

Every life

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

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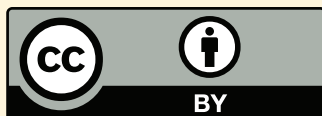
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Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

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

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

Contents

Introduction	2
Reform context	3
Governance, monitoring and evaluation	3
Overall implementation progress	3
Highlighted achievements	4
Building resilience	4
Responding to student wellbeing needs	4
Enabling Workforces and Organisations for Thriving Kids	5
First Nations suicide prevention	5
Reducing vulnerability	6
Addressing male suicide	6
Yarns Heal and Talking Heals suicide prevention project	7
Enhancing responsiveness	8
Delivering new crisis support options	8
Queensland Ambulance Service Mental Health Liaison Service	9
Suicide aftercare offered to more Queenslanders	10
Evaluation of Q-MOST pilot	10
Enabling reform	11
Suicide prevention research	11
Supporting research into youth suicide and domestic and family violence	12
Expansion of Peer CARE Companion in Community	12
Reforming suicide surveillance	13
Embed lived experience of suicide in suicide prevention reform	14
Strengthening First Nations social and emotional wellbeing	15
Next steps	16

Introduction

The Queensland Mental Health Commission (the Commission) is responsible for the development and implementation oversight of *Every life: The Queensland Suicide Prevention Plan 2019–2029 (Every life)*. *Every life* is Queensland's whole-of-government and whole-of-community plan to reduce suicide and its impacts. It is a sub-plan of *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*.

Every life was designed to be implemented in 3 phases across 10 years. Phase One consisted of 60 actions across Queensland Government agencies and was implemented between 2019 and 2022. Phase Two will be finalised in 2026, and Phase Three will begin in 2027 and conclude in 2029.

The *Every life annual progress report 2023–2024* is the second in a series of progress updates that highlight the contribution being made across government departments to drive suicide prevention reform in Queensland.

Suicide is complex, with no one cause or solution. Effectively reducing suicide takes strong collaboration and leadership across all levels of government and the suicide prevention system, as well as the broader community.

Every life lost to suicide is one too many. Over the past decade, we have tragically lost more than 700 Queenslanders each year to suicide. In the 2024 calendar year, 769 people died by suspected suicide¹ in Queensland. Each person's suicide has a major impact on their families, friends and whole communities.

¹ This figure is based on data from the interim Queensland Suicide Register (iQSR), which provides real-time information on suspected suicide deaths in Queensland. Suspected suicide refers to a person's death that appears to be by suicide, but the coronial investigation and determination of the type of death is still ongoing. Coroners are responsible for determining whether a person's death is formally recorded as occurring by suicide after investigating and considering all available evidence. Until a coroner finalises their investigation, deaths are referred to as suspected suicides.

Reform context

Every life contains 4 action areas to support the critical shifts needed for ongoing reform. Action areas in the plan are:

- Building resilience
- Reducing vulnerability
- Enhancing responsiveness
- Enabling reform.

The plan focuses on building and supporting joint initiatives, collective effort, and partnerships across agencies and sectors.

Every life Phase Two was developed through extensive consultation across government agencies, non-government organisations, people with a lived experience of suicide and the broader Queensland community. It builds on the progress achieved in Phase One and contains both new and existing activities funded through multiple budget initiatives.

Governance, monitoring and evaluation

The implementation of *Every life* is led and guided by the whole-of-government Strategic Leadership Group, along with the support of the Suicide Prevention Strategic Oversight Group (SOG). The SOG includes lived experience members, senior government representatives, non-government organisations and other stakeholders. The implementation of *Every life* was also supported by the Suicide Prevention Lived Experience Advisory Group (LEAG) in 2023–24.

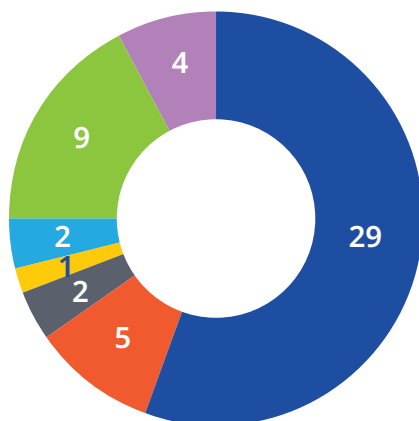
The Commission is leading the monitoring, reporting and evaluation of *Every life* on behalf of government agencies. The University of Melbourne has been engaged to conduct an independent evaluation of *Every life* across its lifespan and develop a Queensland suicide prevention monitoring and outcomes framework.

