Every life

The Queensland Suicide Prevention Plan 2019–2029

Phase Two

Queensland Government

Queensland
Mental Health Commission

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Feedback

We value the views of our readers and invite your feedback on this plan.

Please contact the Queensland Mental Health Commission on **1300 855 945** or via email at **info@qmhc.qld.gov.au**.

Translation

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you require an interpreter, please contact us on **1300 855 945** and we will arrange one for you.

Document licence

Acknowledgements

Recognition of First Nations people

We respectfully acknowledge the First Nations Traditional Owners and Elders of the lands and seas on which we meet, live, learn and work. We acknowledge those of the past, who have passed on their wisdom and whose strength has nurtured this land. We acknowledge those of the present for their leadership and ongoing efforts to protect and promote First Nations people and cultures.

We recognise that it is our collective effort and responsibility as individuals, communities and governments to ensure equality, recognition and advancement of First Nations Queenslanders across all aspects of society and everyday life. We walk together in our shared journey of reconciliation.

Recognition of lived experience

We acknowledge the individual and collective contributions of Queenslanders with lived experience of suicide, their families and carers. Your voices and experiences are at the core of *Every life*. We acknowledge and value your expertise. We also acknowledge Queenslanders with lived experience of mental ill-health and problematic alcohol and other drugs use, and their families, kin, carers, and support people. Each person's journey is unique and collectively provides a valuable contribution to reforming the mental health, alcohol and other drugs and suicide prevention system and related systems in Queensland.

We thank all Queenslanders who have contributed to Phase Two of *Every life*. We commend your resilience, courage and generosity of time and spirit in sharing your personal stories, experiences, and views about what works and what needs to change.

The Commission's role

The Queensland Mental Health Commission (the Commission) is an independent statutory body established to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug system.

One of our primary functions is to develop a whole-of-government strategic plan to improve the mental health and wellbeing of all Queenslanders. The strategic plan supports coordinated action by relevant government agencies.

Cover artwork

The cover features artworks commissioned from Queensland artists with a lived or living experience. You can read more on page 33. The artworks on the cover and throughout the plan have been digitally altered, but are presented as originals on pages 9, 10, 21, 25, 33 and on the **Queensland Mental Health Commission website**.

Contents

Message

From the Premier and Minister

Over the past decade, we have tragically lost more than 700 Queenslanders each year to suicide. Each death inflicts a devastating and painful toll on families, friends and entire communities.

We know there are many complex factors that can lead to a person ending their life, however, we also know that suicide can be prevented. Suicide prevention remains a priority across government and the broader community.

Every life: The Queensland Suicide Prevention Plan 2019–2029 is a whole-of-government and whole-of-community plan that sets the direction for suicide prevention initiatives across the state.

Every life Phase One was released in 2019, and in the three years since its release, there has been much progress. Key achievements include the establishment of Crisis Support Spaces away from the emergency department in seven hospital and health precincts across the state, and the implementation of the Zero Suicide in Healthcare Framework in 12 Hospital and Health Services in Queensland.

Our government has demonstrated our ongoing commitment to suicide prevention with significant funding.

In the 2022–23 Budget, the Queensland Government announced a record investment of $1.645 billion over five years for state-funded services to support mental health, alcohol and other drugs, and suicide prevention initiatives in Queensland.

This investment included $11.5 million to support the implementation of Phase Two of *Every life*.

Phase Two of the plan builds on the progress and outcomes achieved in Phase One, with a renewed focus on building lived experience leadership and supporting First Nations communities to lead suicide prevention activity. It also focuses on targeted approaches to responding to male suicide, and implementing a reformed approach to suicide data and surveillance in Queensland.

Our government is committed to encouraging, enabling and equipping Queenslanders with the resources and support to help prevent suicide. *Every life* provides hope that by working together across the whole-of-government and whole-of-community, real change can occur, and we can turn the tide on suicide.

The Honourable Annastacia Palaszczuk MP
Premier and Minister for the Olympic and Paralympic Games

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women

Foreword

Queensland Mental Health Commissioner

Suicide is a far-reaching tragedy that stretches across all age groups and all walks of life. Each suicide profoundly affects families, friends, kinship groups, colleagues, classmates and communities.

Suicide is a highly personal and complex issue that is influenced by many interacting social and individual factors; however, suicide is preventable and must be comprehensively and collectively addressed.

Every life: The Queensland Suicide Prevention Plan 2019–2029 (*Every life*) is Queensland's whole-of-government plan for reducing suicide and its impacts and was released in 2019. It is a sub-plan of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* and now *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*.

Every life supports action for people disproportionately impacted by suicide. It details action to build individual and community resilience, reduce vulnerability, and improve service responses for people who are experiencing crisis or who have lived experience of suicidal thoughts, survived a suicide attempt or are bereaved by suicide, and their families and carers.

Every life was designed to be implemented over three phases across ten years. Phase One consisted of 60 actions across Queensland Government and was implemented between 2019 and 2022.

Much was achieved in the first three years of *Every life*, which demonstrates what can be accomplished when government, non-government organisations and people with lived experience come together to tackle suicide prevention.

Some of the key achievements of Phase One included:

- Establishing The Way Back Support Service, delivering care after a suicide attempt in seven locations across Queensland
- Establishing eight Crisis Support Spaces across Queensland, providing a combination of peer and clinical support to people in crisis as an alternative or adjunct to emergency department care
- Implementation of the Zero Suicide in Healthcare Framework in 12 Hospital and Health Services in Queensland
- Significant expansion of school-based wellbeing professionals to support students across the range of mental health needs, including the GPs (general practitioners) in Schools Pilot program
- Ongoing funding to Headspace to provide suicide prevention and postvention training to 184 secondary school guidance officers across the state
- A mentally healthy workplaces toolkit, delivering practical tools to help minimise or eliminate risks to psychological health
- A systemic review of male suicide to better understand suicide risk factors among men
- A review of the surveillance model for suicide, suicide attempts and crises to develop enhanced data and monitoring that will inform suicide prevention efforts across all sectors.

Despite these achievements, one life lost to suicide is too many, and there is more work to be done.

Phase Two builds on the achievements and actions from Phase One and was developed through extensive consultation across government agencies, non-government agencies, people with a lived experience of suicide and the broader Queensland community.

Extensive consultation was critical in developing Phase Two of the plan. As part of the consultation process, the Queensland Mental Health Commission spoke to many Queenslanders affected by suicide to help determine the next steps that are needed as a state, as a community, and as individuals to reduce suicide in Queensland.

Phase Two recognises that there is a strong desire for collaboration across all sectors and communities, and shifts the focus towards actions that allow collaboration to occur more effectively. Phase Two of the plan also shifts the focus towards system actions that will enable reform, including strengthening lived experience leadership; a stronger focus on governance and accountability; greater emphasis on research, data, and evaluation; and strengthening the workforce.

Putting Phase Two of *Every life* into action requires continued support, coordination and commitment across all government departments, suicide prevention stakeholders, and the broader community sector. Together we can work towards preventing suicide in Queensland.

Ivan Frkovic
Queensland Mental Health Commissioner

At a glance

Every life

Vision

A healthy and inclusive Queensland where all people can access appropriate support, achieve positive mental health and wellbeing and live their lives with meaning and purpose.

