

# Every life

## The Queensland Suicide Prevention Plan 2019–2029

Phase One



## Queensland Mental Health Commission

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### *Have your say*

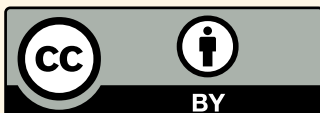
You are invited to share your ideas and suggestions  
on how we build on *Every life: The Queensland Suicide  
Prevention Plan 2019–2029*.

Please contact the Queensland Mental Health  
Commission via email at [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au).



### *Translation*

The Queensland Government is committed to providing  
accessible services to Queenslanders from all culturally  
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In essence, you are free to copy, communicate and adapt  
this report, as long as you attribute the work to the  
Queensland Mental Health Commission.

### *Acknowledgements*

This plan acknowledges those lost to suicide, and their  
families, friends, loved ones and others affected by  
their deaths.

The Queensland Mental Health Commission respectfully  
acknowledges Traditional Owners of the lands and waters  
from across Queensland. We pay our respect to Elders, past,  
present and emerging. We acknowledge the important role  
played by Aboriginal and Torres Strait Islander peoples as  
the First Nations people, their traditions, cultures and customs  
across our communities. We acknowledge that suicide  
disproportionately affects Aboriginal and Torres Strait Islander  
communities and recognise the right to self-determination  
and the need for community-led approaches to support  
healing and strengthen resilience.

We acknowledge all people living with mental illness,  
problematic alcohol and other drug use and all who  
are impacted by suicide. We commend your resilience  
and courage and are moved by your personal stories.  
We welcome your feedback (refer left) and views about  
what works and what needs to change.

To others who provided feedback in the preparation of this  
plan, thank you for your contribution. Together we can work  
towards preventing suicide in Queensland.

Thank you to the people with a lived experience who have  
shared their quotes to use in the plan.

### *Strategic Plan artwork*

Members of an art therapy group run by Aftercare created  
the hand-themed art that appears throughout this document.  
The hands illustrate the artists' hopes for the future. They are  
reproduced here as a reflection and acknowledgment of the  
fact that people are at the centre of the *Every life* plan.

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# Message

## From the Premier and Minister

Suicide inflicts a deeply painful toll on individuals, families and entire communities.

We have lost far too many Queenslanders to suicide, and many more people are struggling with thoughts of suicide or living with the grief of losing a loved one. It is a devastating loss that can never be repaired.

That's why reducing suicide is a State priority under *Our Future State: Advancing Queensland's Priorities*. Our target under *Our Future State* is to reduce the suicide rate by 50 per cent by 2026.

This suicide prevention plan charts a clear whole-of-government direction to reach that target and is backed by a State Budget 2019–20 investment of \$80.1 million over four years for suicide prevention initiatives.

The plan is built on a firm belief that suicide is preventable, and that there is hope for the future.

It acknowledges earlier efforts and gives us fresh impetus and urgency.

It seeks to make it easier for people to get the help they need, when they need it—and to choose the help that is right for them.

And it strives to transform healthcare delivery for individuals at risk of suicide by offering more responsive crisis services and more choices in crisis care.

But government on its own cannot turn back the tide on suicide. We must all play a part, as communities, individuals, parents, brothers, sisters, friends and colleagues.

We are grateful to the many people who have helped develop this plan, including people with lived experience, community members and representatives of government and non-government organisations.

And we acknowledge and thank those Queenslanders who dedicate their careers to helping people at their most vulnerable to see hope and find their way back to their lives and families.

We all have the ability to make a powerful difference when we work together to save lives.

**The Honourable Annastacia Palaszczuk MP**  
*Premier and Minister for Trade*

**The Honourable Steven Miles MP**  
*Minister for Health and  
Minister for Ambulance Services*

# Foreword

## Queensland Mental Health Commissioner

Suicide is a long-lasting and far-reaching tragedy that stretches across all age groups and all walks of life.

Each death by suicide is one too many, and each suicide reverberates across the lives of families, kinship groups, friends, colleagues, classmates and the broader community.

A multitude of complex factors can lead to a person ending their life, and suicide is not solely a mental health issue. Despite this complexity, suicide is preventable and must be comprehensively addressed as a public health priority.

In the course of preparing this plan, the Queensland Mental Health Commission has spoken to many Queenslanders affected by suicide to help determine what we need to do—as a state, as a community and as individuals—to reduce suicide in Queensland.

They have told us restoring hope and recovery must be integral to everything we do.

*Every life: The Queensland Suicide Prevention Plan 2019–2029* sits under *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*.

*Shifting minds* aims to deliver a mental health, alcohol and other drugs, and suicide prevention system that is truly comprehensive, integrated and recovery oriented. Most importantly, it seeks to shift mindsets at the individual, community and system levels. These fundamental principles flow throughout this plan.

The plan is not just about connecting people to services, as important as that is.

It is also about evidence-based suicide prevention responses, appropriate connected and accessible services, clear clinical pathways, aftercare and postvention, whole-of-system and community-wide interventions, and improved data collection.

More than that, the plan recognises that ‘it takes a village’ to prevent suicide, because suicide prevention is everybody’s business and everybody’s responsibility.

It will take whole-of-government and whole-of-community commitment and leadership far beyond the health sector to drive reform, improve mental health and wellbeing, and reduce suicide.

We need to chart a steady course and stick to it over time. A considered and consistent approach—with enough flexibility to take account of new knowledge and evolving circumstances—will provide the best chance for success.

This plan is only the first step in a long journey—one that we must all make together.

Most of all, this plan is about hope for every life.

**Ivan Frkovic**  
Queensland Mental Health Commissioner

At a glance

# Every life

## Our 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.

*Every life* is underpinned by  
The *Shifting minds* guiding principles

We are person centred.

We value the lived experience of people,  
families and carers.

We believe in recovery and hope.

We value culture.

We respect human rights and dignity.

We adopt a social determinants approach  
to mental health and wellbeing.

We support equity.

We believe collective responsibility  
is vital to reform.

We adopt a joined-up planning approach  
that reflects population need and evidence.

WHO elements of an effective  
approach to suicide prevention<sup>2</sup>

**Surveillance**—improve data on suicide  
and attempts

**Means restriction**—reduce access to means  
to suicide

**Media**—promote guidelines to support  
responsible reporting

**Access**—improve access to comprehensive services

**Training and education**—improve ability to  
recognise and respond to vulnerable people

**Treatment**—improve quality of care  
and interventions

**Crisis intervention**—improve capacity  
and access to crisis care

**Postvention**—improve response and care for  
those affected by suicide and suicide attempts

**Awareness**—increase public and  
professional access to information

**Stigma reduction**—promote the use of services  
and reduce stigma about their use

**Oversight and coordination**—coordinate research,  
training and service delivery

*Every life is a three-phase 10-year plan.*

# The Queensland Suicide Prevention Plan 2019–2029



Phase One 2019–2022

## Action area 1 Building resilience

Improve wellbeing in people and communities

Enable children and families to thrive

Strengthen school mental health supports

Build mentally healthy workplaces

Public sector leading by example

Build inclusive, resilient communities

Create safer public spaces

## Action area 2 Reducing vulnerability

Strengthen support to vulnerable people

Prioritise suicide prevention  
for men

Work together to support  
vulnerable people

Target interventions for those  
at greater risk

## Action area 3 Enhancing responsiveness

Enhance responses to suicidality

Make every contact an opportunity  
for intervention

Enhance options for care

Pursue excellence in care

Provide timely support  
following a suicide

## Action area 4 Working together

Achieve more by working together

Create a coordinated approach  
to suicide prevention

Strengthen Aboriginal and Torres Strait Islander  
leadership in suicide prevention

Improve use of data, evidence  
and evaluation

*Phases Two and Three will refresh and renew the actions and impact of previous phases.*

# The Queensland approach

## A renewed plan for Queensland

*Every life: The Queensland Suicide Prevention Plan 2019–2029* focuses on creating and supporting a healthy and inclusive Queensland where everyone can access the support they need, achieve positive mental health and wellbeing and live their lives with meaning and purpose.

Suicide rates in Queensland have continued to rise over the past decade, despite ongoing investment in prevention. In 2008, 553 Queenslanders lost their lives to suicide. This number increased to 804 people in 2017.<sup>1</sup> It is imperative that we tackle the difficult questions to understand why this upward trend is occurring and how we can respond convincingly to reverse it.

Queensland has the second highest rate of suicide in Australia. Suicide can be prevented if individuals, communities and government and non-government sectors work together. This approach recognises that suicide prevention is everyone's business and that it is only through collaborative and well coordinated effort that suicide rates can be reduced. This plan promotes replacing stigma and discrimination with awareness and social inclusion. Services will be targeted to meet the needs of people vulnerable to suicide and will be responsive and accessible to those experiencing suicidality.

The Queensland Government is committed to the prevention of suicide and is taking action to achieve a reduction in the rates of suicide within our community. *Our Future State: Advancing Queensland's Priorities* sets the State's direction by focusing on the major challenges facing the community and tackling them with purpose. This includes prioritising suicide prevention and committing to halving Queensland's suicide rate between 2016 and 2026.

*Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023 (Shifting minds)* provides the platform for improved mental health and wellbeing for all Queenslanders through three focus areas: better lives for those with a lived experience, investing early to save, and whole-of-system improvement through shared leadership and accountability.

