

# Whanganui District Suicide Prevention Strategic Framework

19<sup>th</sup> December 2019

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## 1. Introduction

The Whanganui District Health Board (the Whanganui DHB) is sponsoring the development of a suicide prevention strategy for the Whanganui District. The suicide prevention strategy is intended to contribute towards the “Better Health and Independence – He hauora pai ake, he rangatiratanga.”

### 1.1 The Case for Change

The initiative to develop the strategy signals a change of approach to suicide prevention. Suicide is a ‘wicked’ problem. It is complex. It requires numerous concurrent approaches that are nuanced and carefully calibrated, along with effort and focus that is highly coordinated and sustained.

As it stands, suicide rates in the Whanganui District are too high. The well-being of citizens and their whānau/families in the District is not where we want it to be. Despite good intentions, hard work and dedication, we are not achieving the results that we want to. We need to do better.

In order to be more effective and accelerate our success we will need to transform and change our approach to suicide prevention. The new approach will involve moving toward a community-wide response and will require multi-level and systemic change. Ultimately the new approach will aim to:

1. Identify system change that will reduce suicidal behaviour;
2. Reduce the negative impacts of suicide and suicidal behaviour on the families/whānau, friends and the community;
3. Improve the accessibility and effectiveness of support services for those at risk and their significant others;
4. Develop and improve responses to suicide and suicidal behaviour that are systems initiated and community driven;
5. Adopt approaches like systems thinking and design thinking that are suited to complex, multi-faceted challenges; and
6. Make meaningful systems change to improve earlier intervention with a particular focus on the early years (1-5 years).

### 1.2 The Purpose of the Strategic Framework

In order to shape the changes required, a strategic framework will be developed and adopted. The strategic framework provides an outline of the structure and way in which suicide prevention will be undertaken in the Whanganui District.

Given that suicide prevention is a complex challenge, unable to be solved by a single organisation, the framework is intended to serve as a unifying and binding tool. At its heart it provides a narrative of how the many stakeholders will work together, community-wide, to address the challenge of suicide. It is intended to be an overarching blueprint, providing a holistic frame for coordinated planning and activity.

### 1.3 The Approach to Developing the Framework

Given the new approach to suicide prevention will be underpinned by an inclusive, community-wide one, the strategic framework is also being developed through an inclusive and consultative process. This document provides an early draft strawman of the framework. As such it is intended that it be used as a tool for engagement and socialisation with stakeholders (including community). The

framework will continue to be developed and evolved through consultation, co-design and iteration to reflect their feedback, views and requirements.

Continuing to develop the framework through co-design will allow community to come on the planning journey, promoting ownership and alignment through the process.

The work to refine both the structure of the framework and its content will continue to occur during the development of the implementation plan and reflect new insights and improved understanding. As such this is a living document.

#### 1.4 Intended Benefits of the Framework

The framework factors a number of critical aspects into the Whanganui District approach to suicide prevention, including:

- System level change that reflect the principles of Whānau Ora;
- Early intervention and protection including a focus and emphasis on the first 1000 days;
- Access to an interconnecting health system that enables self-management and is easily navigated;
- Inter-sectorial response to existing and emerging risk factors (i.e. housing and education);
- Improved access to a range of support within the community; and
- Customise approaches for specific at-risk cohorts and groups.