The evaluation of *Every life* Phase One is expected to be completed in 2025, and *Every life* Phase Two will be evaluated following its completion in 2026.

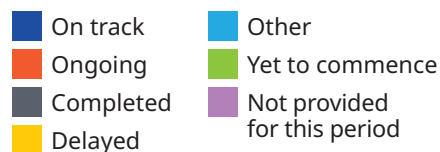
Overall implementation progress

In the first year of *Every life* Phase Two, government agencies continued to progress a range of initiatives and commenced new activities to prevent and respond to suicide in Queensland. In total, 52 activities are being progressed across the 4 action areas.

By June 2024, most activities (55.7 per cent) were 'on track' for implementation and 2 have been completed. One activity has been delayed and 9 are yet to commence. Progress is being led by 11 government agencies.



Progress status of all activities in *Every life*
(as at 30 June 2024)



Highlighted achievements



Building resilience

This action area focuses on the social determinants of health and wellbeing, and early intervention before suicidal behaviours develop.

Responding to student wellbeing needs

Contributing to priority: *Strengthen evidence-based suicide prevention strategies in places of learning.*

Contributing to action:

Action 9 – *Develop and implement effective multi-tiered approaches to support student mental health and wellbeing and suicide prevention activities that are tailored to the individual needs of students.*

The Department of Education has delivered a suite of training to school staff across Queensland. The delivery of this training supports staff to notice the early warning signs related to poor student wellbeing and respond appropriately. The training also builds staff knowledge and skills in responding to student suicide risk and events.

Black Dog Institute was contracted to deliver the evidence-based training program, *Youth in Distress – Managing suicidality and self-harm*. Black Dog Institute has specifically adapted this training for Queensland Department of Education wellbeing workforce professionals, including psychologists, social workers, and guidance officers working within primary and secondary schools.

Face-to-face training for school and regionally-based staff continues to be delivered in all 8 education regions. Early outcomes indicate the majority of participants were satisfied the learning outcomes were achieved, and the majority of participants would recommend the course to their colleagues.

Online training to support flexible delivery options are being investigated to maximise training attendance by staff across the state into the future. The training has facilitated refinement of statewide templates and processes.

Enabling Workforces and Organisations for Thriving Kids

Contributing to priority: *Enable Queensland children and families to thrive.*

Contributing to action:

Action 2 – *Develop a framework and professional development program for use across agencies addressing the acute and long-term effects of adverse childhood experiences.*

Overwhelmingly, the evidence suggests that supporting children and families as soon as possible at the early ages leads to better outcomes.

The Thriving Queensland Kids Partnership was engaged to deliver the Enabling Workforces and Organisations for Thriving Kids project. This project supports the development of a professional development program across Queensland Government agencies, to better equip government staff to respond to and support young Queenslanders and their families impacted by the acute and long-term effects of adverse childhood experiences.

Addressing and preventing the impacts of trauma and adversity in childhood reduces the likelihood that the person will experience mental ill-health and/or distress, including suicidal behaviour. To prioritise the delivery of trauma-informed services to Queenslanders,

it is important for all government agencies to have a shared understanding of the ongoing impacts of adverse childhood experiences, including building capabilities for organisations and workforces to support families and children to prevent and reduce the impacts of adversity and trauma.

The project is being co-designed, developed and delivered through collaboration with government agencies and authorities across the education, health and mental health, family wellbeing, child protection, disability, justice, community, housing, youth justice, and skills and training portfolios.

Piloting the newly developed professional development is underway and an evaluation of the project will provide insights on early implementation and scalability.

First Nations suicide prevention

Contributing to priority: *Build inclusive, resilient, socially connected and mentally healthy communities.*

Contributing to action:

Action 12 – *Identify and invest in community-led suicide prevention initiatives that prioritise community connection and responding to people in distress, with priority given to programs that reflect local issues and needs such as rural and remote areas, and First Nations communities.*

In 2023–24, funding was provided through *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*) to address the increasing social and emotional wellbeing and suicide prevention needs of remote and discrete First Nations communities in North Queensland. The funding has enabled the development of the community-led First Nations Suicide Prevention Response Pilot Project in 4 remote First Nations communities. Coen has commenced the pilot, while negotiations are underway with another 3 communities.

