statistically significant increase in positive reframing.

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<sup>2</sup> Conservative estimate based on 20 groups per year at 10 people per group over 20 years.

<sup>3</sup> In 2018 Chris Bowden took a sample of 110 participants (24 men, 86 women) who attended the programme over several years (where we had better data), mean bereavement 2.4 years, age range (20-79 years of age), 73.6% Paheka/NZ, 15.4% Maori, 4.5% Pasifika, 6.3% Other ethnicity. Single- group pre-test and post-test quasi experimental design, with no comparison control group.

- Increase post-programme in all problem solving-focused coping: active coping, use of instrumental support, planning including a statistically significant increase in active coping
- Decrease post-programme in all negative aspects of grief experience, including a statistically significant decrease in: feelings of abandonment and rejection, stigmatisation, search for explanation, guilt, somatic reactions, responsibility, self-destructive orientation.

The qualitative feedback reflected key themes including Social Connection, Safety, Reducing Stigma, Learning to Cope, Learning and Developing Skills, Learning to Make Sense, Remembering, Self-Care, Transformation and Growth, and a New Future.

The Waves programme has achieved all this on a small budget, subject to annual reviews. With more money, more could be done. For example – upscaling and increasing the reach into rural communities; working with Māori partners to adapt Waves and culturally attune delivery for their communities; training more facilitators, programme management and evaluation.

We therefore recommend that Waves should remain a key part of the suite of offerings under the Action Plan – strengthening postvention support and increasing the capacity and capability of the workforce – with adequate funding for training for facilitators and delivery of the programme locally.

While not a suicide specific bereavement support programme, our Matika programme is an 8-week bereavement support for tamariki (6–10-year-olds and 11–15-year-olds) who have experienced the death of a loved one. With funding, it can be run any time and participants can be referred by a counsellor or other therapist, their school, their GP or they can be self-referred.

We strongly support action to increase capacity and capability across the suicide prevention workforce, including ensuring counsellors, schools and whānau are better equipped. Funding for professional development for counselling and clinical teams for risk assessment and suicide prevention in the NGO space would increase the capability of the wider suicide prevention workforce.

Finally, we support strengthening national leadership, particularly Māori leadership, and action to improve collecting, sharing and using data and evidence for decision making and programme delivery.

## Our Recommendations

1. The Action Plan must promote cross-society collaboration, including the involvement of public and private sectors, industries, communities and non-governmental organisations in suicide prevention efforts.
2. Provide a multi-year contract and funding to Skylight for the proven Travellers programme in schools by 30 April 2025.
3. Grow the wellbeing and support programmes Skylight offers in schools to accelerate the creation of safer and more supportive environments for children and young people.
4. Support the updating of the Waves programme and enhance funding for training for facilitators, programme delivery and evaluation and programme management.
5. Updating practice guidance and supports for social workers and carers should be broadened to include guidance and supports for mental health professionals, counsellors, and schools.
6. Dedicated funding for professional development programmes for counsellors and clinical teams in the NGO area should be available to increase capability across the wider suicide prevention workforce.