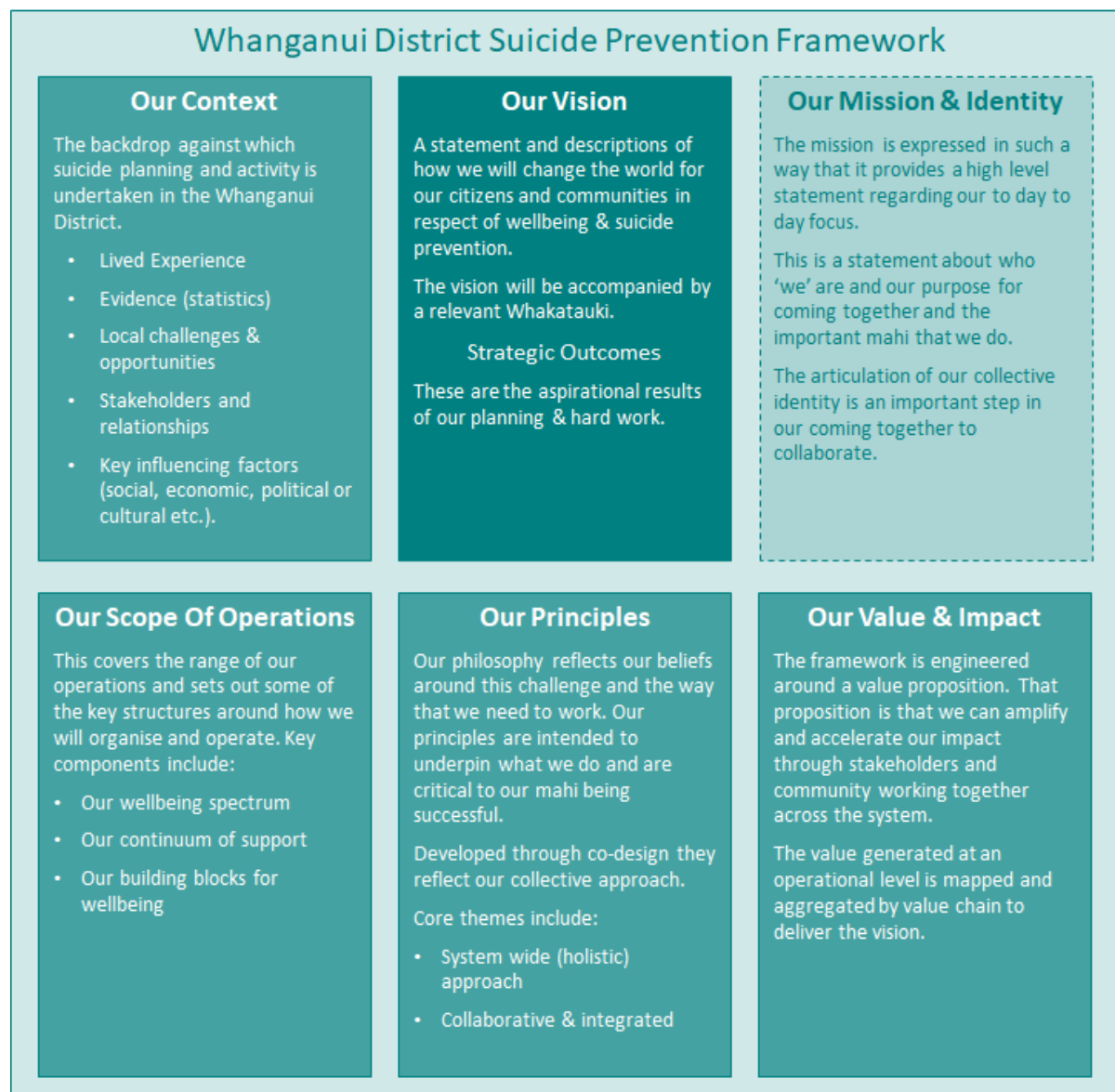
There are many potential benefits available from the framework some of which include, for example:

1. Greater effectiveness promoting community well-being and preventing suicide.
2. Provides a model for innovation and new and improved ways of working.
3. Unites, integrates and coordinates the whole ecosystem behind a common approach.
4. Leverages a greater collective workforce and system-level resource base.
5. Enables system-level and localised change and (re-)prioritisation.

The framework is compatible with and explicitly aligned to the national strategic framework contained in the 'Every Life Matters' suicide prevention strategy. It cascades the national strategy to the Whanganui District context. Stakeholders in the policy space will recognise the alignment, aiding future engagement.

## 2. The Whanganui District Suicide Prevention Strategic Framework

### 2.1 An Overview



### 3. The Background and Context for the Framework

The strategic framework has and will continue to be shaped by various contextual settings. The key contextual elements that warrant consideration are set out in the following sections.