In each community, there are natural community leaders who provide support to their peers. The pilot project focuses on supporting identified members of the community with skills, training, remuneration and supervision to better provide social and emotional

wellbeing support to their peers. It is intended to complement the existing fly-in, fly-out model of clinical care and support people who are already in the community with the necessary skills, training and employment to support other community members who are in distress or crisis. This project also includes funding for supervision, community capacity building and support from a culturally appropriate service. However, the model is different in each community, as ultimately the final support model is designed by the local community, based on their individual needs.

An independent evaluation of the initiatives will be undertaken using the principles of data sovereignty and self-determination. The evaluation will measure impact and outcomes of the initiatives and develop an evidence base to support longer-term sustainability.

Highlighted achievements



Reducing vulnerability

Some groups and communities are more likely to be exposed to or impacted by social, economic and other risk factors for suicide. This action area focuses on addressing those risk factors to reduce vulnerability.

Addressing male suicide

Contributing to priority: *Prioritise men's suicide prevention.*

Contributing to action:

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

Men continue to experience disproportionately high rates of suicide, and targeted approaches to male suicide are required to better identify and support men experiencing distress or crisis.

The Commission is developing a targeted approach to male suicide prevention, which includes partnering with The Men's Table to establish services across urban and regional Queensland. In 2023–24, 8 men's tables across Queensland were established including a commitment to independently evaluate.

The Men's Table is a peer-led, multi-impact program that centres on prevention and:

- increases awareness of men's mental health, wellbeing and suicide prevention

- builds community resilience at the local level
- increases social connectedness, and
- enables help-seeking support pathways for men.

The Men's Table is a national program with a unique grassroots approach and has been shown to be sustainable in a range of locations. In other states and territories, the program was found to be successful in building men's health and wellbeing, reducing social isolation, and creating safe spaces and places for men to connect locally, share and belong. The project is being independently evaluated to consider the suitability of the program for the Queensland context and to provide recommendations regarding scalability.

Yarns Heal and Talking Heals suicide prevention project

Contributing to priority: *Tailor responses and supports for populations disproportionately impacted by suicide.*

Contributing to action:

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

The Commission supported the Queensland Council for LGBTI Health to expand the Yarns Heal and Talking Heals suicide prevention project statewide, with a focus on 6 corridors across Queensland. The initiative is underpinned by the Council's 2Spirits Program that is aimed at supporting Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy communities.

The expansion of the Yarns Heal initiative supports the development and implementation of community-led and place-based suicide prevention initiatives. This includes empowering local communities to identify and respond to Aboriginal and Torres Strait Islander LGBTQIA+ Sistergirl and Brotherboy social and emotional wellbeing needs through safe community conversations, suicide prevention training and resources, and therapeutic activities.

The project provided more than 150 people with access to training and education sessions on the following topics:

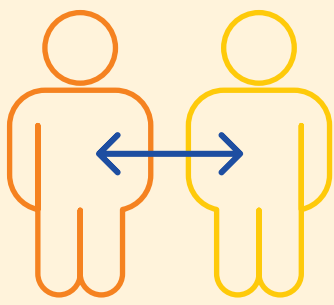
- 2Spirits 101 provides an introduction to understanding sex characteristics, gender, sexuality and relationships from an Aboriginal and Torres Strait Islander framework.
- Introduction to Trans, Gender Diverse, Non-Binary, Sistergirl and Brotherboy experiences.
- LivingWorks safeTALK supports the creation of suicide alert communities.
- Queering Sexual Health is a community-responsive sexual health workshop providing access to safer sex information and products.

The focus of the Yarns Heal initiative is on community-owned and community-based responses, and across the 6 corridors, the Yarns Heal team recorded over 6,000 engagements with the community, sector and government organisations. More than 11,000 community-developed resources were distributed statewide.

Feedback from these sessions has been overwhelmingly positive, with participants noting that they had improved their understanding of LGBTQIA+ Sistergirl and Brotherboy people, as well as concepts related to suicide.

The Yarns Heal initiative is being evaluated and this is expected to be finalised in early 2025.

