

CDS Explanatory Notes

(v1.02 2022)

Purpose

These explanatory notes introduce CDS, a service for sharing provisional coronial information on suspected suicides with District Health Boards (DHBs) in New Zealand.

Setting

Under the Coroners Act 2006, the Police must report every suicide to the coroner. While suspected suicides are investigated independently by individual coroners, the Chief Coroner maintains an overview and Coronial Services New Zealand (CSNZ) centrally collect information on suspected suicides. Where this provisional coronial data on suspected suicides might help suicide postvention efforts undertaken by other agencies, and data sharing agreements are in place, CSNZ may share this information with third parties.

In New Zealand, the Ministry of Health (MoH) is responsible for leading a multi-tiered approach to suicide prevention. In New Zealand, there are 20 regionally based DHBs providing national coverage. DHBs play a key leadership and coordination role in suicide prevention and postvention activities within their populations.

What is CDS?

From 1 July 2014, the NZ Ministry of Health established CDS to securely notify DHBs of instances of suspected suicides in their regions. Notifications consist of brief identifying information on suspected suicides sourced from CSNZ who obtain the information when the death is notified to the Coroner. The purpose of this service is to inform DHBs' local responses to suspected suicides in their regions.

CDS was initiated by the Ministry of Health in order to implement Action 11.2 of the New Zealand Suicide Prevention Action Plan (2013-2016; NZSPAP)¹.

CDS is delivered by Clinical Advisory Services Aotearoa (CASA). CASA is already contracted by the Ministry of Health to deliver the National Community Postvention Response Service (CPRS). CPRS assists in the early detection of emerging suicide clusters and contagion and coordinating community responses to suicide clusters and contagion. In addition to DHBs, CDS alerts CPRS to all CSNZ notifications about suspected suicides to support the roles and functions of CPRS.

What is the CDS Memorandum of Understanding (MoU)?

There is a MOU between CSNZ, the Ministry of Health, CASA and all 20 DHBs. This MOU sets out the purpose and process to provide notifications from CSNZ to DHBs. It outlines how CSNZ agree to provide brief information on suspected suicides to assist DHBs to support their timely and appropriate local

¹ Action 11.2 *Establish a function to analyse and share up-to-date provisional coronial data on suicide deaths with agencies working in local areas to help prevent further suicides (NZSPAP 2013-2016).*

responses to suspected suicides (postvention) for the purposes of preventing or lessening a serious threat to public health or public safety or the life or health of an individual (Principle 11(f), Privacy Act 1993).

In sharing this information, CSNZ expects that DHBs party to the MoU will use the information for this intended purpose only, and provide a timely and appropriate local response to suspected suicides.

The MoU describes expectations of all parties in respect of the collection, use, disclosure and retention or disposal of information from CSNZ. A Privacy Impact Assessment (http://www.health.govt.nz/system/files/documents/publications/suicide-prevention-toolkit-for-dhbs-feb15_2.pdf) evaluates the CDS process in relation to its potential to impact on a person's privacy, as set out in New Zealand's Health Information Privacy Code 1994.

In agreeing to the MoU, DHBs receive timely information on suspected suicides of relevance to their region.

What is the rationale for the timely sharing of provisional coronial information on suspected suicides?

Suicide prevention and postvention activities are included in the National Services Coverage Schedule expectations of DHBs and in the DHB annual planning requirements.

From 1 July 2014, DHBs have been expected to develop district suicide prevention and postvention plans which, amongst other requirements, show evidence of how a DHB will facilitate integrated cross-agency collaboration in respect of local responses to suspected suicides.

Suicide Postvention refers to the wide range of activities that are undertaken directly after a suicide in a community due to the potentially harmful effect the suicide may have on others (particularly but not exclusively for youth) who may also engage in suicide related behaviours or attempt suicide (referred to as contagion). Thus suicide postvention is also suicide prevention.

Timely provisional coronial data on suspected suicides is an important element of local responses to these deaths for all agencies in order to:

- Provide timely and appropriate active outreach, support and other suicide postvention services to family and communities bereaved by suicide (Action Area 4 of the NZSPAP 2013-2016).
- Coordinate inter-agency collaboration, as well as wider community involvement, in suicide postvention responses designed to identify potentially vulnerable individuals and ensure that they are linked with appropriate supports and services (Action Area 4 of the NZSPAP 2013-2016).
- Reduce community distress and anxiety, and minimise risk contributing to any further suicidal behaviour (Action Area 5 of the NZSPAP 2013-2016).
- Enable an accurate assessment of current local patterns of suspected suicides in order to discern possible suicide cluster or contagion (Action Area 5 of the NZSPAP 2013- 2016).

What information do DHBs get from CSNZ?

The information provided by CSNZ in notifications contains, where possible:

- Name of the deceased
- Date of birth of the deceased
- Date of death of the deceased

- Location of the death
- Usual place of residence of the deceased
- Ethnicity
- Gender
- Means of death.

When do DHBs get notifications from CSNZ?

On standard business working days, between the hours of 7 am and 5 pm, where CSNZ has notified CASA of a death due to suspected suicide via secure encrypted webmail, this information is transmitted to all relevant DHBs (also using secure encrypted webmail) within a maximum response time of two hours.

How is access to information from CSNZ controlled and authorised?

All requests to CASA from DHBs for access to notifications from CSNZ must be approved by a registered and duly authorised representative of the relevant DHB.

All requests for authorisation will only be approved by CASA on the basis that the designated applicant has a role, function or accountability with a DHB's local responses to suspected suicide.

The information is provided by CSNZ on the understanding that it will be used by DHBs to support their timely and appropriate local responses to suspected suicides. It is provisional information, is highly sensitive, and remains the property of CSNZ.

The CDS Memorandum of Understanding (MoU) has been developed to set out expectations for the continued receipt of this information.

Any DHB party to the CDS MoU is responsible for the collection, use, disclosure, retention and disposal of the information received, and has undertaken to ensure that access to the information provided is managed in accordance with the Privacy Act 1993, the Health Information Privacy Code 1994, and the Health Information Security Framework.

If you have any questions about CDS or these explanatory notes please contact:

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