### **Every life builds on plans and approaches including:**

- *Our Future State: Advancing Queensland's Priorities*
- *My health, Queensland's future: advancing health 2026*
- *Connecting care to recovery 2016–2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* (Queensland Health, 2012)
- *Student Learning and Wellbeing Framework* (Department of Education, 2018)
- *Suicide Prevention in Health Services Initiative* (Queensland Health)
- *Mental Health at Work Action Plan* (Queensland Office of Industrial Relations)
- *Domestic and Family Violence Prevention Strategy 2016–2026* (Queensland Government)
- *Making tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033: Investment Strategy 2018–2021* (Queensland Health, 2018)
- *The Fifth National Mental Health and Suicide Prevention Plan 2017* (Department of Health and Ageing, 2017)
- *National Aboriginal and Torres Strait Islander Leadership in Mental Health: Gayaa Dhuwi (Proud Spirit) Declaration* (2018)
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013)
- *Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037* (Queensland Department of Communities, Child Safety and Disability Services, 2017)
- *A Better Housing Future: Aboriginal and Torres Strait Islander Housing Action Plan 2019–2023*
- *Action on ice: Queensland Government's plan to address use and harms caused by crystal methamphetamine* (2018)
- *Monitoring and Reporting Framework on mental health and suicide prevention* (National Mental Health Commission, 2018)
- *Working Together Changing the Story: Youth Justice Strategy 2019–2023*
- *Tracks to Treaty: Reframing the relationship with Aboriginal and Torres Strait Islander Queenslanders*



*Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)* will support this approach through the delivery of a whole-of-government action plan for Queensland. It puts the strategic direction for suicide prevention from *Shifting minds* into action through focused and collective effort across a longer-term outlook. It is informed by and builds on a range of State and national plans and programs and adopts coordinated, evidence-based and informed actions to provide a multifaceted approach to suicide prevention.

*Every life* demands strong leadership across government and community sectors, which will be underpinned by recognition that effective suicide prevention demands a response that extends far beyond health services and incorporates the voices of those with lived experience.

The plan's success will be achieved through building the capacity of agencies to seamlessly work together and partnering with the community and private sectors to build a strong, integrated system. This will increase community resilience and inclusiveness, strengthen support for vulnerable individuals and groups, and enhance responsiveness to those in distress. The plan challenges agencies to commit to immediate ambitious actions now and build on these over subsequent phases of the plan.

*Every life* has been informed by people with a lived experience of suicidality, their carers, community members, government and community service providers, policy makers and academic experts. The plan aligns with national and international best practice but, importantly, will also seek out emerging areas of evidence and innovative ways of reducing suicide rates.

*Every life* aligns with World Health Organization recommendations, with actions targeting whole-of-population, communities and individuals across all life stages.

Understanding that change will take time, the plan adopts a 10-year outlook, encompassing four action areas for delivery over three phases. Each subsequent phase will build on achievements and actions from the previous period. Emerging directions and initiatives will be identified across the life of the plan, and new evidence gathered through formal evaluation and review.

*'Suicide prevention is everyone's job.'*

*'Community is so important—looking out for each other and belonging.'*



## Understanding the Queensland context

Suicide is a complex interaction of individual, social and other factors, with no single factor solely responsible for suicidal behaviour. Factors including social isolation, stigma and discrimination, employment, financial hardship, housing (including homelessness) and adverse life events can all influence vulnerability to suicide.

The Australian Bureau of Statistics (2018) reports Queensland suicide rates in 2017 were higher than the national average, with 16.3 deaths per 100,000 people, compared to the national average of 12.6 deaths per 100,000. In 2017, 804 Queenslanders lost their lives to suicide, compared with 674 in 2016.<sup>1</sup> This upward trend has been occurring over the past decade.

The World Health Organization (WHO) (2014) estimates there are 20 suicide attempts for every suicide death.<sup>2</sup> This equates to a conservative estimate of 16,000 suicide attempts a year in Queensland. Robust data on suicide attempts or suicidal ideation is not routinely available.

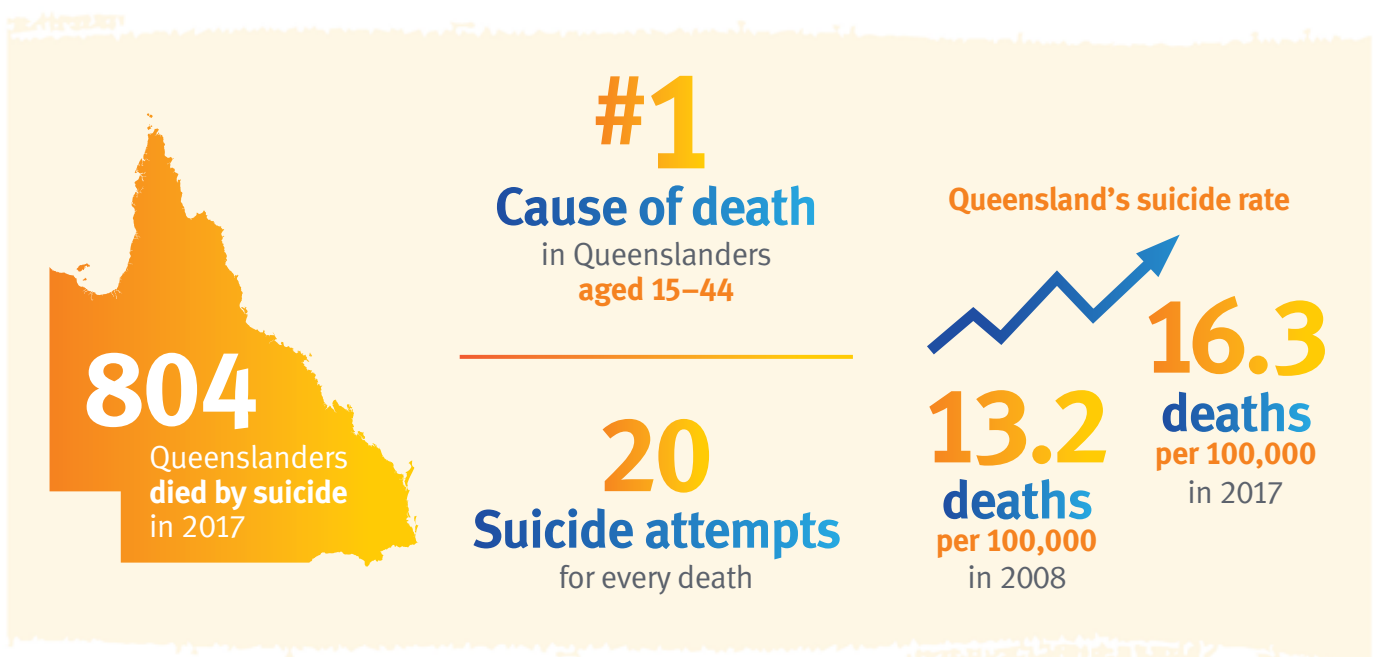
Suicide attempts and deaths have a profound and lasting impact on families, friends, colleagues and human services workers, often resulting in high levels of psychological distress and trauma. It has been estimated that 135 people may be impacted by each suicide.<sup>3</sup>

The costs of suicide, while immeasurable to those with a lived experience, can be considered in economic terms. Economic modelling released by KPMG in 2013 estimated the impact of suicide in Queensland in 2012 to be at least \$382 million, comprising lost earnings, service costs, coronial costs and support services.<sup>4</sup>

While suicide can affect all people, some people and groups are more vulnerable than others. In 2017, across Australia approximately 75 per cent of suicide deaths were males. Men aged 25–54 years account for 45 per cent of all suicides in Queensland.<sup>5</sup>

Male suicide rates are higher in rural and remote areas, double the rate recorded in metropolitan areas. Specific male groups, such as Aboriginal and Torres Strait Islander men, elderly men, men with mental illness, and men who have been marginalised, including gay and bisexual men, are at an elevated risk.<sup>6</sup>

Nationally, suicide accounts for more than one-third of deaths (36 per cent) among people aged 15–24 years. In 2017–18 there were 24 Queensland suicide deaths of people from birth to 17 years, making it the leading non-natural cause of death in that age group.<sup>7</sup> Children who experience traumatic childhood events such as abuse, neglect or household dysfunction can have an increased risk of poor lifelong physical and mental health outcomes.<sup>8</sup> Children known to the child protection system were at five-times greater risk of suicide mortality than the Queensland average.<sup>7</sup>



The suicide rate in Aboriginal and Torres Strait Islander peoples is twice that of the non-Indigenous population, and suicide occurs at much younger ages. Intentional self-harm is the fifth highest cause of death for Indigenous people, with males representing the vast majority (83 per cent) of suicide deaths.<sup>1</sup>

Suicide data for lesbian, gay, bisexual, transgender, gender diverse, intersex and queer (LGBTIQ+) communities is limited in Australia and no population-based studies have been published.<sup>9</sup> The Australian Bureau of Statistics has referenced studies from 1991 through to the present that indicate a heightened risk of poor mental health that may lead to suicidal behaviour in LGBTIQ+ communities.<sup>10</sup> This increased risk of poor mental health and suicidality among LGBTIQ+ people is not attributable to sexuality, sex or gender identity, but rather due to experiences of discrimination and exclusion.<sup>10, 11</sup>

Some occupational groups have higher rates of suicide, including construction and health workers. Australian Defence Force ex-service men aged under 30 had a suicide rate more than double that of other Australian men the same age in 2014–16.<sup>12</sup>

There have been at least 21 suspected suicide deaths among refugees and asylum seekers in the past four years, including five deaths in 2018. The suicide rate for male asylum seekers is approximately 33 per 100,000, which is significantly higher than for males in the general population.<sup>13</sup>

Queenslanders can be more vulnerable to suicide due to geographical factors and the effects of natural disasters. For example, there are specific challenges for those who live in rural and remote areas of Queensland, where the delivery of specialist services and intervention strategies can be challenging.<sup>14</sup> There is strong support across all levels of governments and the community to address these issues. Initiatives and plans to support mental health and suicide prevention for those living in rural and remote areas are already a high priority, with development and implementation across many Queensland Government departments.