#### 3.1 The National Settings

##### What's happening in NZ – Stats & Evidence

- The total number of suicides in NZ is increasing.
- With a total of 685 deaths in 2018-19 the provisional suicide rate was 13.97. The rate is still unacceptably high.
- The suicide rate for men in 2018-19 was 20.58 while for women the rate was 7.49.
- However, the attempted suicide rates for women were significantly higher, compared to attempts by men.
- Suicide rates amongst Maori are disproportionately high and increasing. At over 28.1 per 100,000 Maori suicide rates are at their highest levels ever.
- There appears to be a significant correlation between deprivation (social & economic) and suicide. Suicide rates amongst the lower socio-economic groups are substantially higher and increasing.
- Youth suicide rates are increasing.
- Rates for serious self-harm are increasing.

##### The National Response/Approach

The NZ Government commissioned the review into Mental Health and Addiction. The report was published in 2019 and included 40 recommendations. In response to the recommendations the NZ Government has amongst other things:

- Established the Suicide Prevention Office to coordinate action already underway to reduce New Zealand's historically high rate of suicide; and
- Developed '*Every Life Matters. He tapu te oranga o ia tangata*' – *Suicide Prevention Strategy 2019-2029*. Suicide is a global issue. '*Every Life Matters*' is a global term being used in respect of suicide prevention. '*He tapu te oranga o ia tangata*' refers to the Maori belief that the wellbeing of all people is sacred.

The Suicide Prevention Strategy incorporates a change of approach in which "...a transformed system will support and work toward reducing suicide." (*Director General of Health*). It provides a new framework, which includes new approaches, including that it is:

- Collective and inclusive;
- Informed by evidence and lived experiences;
- Calibrated for cohorts and at-risk groups; and
- Considers early childhood experiences.

## 3.2 The Whanganui Context

### What's happening in Whanganui – Stats & Evidence

- Whanganui suicide deaths have reached their highest level since records began 12 years ago.
- There were 16 suicides in the Whanganui District Health Board area in the year to 30 June 2019.
- At over 16 per 100,000 this is well over the national rate.
- In 2018-19 suicide rates amongst Maori men 20-24 were high.
- In 2018-19 suicides amongst farmers/rural communities were also high.
- Suicide rates amongst Maori nationally are 28.1. Maori make up 25.1% of the Whanganui district population.
- The population is highly rural with 37% of the population living outside of the main urban area of Whanganui.
- 34.8% of the population live in circumstances of deprivation compared to the national average of 20%
- This increases to 53.3% for Māori. (NZ Dep Index based on 2006 census data).

### *Whanganui District Community Engagement*

Engagement with community and stakeholders has commenced. As the process continues feedback from community will continue to be analysed and distilled. It is anticipated that the views and experiences that community express and share will lead to insights that will inform the continued planning and design of the strategic framework. A sample of some of the feedback to date follows.

*“No father and no role models in my life.”*

*“We need a functioning village to raise our whānau.”*

*“Being a good listener, make no judgment.”*

*“I don't know how to ask for help, how to connect when I'm in pain. Teach me how to ask for help.”*

*“Building each other up, supportive people around, decreasing stigma, making it more common for men in particular to talk about their issues.”*

*“There is a lack of knowledge between services. I tried to get help... rang GP... they just offered medication. Practise is out of date, untrusting, unhelpful.”*

*“Not knowing what to do and where to go at that time. I was working in the health system and I didn't know. How are others supposed to know?”*

*“Isolation in workplace - on farms etc. Parents are too busy working. We've gone backwards.... We've lost our community spirit.”*

*“There's help for serious cases but not for those who can become serious. Everyone thinks that farming is a buoyant community... it's not... the banks own everything.”*

### Emerging Themes

While the process is still in the early stages a number of themes are already beginning to emerge. The emerging themes include:

- Māori world views, systems and approaches;
- Role models, mentors and navigators;
- Risk factors and social determinants and their relationship to toxic stress;
- Social & economic deprivation;
- Joining up the service sector;
- The service system is hard to navigate – make it easier;
- Community structures becoming stressed. Reinvigoration required;
- The role for an individual's informal network regarding support;
- Communication, outreach and engagement. Terminology. Confidence to ask for help;
- Understanding vulnerable sectors, communities and cohorts. Perceptions are not always reflective of reality.