Guiding principles

Every life is underpinned by the following guiding principles:

- Led by people with lived experience of suicide and their families and carers
- Community-led
- Community first
- Culture matters
- Person-centred
- Human rights and dignity
- Addressing stigma and discrimination
- Social justice, belonging and equity
- Driven by evidence
- Getting in early
- Collective responsibility and accountability

Phase Two 2023–2026

Action area 1

Building resilience

Improve wellbeing in people and communities

- Enable Queensland children and families to thrive
- Strengthen evidence-based suicide prevention strategies in places of learning
- Build supportive workplace environments that are equipped to respond to distress
- Build inclusive, resilient, socially connected and mentally healthy communities
- Contribute to reduced distress and suicide risk by supporting Queenslanders to achieve economic, employment and housing security

Action area 2

Reducing vulnerability

Strengthen support to people disproportionately impacted by suicide

- Prioritise men's suicide prevention
- Tailor responses and supports for populations disproportionately impacted by suicide
- Improve system-wide response to people who have experienced adversity and trauma
- Create targeted responses and supports that consider key stressors, life stages and transition points

Action area 3

Enhancing responsiveness

Enhance responses to suicidality

- Enhance government and community capability to provide timely and appropriate support at the point of distress
- Expand alternative entry points to support and emergency department diversion services, including after-hours support, non-medical, and peer support options
- Improve service accessibility, responsiveness, and appropriateness by expanding existing initiatives and developing new practice models

Action area 4

Enabling reform

Strengthen the systemic enablers for reform

- Create a more coordinated and integrated approach to suicide prevention
- Strengthen lived experience leadership in suicide prevention
- Strengthen First Nations leadership in suicide prevention
- Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention
- Strengthen governance and accountability mechanisms
- Develop the capacity and capability of the suicide prevention system workforce

About *Every life*

Every life: The Queensland Suicide Prevention Plan 2019–2029 (*Every life*) is Queensland's whole-of-government and whole-of-community plan to reduce suicide and its impacts.

Every life was released in 2019 and was designed to be implemented in three phases over ten years. Phase One concluded in 2022 and Phase Two 2023–2026 is the culmination of extensive consultation with people with a lived experience of suicide, non-government and government organisations, groups who are disproportionately impacted by suicide, and the broader Queensland community.

Suicide is complex, with no one cause or solution. *Every life* provides a plan of action for preventing suicide through a comprehensive set of initiatives, including building resilience to prevent suicide, intervening early in distress and vulnerability, providing intensive responses at crisis points, and whole-of-system supports during key life stages and pivotal life events.

Effectively reducing suicide takes strong collaboration and leadership across all levels of government and the suicide prevention system, as well as the broader community. The plan focuses on building and supporting joint initiatives, collective effort, and partnerships across agencies and sectors. The plan adopts coordinated and evidence-based actions to guide a multifaceted approach to suicide prevention.

Relationship to *Shifting minds*

Every life is a sub-plan of *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* (*Shifting minds 2018–2023*) and now *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028* (*Shifting minds 2023–2028*) which provides a platform for improved mental health and wellbeing for all Queenslanders through three focus areas: whole-of-person, whole-of-community and whole-of-system.

Guiding principles

Phase One principles

We value culture.	We believe in recovery and hope.	We support equity.
We value the lived experience of people, families and carers.	We respect human rights and dignity.	We are person-centred.
We adopt a social determinants approach to mental health and wellbeing.	We adopt a joined-up planning approach that reflects population need and evidence.	We believe collective responsibility is vital to reform.

Phase Two principles

We are led by people with lived experience of suicide and their families and carers.	We uphold the social and emotional wellbeing of First Nations people, acknowledge cultural rights and that culture is protective.	We uphold and promote the human rights and dignity of all people.
We are committed to social justice, equity and addressing the social determinants of health inequity.	Our approach is focused on prevention and providing supports as early as possible.	We support community-led initiatives that build on their inherent strengths, abilities and knowledge.
We value early responses in a community-based context.	We support people in a way that respects and responds to their individual and diverse needs.	We address all forms of stigma and discrimination against people who have lived experience of suicide.
We prioritise partnerships, coordination, collective responsibility and accountability for reducing suicide in Queensland.		We build upon and learn from cross-sector knowledge and experience.

A new phase

Suicide prevention in Queensland

In Queensland and across Australia, suicide and suicide prevention continues to be a complex challenge.

Queensland has been a leader in whole-of-government approaches to suicide prevention since the early 2000s and has built on these achievements through the implementation of *Every life* Phase One. Since the launch of *Every life* in 2019, we have seen the positive impact of new and innovative responses that have improved wellbeing, as well as the broader service responses available to people who need them.

However, there is still more to be done as we enter Phase Two of *Every life*. This phase will build on the achievements from Phase One, while refining our efforts to ensure we are focused on reducing suicide across Queensland, and in particular for those groups disproportionately impacted by suicide.

Phase One achievements

The achievements of *Every life* to date are detailed in the Phase One progress report, published on the Queensland Mental Health Commission website. Key achievements from that report are listed below.

Table 1: *Queensland Government key achievements under Phase One*

Building resilience

- Queensland Health expanded the Right@home home visiting program to the Caboolture, Logan, Beenleigh, Browns Plains, North Lakes and Pine Rivers regions.
- The Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (formerly the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships) Local Thriving Communities Social and Emotional Wellbeing (SEWB) program supported a range of initiatives that were co-designed with local leadership to improve mental health and SEWB outcomes, respond to problematic alcohol and other drug use, and reduce rates of suicide in First Nations communities. This included providing support to the Cherbourg Wellbeing Indigenous Corporation for the community-driven Suicide Prevention Action Plan.
- The Queensland Family and Child Commission has delivered the successful Talking Families, Families are First, and Out of the Dark public education programs.

Reducing vulnerability

- In partnership with the Coroners Court of Queensland, the Queensland Mental Health Commission completed a systemic review of 155 male suicides in Queensland, and identified opportunities for system-level reforms to enhance male suicide prevention in Phase Two of *Every life*.
- The Office of Industrial Relations established peer networking through the Heads of Workplace Safety Authorities Psychological Health Community of Practice to respond to psychological health and safety, including distress, in male-dominated and higher-risk workplaces and industries.

Enhancing responsiveness

- The Way Back Support Service has been established in seven locations in Queensland, offering specialised psychosocial support to people who have presented to emergency departments following a suicide attempt. In total, there have been 4,111 presentations to The Way Back Support Services between July 2020 and May 2022.
- Crisis Support Spaces opened at The Prince Charles Hospital; Princess Alexandra Hospital; Cairns, Mackay, Townsville and Hervey Bay hospitals; and the Southport Health Precinct. These services offer clinical and peer support in a home-like environment as an alternative or adjunct to the emergency department. They have received 1,526 presentations between July 2021 and May 2022.
- The Yalburro' angabah Unit has opened at the Robina Hospital providing up to 23 hours of multidisciplinary mental health assessment and care as an alternative to the emergency department. A warm therapeutic environment with peer support is integral to this new model of care.
- The Queensland Health, Queensland Ambulance Service and Queensland Police Service Mental Health Co-Responder Program has been evaluated and will be expanded over two years. This service pairs paramedics with experienced mental health clinicians to respond to people experiencing a mental health crisis in their home or community.
- The Zero Suicide in Healthcare Framework is being implemented in 12 Hospital and Health Services across Queensland. Resources for people with lived experience, family and carers, and clinicians have been developed.
- Queensland Health continues to strengthen its Suicide Prevention Quality Improvement Program. As part of this program, ongoing support has been provided for the Zero Suicide in Healthcare Multisite Collaborative, and a partnership was developed with the Queensland Centre for Mental Health Learning and people with lived experience to develop new training options for staff caring for people in suicidal crisis.