*Every life* will build on these commitments and develop tailored strategies that address the factors that contribute to the vulnerability of some members of the community. Suicide prevention actions will be co-designed with communities and people with a lived experience to ensure they are meaningful and meet community needs. *Every life* will create a platform for continued understanding and strengths-based action to respond to suicide.



**3X**  
**Men** more likely  
to suicide than women

Queensland's Aboriginal  
and Torres Strait Islander  
**2X** suicide rate  
is double general population

**#1** Cause of death  
in young Aboriginal and Torres Strait  
Islander Queenslanders aged 15–34

**16.3** deaths  
per 100,000 in 2017



## What the evidence tells us about suicide prevention

Effective suicide prevention must be based and informed on the best possible evidence and tailored to meet the needs of diverse communities, including groups known to be most vulnerable to suicide. *Every life* seeks approaches that are tailored to the needs of specific groups, environments and locations with a whole-of-life framework, across the life span.

While there are substantial gaps in evidence around effective suicide prevention strategies, the WHO<sup>2</sup> has identified 11 elements with a demonstrated ability to reduce suicide. A comprehensive and effective suicide prevention approach requires the simultaneous and well-coordinated implementation of effective strategies, with combinations of strategies tailored to specific settings and communities shown to be the most effective.<sup>2, 15, 16</sup>

This includes strategies targeting the entire population, those who are vulnerable to suicide, those at imminent risk or in crisis, and those directly affected by suicide attempts or deaths. This can be achieved by:

- building resilience, a sense of belonging and connectedness and hope in individuals and communities
- reducing the effects of social and economic disadvantage, trauma and exclusion
- early identification of vulnerability and risk
- timely identification, assessment, intervention and follow-up care and support for people experiencing suicidal behaviour and those affected by suicide
- strengthening confidence in the community to respond to suicide.

This requires a coordinated, integrated and compassionate response across all levels of government, healthcare systems, front-line staff and community workers, workplaces, educational settings, community groups, the media, individuals, families and communities.

*The Fifth National Mental Health and Suicide Prevention Plan* (2017) reinforces strong evidence relating to the benefits from interventions not just in the health sector but across multiple sectors, such as justice, education and social services, and that many of the ‘levers’ to prevent suicide lie outside of the healthcare system.<sup>15</sup>

Integrated approaches to suicide prevention already exist in the healthcare system, transport and correctional settings, and through whole-of-school wellbeing initiatives.<sup>16</sup> Building on what the evidence tells us is working, *Every life* will expand these approaches to ensure that suicide prevention is part of the core business and everyday practice of government and non-government agencies as well as the community and private sector, and not simply a series of one-off or isolated activities.

### WHO elements of an effective approach to suicide prevention<sup>2</sup>

**Surveillance**—Increase the quality and timeliness of national data on suicide and suicide attempts. Support the establishment of an integrated data collection system that serves to identify vulnerable groups, individuals and situations.

**Means restriction**—Reduce the availability, accessibility and attractiveness of the means to suicide (e.g. pesticides, firearms, high places). Reduce toxicity/lethality of available means.

**Media**—Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.

**Access to services**—Promote increased access to comprehensive services for those vulnerable to suicidal behaviours. Remove barriers to care.

**Training and education**—Maintain comprehensive training programs for identified gatekeepers (e.g. health workers, educators, police). Improve the competencies of mental health and primary care providers in the recognition and treatment of vulnerable persons.

**Treatment**—Improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt. Improve research and evaluation of effective interventions.

**Crisis intervention**—Ensure that communities have the capacity to respond to crises with appropriate interventions and that individuals in a crisis situation have access to emergency mental health care, including through telephone helplines or the internet.

**Postvention**—Improve response to and caring for those affected by suicide and suicide attempts. Provide supportive and rehabilitative services to persons affected by suicide attempts.

**Awareness**—Establish public information campaigns to support the understanding that suicides are preventable. Increase public and professional access to information about all aspects of preventing suicidal behaviour.

**Stigma reduction**—Promote the use of mental health services, and services for the prevention of substance abuse and suicide. Reduce discrimination against people using these services.

**Oversight and coordination**—Establish institutions or agencies to promote and coordinate research, training and service delivery in respect of suicidal behaviours. Strengthen the health and social system response to suicidal behaviours.

## Suicide is everyone's business, but not everyone's business is the same

Reducing the rate and impact of suicide in our communities is not something any single agency or level of government can do alone.

The health system plays a vital role in suicide prevention, particularly through the provision of specialised mental health care. However, equally important roles are played by a wide range of social and human services, law enforcement agencies, industry bodies, education providers, private and non-government service providers, community services and workplaces.

Many stakeholders and agencies are involved in suicide prevention planning and implementation and have responsibility for elements of an effective suicide prevention response. These stakeholders and agencies are critical partners to the implementation of the actions outlined in this plan. They include:

- **People with a lived experience** of attempted suicide, suicidal thoughts, and people who care for loved ones with suicidality or who have been bereaved by suicide play a critical role in advocating and co-designing suicide prevention directions and responses.
- **The Australian Government** develops national strategies and plans and funds a range of national suicide prevention programs, including those that promote responsible media reporting.
- **Primary Health Networks (PHNs)** develop regional suicide prevention plans in partnership with hospital and health services and other key sectors. Regional plans guide the PHNs' commissioning processes to enable the delivery of targeted mental health, alcohol and other drug, social, emotional and wellbeing and suicide prevention services through community-based service providers.

- **The Queensland Government** invests in suicide prevention through a wide range of government agencies. Hospital and health services provide crisis intervention, risk assessment, management and ongoing care and support. Beyond the health sector, vital services are provided by emergency services, child safety, housing, employment, education and other departments.
- **Local governments** provide community services and actively contribute to increasing community capacity and cohesion. Local governments also provide local infrastructure planning and responses to reduce access to lethal means, including barriers on bridges and other high-risk areas.
- **Community suicide prevention networks** facilitate opportunities for system improvement, interagency cooperation, promote access to services, sharing practice, and the provision of local coordination, education and awareness activities and bereavement supports.
- **The health system** comprises service providers (including general practitioners and non-government organisations) that provide suicide prevention and response services and support health staff and first responders affected by suicide.
- **Other organisations** such as private sector workplaces and religious and independent schools have an important role in suicide prevention planning and response.

Services and agencies working outside the health system have contact with some of the most vulnerable members of the community. They play an important role in identifying and responding to those who may be vulnerable to suicidal behaviour due to risk factors such as financial hardship, relationship loss, trauma, legal issues, and social isolation. *Every life* highlights the need for suicide prevention activities to be embedded into the core business of all agencies.

## Every life: An expectation of success

Significant investment and commitment has been made in preventing and responding to suicide in Queensland, yet the State's suicide rate continues to increase.

'More of the same' will not be enough to meet the ambitious target of halving suicide rates in Queensland by 2026. To be successful, transformative systemic changes, cultural shifts and incremental growth are required across all parts of the State, far beyond the health system. It has to flow into all corners of society, encompassing government, financial, business and media institutions, education, industries and workplaces, as well as recreational and leisure arenas. It is necessary to understand and speak about suicide differently, to respond differently, and to work together differently to build community strength and social connectedness. *Every life* is the architecture for that change.

The plan is purposefully ambitious in its commitments, and expectations of success are high. The ongoing implementation of *Every life* will pose and tackle difficult questions.

Those questions include whether Queensland is:

- investing in the right ways and the right places
- prepared to stop investing in the things that are shown to be ineffective or have no evidence of achieving positive outcomes
- asking the right people about what works
- ready to listen to their answers
- courageous in seeking out the unknown as well as the known.

### Compassion

A successful approach to suicide prevention will herald a new way of operating for many. It demands compassion and care, prioritising relationships and putting people first. There is no place for highly risk-averse cultures that value process and procedure over the safety and wellbeing of individuals, families and communities. Every life matters, every life is different and every life must be at the centre of suicide prevention across Queensland.

A foundation built on evidence is critical but exploring and developing new evidence and innovative solutions is also vitally important.

This type of shift will require time and collective effort across all levels of government and the community. By coordinating the implementation of *Every life* across three distinct phases between 2019 and 2029, the target will be incrementally achieved, resulting in a tangible and measurable difference to Queenslanders affected by suicide and suicidality.

Phase One (2019–2022) sets the direction for a new approach to suicide prevention in Queensland, based on shared responsibility. It also begins to implement a range of new interventions and builds on existing work, which will set the foundation for significant change in the subsequent phases. The actions are cross-government and demonstrate the commitment to improve through expansion, evaluation and innovation.