### New Hypotheses

The feedback from community and the emerging themes are prompting the consideration of a number of issues and challenges which in turn are leading to the development of a series of hypotheses for inclusion in the strategic framework. Some of the initial hypotheses are as follows:

- a. Should we reframe the problem? The traditional problem is framed as “how do we prevent suicide?” The response to that question is to focus on intervention. Should the problem be reframed to suggest that *suicide is an indicator and the real challenge is how do we improve individual and community wellbeing?* This might lead to a broader and rebalanced approach.
- b. Closely related to the above point is the hypothesis that suicide prevention requires early intervention, including greater activity and focus upstream than has previously been the case. Conceivably, some protection measures can be implemented well before a person presents as suicidal.
- c. Emerging research and practise points to concepts of toxic stress, particularly in young people from ‘deprived’ backgrounds. There is a correlation between toxic stress and suicide. Hypothetically, mitigation strategies for each of the stress risks could be developed. The ability to recognise the stress risks that an individual is exposed to could allow/trigger appropriate supports that help avoid the cumulative stress reaching toxic levels (presentation of four risks) for that individual.
- d. Resilience and well-being are helped by the presence in an individual's life of a mentor who is caring, non-judgemental and able to offer guidance on dealing with setbacks, stress and life challenges. Effectively these role models could act as ‘wellbeing navigators.’ The support system could ensure young people, especially at-risk individuals are connected to, and have access to ‘well-being navigator(s)’ as part of their personal network or alternatively, via the service system.



- e. Identity (cultural), connectedness to people and place, economic and social participation are commonly important for wellbeing. Māori men feature prominently in suicide rates. Could the effects of colonisation be the irreparable damage to these sources of wellbeing (cultural identity, connectedness to people and place, economic and social participation)? Hypothetically the system could respond to help individuals recreate or strengthen these sources of wellbeing via a holistic approach that incorporates elements and principles of Te Ao Māori or includes a Māori-world view?
- f. Incorporate risk-based views that lend themselves to also calibrating and implementing protective-based responses.

## 4. Our Vision

### 4.1 Vision Statement & Descriptors

Our vision for the future is of:

- Our people enjoying high levels of wellbeing
- This is evidenced by the absence of suicide and the significant reduction in suicidal behaviour.
- Our system of support for those at risk is responsive, accessible and highly effective
- Our approach and the results are sustainable.

*These concepts and ideas require engagement and validation. The statement will be crafted to reflect stakeholder and community views and language.*

### 4.2 Our Whakatauki

*To be added following engagement with community and iwi.*

### 4.3 The Strategic Outcomes

As a result of our planning and hard work we will see:

1. Heightened levels of wellbeing for all members of our communities; and
2. The identification and implementation of system level changes and new ways of working that prevent suicide.

*These outcomes are consistent with and aligned to the national suicide prevention strategy. They reflect a rebalancing of focus and an increased emphasis on wellbeing.*

#### *Equity*

The achievement of equity underpins these outcomes. In the Whanganui District we have people from a range of backgrounds with different lived experiences. They experience different levels of health and wellbeing.

We have high representations of those who are (socially and economically) deprived and high representations of Maori in our population. We also have a high percentage of rurally based people. In committing to the strategic outcomes above we intend to focus on achieving equity for Māori and for other population groups that experience disproportionately higher rates of suicide.

This includes providing fair, just and honest services that are regularly monitored and evaluated with appropriate methods with a view to achieving equitable outcomes for all, particularly Māori.

#### *Heightened Wellbeing*

*We need to define what this looks like in the Whanganui context and reflect the views and aspirations of our different communities. We need to acknowledge that this is complex and will entail different definitions for different groups.*

#### *Reduced Suicide Rates*

Through the strategy we are seeking to reduce suicide numbers in our region, the rate of suicide, the level of suicidal behaviour, and the level of serious intentional self-harm. In doing so we not only materially help those at risk, but we also ease the burden and negative impacts these behaviours can have on whānau/families and the broader community.