Working together

- The Queensland Mental Health Commission completed a review of the surveillance model of suicide, suicide attempts and crises in Queensland, and is working with Queensland Government agencies and other stakeholders to develop an enhanced model for surveillance of suicide to inform suicide prevention efforts across all sectors.

Suicide is complex, with no one cause or solution. Reducing suicide requires collaboration and leadership from all levels of government, the suicide prevention system and the community.

Review of Phase One

In May 2022, the Commission engaged external consultants to undertake an evaluation of *Shifting minds 2018–2023*, with a focus on its impacts and progress. This included a review of the systemic influences and impacts of Phase One of *Every life*. The review examined the impact of the overall governance and implementation of cross-sector priorities rather than evaluating individual activities or initiatives.

The review found solid and positive engagement and support for *Every life* across government, non-government, community and industry sectors. It identified a need to broaden the model for suicide and suicide prevention to include the social determinants of mental health and wellbeing. The review also recognised the value of increased collaboration and enhanced support for community-based and peer support activities.

Finally, it found there is a need to improve the collection, use and sharing of data to drive reform, monitor changes over time, and inform prevention activities. Findings from the review have assisted in shaping priorities for Phase Two of *Every life*.

Developing Phase Two

The Commission worked with Queensland Government agencies and other stakeholders to review the whole-of-government strategic directions and priorities for suicide prevention in Queensland. The activities and outcomes of *Every life* Phase One were reviewed and additional focus areas have been identified. Phase Two of the plan was informed by evidence and data from the Queensland Suicide Register, academic research, consultation with people with lived experience, and the broader Queensland community.

Phase Two of *Every life* considers the evolving suicide prevention landscape, including the establishment of the National Suicide Prevention Office and the Queensland Government's commitment to a significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people toward zero through the *National Agreement on Closing the Gap* Target 14. It draws on thematic analysis of inquiries, reviews and reforms that have taken place within Queensland and nationally. These are included in Table 2.

This plan is informed by people with lived experience, evidence and data, as well as the broader Queensland community.

Table 2: *National and state plans and frameworks*

National context

- *National Suicide Prevention Adviser – Final Advice*
- *The National Mental Health and Suicide Prevention Agreement* and the *Bilateral Schedule on Mental Health and Suicide Prevention: Queensland*
- *National Children's Mental Health and Wellbeing Strategy*
- National Disability Insurance Scheme (NDIS)
- *Australia's Disability Strategy 2021–2031*
- *Gayaa Dhuwi (Proud Spirit) Declaration*
- Implementation Plan for the *Gayaa Dhuwi (Proud Spirit) Declaration* (pending)
- *National Mental Health and Suicide Prevention Plan*
- *Vision 2030 for Mental Health and Suicide Prevention in Australia*
- *National suicide prevention strategy for Australia's health system: 2020–2023*
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (pending)
- *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017–2023*
- *National Mental Health and Wellbeing Pandemic Response Plan*
- *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021–2026*
- *National Drug Strategy 2017–2026*
- *The National Lived Experience (Peer) Workforce Development Guidelines*
- *National Agreement on Closing the Gap*
- National Mental Health Workforce Strategy (pending)
- National Stigma and Discrimination Reduction Strategy (pending)

State mental health, alcohol and other drugs, and suicide prevention context

- *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*
- *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*
- *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*
- *Queensland Alcohol and Other Drug Treatment Service Delivery Framework*
- Regional mental health, alcohol and other drugs, and suicide prevention plans (developed by Primary Health Networks and Hospital and Health Services)

Related state social, economic and health context

- The Queensland Government's objectives for the community (*Queensland: Good Jobs, Better Services, Great Lifestyle*)
- *HEALTHQ32: A vision for Queensland's health system*
- Queensland's Path to Treaty
- *Making Tracks Together – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Leading healing our way: Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020–2040*
- *Local Thriving Communities Action Plan*
- *Our way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037* and action plans
- *Gambling harm minimisation plan for Queensland 2021–25*
- *Communities 2032 Strategy* and *Communities 2032 Action Plan 2022–25*
- *Jobs Queensland: Future skills. Future work. Future Queensland*
- *Good people. Good jobs: Queensland Workforce Strategy 2022–2032*
- *Queensland Multicultural Policy: Our story, our future* and *Queensland Multicultural Action Plan 2022–23 to 2023–2024*
- *Queensland Housing Strategy (2017–2027)*
- *Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023*
- *Housing and Homelessness Action Plan 2021–2025*
- *Domestic and family violence prevention strategy 2016–2026*
- Young Queenslanders Strategy (pending)
- *Future Directions for an Age-Friendly Queensland*
- *Queensland's Disability Plan 2022–27: Together, a better Queensland*
- *Supporting Families Changing Futures 2019–2023*
- *Working Together Changing the Story: Youth Justice Strategy 2019–23*
- *Queensland Corrective Services Mental Health Strategy 2022–2027*
- *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence*
- *Queensland Women's Strategy 2022–27*

Consultation

To develop Phase Two, extensive consultation occurred with a wide range of stakeholders including government, community and private sector representatives.

Consultations commenced in October 2022 and activities included a series of workshops that were held in metropolitan, rural, regional and remote locations throughout Queensland. The consultation program included young people, people with a lived experience of suicide, First Nations people, people in rural and remote communities, people from culturally and linguistically diverse communities, and LGBTIQA+ people. A separate consultation process to support the renewal of *Shifting minds 2018–2023* provided additional opportunities for gathering suicide prevention information and insights.

Some issues that were identified through consultation require a more comprehensive response. For example, issues such as addressing stigma and discrimination form an important part of *Shifting minds 2023–2028*, which provides the overall framework for *Every life*.

A more detailed summary of the consultation outcomes is given in the *Every life – Phase Two: Consultation report*, and those outcomes are an important component of the information, data and evidence that informed the development of Phase Two of the plan.

Key themes from consultations

- There is a need to broaden the model for suicide and suicide prevention to include the social determinants of health and wellbeing, and consider the influences and factors that shape people's daily lives.
- It is vital for community members to have the capability and capacity to provide place-based responses to those in distress.
- People who are seeking help in times of distress require responses that consider their culture, age and life stage, sexuality, and past experiences of trauma.
- Limiting narratives and assumptions about mental ill-health should be replaced with evidence-based approaches that emphasise recovery and wellbeing.
- The voices of people with lived experience should be central in the design and delivery of services.
- Community-led responses and the role of the peer workforce should be elevated.
- Suicide prevention needs to start before a person reaches a crisis point, and there should be an increased focus on, and investment in, early intervention to address psychosocial risk factors for suicide such as housing and employment insecurity.

Phase Two changes

Every life Phase One contained four action areas:

- Building resilience
- Reducing vulnerability
- Enhancing responsiveness
- Working together

Throughout the Phase Two development and consultation process, *Every life* Phase One was tested and revised to ensure the vision, principles and action areas remained relevant. The principles were updated following feedback to ensure they remain current.

The only identified need for change in the action areas was to the area 'Working together', which encouraged and supported different sectors and communities to work together to shift and challenge the status quo. For Phase Two, it was identified that the appetite for collaboration was high, however some systemic barriers remained that could hamper robust partnership.