Phases Two and Three will involve even greater shifts and an expectation of fundamental change in how suicide prevention is thought about and implemented in Queensland. For this to be possible, Phase One needs to focus on data collection and linkages, strong evaluation methods to inform actions in the subsequent phases, and a collective commitment to new ways of working together.

Implementing *Every life* requires support and action across Queensland for the life of the plan. Its success depends on a comprehensive cross-sectoral approach, building on our achievements, being person-centred, learning from each other and, above all, working together.

### A word about language

The *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023* highlighted the importance of language. This message is also relevant in *Every life*. The language we use and the stories we tell can carry hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes.

Unfortunately, there remains significant stigma towards mental illness, problematic alcohol and other drug use and suicide. Queenslanders have emphasised the power of positive language and the role it plays in fostering hope and encouraging people with lived experience, their families and carers to seek help.

# Action areas

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

The plan's 10-year lifespan will have three phases. Each phase will be reviewed and refreshed, with Phase Two and Three building on achievements and learnings of the previous phase. Four action areas identified in Phase One (2019–2022) support the critical shifts needed to cement the foundation for ongoing reform. Action areas target:

1. the entire population (**building resilience**)
2. people with identified risk factors and vulnerabilities (**reducing vulnerability**)
3. people in crisis and psychological distress (**enhancing responsiveness**)
4. the development of a coordinated and integrated system (**working together**).

Underpinning *Every life* and the actions within the plan, are the guiding principles of *Shifting minds*.

**We are person centred.**

**We value the lived experience of people, families and carers.**

**We believe in recovery and hope.**

**We value culture.**

**We respect human rights and dignity.**

**We adopt a social determinants approach to mental health and wellbeing.**

**We support equity.**

**We believe collective responsibility is vital to reform.**

**We adopt a joined-up planning approach that reflects population need and evidence.**

## *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*

### Focus areas

Invest to save

Better lives

Whole-of-system improvement

## *Every life: The Queensland Suicide Prevention Plan 2019–2029*

### Action area 1 Building resilience

Improve wellbeing in our people and communities

### Action area 2 Reducing vulnerability

Strengthen support to vulnerable people

### Action area 3 Enhancing responsiveness

Enhance responses to suicidality

### Action area 4 Working together

Achieve more by working together

## Action area 1

# Building resilience

### Improve wellbeing in our people and communities

Resilience describes the ability to positively recover after a difficult or stressful event or a traumatic experience. Resilience relates to both individuals and communities. The places where people live, work and learn have a significant role in supporting good mental health and building resilience.





Personal resilience, social connectedness and positive wellbeing can be protective factors against suicidal thoughts and behaviours.<sup>2</sup> Individuals can build resilience, as well as contribute to the resilience of the community, by maintaining positive relationships, thoughts and identity; taking a proactive approach to health and wellbeing; and nurturing connections and positive relationships.

Queensland communities can strengthen resilience through fostering social cohesion, community connectedness, understanding and embracing diversity, reducing stigma and discrimination, and providing safe environments. Timely access to health care, and health promotion that includes alcohol and drug information can also promote resilient communities. Community groups provide social and cultural connections by establishing networks of support and belonging. These are important protective factors for individuals and communities.

The public and private sector can make significant contributions through, for example, perinatal and postnatal services, childcare services, schools, workplaces, mental health and wellbeing programs, stigma reduction, and the provision of inclusive environments that embrace diversity. These all contribute to building community resilience and wellbeing.

Supporting communities to develop capacity to positively recover from difficulties will improve community and individual strengths, resilience, connectedness and wellbeing, contributing to a reduction in suicide rates. This approach recognises the importance of positive childhood experiences, particularly in the early years, to contribute to lifelong positive mental and physical wellbeing.

In the first phase of *Every life*, actions for building resilience will focus on strengthening families, children and communities, creating and building mentally healthy workplaces and educational facilities, and creating safer public spaces. This will set a foundation for future phases of the plan to explore new priorities and action areas, including alcohol consumption and suicidality, and the impact of technology and social media.

‘People don’t just need  
*a different venue*  
to take their distress to.’

‘*We need a different experience*  
— one that’s welcoming and hopeful.’

## Action area 1

# Building resilience

Improve wellbeing in our people and communities

### Enable Queensland children and families to thrive

**Giving children a great start to life sets a foundation for good mental health, social and emotional outcomes, and for reducing the risk of suicide throughout their lives.**

Expand the trial of the Right@home assertive home visiting program to support new parents with parental care, parent-child attachment and creation of a nurturing home environment in two sites over four years. Explore scaling up the program (based on outcomes of the trial) to achieve statewide universal follow-up of new parents.

*Lead: Queensland Health*

Work with Aboriginal and Torres Strait Islander communities through local decision-making bodies, as part of the implementation of Local Thriving Communities reform, and the Queensland First Children and Families Board to co-design and implement initiatives that support social and emotional wellbeing in the early years, from conception to primary school.

*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*

Develop, implement and evaluate an Aboriginal and Torres Strait Islander Healing Strategy for Queensland, in close consultation with the Queensland First Children and Families Board.

*Lead: Department of Child Safety, Youth and Women*

Roll out public education programs such as Talking Families Schools, Families are First, and Out of the Dark to support help-seeking for parenting issues, celebrate Aboriginal and Torres Strait Islander cultural parenting practices, and keeping young people safe online.

*Lead: Queensland Family and Child Commission*

### Strengthen school-based mental health supports

**Schools that create inclusive, safe and supportive environments significantly reduce the risk of suicide. Equipping schools with skills and tools to build mental health literacy and respond effectively to at-risk students is essential.**

Extend the Mental Health Coaches program for a further four years to provide leadership and support implementation of mental health and wellbeing initiatives in state schools, in keeping with the Department of Education's Student Learning and Wellbeing Framework.

*Lead: Department of Education*

Establish eight specialist guidance officer positions across Queensland to provide additional support to students with complex mental health needs and students returning to school following specialist mental health treatment.

*Lead: Department of Education*

Develop school-based youth health nurses' skills, knowledge and ability to work with school personnel to identify and support students at risk of suicide.

*Lead: Queensland Health*

### Build mentally healthy workplaces

**Workplaces can play a vital role in suicide prevention by promoting positive mental health practices, intervening early for employees who may be experiencing poor mental health or suicidality, and supporting recovery.**

Collaborate with social and industry partners to promote an integrated approach to mental health in Queensland workplaces, in line with the Mentally Healthy Workplaces Toolkit.

*Lead: Office of Industrial Relations*

The State Government will continue to build and monitor the capacity of Queensland workplaces to meet their obligations to provide mentally healthy and safe workplaces through its role as the primary workplace health and safety regulator and workers compensation insurance provider.

*Lead: Office of Industrial Relations*

## Public sector to lead by example in workplace mental health and suicide prevention

As the State's largest employer, the Queensland Government will lead by example by applying best practice in workplace mental health promotion and suicide prevention.

Develop and implement a comprehensive and tailored approach to employee mental health and wellbeing in all agencies, promoting consistency through the inclusion of elements of promotion, prevention, early intervention, recovery and return to work.

*Lead: All agencies*

Develop and implement a capability program for public sector leaders to support good mental health and foster healthy and inclusive workplaces. This includes building managers' capacity to support people returning to work following mental health challenges.

*Lead: Public Service Commission*

Work with Queensland Government agencies to establish a process for measuring, monitoring and reporting on mental health and wellbeing across the public sector workforce.

*Lead: Public Service Commission*

## Build inclusive, resilient and mentally healthy communities

Connection to community and social inclusion are strong protective factors against suicide. Creating communities that are informed about suicide prevention, are respectful, inclusive and celebrate diversity can help prevent suicide.

Lead a cross-agency initiative to promote a more strengths-based approach to Aboriginal and Torres Strait Islander Queenslanders, underpinned by the Tracks to Treaty agenda, that includes celebrating culture, supporting self-determination and reducing negative discourse towards Aboriginal and Torres Strait Islander peoples.

*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*

Work with Queensland's LGBTIQ+ communities and the Queensland LGBTI Roundtable to co-design and implement initiatives aimed at creating positive community attitudes and a more inclusive Queensland, with a special focus on transgender communities.

*Lead: Queensland Human Rights Commission*

Fund community-based organisations to support greater intercultural connectedness and social and economic participation through the Community Action for a Multicultural Society program.

*Lead: Department of Local Government, Racing and Multicultural Affairs*

Include positive mental health and wellbeing promotion as a key element of the new Queensland Sport and Active Recreation Strategy.

*Lead: Department of Housing and Public Works*

## Reducing access to lethal means and creating safer public spaces

Lives can be saved by reducing access to lethal means, making means-restriction a component of urban design, and providing clear messaging on where and how to get help in a crisis in public spaces.

Provide training to key rail staff, review environmental design factors at identified network hotspots, and work with TrackSafe and Lifeline to continue the Pause, Call, Be Heard campaign. Deliver positive mental health community engagement activities at rail locations and explore models to create a safer rail network, including for people experiencing a mental health crisis.

*Lead: Queensland Rail*

Work with local government, state development authorities, and health and other partners to identify new opportunities to reduce access to means. This includes increased visibility of safety messaging in high-risk public spaces.

*Lead: Queensland Mental Health Commission*

The Office of the Queensland Government Architect, where appropriate, will highlight the importance of lethal means mitigation measures to create safer public spaces as part of the office on major construction projects in Queensland.