Highlighted achievements



Enhancing responsiveness

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

Delivering new crisis support options

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

Contributing to actions:

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

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

The Lighthouse Crisis Support Space (The Lighthouse) in Bundaberg is one of Queensland's newest crisis support spaces. The Lighthouse is available at the Bundaberg Hospital for people experiencing mental health distress, providing an alternative to the emergency department.

Wide Bay HHS engaged a local artist who specialises in artwork collaboration to create a co-designed wall of art. This artwork allowed people with a lived experience to express a narrative towards hope and recovery. This artwork has resulted in a co-designed visual identity for the Lighthouse Crisis Support Space reflective of the people it serves.

The Lighthouse is one of up to 11 new hospital-based Crisis Support Spaces being established under the *Better Care Together* plan. These services are designed to complement community-based peer support options, including services offered by the 20 new

Medicare Mental Health Centres to be established across Queensland by 2026.

An independent evaluation of crisis support spaces carried out by the Queensland Centre for Mental Health Research has found that these spaces are effective at reducing visitors' experiences of psychological distress, and contribute to reduced presentations and time spent in emergency departments and need for inpatient care.

Through funding from both Australian and Queensland Government sources, the Brisbane North Primary Health Network established the Brisbane North Safe Space Network. This includes 4 Safe Spaces in Bardon, Caboolture, Strathpine and Redcliffe, providing inclusive and accessible crisis support as an alternative to emergency departments. These are peer-led, non-clinical spaces that offer compassionate support in the community for people experiencing distress.

Queensland Ambulance Service Mental Health Liaison Service

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

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

The Queensland Ambulance Service Mental Health Liaison Service (MHLS) involves a senior mental health clinician working in the Brisbane Operations Centre 24 hours a day, 7 days a week with 80 hours a day of clinician time.

In the 2023–24 financial year, the MHLS clinicians reviewed, on average, 250 emergency incidents per day. They provided clinical input into over 91,665 calls to Triple Zero (000) to ensure the best resource utilisation for people who are experiencing a mental health crisis or other incidents involving patients with complex care needs. This includes clinicians speaking to people experiencing crisis at the scene to provide verbal de-escalation or to obtain collateral from informants, carers or families facilitating linkages with treating mental health teams in the public or private sector and informing the clinical decision-making of paramedics.

In the 2023–24 financial year, the clinicians spoke to 34,967 people who called Triple Zero in an emergency situation, providing tele-triage, information, advice and assistance. Of these calls, 10,227 were a direct referral from an operator, and were from callers in a suicide crisis and who were, at the time, alone. The clinicians were able to offer a specialised mental

health suicide risk assessment and management plan for the person in suicide crisis. In the last financial year, the MHLS clinicians also spoke to paramedics on scene 13,450 times to offer information, advice, support and assistance via consultation liaison on risk assessments, decision-making, disposition planning and treatment options.

Under the Queensland Government's strategy to tackle ramping and health care pressures, additional clinicians have been allocated to the MHLS team, with the full-time staff for the program now at 23.5 specialist mental health clinicians.

The MHLS also extended access to social workers within the team to improve its response to the state's most vulnerable people. In 2023–24, social workers received on average 10 referrals per day. Calls for the service included people experiencing vulnerabilities associated with access to services for aged care, people requiring interventions to access or modify services provided through the National Disability Insurance Scheme, people experiencing homelessness or insecure housing, children experiencing distress or emotional dysregulation, and from carers experiencing fatigue. Further development of the program and formal evaluation will be a focus for the future of the service.

Suicide aftercare offered to more Queenslanders

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

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

Suicide aftercare is now available across most of Queensland, providing people at risk of suicide with crucial psychosocial support to assist them to meet their recovery goals, maintain the best possible social and emotional wellbeing, and live satisfying lives.

In partnership with the Australian Government, during 2023–24 access was expanded to community-based psychosocial aftercare support for people presenting to a HHS following a suicide attempt or suicidal crisis, with people now able to access this crucial service in 10 of the state's 16 HHS regions. Aftercare Support Services are expected to commence in the remaining 6 HHS regions during 2024–25.