As a result of this feedback, Phase Two replaces 'Working together' with 'Enabling reform'. The actions under this area are targeted towards strengthening the enabling functions such as governance and accountability, embedding lived experience leadership, data, research and evaluation, and building workforce and community capability.

Phase Two incorporates a range of social and justice policy reforms and developments that have had an impact on the mental health and wellbeing, alcohol and other drug, and suicide prevention service delivery and systems landscape.

Some priorities and actions from Phase One of *Every life* were long-term commitments that will continue to be implemented throughout Phase Two. This includes strengthening the focus upstream on prevention, including through greater emphasis on school-based supports; building inclusive, resilient, socially connected and mentally healthy communities; and strengthening First Nations leadership in suicide prevention.

Some Phase One priorities and actions have been revised and continued into Phase Two to reflect changing needs and emerging issues, and some priorities and actions are new. This includes activity such as elevating the role of community-based supports and lived experience leadership, as well as expanding alternative entry points to care and emergency department diversion services.

Groups disproportionately impacted by suicide

Suicide is a complex interaction of individual, social and other factors.[1] No single factor is responsible for suicidal behaviour. Contributors to suicide include social isolation and loneliness, insecure housing and homelessness, problematic alcohol and other drug use, employment instability and unemployment, financial hardship, problematic gambling, chronic health conditions, and adversity (for example, abuse or neglect).[2] Life events such as relationship dissolution, legal problems (including contact with the criminal justice system), domestic and family violence, or job loss can also contribute to suicide.[3]

In the decade since 2012, suicides in Queensland increased to a peak of 815 deaths in 2017, before declining slightly.[4] In Queensland in 2021, there were 783 deaths by suicide.[5] The Queensland suicide rate in 2021 was 14.9 deaths per 100,000 people, which is higher than the national suicide rate of 12.0 deaths per 100,000 people.[6]

Suicide can affect any Queenslander, and *Every life* sets out a plan that seeks to reduce suicide rates for the entire Queensland community. Some groups experience risk and protective factors differently and at different times in life. As a result, some population groups are disproportionately represented in Queensland's suicide statistics.

Although many of the actions in *Every life* apply to a broad range of people, it is crucial to tailor specific actions to groups who are at higher risk of suicide. It is also important to consider occupational contexts (such as construction or farming) where groups at greater risk may be over-represented, and may also be exposed to key life stressors that further elevate their risk (such as financial stress or job insecurity). *Every life* also recognises that occupation can be an important factor in a person's life history that can elevate their risk of suicide—for example, among military veterans.

Men

Suicide is one of the leading causes of premature death among men in Australia[7] and internationally.[8, 9] In Australia, men account for the majority of all deaths by suicide. In Queensland in 2021, males accounted for 590 deaths by suicide, or 75 per cent of suicides.[10] There are different theories regarding the higher suicide rates of males compared to females. These include disparities in early life experiences, differences in emotions and emotional expression, social or cultural norms, and biological factors.[11] Risk factors that have been linked with male suicides include relationship dissolution or other interpersonal conflict, problematic alcohol and other drug use, physical limitations due to disability or illness, work/unemployment stressors, and financial difficulties.[12]

Young people

Suicide is the leading cause of death among young people in Australia, with young males at particular risk. In Australia in 2021, 322 young people aged 18–24 took their own lives.[13] The suicide rate among 18–24 year olds increased from 10.8 deaths per 100,000 people in 2010 to 14.6 deaths per 100,000 people in 2021.[14] A further 112 deaths by suicide occurred among children and adolescents (aged 17 and below) with the majority occurring in those aged 15–17 (71 per cent).[15]

According to interim data from the Queensland Suicide Register, 74 young people aged 20–24 died by suicide in Queensland in 2021.[16] The suicide rate among this cohort was 22.4 deaths per 100,000 people in 2021.[17] A further 35 deaths by suicide occurred among children and adolescents (aged 19 years and below) with the majority occurring in those aged 15–19 (76 per cent), and 11 deaths occurring in children between the ages of five and 14 years.[18]

Risk factors for suicide among young people include relationship conflict (romantic partner, peers or family), school problems and academic stress (including disengaging from education), work problems, disciplinary issues including contact with the youth justice system, or problematic alcohol and other drug use.[19] Young people who are not engaged in either education or work are at particular risk.[20]

783 Queenslanders **died by suicide** in 2021

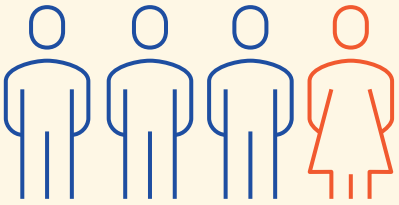
590 **males**

193 **females**

Queensland's suicide rate[i]

13.9 **deaths** **per 100,000** in 2012

14.9 **deaths** **per 100,000** in 2021



Men are **3x** **more likely** than women to die by suicide

Queensland has the **2nd highest rate** of **suicide** in the country

Every death by suicide **affects approximately** **135 people**

Suicide is the **leading cause of death** among Australians aged 15–24

12 **deaths** **per 100,000** in 2021

Australia's suicide rate

The suicide rate among **First Nations Queenslanders** is approximately **2x higher** than non-Indigenous Queenslanders

Source: Australian Bureau of Statistics

i Age-standardised suicide rate per 100,000 estimated resident population as at 30 June (mid-year) each year. The most recent data is to 2021 as the age-standardised figures for 2022 have not yet been released.

Older people

In 2021, Australian males aged over 85 had the highest age-specific suicide rate, followed by males aged 50–54.[21] In Queensland, the age-specific suicide rate for men aged 75 and over was 30.1 per 100,000 and it is well established that suicide risk increases with age.[22] Risk factors associated with suicide among older people include chronic illness and disability, reduced independence, social isolation and loneliness, bereavement, and loss of identity associated with life events such as retirement.[23]

First Nations people

In Queensland in 2021, 57 First Nations people died by suicide, accounting for seven per cent of all suspected suicides by Queensland residents.[24] The suicide rate of First Nations people is around twice that of other Queenslanders. The disproportionate rate of suicide among First Nations people is particularly notable in young people. Nationally, suicide is the fifth leading cause of death for First Nations people, and the second leading cause of death for males.[25] Higher suicide rates among First Nations people may reflect higher levels of exposure to risk factors including problematic alcohol and other drug use, problematic gambling, unemployment, adverse childhood experiences, housing issues or homelessness,[26] as well as culturally specific risk factors like the effects of colonisation and racism.[27, 28]

Culturally and linguistically diverse people

There is no reliable Australian data regarding suicide among people from culturally and linguistically diverse backgrounds. However, some studies suggest that people from culturally and linguistically diverse backgrounds may be at elevated risk of suicide due to experiencing trauma, stigma, language barriers, social and family influences that reduce help-seeking, and/or an absence of culturally informed and culturally safe supports.[29] In Queensland in 2021, an estimated 8.1 per cent of all people who died by suicide were identified as coming from a non-English speaking background.[30]

LGBTIQA+ people

LGBTIQA+ people have a disproportionately higher risk of suicide compared with the broader population, with LGBTIQA+ young people aged 16–27 being five times more likely to have attempted suicide.[31] Within the LGBTIQA+ community there is enormous diversity. Some people are at greater risk, including First Nations people, transgender and gender-diverse people, and those with innate variations of sex characteristics. This increased risk is associated with experiences such as stigma and discrimination, difficulties accessing appropriate care, and/or service responses that do not meet their individual needs.[32] Young LGBTIQA+ people, particularly transgender young people, are especially at risk.[33, 34]