*Lead: Department of Housing and Public Works*



People in vulnerable groups will not necessarily experience suicidality. Taking a strengths-based approach with people experiencing vulnerability is critical, and can support recovery and hope.

Queensland data shows that groups more vulnerable to suicide include:

- Men, particularly:
  - men aged 25–55 and experiencing loss in the context of employment or relationship breakdowns
  - elderly men
  - those living in rural and regional Queensland
  - those in some occupations, including primary industries, transport, construction and mining, and ex-servicemen
- Children and young people who experience multiple adverse life events
- Some Aboriginal and Torres Strait Islander peoples
- LGBTIQ+ people, especially transgender young people
- People bereaved by suicide and those affected by suicide or attempted suicide
- People with a previous history of attempted suicide
- People living with mental illness and/or problematic alcohol and other drug use
- People from culturally and linguistically diverse backgrounds, particularly recently arrived refugees and asylum seekers.

Reducing these vulnerabilities requires collaboration to strengthen and expand activities already under way. This will be achieved by working closely with high-risk groups. It is critical for all communities, in particular Aboriginal and Torres Strait Islander communities, to be at the centre of decision-making across all aspects of mental health and suicide prevention. For Aboriginal and Torres Strait Islander communities, this will be underpinned by the Local Thriving Communities reform, and local decision-making bodies will play an integral role in implementing initiatives that support strong social and emotional wellbeing. This includes addressing the social determinants of suicide as a core component of prevention; supporting children, families and communities to thrive; reducing poverty; and promoting equitable health and social outcomes.

People who experience social isolation, stigma and discrimination may be at higher risk of experiencing suicidal thoughts and behaviours.<sup>17</sup> Peer-led groups can provide a source of connection and strength and therefore reduce vulnerability to suicide.<sup>18</sup> It is important that people have choice and control over where help is sought, and that they have a primary role in their recovery.

*Every life* recognises the importance of localised, culturally informed, community-led solutions to respond to suicide. The most significant impact in changing the suicide rate in Queensland is likely to be gained by focusing on the prevention of suicide of those who are most vulnerable.

‘They literally saved my life.  
*They understood and helped me  
find my way back.*’

‘*Great things can happen  
and lives improve.*’

# Reducing vulnerability

Strengthen support to vulnerable people

## Making men's suicide prevention a priority

A meaningful reduction in suicide cannot be achieved without a significant reduction in suicides among young and middle-aged men. Reducing suicides among men will require a clear evidence-based strategy.

Lead a systemic review of suicides among men in Queensland to inform a comprehensive strategy for men's suicide prevention. This includes exploring potential opportunities for reducing suicides in the context of relationships, employment, family law and problematic alcohol and other drug use.

*Lead: Queensland Mental Health Commission*

Engage with leaders in men's health to explore and support new suicide prevention initiatives that address drivers for male suicide. This work will have a special focus on those known to be most vulnerable to suicide (e.g. men in the construction, primary industries and resources sectors; in rural and remote areas; Aboriginal and Torres Strait Islander men; veterans; older men; men experiencing relationship breakdown) and key touch points for vulnerable men.

*Lead: Queensland Mental Health Commission*

Maintain and extend partnerships with suicide prevention organisations and Queensland industry to support the reduction of suicide in male-dominated and higher-risk workforces and industries, including transport, manufacturing, construction, agriculture and healthcare.

*Lead: Office of Industrial Relations*

Work with the Australian Government and other community partners to support planning, development and implementation of suicide reduction strategies specifically designed to support veterans, including those transitioning from service.

*Lead: Queensland Mental Health Commission*

## Working collaboratively to support the most vulnerable Queenslanders

People who experience multiple adverse life events have greater vulnerability to suicide and self-harm. Working together to support the most vulnerable Queenslanders and their families promotes better mental health outcomes.

Pursue data linkage opportunities through collaborative partnerships across agencies including health, housing, employment and community services to increase service responsiveness to our most vulnerable Queenslanders.

*Lead: Queensland Health*

Work with public and non-government sectors to develop a shared statewide framework for the collaborative support of Queensland's most vulnerable young people as they move through the child protection system and beyond.

*Lead: Department of Child Safety, Youth and Women*

Identify opportunities to leverage the Strengthening Health Assessment Pathways and Navigate Your Health initiatives to expand the mental health and wellbeing supports available to children and young people in care.

*Lead: Department of Child Safety, Youth and Women*

Continue the Be Well, Learn Well program, supporting the learning and wellbeing of young Aboriginal and Torres Strait Islander students with social and/or developmental needs in eight remote Queensland state schools across Far North and North Queensland.

*Lead: Department of Education*

Expand the EdLinQ initiative across Queensland to support collaboration between health and education providers in providing care and support for young people with complex mental health needs.

*Lead: Queensland Health*

Lead a systemic review of suicides of young people known to child safety services, with a focus on improving system responses to highly vulnerable young people.

*Lead: Queensland Family and Child Commission*

Partner with headspace to provide guidance officers with skills development in identifying and supporting students who may be suicidal, and to support schools in the event of a suicide.

*Lead: Department of Education*

## Targeted interventions for community members at greater risk

Co-designed initiatives in mental health and suicide prevention are more effective and result in better outcomes.

Work with community partners, including multicultural media outlets, agencies and community groups to implement and evaluate an initiative to reduce stigma about mental health and support suicide prevention in culturally and linguistically diverse communities.

*Lead: Queensland Health*

Provide financial and material aid, case-management and coordination support for the mental health needs of people seeking asylum and vulnerable refugees on temporary visas in Queensland as part of the Asylum Seeker and Refugee Assistance program.

*Lead: Department of Local Government, Racing and Multicultural Affairs*

Work with community partners from migrant and refugee backgrounds to explore and identify actions to promote and maintain positive mental health and suicide prevention.

*Lead: Department of Local Government, Racing and Multicultural Affairs*

Develop and implement a suite of best-practice training materials and resources to support child safety practitioners supporting children and young people who may be vulnerable to suicide. Review and identify options for expanding resources to foster and kinship carers and residential care staff.

*Lead: Department of Child Safety, Youth and Women*

Develop a suicide prevention framework for implementation with domestic and family violence women's shelters.

*Lead: Department of Child Safety, Youth and Women*

Develop a tailored initiative to assist young people exiting out-of-home care and youth justice systems to transition successfully to independence.

*Lead: Department of Housing and Public Works*

Increase the capability of correctional centre and Community Corrections staff to enhance understanding and support of people living with mental health conditions, problematic alcohol and other drugs use and suicidal ideation, and to ensure referral to appropriate treatment and support services.

*Lead: Queensland Corrective Services*

Explore models for alternatives to youth detention for low-level offences. Models will include a focus on supporting positive mental health and wellbeing.

*Lead: Department of Youth Justice*

Work with public and non-government agencies to support the workforce to respond effectively to people experiencing suicidal behaviour in the context of problematic alcohol and other drug use.

*Lead: Queensland Health*

Develop and grow mental health community support programs delivered by non-government organisations for people living with severe and persistent mental illness, including those who experience suicidality.

*Lead: Queensland Health*

## Action area 3

# Enhancing responsiveness

## Enhance responses to suicidality

*Every life* will enhance and improve responsiveness to people in crisis and those affected by suicide. Interventions will be evidence-based and informed, with a focus on consistent follow-up, connecting care and enhancing service options. Improved outcomes for people experiencing suicidality will be achieved through providing the right service at the right place and time.





People with a lived experience routinely report that hospital emergency departments (EDs) are not well designed or suitably equipped to support people in suicidal crisis. However, EDs are often the only option for people to access support in a crisis, especially after hours.


Providing options and service choice may encourage further help-seeking behaviour and improve outcomes. Services that can provide a place of safety, support and compassion will create an alternative environment to EDs for people in crisis who do not require clinical interventions. Evidence-based alternatives to ED environments will be identified and trialled through this plan.

Stigma and discrimination can have a negative effect on people attempting to access treatment and mental health services, and can reduce help-seeking behaviours. Addressing stigma and discrimination are key factors to improving responsiveness and encouraging help-seeking.

Organisations working with people in suicidal crisis need to adopt an approach that is based on a belief that suicide can be reduced. It is essential for these organisations to have a compassionate response. Staff who do this difficult work also require compassion and support.

Aboriginal and Torres Strait Islander peoples are under-represented in mental health professions, services and programs. Building a strong Social and Emotional Wellbeing (SEWB) workforce will ensure a competent and confident trauma-informed response to suicide in communities. There is also a need to improve understanding of Aboriginal and Torres Strait Islander concepts of health and the central role that culture plays in health if there is to be a change in the attitudes, behaviours and practices of non-Indigenous health staff.<sup>19</sup>

This will support the capability of the health system to deliver culturally safe, respectful and responsive services.



**‘Overall, people in crisis  
*need someone to listen in that moment.*  
They need options other than taking their life.’**

#### Making every contact with a government agency an opportunity for intervention

Queensland Government agencies have daily contact with members of the public who may be distressed or suicidal. Every agency should be able to respond compassionately and effectively.

All Queensland Government agencies will establish policies, training and pathways to enable key public sector employees to recognise, respond to and appropriately refer members of the public who are in distress or potentially suicidal.

*Lead: All agencies*

Lead a cross-agency working group, in partnership with Queensland Health and relevant government agencies, to identify and support the implementation of best-practice programs and resources that enable all government staff to confidently and effectively respond to members of the public who may be in distress or potentially suicidal.