Emergency departments are not the best option for people experiencing suicidality. Planning has started for a trial to assess the value of expanding access pathways into aftercare, to commence in the Gold Coast and Brisbane South regions in 2024–25. The intent of these trials is to allow people who

are experiencing a suicidal crisis to access an aftercare support service without having to present to the hospital first.

The experience of children and young people with suicidality is unique and as such, requires a unique solution. In partnership with the Australian Government, funding has been provided for the design and development of a suicide aftercare service that meets the unique needs of children, young people, and their carer and support networks. This service will commence operation in the Brisbane metropolitan area in 2024–25.

Ensuring continual improvement of the suicide aftercare support available to Queenslanders is a priority. As such, a trial of the expanded pathways model and the dedicated aftercare service for children and young people will be closely monitored with a view to expanding this support statewide in coming years.

Evaluation of Q-MOST pilot

Contributing to priority: *Improve service accessibility, responsiveness and appropriateness by expanding existing initiatives and developing new practice models.*

Contributing to action:

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

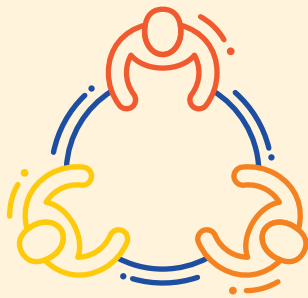
Orygen Digital's Moderated Online Social Therapy (MOST) platform is a free online digital mental health platform designed for young people aged 12 to 25 years. It provides access to online support from mental health clinicians and career consultants, a varied toolkit of coping resources, and a clinician-moderated virtual support network to facilitate meaningful social connection.

Queensland Health and Children's Hospital Foundation funded Orygen Digital to pilot the platform in HHSs and 12 selected Headspace centres statewide between October 2021 and June 2024. This was known as the Q-MOST pilot. An independent evaluation was conducted by the Queensland Centre for Mental

Health Research. Learnings from the evaluation have informed a statewide service rollout of the platform to all 16 HHSs, with a service agreement in place from July 2024 to the end of June 2027 under Queensland Health's *Better Care Together* plan.

This service continues the provision of digitally enhanced mental health support for young people attending youth mental health services to augment face-to-face clinical services. In addition, young people can register to access MOST through a 'Direct Access' pathway without a referral, ensuring young people needing supports anytime, anywhere, can access MOST: <https://bit.ly/QLDMOST>.

Highlighted achievements



Enabling reform

This action area focuses on strengthening the systemic enablers for reform through greater governance and accountability; embedding lived experience of suicide leadership; enhancing data, research and evaluation; and building greater workforce and community capability.

Suicide prevention research

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

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

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

In 2023–24, grants were released to fund research into suicide and suicide prevention via the Suicide Prevention Research Scheme. As part of the grant scheme's development, researchers and people with lived experience of suicide were consulted on a broader research agenda to help refine research priorities and ensure the grants can fund a range of suicide prevention research.

The grant program opened in 2023–24, with research grants awarded to 4 Queensland universities to better understand suicide and enhance suicide prevention. Their research will help build the evidence base on what works to prevent suicide and strengthen Queensland's ability to deliver high quality, evidence-driven suicide prevention initiatives.

Funding recipients include the University of Southern Queensland, Griffith University, Bond University and Thompson Institute at the University of the Sunshine Coast. The supported research projects will determine:

- the primary drivers of suicide in fly-in fly-out and drive-in drive-out workers
- the impact of access to gender-affirming healthcare on suicide prevention
- how to keep safe online and improve online support for people in suicide distress
- assessing individual suicide risk with the aid of machine learning, and
- early suicide awareness and responses for young people.

Supporting research into youth suicide and domestic and family violence

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

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

In partnership with Griffith University, the Commission has funded research exploring the link between childhood exposure to domestic and family violence and youth suicide.

The longer-term impact of exposure to domestic and family violence in childhood is an area of emerging research. The aim of the research is to:

- examine trends to identify how domestic and family violence plays out in the lives of young people, and current visibility and invisibility in different forms of service system contact
- identify opportunities to improve social and emotional wellbeing outcomes for Queensland children, young people and their families, and
- incorporate findings into future directions for early intervention and prevention strategies, and trauma-informed responses related to domestic and family violence, mental health and suicide prevention.