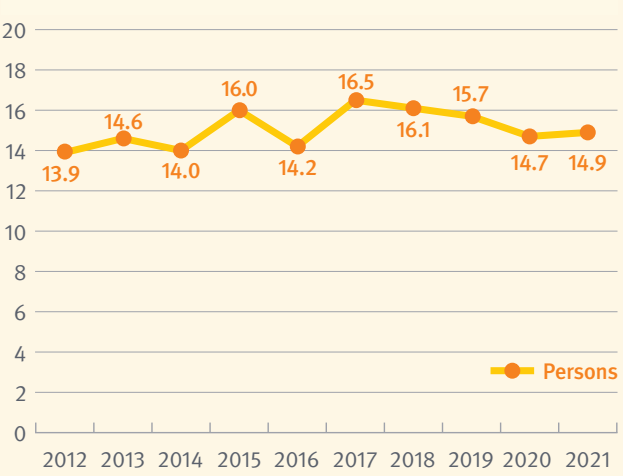
People who live in regional, rural and remote locations

Queensland is the most decentralised state in Australia, with a substantial proportion of people living outside of the south-east corner. Suicide rates are higher in regional, rural and remote areas relative to metropolitan areas.[35] A range of reasons have been cited, including greater numbers of First Nations people living in those areas, reduced access to local supports, services not matching community needs, and higher levels of social isolation.[36] In addition, certain groups such as farmers, who are exposed to unique occupational stressors and have higher than average suicide rates,[37] are more likely to live in those areas.

Other emerging groups

There is evidence to indicate that other groups may also be disproportionately at risk of suicide including people with disability, people experiencing or using domestic and family violence, and women in the perinatal period. Additional information and data will be sought over the life of this plan to inform our ongoing responses.

Figure 2: *Age-standardised suicide rates per 100,000, Queensland residents, 2012 to 2021*



Source: Australian Bureau of Statistics

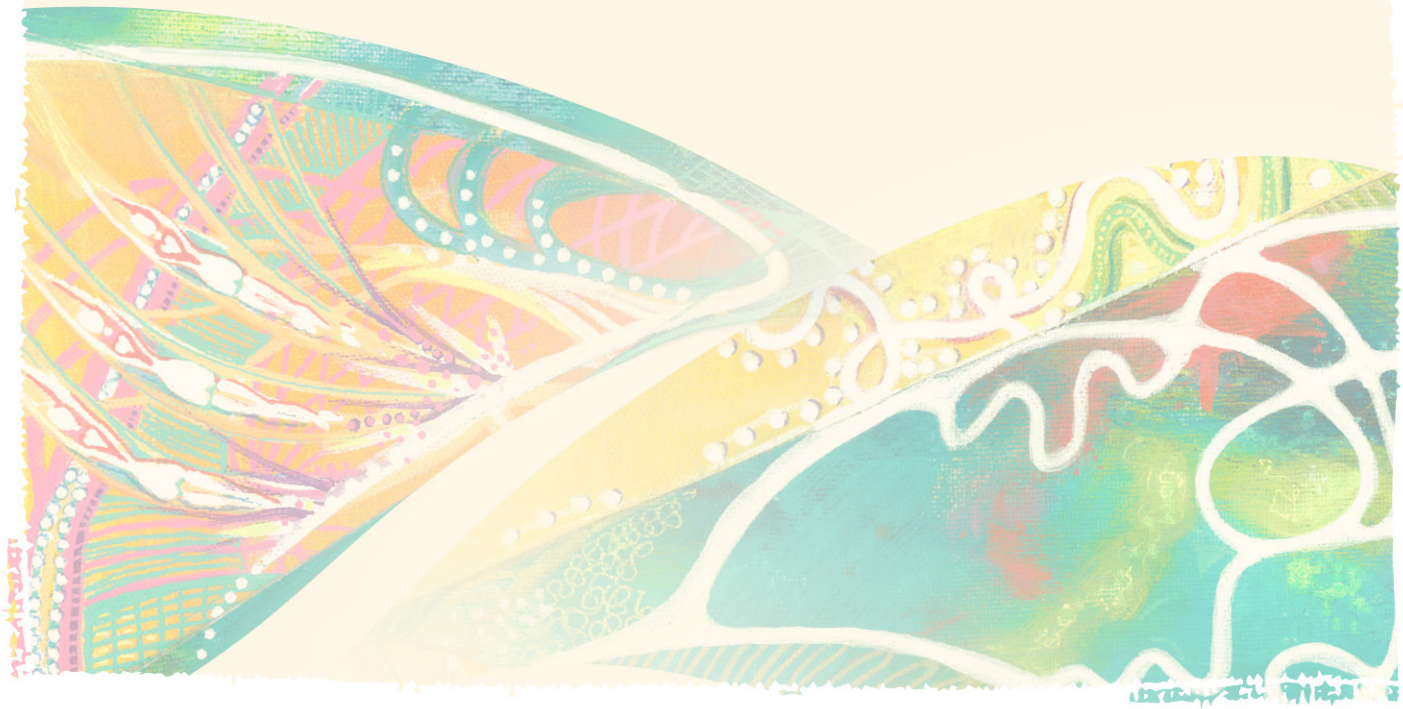
Action areas

Every life Phase Two details further shifts needed to reduce suicide in Queensland, in partnership with government and non-government agencies as well as community and private sectors. It highlights a continued commitment to establishing a well-coordinated approach to suicide prevention, with a deliberate focus on areas of opportunity and leadership for the Queensland Government.

Four action areas in Phase Two (2023–2026) support the critical shifts needed for ongoing reform. Action areas target:

Building resilience	Reducing vulnerability	Enhancing responsiveness	Enabling reform
Improve wellbeing in people and communities	Strengthen support to people disproportionately impacted by suicide	Enhance responses to suicidality	Strengthen the systemic enablers for reform

Each action area identifies a series of priorities and actions. Implementation will be driven across the government, non-government and community sectors, and will be co-designed and co-produced with people who have lived experience of suicide, their families and carers, as well as with First Nations people.



Building resilience

Improve wellbeing in people and communities

Resilience is the ability to withstand adversity and bounce back from difficult life events. Resilience relates to both individuals and communities. The places where people live, work and learn have a significant role to play in building resilience. Mental health helps us stay resilient, build social support and self-efficacy, and cope with adversity.

This action area focuses on the social determinants of health and wellbeing, and early intervention before suicidal behaviours develop. Providing supports early in life sets a strong foundation for social and emotional wellbeing throughout life, and social connectedness and mental health play an important role in protecting people against suicide risk and vulnerability.

By reducing the extent to which life events negatively impact individuals and communities, the likelihood that suicidal behaviours manifest can also be reduced.

Key system shifts

A key system shift as we move into Phase Two of *Every life* is a stronger emphasis on enhancing community-led initiatives, particularly those that strengthen community capability and capacity to identify and respond to distress. Phase Two also strengthens the focus on child development through a range of family-focused and whole-of-community supports.

Another key shift is greater recognition and support for the role that communities can play in responding to suicidal behaviours, rather than reliance on formal service provision. *Every life* Phase Two addresses the social factors that can contribute to suicide to drive evidence-based suicide prevention.

Success indicators

- Communities are supported and appropriately resourced to lead initiatives and responses that reduce suicidal behaviours.
- Responses are resourced, sustainable and appropriate to the needs of people in those communities.
- People feel connected and included in their communities and are engaged in community initiatives that emphasise early intervention and social inclusion.
- Fewer people develop suicidal behaviours.