## 5. Our Mission and Identity

*This is a place-setter. We will develop our mission and articulate our identity as our broad stakeholder set comes together through the engagement phase we are embarking on.*

*Notwithstanding this, the following themes are already beginning to emerge from early engagement.*

- We are a collective.
- We include those from the supporting service sector as well as those from the community.
- Suicide is a problem for our community. We want and need our community to be actively involved in addressing the challenges it poses.
- We understand what is happening in our community and are best placed to effect change.
- As a collective we take ownership of the challenge and are collaborative and supportive of our partners in this undertaking.
- We are united.
- We work together to improve the wellbeing of our community, particularly those at risk from suicide.
- We are prepared to think and act differently

*These themes will be expanded upon and from them a mission statement will be distilled. Likewise, a more succinct yet comprehensive identity description will be developed.*

## 6. Our Scope of Operations

Our scope of operations is intended to frame for the scope of our focus as well as a series of constructs around which we can plan to execute the strategy with maximum impact. That is, these are the areas in which we need to operate and excel in order to realise our vision. In effect, the scope of operations describes what we will do to realise our vision.

### 6.1 The Whanganui District ‘Wellbeing Spectrum’

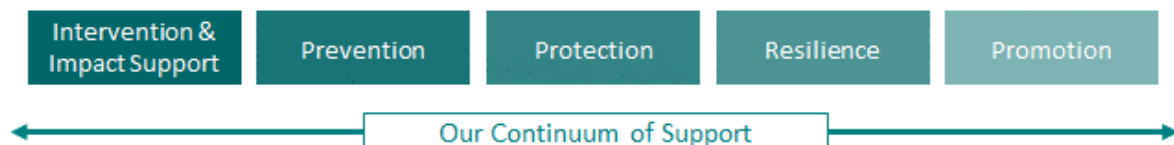
This is a mechanism for understanding the range of wellbeing that is experienced by our people. It recognises that those who are at risk and vulnerable to suicidal behaviour and serious self-harm are not always in crisis. It highlights that there are many pathways to suicide vulnerability, which can be progressive and occur over an extended period of time rather than just requiring a single event trigger as is often assumed.



### 6.2 Our Continuum of Support

The wellness spectrum prompts consideration of how the broader support network should be calibrated and how it should operate to best support our people at different points on the spectrum. The continuum of support is intended facilitate and encourage

- Design and implement protective measures and mitigation strategies to prevent regression along the spectrum;
- Design and implement wellness strategies (services and support) to assist our people to graduate along the spectrum.
- Better understand the opportunities for early intervention (as we investigate the merit in increasing our impact further upstream).
- Enable approaches to be customised relative to the particular risks and issues associated with a specific point on the spectrum.



### 6.3 Our Building Blocks for Wellbeing

In order to optimise our effectiveness operating across the continuum of support, we need to lay some foundations and establish areas of core capability and expertise.

The approach envisaged and proposed under this strategic framework requires systemic and transformational change. The changes are substantial and complex and will require significant and sustained effort.

Once the transformational changes are implemented (which could take several years) the mode of operation will transition to business-as-usual.

A series of building blocks has been designed that will enable the transformation and the sustained progress and impact, increasing wellbeing and reducing suicide. Those building blocks are summarised in the following table.

Building Blocks for Community Wellbeing				
Integration of the System	Evidence & Experience	Develop System Capability	Innovation & Delivery	Evaluation & Learning
<ul style="list-style-type: none"> <li>• Leadership – model &amp; champion change</li> <li>• Organisation</li> <li>• Governance</li> <li>• Backbone</li> <li>• Coordination</li> <li>• Mobilisation</li> <li>• Relationship Management</li> <li>• Engagement &amp; Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Lived experience</li> <li>• Local data, evidence &amp; trends</li> <li>• Broaden and target data collection</li> <li>• Cascade &amp; reconcile national to local</li> <li>• Broaden &amp; deepen knowledge</li> <li>• Share &amp; communicate</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage the system</li> <li>• Empower – engage &amp; educate</li> <li>• Training</li> <li>• Use experts</li> <li>• Grow knowledge</li> <li>• Leverage technology</li> <li>• Procedures</li> <li>• Data capture</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• New &amp; improved services &amp; support</li> <li>• Support accessibility</li> <li>• Leverage evidence (data, knowledge &amp; lived experiences)</li> <li>• Support standards</li> <li>• Pilot solutions</li> <li>• Amplify and scale models of success</li> <li>• Sustainable impact</li> </ul>	<ul style="list-style-type: none"> <li>• Blend of quantitative &amp; qualitative</li> <li>• Establish Metrics</li> <li>• Measure &amp; evaluate our impact</li> <li>• Measure equity</li> <li>• Learn &amp; adjust - continuously improve</li> <li>• Celebrate &amp; build on progressive wins</li> <li>• Share via Story-telling</li> </ul>