*Lead: Public Service Commission*

Develop a business case for providing pathways to assertive follow-up for members of the public who contact Queensland Government agencies in distress, based on models such as Distress Brief Intervention.

*Lead: Department of Communities, Disability Services and Seniors*

#### Expanding options for the care of suicidal people, including non-medical and peer support options

People seeking care for themselves or family members should have access to a wider range of support options, including non-medical, culturally appropriate and suicide-specific options. Assertive and evidence-based follow-up of people who are suicidal saves lives.

Establish a comprehensive integrated model of suicide and mental health crisis care for Queensland, which will be implemented in eight priority regions by linking and building on new and existing service models.

*Lead: Queensland Health*

As part of a comprehensive approach to crisis care reform, trial new and innovative crisis care options that include or are led by peer workforces:

- Establish and evaluate up to eight crisis support services or safe spaces
- Establish and evaluate one sub-acute community-based crisis stabilisation service
- Develop a model for a short-stay residential-style crisis respite service, for further consideration.

*Lead: Queensland Health*

As part of a comprehensive approach to crisis care reform, prepare options for a statewide co-responder model linking Queensland Police Service, Queensland Ambulance Service and Queensland Health for further consideration.

*Lead: Queensland Health*

## Pursuing excellence in care of suicidal people across the health system

People who have contact with health services for suicidal crises should receive compassionate, consistent, culturally appropriate and evidence-based care. Queensland's health system will strive to be a leader in the care of people who are suicidal or who engage in suicidal behaviours.

Continue a comprehensive and sustained program of suicide prevention in health services to support a consistent, evidence-informed approach to screening, assessment and management of people experiencing suicidal behaviours. This includes a focus on professional development, improving the cultural appropriateness of care and improving pathways within and outside the health system.

*Lead: Queensland Health*

Expand implementation of the Zero Suicide in Healthcare framework to drive cultural and clinical change in suicide care across all hospital and health services.

*Lead: Queensland Health*

Implement and evaluate The Way Back Support Service in seven Queensland sites, in partnership with Beyond Blue and Primary Health Networks.

*Lead: Queensland Health*

## Timely and accessible support to people following a suicide

Providing ongoing support for individuals and communities following a suicide helps improve recovery and reduces the likelihood of mental health challenges and suicide among those who have been affected. Peer support plays an important role in supporting recovery.

Develop a coordinated postvention response to be implemented across the State, in partnership with Queensland Police Service, Queensland Ambulance Service and community service providers, building on current models and enabling local adaptation as appropriate.

*Lead: Queensland Mental Health Commission*

Work with the Australian Government and postvention community partners to provide equitable access to specialised postvention services across Queensland.

*Lead: Queensland Mental Health Commission*

## Action area 4

# Working together

### Achieve more by working together

The success of *Every life* depends on all sectors and communities working together to shift and challenge the status quo. It will require connected and informed planning, shared information, leveraging national, local and regional experience and knowledge, and growing and expanding partnerships. A cross-sector network will support and guide the plan's implementation.



There is significant suicide prevention activity occurring across Queensland and nationally, but many activities are not evaluated, nor are they always well-connected or coordinated. This plan commits to the evaluation of initiatives contained within it, to better target, improve and enhance interventions. Subsequent to this, the sharing of learnings from the evaluations will be critical to improvements and change.

Historically, much of the focus has been on health solutions and interventions to drive suicide prevention. Interventions have been based on responding to crisis and to people in significant psychological distress. A shift is required toward simultaneous and integrated interventions across a range of agencies that reduce the effects of social and economic disadvantage.

This plan creates opportunities to work together, through shared plans, and coordinated networks and actions, towards a shared goal. It challenges the system to focus on community cohesion through developing a compassionate and responsive culture.

There is still much to learn. In common with most other jurisdictions, Queensland has no routine means for monitoring and learning from suicide attempts or crisis. Establishing and linking data and information systems is technically challenging. However, routine monitoring of suicide attempts; improving the quality of demographic data in suicide registries; and linking data to improve understanding of the circumstances in which people attempt suicide will provide opportunities for more targeted prevention. Doing this will translate information into action, harnessing data and evidence to better shape interventions.

The intelligence generated through building capacity for information sharing, suicide surveillance, systematic reviews and evaluation should be widely available to inform ongoing plans and actions.

*‘It’s an opportunity to  
work together for real change.’*

*‘It’s an avenue for  
hope to grow.’*

# Working together

*Achieve more by working together*

## Creating a more coordinated approach to suicide prevention

Effective suicide prevention requires collective and well-coordinated efforts across national, state, regional and local levels.

Establish a Queensland suicide prevention network to support the *Every life* plan's implementation, work with agencies to execute actions, and scope new initiatives.

*Lead: Queensland Mental Health Commission*

In line with the Queensland Procurement Policy, support suicide prevention by ensuring agency procurement practices are focused on the achievement of the government's social objectives including working with suppliers who have a focus on the long-term mental health of the community.

*Lead: Department of Housing and Public Works*

## Strengthening Aboriginal and Torres Strait Islander leadership in mental health and suicide prevention

Mental health and suicide prevention initiatives are more likely to be effective if they are designed and delivered by Aboriginal and Torres Strait Islanders and their communities.

Build on the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project to establish and evaluate community-led mental health and youth suicide-prevention initiatives in higher-need urban and remote communities across Queensland.

*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*

Establish a career pathways program to grow a stronger Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workforce, including structured and supported pathways into senior leadership and professional roles. The primary aim is to grow a trauma-informed workforce across all levels of service provision.

*Lead: Queensland Health*

## Improve the way data, evidence and evaluation is used to drive suicide prevention

Suicide prevention planning and implementation should be guided by the best available evidence. Evaluation is critical for determining what works and improving our approach. Sharing information across agencies is essential to improve responses to those in need.

Engage agencies and the academic sector to develop a model for enhancing surveillance of suicide, suicide attempts and crisis in Queensland to inform suicide prevention efforts. This work should seek to improve data linkages and translate evidence into targeted preventative action.

*Lead: Queensland Mental Health Commission*

Collaborate with government agencies to expand opportunities to improve data by incorporating veteran and Australian Defence Force status indicators into current datasets to better understand service use and, where possible, individual outcomes.

*Lead: Queensland Mental Health Commission*

Support the development of a research agenda for suicide prevention in Queensland, aligning with and leveraging from the National Suicide Prevention Research Fund.

*Lead: Queensland Mental Health Commission*

Explore the feasibility of a standing Systemic Suicide Death Review function in Queensland to undertake detailed reviews of suicide deaths and identify opportunities for preventive action.

*Lead: Queensland Mental Health Commission*

Develop an overall evaluation and reporting framework for the implementation of the *Every life* plan, drawing on departmental evaluations and other sources to assess the process, outcomes and impact of the plan.

*Lead: Queensland Mental Health Commission*

# Next steps

Putting this plan into action requires continued support, commitment and cooperation across all government departments and agencies, public and private sectors and the general community. The implementation of the plan is the responsibility of all Queensland Government agencies.

A cross-sector Queensland suicide prevention network will be established to support the implementation of the plan, providing a forum for joint planning and coordination of suicide initiatives in line with *Shifting minds* and *Our Future State: Advancing Queensland's Priorities*.

Evaluation and evidence will be used to build momentum and create opportunities for refining and updating *Every life*. Existing networks and cross-agency policy and program areas will provide the foundation for growth and development. The current and future funding environment will need to be considered by agencies in prioritising existing allocations and pursuing cross-agency and Commonwealth funding opportunities.

This is the first of three phases within the 10-year lifespan of *Every life*. The plan will be reviewed and refreshed after each phase.

## Phase One 2019–2022

Action area 1  
**Building resilience**

Action area 2  
**Reducing vulnerability**

Action area 3  
**Enhancing responsiveness**

Action area 4  
**Working together**

## Phases Two and Three

Evaluate preceding phases

Refresh and renew actions

Develop new actions

Revise *Every life*





# Evaluation

Evaluation is critical for creating a stronger evidence base to drive continuous improvement in suicide prevention policy, services and programs.<sup>2</sup>

Evaluation will involve two components. The Queensland Mental Health Commission will commission an evaluation of the plan's content, outcomes and impacts, and individual agencies will be responsible for evaluation of the actions they have committed to lead or undertake.

The plan will be evaluated in line with the *Shifting minds* evaluation and monitoring framework to capture achievements, expand the knowledge base and adjust actions and priorities in line with advances and evidence.<sup>20</sup> People with a lived experience will be engaged across the evaluation process.

Outcomes and achievements will be reviewed over the three phases to ensure the plan remains responsive and relevant. This evaluation will also identify effective initiatives to guide future policy development, implementation and funding.

Evaluation will incorporate:

- **Content/process evaluation**, measuring how well the plan has been implemented, given consideration of the unique needs of Queenslanders—including diverse and vulnerable populations—and also considering the robustness of planning and governance processes.
- **Implementation/outcomes evaluation**, measuring the effectiveness of identified actions and initiatives, the ability of the sector to better support people with suicidal thoughts and those affected by suicide, access to services, and the reach of promotion and prevention initiatives.
- **Impact evaluation**, measuring reduction in suicide, suicide attempts and suicide crisis as a result of the implementation of the plan, including any unintended consequences of the plan.

The evaluation framework will align to the National Mental Health Commission's Monitoring and Reporting Framework on mental health and suicide prevention, and the *Fifth National Mental Health and Suicide Prevention Plan (2017)*.