Actions

Enable Queensland children and families to thrive

1. Expand programs targeting infant and pre-school children with mental health concerns, and their families and carers.
2. Develop a framework and professional development program for use across agencies addressing the acute and long-term effects of adverse childhood experiences.
3. Promote service models designed and delivered by First Nations people to effectively engage First Nations children, young people and kinship networks.
4. Promote integrated models of support that use a whole-of-family and kin approach, especially for youth, people from culturally and linguistically diverse backgrounds, and First Nations people.
5. Improve suicide prevention literacy for families and peers to enhance support for young people.
6. Expand programs that support parental mental health and wellbeing and perinatal care to reduce adverse childhood experiences.

Strengthen evidence-based suicide prevention strategies in places of learning

7. Evaluate the effectiveness of suicide prevention and postvention activities in education settings, particularly in high schools and tertiary education settings (e.g. universities, TAFE), and promote effective interventions.
8. Strengthen connection and referral pathways from education settings to appropriate community and clinical supports.
9. Develop and implement effective multi-tiered approaches to support student mental health and wellbeing and suicide prevention activities that are tailored to the individual needs of students.

Build supportive workplace environments that are equipped to respond to distress

10. Support workplaces to develop and implement suicide prevention strategies and responses for people who are distressed, or who are supporting people who are distressed.
11. Encourage public sector agencies to adopt appropriate systems and responses for people who are distressed, or who are supporting people who are distressed, including actions, targets, reporting and accountability processes.

Build inclusive, resilient, socially connected and mentally healthy communities

12. Identify and invest in community-led suicide prevention initiatives that prioritise community connection and responding to people in distress, with priority given to programs that reflect local issues and needs such as rural and remote areas, and First Nations communities.
13. Work with neighbourhood and community centres to enhance digital literacy and access to online suicide prevention resources and services.

Contribute to reduced distress and suicide risk by supporting Queenslanders to achieve economic, employment and housing security

14. Educate the government and non-government workforce about links between suicide and social and economic factors, and support all relevant government agencies to include suicide prevention and suicide risk when developing social and economic policies and programs.
15. Pilot a service response model that integrates health, community, disability, aged care and housing support.

Reducing vulnerability

Strengthen support to people disproportionately impacted by suicide

Some groups and communities are more likely to be exposed to or impacted by social, economic and other risk factors for suicide. By addressing those risk factors throughout people's lives, we can reduce vulnerability.

There is no one-size-fits-all response to suicidal behaviour, and the most effective responses are those that are matched with people's situations and needs across life stages.

To address suicide, we need to identify who is most at risk, and use a whole-of-life perspective to understand why they are vulnerable. Reducing vulnerability requires consideration of people's life circumstances, tailoring supports that can address the factors that influence suicidal behaviours, and effectively engaging with groups that are most at risk.

Reducing vulnerability also requires recognition of the ways that past experiences, such as trauma and adversity, can affect a person's present life, as well as providing appropriate support at points of stress or transition.

Key system shifts

Phase One focused on initiatives to address the important suicide risk factors of mental ill-health and problematic alcohol and other drug use in populations disproportionately impacted by suicide, such as First Nations people, veterans, men and those working in high-risk occupations. Phase Two builds on this foundation, while also shifting toward a strengths and wellbeing framework by which people and communities and groups can overcome their life challenges.

Phase Two supports a shift towards greater recognition of psychosocial influences that contribute to suicide, and how those emerge at different life stages and within different priority groups.

Phase Two promotes a holistic perspective that supports deeper understanding of how people's life histories and circumstances shape vulnerability, and the application of that knowledge to improve system responses.

Success indicators

- Systems recognise that suicide risk differs across groups and life stages.
- People are understood from a holistic perspective that considers their life histories and circumstances.
- Supports are tailored to address the psychosocial factors that are disproportionately experienced by some groups.
- Responses are appropriate to the backgrounds, needs and life circumstances of individuals.
- There are reductions in suicide rates among identified priority groups.

Actions

Prioritise men's suicide prevention

16. Develop strategies to address contributors to male suicide including service appropriateness, service gaps and system navigation.

Tailor responses and supports for populations disproportionately impacted by suicide

17. Implement a standing systemic suicide death review function to identify opportunities for system improvements, with emphasis on improving responses to groups who are disproportionately impacted by suicide.

18. Support the development and implementation of community-led and place-based suicide prevention initiatives for groups who may be at higher risk of suicide.

19. Identify and implement suicide prevention-specific initiatives as part of the whole-of-government strategy to address social isolation and loneliness.

20. Identify and promote models of service that have proven effective in reducing suicide risk in groups disproportionately impacted by suicide.

Improve system-wide responses to people who have experienced adversity and trauma

21. Support the development and initial implementation of the planned whole-of-government trauma strategy.

22. Develop resources and training to improve knowledge about relationships between adversity, trauma and suicide.

Create targeted responses and supports that consider key stressors, life stages and transition points

23. Co-design suicide prevention literacy, supports and services for specific groups and life stages, including care transitions such as exiting out-of-home care, entering or being released from justice settings, leaving military service, finishing or disengaging from education or vocational settings, and entry into aged care or supported living.

24. Co-design advice, information and referral pathways for older people during key transition points, such as entering retirement and losing employment, losing a partner, declining physical health and loss of independence.

25. Develop, implement and evaluate scalable early interventions for people experiencing the end of an intimate relationship, employment or workplace distress, financial distress, and isolation and loneliness.

Reducing vulnerability requires recognition of the ways past experiences, such as trauma and adversity, can affect a person's present life.

Enhancing responsiveness

Enhance responses to suicidality

This action area focuses on enhancing and improving the way we respond to people in crisis and distress, as well as supporting others who are affected by suicide.

Responding effectively to suicide requires a whole-of-government and whole-of-community approach where a range of agencies respond to people experiencing suicidality or distress. However, responsiveness does not begin or end with government services.

Responsiveness also includes building community capacity and confidence to identify distress early and intervene before someone reaches a suicidal crisis. A responsive and effective system is one where supports are available to all members of the community, at the right time and place, and in the right way for their individual needs.

Key system shifts

Phase Two supports a move to a more comprehensive system that incorporates early responses to distress and alternative models and pathways to support.

Phase Two makes a shift towards community-led and community-based responses, rather than reliance on crisis services. This phase expands the diversity of care options that are available and highlights the importance of addressing the psychosocial influences on suicidality.

Success indicators

- Fewer people reach a point of suicidal crisis.
- People report that services and supports are appropriate, timely and meet their needs.
- People can access support when they need it regardless of who they are, where they live or what their needs may be.

Actions

Enhance government and community capability to provide timely and appropriate support at the point of distress

26. Encourage government agencies to adopt evidence-based workforce development for responding to community members in distress, with an emphasis on prevention, early intervention and improving responses to distress.

27. Build the skills of individuals and community leaders to increase the capability to respond to people in distress.

Expand alternative entry points to support and emergency department diversion services, including after-hours support, non-medical and peer support options

28. Expand co-responder models to mental health crisis and suicidality in metropolitan areas and explore models for regional and rural Queensland.

29. Establish a range of alternative supports for people including new crisis support spaces and short-stay services, offering peer and multidisciplinary clinical support in home-like settings, as an alternative or adjunct to emergency departments.