## 7. Our Philosophy and Principles

Our philosophy and our principles describe and guide how we will work and operate. Our successful delivery on our vision and achievement of impact to reduce suicide is dependent on specific individual and team behaviours and approaches. The cross agency, cross sectoral and whole of system approach the requires ownership and contribution from community heightens the need and commitment towards agreed ways of working cohesively together.

### 7.1 Principles (themes)

While further engagement with stakeholders and community is required to further draw out the specific principles and agree the language and nuances, the following themes are already beginning to emerge:

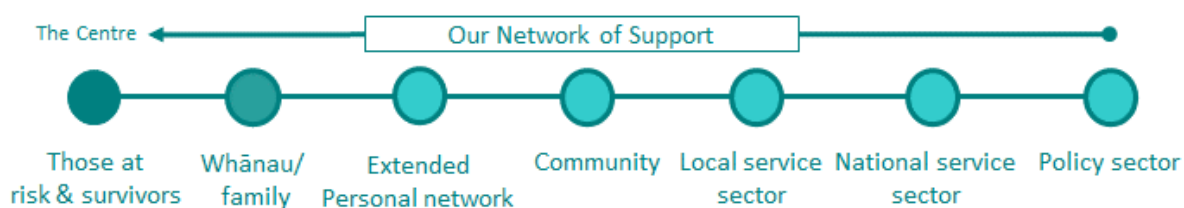
- Collaborate – we can achieve greater impact and accelerate it if we work as a collective.
- Innovate – we need to embrace new knowledge and opportunities to develop new and improved solutions
- Community Centric – place those at risk, whānau and community at the centre of our planning, solution design, service delivery
- Systemic – leverage whole of system and bottom up views and approaches
- Calibrated – find ways to tailor approaches to the needs of service and support users
- Equity – ensure approaches consider the proportionately over-represented in suicide numbers and rates, particularly Māori.
- Holistic – incorporate approaches that cover social, economic, cultural and environmental considerations.
- Smart – provide the network with information and enable it to learn and adapt.
- Needs sensitive – recognise needs of specific groups and responsive to new and emerging risks, issues and trends.

*The binding nature of the principles means that further extensive engagement is required to develop these concepts and distil the core principles.*

### 7.2 Network of Support

At the heart of our philosophy is the intent to embrace a whole of system and community wide approach. In order to leverage the system effectively we need to integrate the ecosystem. That means transforming the system stakeholders from a group of disconnected parties into a connected network with a common purpose of protecting our people against suicide.

By connecting the network, we will be able to influence the social, cultural, economic and environmental factors that impact on wellbeing and suicide risk. The network should also allow us to incorporate factors like inclusion, identity, connectedness and resilience which are pivotal to wellbeing.



## 8. Creating Value & Impact

### 8.1 Our Value Proposition

The framework is engineered around a value proposition. That proposition is that we can amplify and accelerate our impact through stakeholders and community working together across the system.

The approach offers value in numerous ways:

- It allows us to bring more resource to bear on this important challenge.
- It allows us to leverage local knowledge and local lived experiences.
- It allows us to leverage individuals and organisations who are better positioned to achieve influence and impact.
- It allows us to leverage a greater number of networks and relationships.
- We get greater and richer contributions from a wider range and a deeper pool of people.
- It allows us to share and distribute the workload.
- It allows us to better align the different aspects of the system toward common goals.

By considering the value we can create through each of the building blocks we can map the aggregated value to understand whether we are delivering to the vision.