# Need help?

Thinking and reading about 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 crisis services

<b>Lifeline</b>	13 11 14	<a href="http://www.lifeline.org.au/gethelp">www.lifeline.org.au/gethelp</a>
<b>Suicide Call Back Service</b>	1300 659 467	<a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a>
<b>MensLine Australia</b>	1300 789 978	<a href="http://www.mensline.org.au">www.mensline.org.au</a>
<b>Beyond Blue Support Service</b>	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
<b>SANE Australia Helpline</b>	1800 187 263	<a href="http://www.sane.org">www.sane.org</a>
<b>QLife (LGBTI)</b>	1800 184 527	<a href="http://www.qlife.org.au">www.qlife.org.au</a>
<b>Kids Helpline</b>	1800 551 800	<a href="http://www.kidshelpline.com.au">www.kidshelpline.com.au</a>
<b>Defence Family Helpline</b>	1800 624 608	<a href="http://www.defence.gov.au/dco/defence-helpline.asp">www.defence.gov.au/dco/defence-helpline.asp</a>

## Post suicide bereavement support services

<b>StandBy Response Service</b>		<a href="http://www.standbysupport.com.au">www.standbysupport.com.au</a>
<b>National Indigenous Critical Response Service</b>	1800 805 801	<a href="http://www.thirrili.com.au/nicrs">www.thirrili.com.au/nicrs</a>

## Telephone Interpreter Service

If you feel you may not understand what the staff are saying, or they may have difficulty understanding you, please ask them 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**.

# Glossary

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<b>Community supports</b>	Non-clinical services in the community that assist people living with mental illness to live meaningful and contributing lives and to support them in their recovery. These supports may include services that relate to daily living skills, self-care, physical health, social connectedness, housing, education and employment
<b>Cross-sectoral approach</b>	Recognises the complex nature of suicide and draws expertise from, coordinates between, and collaborates with a variety of disciplines, professions and perspectives to address suicide in a holistic and collective way
<b>Cultural safety</b>	Identifies that people are safest where service providers have considered power relations, cultural differences and rights. Culturally safe services are respectful, inclusive and enable specific populations and communities to participate in decision making. Most importantly, cultural safety is defined by the experience of the consumer, not the service provider
<b>Gatekeeper</b>	People who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify people at risk of suicide and refer them to treatment or supporting services as appropriate. In more recent suicide prevention documents, they are also referred to as ‘community connectors’
<b>LGBTIQ+</b>	Lesbian, gay, bisexual, transgender, intersex and queer/questioning
<b>Lived experience of suicide</b>	Individuals having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide
<b>Means restriction</b>	Reduce the accessibility and availability of the lethal means to suicide
<b>Mental health service system</b>	All services that have a primary function of providing treatment, care or support to people living with mental illness and/or their carers
<b>Mental health</b>	A state of wellbeing 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 make a contribution to their community
<b>Mental illness</b>	A clinically diagnosable disorder that significantly interferes with a person’s cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia
<b>Peer worker</b>	Workers who have a lived experience of mental illness and/or suicidality and who provide valuable contributions by sharing their experience(s) and recovery with others. Peer workers perform a variety of roles, including individual and group support, delivering education, support for housing and employment

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## Glossary continued

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<b>Person-centred</b>	Treatment, care and support that places the person at the centre of their own care and considers the needs of carers
<b>Postvention</b>	An implementable strategy or approach following a suicide death or suicide attempt. Suicide prevention activities that provide support for people affected by suicide. These activities are essential in coping with suicide loss and reducing further suicides
<b>Prevention</b>	<p><b>Universal prevention:</b> are strategies or initiatives that address an entire population (state, local community, school or neighbourhood) and are designed to reduce suicide risk</p> <p><b>Selective prevention:</b> targets subsets of the total population and focuses on preventing the onset of suicidal behaviours among specific subpopulations</p> <p><b>Indicated prevention:</b> targets high-risk individuals within the population—those evidencing early signs of suicide potential. Strategies are designed and delivered to reduce risk factors and increase protective factors</p>
<b>Social and emotional wellbeing</b>	<p>A term used by many Aboriginal and Torres Strait Islander peoples to describe the social, emotional, spiritual, and cultural wellbeing of a person</p> <p>The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events</p>
<b>Social determinants of health</b>	The social determinants of health are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life
<b>Social inclusion</b>	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
<b>Suicidal behaviour</b>	A range of behaviours related to suicide, including thinking about or considering suicide (thoughts), planning for suicide, intending suicide, attempting suicide and suicide itself
<b>Suicidal ideation</b>	Thinking about, considering or planning for suicide. These can range from fleeting thoughts to detailed planning
<b>Suicide prevention</b>	The umbrella term for the collective efforts of governments, community organisations, mental health practitioners, related professionals, individuals, families and communities to enhance safety from suicide-related behaviours and to reduce the incidence of suicide
<b>Trauma-informed care and practice</b>	An organisational and practice approach 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 consumers, their families and carers, as well as for service providers

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## Appendix 1

# List of actions

## Action area 1. Building resilience

### Improve wellbeing in our people and communities

- 1 Expand the trial of the Right@home assertive home visiting program to support new parents with parental care, parent–child attachment and creation of a nurturing home environment in two sites over four years. Explore scaling up the program (based on outcomes of the trial) to achieve statewide universal follow-up of new parents.

*Lead: Queensland Health*

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- 2 Work with Aboriginal and Torres Strait Islander communities through local decision-making bodies, as part of the implementation of Local Thriving Communities reform, and the Queensland First Children and Families Board to co-design and implement initiatives that support social and emotional wellbeing in the early years, from conception to primary school.

*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*

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- 3 Develop, implement and evaluate an Aboriginal and Torres Strait Islander Healing Strategy for Queensland, in close consultation with the Queensland First Children and Families Board.

*Lead: Department of Child Safety, Youth and Women*

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- 4 Roll out public education programs such as Talking Families Schools, Families are First, and Out of the Dark to support help-seeking for parenting issues, celebrate Aboriginal and Torres Strait Islander cultural parenting practices, and keeping young people safe online.

*Lead: Queensland Family and Child Commission*

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- 5 Extend the Mental Health Coaches program for a further four years to provide leadership and support implementation of mental health and wellbeing initiatives in state schools, in keeping with the Department of Education’s Student Learning and Wellbeing Framework.

*Lead: Department of Education*

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- 6 Establish eight specialist guidance officer positions across Queensland to provide additional support to students with complex mental health needs and students returning to school following specialist mental health treatment.

*Lead: Department of Education*

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- 7 Develop school-based youth health nurses’ skills, knowledge and ability to work with school personnel to identify and support students at risk of suicide.

*Lead: Queensland Health*

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- 8 Collaborate with social and industry partners to promote an integrated approach to mental health in Queensland workplaces, in line with the Mentally Healthy Workplaces Toolkit.

*Lead: Office of Industrial Relations*

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- 9 The State Government will continue to build and monitor the capacity of Queensland workplaces to meet their obligations to provide mentally healthy and safe workplaces through its role as the primary workplace health and safety regulator and workers compensation insurance provider.

*Lead: Office of Industrial Relations*

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- 10 Develop and implement a comprehensive and tailored approach to employee mental health and wellbeing in all agencies, promoting consistency through the inclusion of elements of promotion, prevention, early intervention, recovery and return to work.

*Lead: All agencies*

- 11 Develop and implement a capability program for public sector leaders to support good mental health and foster healthy and inclusive workplaces. This includes building managers' capacity to support people returning to work following mental health challenges.  
*Lead: Public Service Commission*
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- 12 Work with Queensland Government agencies to establish a process for measuring, monitoring and reporting on mental health and wellbeing across the public sector workforce.  
*Lead: Public Service Commission*
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- 13 Lead a cross-agency initiative to promote a more strengths-based approach to Aboriginal and Torres Strait Islander Queenslanders, underpinned by the Tracks to Treaty agenda, that includes celebrating culture, supporting self-determination and reducing negative discourse towards Aboriginal and Torres Strait Islander peoples.  
*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*
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- 14 Work with Queensland's LGBTIQ+ communities and the Queensland LGBTI Roundtable to co-design and implement initiatives aimed at creating positive community attitudes and a more inclusive Queensland, with a special focus on transgender communities.  
*Lead: Queensland Human Rights Commission*
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- 15 Fund community-based organisations to support greater intercultural connectedness and social and economic participation through the Community Action for a Multicultural Society program.  
*Lead: Department of Local Government, Racing and Multicultural Affairs*
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- 16 Include positive mental health and wellbeing promotion as a key element of the new Queensland Sport and Active Recreation Strategy.  
*Lead: Department of Housing and Public Works*
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- 17 Provide training to key rail staff, review environmental design factors at identified network hotspots, and work with TrackSafe and Lifeline to continue the Pause, Call, Be Heard campaign. Deliver positive mental health community engagement activities at rail locations and explore models to create a safer rail network, including for people experiencing a mental health crisis.  
*Lead: Queensland Rail*
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- 18 Work with local government, state development authorities, and health and other partners to identify new opportunities to reduce access to means. This includes increased visibility of safety messaging in high-risk public spaces.  
*Lead: Queensland Mental Health Commission*
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- 19 The Office of the Queensland Government Architect, where appropriate, will highlight the importance of lethal means mitigation measures to create safer public spaces as part of the office on major construction projects in Queensland.  
*Lead: Department of Housing and Public Works*

## Action area 2. Reducing vulnerability

### Strengthen support to vulnerable people

- 20 Lead a systemic review of suicides among men in Queensland to inform a comprehensive strategy for men's suicide prevention. This includes exploring potential opportunities for reducing suicides in the context of relationships, employment, family law and problematic alcohol and other drug use.