30. Expand the operating hours for existing crisis support spaces to meet increasing demand, provide greater after-hours support, and expand crisis support spaces across Hospital and Health Services including regional areas.

31. Review training available to first responders who engage with people in crisis to identify opportunities for improved training, input from people with lived experience of suicide, and interagency collaboration.

Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models

32. Trial a model co-designed with people with lived experience of suicide to improve GPs, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, and other primary care services' knowledge regarding responding to distress, providing interventions and making referrals to community-based psychosocial supports (including social prescribing).

33. Embed psychosocial connections and referrals into follow-up procedures for people after a suicide attempt or crisis presentation, including when discharged from hospital settings.

34. Evaluate digital and online support options for people in distress to identify high-quality, effective resources and promote those to individuals, communities and services.

35. Explore opportunities to expand or support the development of innovative suicide prevention models in regional, rural and remote areas and communities, including through co-production and flexible funding.

36. Strengthen timely and accessible support to extended families and kinship networks following a suicide, including postvention services.

Enabling reform

Strengthen the systemic enablers for reform

To prevent suicide, we need to strengthen the systemic enablers for reform through greater governance and accountability, embedding lived experience of suicide leadership, enhancing data, research and evaluation, and building greater workforce and community capability.

Developing a well-coordinated, integrated suicide prevention system requires removing systemic barriers that can hinder effective collaboration. Enabling reform includes seeking new perspectives and different forms of knowledge, fostering accountability, and actively looking for ways to improve our collective practices and policies.

To drive reform, we must be flexible in what we do and open to trying new ways of designing, delivering and funding services and other supports. Reform also needs to be based on and informed by high-quality evidence, and be robustly evaluated.

Key system shifts

Phase Two recognises that there is strong appetite for collaboration across all sectors and communities, and shifts the focus of activity towards more effective and efficient collaboration.

This action area focuses on creating a coordinated approach to suicide prevention underpinned by working collaboratively through shared plans, strong leadership and governance, and coordinated networks and actions.

It also strengthens the agenda for research, data collection and use, and evaluation. Phase Two also recognises the suicide prevention system workforce and emphasises the importance of supporting those workers.

Success indicators

- Suicide prevention activities are coordinated and integrated across agencies, sectors and communities, and meet local community needs.
- Leadership diversity in the sector is increasing.
- Queensland has a responsive suicide surveillance system that supports planning, program design and policy development.
- Initiatives are evaluated and the findings are shared to enhance practice and drive further learning.
- Suicide prevention system workforce capability, retention and wellbeing is improved.

Actions

Create a more coordinated and integrated approach to suicide prevention

37. Coordinate a working group to identify best practice models for local, state and national collaboration, including planning, joint funding and co-commissioning arrangements to drive system integration.

38. Pilot and evaluate new approaches to integrating services and community-based supports, based on best practice models.

Strengthen lived experience leadership in suicide prevention

39. Embed engagement, co-design and co-delivery with people who have lived experience of suicide into governance, leadership, research, evaluation and programs.

40. Strengthen lived experience of suicide leadership capability through investment in training and mentoring programs.

41. Drive cultural change within government to increase engagement, integration and partnership with people with lived experience in policy and program development and delivery through providing training, resources and ongoing supports.

Strengthen First Nations leadership in suicide prevention

42. Work with remote and discrete communities through the Local Thriving Communities reform to develop community-led responses to local issues to reduce suicide.

43. Expand suicide prevention capability and capacity within Aboriginal and Torres Strait Islander Community Controlled Health Organisations.

44. Support pathways to greater First Nations participation in suicide prevention leadership, governance and program implementation.

We must be flexible and open to trying new ways of designing, delivering and funding services and supports.

Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention

45. Develop and implement an enhanced model for surveillance of suicide, suicide attempts and self-harm in Queensland, and identify and implement opportunities to improve data collection, quality, consistency, linkages and integration across agencies and sectors.

46. Create a suicide prevention research program and establish an appropriately skilled, diverse and representative advisory group to develop the suicide prevention research agenda.

47. Build the evidence base to understand what works to prevent suicide.

48. Use geospatial mapping and other analytical techniques to identify locations with a higher frequency of suicide and emerging issues around access to lethal means, and collaborate with relevant organisations to address those issues.

49. Consolidate existing data on issues affecting children and young people to identify trends and risk factors and provide timely access to that data to all relevant government agencies.

Strengthen governance and accountability mechanisms

50. Develop and implement a suicide prevention monitoring and outcomes framework including with people with lived experience of suicide, to inform independent monitoring and annual reporting on suicide prevention in Queensland.

51. Develop a Suicide Prevention Lived Experience Advisory Group to work alongside the Queensland Suicide Prevention Strategic Oversight Group to oversee implementation of *Every life*.

Strengthen governance and accountability mechanisms

52. Use the Queensland Suicide Prevention Strategic Oversight Group and Suicide Prevention Lived Experience Advisory Group as mechanisms to enhance accountability for implementation, address challenges, share information and identify opportunities for enhanced practice.

53. Develop and implement an *Every life* evaluation framework in consultation with people with lived experience of suicide, including regular feedback to stakeholders and annual progress updates.

Develop the capacity and capability of the suicide prevention system workforce

54. Develop a workforce strategy for suicide prevention, including the suicide prevention lived experience and psychosocial support workforces, with a focus on building diverse workforces that reflect the diversity of their clients.

55. Build workforce capability through the development and promotion of wellbeing initiatives, and cross-sector strategies (with emphasis on diversity, rural and remote communities, and engaging people from non-clinical backgrounds) and the promotion and delivery of mentoring, training programs and resources.

56. Work with universities and the tertiary education sector to strengthen pathways from clinical and non-clinical study to employment in the suicide prevention workforce.

Next steps

Accountability for implementation

Every life reflects the whole-of-government and whole-of-community responsibility for suicide prevention.

A whole-of-government Queensland Suicide Prevention Strategic Oversight Group (Strategic Oversight Group) has been established to lead and guide the delivery of actions under *Every life* Phase Two. This group includes lived experience representatives, senior government representatives, non-government organisations, the National Suicide Prevention Office and other stakeholders. A Suicide Prevention Lived Experience Advisory Group has also been established alongside the Strategic Oversight Group to provide ongoing advice in relation to suicide prevention in Queensland. A phased and prioritised implementation plan will be developed and monitored by both groups.

As *Every life* is a sub-plan of *Shifting minds 2023–2028*, the Shifting Minds Strategic Leadership Group will continue to ensure the reforms are connected to and leverage strategies and activities outside the mental health, alcohol and other drug, and suicide prevention service systems. This includes reforms in housing, employment, education, child safety, youth justice, domestic and family violence, and other key areas.

Implementation will be driven across the government, non-government and community sectors, and will be co-designed and co-produced with people who have lived experience of suicide, their families and carers, as well as with First Nations people. Existing networks, including the Queensland Suicide Prevention Network, will be used to build momentum and identify opportunities to develop new partnerships and progress the objectives of *Every life*.

Measuring, monitoring and reporting progress

Measuring, monitoring and reporting progress is crucial for building the evidence base around suicide and suicide prevention. This helps to determine how well *Every life* and its actions have been implemented, assess what does and does not work to prevent suicide, and drive continuous improvement within suicide prevention policies, programs and services.