### 8.2 Value & Impact Chain

*The value and impact chain could be developed concurrent with the implementation plan as the manner in which we will undertake the work is further fleshed, and the specific activities are better understood and mapped.*

## 9. Conclusion

### 9.1 Strategic Framework Storyboard

#### Whanganui District Context

<ul style="list-style-type: none"> <li>16 suicides - year to 30 Jun 19.</li> <li>NZ rate 13.97</li> <li>Whanganui rate &gt;16</li> <li>Maori men rate 20-24 were high.</li> <li>2018-19 farmers/rural rate high</li> <li>Maori rate nationally 28.1</li> <li>Maori 25.1% of Whanganui pop.</li> <li>37% of pop. live rural</li> <li>34.8% experience deprivation</li> <li>National deprivation average 20%</li> <li>Increases to 53.3% for Māori.</li> </ul>	<p><i>"Isolation in workplace - on farms etc. Parents are too busy working. We've gone backwards.... We've lost our community spirit."</i></p> <ul style="list-style-type: none"> <li>National Suicide Prevention Strategy – Every Life Matters</li> <li>Framework for new way of working together</li> <li>Office of Suicide Prevention formed</li> </ul> <p><i>"We need a functioning village to raise our whānau."</i></p>
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#### Our Vision

- Our people enjoying **high levels of wellbeing**. This is evidenced by the **absence of suicide** and the significant **reduction in suicidal behaviour**.
- Our **system of support** for those at risk is **joined-up**, responsive, **accessible** and highly effective
  - Our approach and **impact are sustainable**.

Outcome 1

Heightened levels of wellbeing for all members of our communities;

Outcome 2

The identification and implementation of system level changes and new ways of working that prevent suicide.

#### Scope of Operations

The diagram shows a 'Wellness Spectrum' from Suicidal Behaviour to High wellbeing, with 'Wellbeing progression' indicated by a dashed arrow. Below it is a 'Continuum of Support' from Intervention & Impact Support to Promotion, with 'Early intervention & support' indicated by a dashed arrow. Upward arrows connect the support levels to the corresponding points on the wellness spectrum.

#### Network of Support

The diagram illustrates a 'Network of Support' as multi-dimensional and layered. It shows concentric circles representing layers of support: Those at risk & survivors, Whānau/family, Extended personal network, Community, Local service sector, National service sector, and Policy sector. Arrows indicate that those at risk are placed at the center of the support system.

#### Building Blocks for Community Wellbeing

Integration of the System	Evidence & Experience	Develop System Capability	Innovation & Delivery	Evaluation & Learning
<ul style="list-style-type: none"> <li>Leadership – model &amp; champion change</li> <li>Organisation</li> <li>Governance</li> <li>Backbone</li> <li>Coordination</li> <li>Mobilisation</li> <li>Relationship Management</li> <li>Engagement &amp; Outreach</li> </ul>	<ul style="list-style-type: none"> <li>Lived experience</li> <li>Local data, evidence &amp; trends</li> <li>Broaden and target data collection</li> <li>Cascade &amp; reconcile national to local</li> <li>Broaden &amp; deepen knowledge</li> <li>Share &amp; communicate</li> </ul>	<ul style="list-style-type: none"> <li>Leverage the system</li> <li>Empower – engage &amp; educate</li> <li>Training</li> <li>Use experts</li> <li>Grow knowledge</li> <li>Leverage technology</li> <li>Procedures</li> <li>Data capture</li> <li>Funding</li> </ul>	<ul style="list-style-type: none"> <li>New &amp; improved services &amp; support</li> <li>Support accessibility</li> <li>Leverage evidence (data, knowledge &amp; lived experiences)</li> <li>Support standards</li> <li>Pilot solutions</li> <li>Amplify and scale models of success</li> <li>Sustainable impact</li> </ul>	<ul style="list-style-type: none"> <li>Blend of quantitative &amp; qualitative</li> <li>Establish Metrics</li> <li>Measure &amp; evaluate our impact</li> <li>Measure equity</li> <li>Learn &amp; adjust - continuously improve</li> <li>Celebrate &amp; build on progressive wins</li> <li>Share via Story-telling</li> </ul>

#### Principles – Emerging Themes

*Our philosophy and our principles describe and guide how we will work and operate.*

The cross agency, cross sectoral and whole of system approach that requires **ownership** and **contribution** from community, heightens the need and **commitment** towards agreed ways of **working cohesively together**.

Collaborate	Innovate	Community Centric
Systemic	Calibrated	Equity
Holistic	Smart	Needs Sensitive
?	?	?