*Lead: Queensland Mental Health Commission*

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- 21 Engage with leaders in men's health to explore and support new suicide prevention initiatives that address drivers for male suicide. This work will have a special focus on those known to be most vulnerable to suicide (e.g. men in the construction, primary industries and resources sectors; in rural and remote areas; Aboriginal and Torres Strait Islander men; veterans; older men; men experiencing relationship breakdown) and key touch points for vulnerable men.

*Lead: Queensland Mental Health Commission*

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- 22 Maintain and extend partnerships with suicide prevention organisations and Queensland industry to support the reduction of suicide in male-dominated and higher-risk workforces and industries, including transport, manufacturing, construction, agriculture and healthcare.

*Lead: Office of Industrial Relations*

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- 23 Work with the Australian Government and other community partners to support planning, development and implementation of suicide reduction strategies specifically designed to support veterans, including those transitioning from service.

*Lead: Queensland Mental Health Commission*

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- 24 Pursue data linkage opportunities through collaborative partnerships across agencies including health, housing, employment and community services to increase service responsiveness to our most vulnerable Queenslanders.

*Lead: Queensland Health*

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- 25 Work with public and non-government sectors to develop a shared statewide framework for the collaborative support of Queensland's most vulnerable young people as they move through the child protection system and beyond.

*Lead: Department of Child Safety, Youth and Women*

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- 26 Identify opportunities to leverage the Strengthening Health Assessment Pathways and Navigate Your Health initiatives to expand the mental health and wellbeing supports available to children and young people in care.

*Lead: Department of Child Safety, Youth and Women*

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- 27 Continue the Be Well, Learn Well program, supporting the learning and wellbeing of young Aboriginal and Torres Strait Islander students with social and/or developmental needs in eight remote Queensland state schools across Far North and North Queensland.

*Lead: Department of Education*

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- 28 Expand the EdLinQ initiative across Queensland to support collaboration between health and education providers in providing care and support for young people with complex mental health needs.

*Lead: Queensland Health*

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- 29 Lead a systemic review of suicides of young people known to child safety services, with a focus on improving system responses to highly vulnerable young people.

*Lead: Queensland Family and Child Commission*

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- 30 Partner with headspace to provide guidance officers with skills development in identifying and supporting students who may be suicidal, and to support schools in the event of a suicide.

*Lead: Department of Education*



- 31 Work with community partners, including multicultural media outlets, agencies and community groups to implement and evaluate an initiative to reduce stigma about mental health and support suicide prevention in culturally and linguistically diverse communities.  
*Lead: Queensland Health*
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- 32 Provide financial and material aid, case-management and coordination support for the mental health needs of people seeking asylum and vulnerable refugees on temporary visas in Queensland as part of the Asylum Seeker and Refugee Assistance program.  
*Lead: Department of Local Government, Racing and Multicultural Affairs*
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- 33 Work with community partners from migrant and refugee backgrounds to explore and identify actions to promote and maintain positive mental health and suicide prevention.  
*Lead: Department of Local Government, Racing and Multicultural Affairs*
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- 34 Develop and implement a suite of best-practice training materials and resources to support child safety practitioners supporting children and young people who may be vulnerable to suicide. Review and identify options for expanding resources to foster and kinship carers and residential care staff.  
*Lead: Department of Child Safety, Youth and Women*
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- 35 Develop a suicide prevention framework for implementation with domestic and family violence women's shelters.  
*Lead: Department of Child Safety, Youth and Women*
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- 36 Develop a tailored initiative to assist young people exiting out-of-home care and youth justice systems to transition successfully to independence.  
*Lead: Department of Housing and Public Works*
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- 37 Increase the capability of correctional centre and Community Corrections staff to enhance understanding and support of people living with mental health conditions, problematic alcohol and other drugs use and suicidal ideation, and to ensure referral to appropriate treatment and support services.  
*Lead: Queensland Corrective Services*
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- 38 Explore models for alternatives to youth detention for low-level offences. Models will include a focus on supporting positive mental health and wellbeing.  
*Lead: Department of Youth Justice*
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- 39 Work with public and non-government agencies to support the workforce to respond effectively to people experiencing suicidal behaviour in the context of problematic alcohol and other drug use.  
*Lead: Queensland Health*
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- 40 Develop and grow mental health community support programs delivered by non-government organisations for people living with severe and persistent mental illness, including those who experience suicidality.  
*Lead: Queensland Health*

## Action area 3. Enhancing responsiveness

### Enhance responses to suicidality

- 41 All Queensland Government agencies will establish policies, training and pathways to enable key public sector employees to recognise, respond to and appropriately refer members of the public who are in distress or potentially suicidal.  
*Lead: All agencies*
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- 42 Lead a cross-agency working group, in partnership with Queensland Health and relevant government agencies, to identify and support the implementation of best-practice programs and resources that enable all government staff to confidently and effectively respond to members of the public who may be in distress or potentially suicidal.  
*Lead: Public Service Commission*
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- 43 Develop a business case for providing pathways to assertive follow-up for members of the public who contact Queensland Government agencies in distress, based on models such as Distress Brief Intervention.  
*Lead: Department of Communities, Disability Services and Seniors*
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- 44 Establish a comprehensive integrated model of suicide and mental health crisis care for Queensland, which will be implemented in eight priority regions by linking and building on new and existing service models.  
*Lead: Queensland Health*
- 
- 45 As part of a comprehensive approach to crisis care reform, trial new and innovative crisis care options that include or are led by peer workforces:
- Establish and evaluate up to eight crisis support services or safe spaces
  - Establish and evaluate one sub-acute community-based crisis stabilisation service
  - Develop a model for a short-stay residential-style crisis respite service, for further consideration.
- Lead: Queensland Health*
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- 46 As part of a comprehensive approach to crisis care reform, prepare options for a statewide co-responder model linking Queensland Police Service, Queensland Ambulance Service and Queensland Health for further consideration.  
*Lead: Queensland Health*
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- 47 Continue a comprehensive and sustained program of suicide prevention in health services to support a consistent, evidence-informed approach to screening, assessment and management of people experiencing suicidal behaviours. This includes a focus on professional development, improving the cultural appropriateness of care and improving pathways within and outside the health system.  
*Lead: Queensland Health*
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- 48 Expand implementation of the Zero Suicide in Healthcare framework to drive cultural and clinical change in suicide care across all hospital and health services.  
*Lead: Queensland Health*
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- 49 Implement and evaluate The Way Back Support Service in seven Queensland sites, in partnership with Beyond Blue and Primary Health Networks.  
*Lead: Queensland Health*
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- 50 Develop a coordinated postvention response to be implemented across the State, in partnership with Queensland Police Service, Queensland Ambulance Service and community service providers, building on current models and enabling local adaptation as appropriate.  
*Lead: Queensland Mental Health Commission*
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- 51 Work with the Australian Government and postvention community partners to provide equitable access to specialised postvention services across Queensland.  
*Lead: Queensland Mental Health Commission*

## Action area 4. Working together

### Achieving more by working together

- 52 Establish a Queensland suicide prevention network to support the *Every life* plan's implementation, work with agencies to execute actions, and scope new initiatives.  
*Lead: Queensland Mental Health Commission*
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- 53 In line with the Queensland Procurement Policy, support suicide prevention by ensuring agency procurement practices are focused on the achievement of the government's social objectives including working with suppliers who have a focus on the long-term mental health of the community.  
*Lead: Department of Housing and Public Works*
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- 54 Build on the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project to establish and evaluate community-led mental health and youth suicide-prevention initiatives in higher-need urban and remote communities across Queensland.  
*Lead: Department of Aboriginal and Torres Strait Islander Partnerships*
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- 55 Establish a career pathways program to grow a stronger Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workforce, including structured and supported pathways into senior leadership and professional roles. The primary aim is to grow a trauma-informed workforce across all levels of service provision.  
*Lead: Queensland Health*
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- 56 Engage agencies and the academic sector to develop a model for enhancing surveillance of suicide, suicide attempts and crisis in Queensland to inform suicide prevention efforts. This work should seek to improve data linkages and translate evidence into targeted preventative action.  
*Lead: Queensland Mental Health Commission*
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- 57 Collaborate with government agencies to expand opportunities to improve data by incorporating veteran and Australian Defence Force status indicators into current datasets to better understand service use and, where possible, individual outcomes.  
*Lead: Queensland Mental Health Commission*
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- 58 Support the development of a research agenda for suicide prevention in Queensland, aligning with and leveraging from the National Suicide Prevention Research Fund.  
*Lead: Queensland Mental Health Commission*
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- 59 Explore the feasibility of a standing Systemic Suicide Death Review function in Queensland to undertake detailed reviews of suicide deaths and identify opportunities for preventive action.  
*Lead: Queensland Mental Health Commission*
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- 60 Develop an overall evaluation and reporting framework for the implementation of the *Every life* plan, drawing on departmental evaluations and other sources to assess the process, outcomes and impact of the plan.  
*Lead: Queensland Mental Health Commission*