Measuring the success of suicide prevention strategies can be difficult as there are a variety of factors that influence suicide rates and fluctuations over time are common.[38] This makes it challenging to attribute changes in suicidal behaviour to suicide prevention initiatives. To help address this, evaluations should use multiple indicators of success, and consider a broad range of objectives.[39] These include structural and procedural objectives, and considering immediate and intermediate outcomes, such as improved practices to better support people in need. This will help to achieve the longer-term outcome of reduction in suicidal behaviours and deaths by suicide in Queensland.

The Commission is progressing the development of a monitoring and evaluation framework covering all three phases over the 10 years of *Every life*. This will capture achievements, expand the knowledge base, and adjust actions and priorities in line with advances and evidence, using an action-learning approach.

It will also include a review of different agencies' individual commitments under *Every life*. Each agency is responsible for evaluating their own commitments and the Queensland Mental Health Commission will monitor and collate these findings to inform the overarching evaluation, and identify systemic findings and implications.

Outcomes and achievements are being reviewed over each phase of *Every life* to ensure that the plan remains responsive and relevant. Evaluation will also help to identify effective initiatives to guide future policy development, implementation and funding.

Glossary

Aboriginal and Torres Strait Islander Community Controlled Health Organisations	Aboriginal and Torres Strait Islander Community Controlled Health Organisations are healthcare organisations controlled by First Nations communities and provide healthcare services to them.
Families and carers	The term families and carers is used to refer to a broad group of people who have an interest in a person's wellbeing or provide unpaid care and support to another person. It may refer to a family of origin or choice, kinship group or friends, and includes informal carers[40] and people under 18 years old.
LGBTIQA+	People of diverse genders and sexual orientation, including lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual people.
Lived experience of suicide	People who have experienced suicidal thoughts, previously attempted suicide, supported a loved one through suicidal crisis or been bereaved by suicide.
Mental health and wellbeing	A state of wellness in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[41]
Mental ill-health	Mental ill-health is a broad term that includes experiences of psychological distress, mental health challenges and clinically diagnosable mental illnesses.[42]
Mental illness	A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. The experience of mental illness is often categorised as mild, moderate or severe. This classification is based on many factors, including symptoms experienced, severity, impact and frequency.[43]
Peer support	Peer support involves workers who have lived experience of suicidality supporting others experiencing suicidal distress or crisis. Peer workers perform a variety of roles, including providing individual and group support, delivering education, and supporting housing and employment.
Person-centred	An approach that includes the people using health and social services as equal partners in planning, developing and monitoring care to ensure it meets their needs. It puts people, their families and carers at the centre of decisions, working alongside professionals to get the best outcome.[44]

Postvention	Suicide postvention activities provide support for people affected by death by suicide. These activities assist people in coping with suicide loss and reducing further suicides.
Social and emotional wellbeing	This term acknowledges the diverse ways that First Nations people and communities understand, conceptualise and describe a person's overall physical, mental, emotional and social wellness. It recognises the importance of connection to community, family, Country, land, sea, culture and spirituality on a person's wellbeing.[45]
Social determinants of health	The determinants of health are the social, cultural, political, economic, personal and environmental conditions in which people are born, live, work and age. The determinants of health are inter-related with experiences of mental health and wellbeing, alcohol and other drug use, suicide and the likelihood of poorer outcomes. Uneven distribution of these determinants results in health inequities.[46]
Social inclusion	The opportunity for people to participate in society through employment and access to services; connecting with family, friends, personal interests and the local community; dealing with personal crises; and having their voices heard.
Suicidal behaviour	A range of behaviours related to suicide, including thinking about or considering suicide (thoughts), planning for suicide, intending suicide, attempting suicide and suicide itself.
Suicide prevention	The term suicide prevention is used to describe activity at both the individual and population level. At the individual level, suicide prevention describes actions taken to enhance a person's safety from suicide-related behaviours. At the population level, suicide prevention is used as an umbrella term for the collective efforts of governments, community organisations, mental health practitioners, related professionals, individuals, families and communities to reduce the incidence of suicide.
Trauma-informed	Trauma-informed approaches are organisational and practice approaches to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people, their families and carers, as well as for service providers.

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Need help?

Thinking and reading about mental ill-health, problematic alcohol and other drug use, and suicide can be distressing.

If you need help, please ask for the support you need. No one needs to face their problems alone.

National 24/7 support services

Lifeline	13 11 14	www.lifeline.org.au/gethelp
Suicide Call Back Service	1300 659 467	www.suicidecallbackservice.org.au
MensLine Australia	1300 789 978	www.mensline.org.au
Beyond Blue Support Service	1300 224 636	www.beyondblue.org.au
13YARN	13 92 76	www.13yarn.org.au
SANE Australia Helpline	1800 187 263	www.sane.org
QLife (LGBTIQA+)	1800 184 527	www.qlife.org.au
Kids Helpline	1800 551 800	www.kidshelpline.com.au
Defence Family Helpline	1800 624 608	www.defence.gov.au/dco/defence-helpline.asp

Alcohol and other drugs support services

National Alcohol and Other Drugs Hotline	1800 250 015	www.health.gov.au/contacts/national-alcohol-and-other-drug-hotline
adis	1800 177 833	www.adis.health.qld.gov.au
Family Drug Support	1300 368 186	www.fds.org.au

Post suicide bereavement support services

StandBy Response Service	1300 727 247	www.standbysupport.com.au
National Indigenous Critical Response Service	1800 805 801	www.thirrili.com.au/nicrs

Telephone Interpreter Service

If you require translation support, please ask the telephone support service to use the Translating and Interpreting Service by phoning **131 450**.

Hearing impaired callers

Dial **106** by TTY or in an emergency use National Relay Services TTY number **133 677**.

Artwork acknowledgement

The artworks in this plan have been commissioned from five Queensland artists with a lived or living experience. The featured artists are Carol Owens, Ben Pascoe, Leigh-Ellen Roundhill, Jacob Sarra and Alana Sawrey.

Each artist was asked to provide a leaf artwork that responded to the theme "What sustains your mental health and wellbeing?" through a lens of hope and positivity. Leaves were chosen as a motif to represent renewal and growth.

We sincerely thank each artist for their beautiful and poignant contributions to this plan, and their time and generosity in sharing their personal stories. You can view their full artist statements on the **Queensland Mental Health Commission website**.

Leigh-Ellen Roundhill

maintien de l'esprit
(maintenance of spirit)

"Nature, water, animals and creative activities have and continue to assist in maintaining my wellbeing."

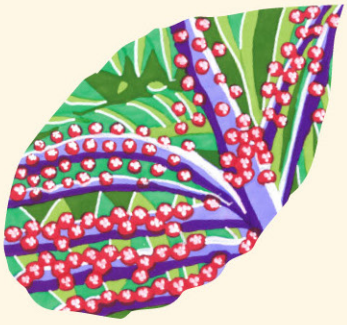
Alana Sawrey

Illumination

"This artwork reflects the role that learning plays in keeping myself well and engaged with life."

Jacob Sarra

"The overarching theme of my art is the journey taken, the different pathways throughout life and the connections made with people."



Ben Pascoe

Umbrella Tree

"Reconnecting with nature and culture helps me through difficult times and improves my wellbeing."

Carol Owens

Born to Seek and Learn Whilst We're Grounded on this Earth (left)
and Life Force of Hope (right)

"These leaves are evocative of childhood times spent with family and friends, frolicking in gardens, parks and beaches…reminding me (that even through the dark times) to hold onto my child-like sense of joy, natural curiosity in all things around me…and hope for a bright future."

Queensland
Government