Expansion of Peer CARE Companion in Community

Contributing to priority: *Create a more coordinated and integrated approach to suicide prevention.*

Contributing to action:

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

In partnership with Queensland Health and Roses in the Ocean, the Commission is piloting and evaluating a community-based and lived experience-led suicide prevention model of support across multiple locations in Queensland.

Peer Care Companions are trained community members with lived experience of suicide. The volunteer-based service strengthens the existing network of suicide prevention services including aftercare, postvention and safe spaces.

Investment has been made towards supporting the design, delivery and evaluation of 3 Peer CARE Companion in Community (PCCiC) services across Queensland. The PCCiC service will be expanded to 3 new regional, remote and rural locations, with the evaluation to assess impacts and scalability.

Reforming suicide surveillance

Contributing to priority: *Improve the way data, evidence and evaluation is collected, used and shared to drive and improve suicide prevention.*

Contributing to actions:

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

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

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

Queensland's primary suicide surveillance systems are the Queensland Suicide Register (QSR) and the interim Queensland Suicide Register (iQSR). The QSR records all confirmed suicides by Queensland residents after a coronial investigation is finalised. The iQSR is a real-time suicide monitoring system that records interim data on suspected suicides soon after they occur.

In mid-2023, the Queensland Government returned Queensland's suicide surveillance systems into government custodianship, in response to key recommendations of an independent review into suicide surveillance in Queensland. Management of both the QSR and iQSR transitioned to the Commission and in 2023–24, the Commission began the Reforming Suicide Surveillance Project.

As part of the Reforming Suicide Surveillance Project, the Commission:

- commenced autonomous operational management of the surveillance systems
- introduced monthly publication of Queensland's interim suicide data from October 2023, bringing Queensland into alignment with all major Australian jurisdictions

- introduced a streamlined engagement process to improve response times to relevant stakeholders seeking access to information in the iQSR and QSR
- completed a comprehensive analysis and assessment of Queensland's suicide surveillance systems, and as result,
- identified the need to improve and modernise both the iQSR and QSR information technology systems, establishing a three-year work plan to 30 June 2027.

As part of the first stage of the work plan, the Commission is undertaking work to redesign and streamline the scope of the iQSR and QSR, replace the current data models, and develop an interim interface designed to improve data capture, quality and reporting.

The Commission also commenced work utilising a range of advanced tools and methodologies to explore the geospatial distribution of suicides across Queensland. Geospatial mapping and other analytical techniques are being used to identify locations with a higher frequency of suicide and emerging issues around access to lethal means, with work done to collaborate with relevant organisations to address those issues.

Embed lived experience of suicide in suicide prevention reform

Contributing to priority: *Strengthen governance and accountability mechanisms.*

Contributing to action:

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

The Commission partnered with Roses in the Ocean to pilot a dedicated Suicide Prevention Lived Experience Advisory Group (LEAG) in 2023–24. The purpose of the LEAG was to enable the perspectives of people with lived experience of suicide to be embedded in the Commission's suicide prevention work.

This included:

- promoting and supporting lived experience engagement in key suicide prevention projects led by the Commission
- identifying emerging issues and priorities relevant to suicide prevention from a lived experience of suicide perspective, and
- planning for *Every life* across all of its phases, including the development of a suicide prevention monitoring and outcomes framework for Queensland, and the development of the Queensland Suicide Prevention Research Agenda.

Roses in the Ocean recruited people with lived experience of suicide to the LEAG, delivered orientation and upskilling workshops, and continued to provide ongoing support, mentoring and guidance. A review of the LEAG was conducted in 2024 to inform the next steps to embed lived-living experience perspectives in suicide prevention reform.

Strengthening First Nations social and emotional wellbeing

Contributing to priority: *Strengthen First Nations leadership in suicide prevention.*

Contributing to action:

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

The Commission partnered with the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts (now Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism) in a Memorandum of Understanding (MoU) to deliver social and emotional wellbeing programs through the Local Thriving Communities reform agenda.

The purpose of the MoU is to fund 5 place-based initiatives, co-designed with local leadership, that aim to improve mental health and social and emotional wellbeing outcomes, reduce harm associated with substance use, and reduce rates of suicide in First Nations communities. The grant recipients are based in Barcaldine, Cherbourg, Kowanyama, Logan, Pormpuraaw and Wujal Wujal.

The partnership has been designed to deliver on shared priorities under the *National Agreement on Closing the Gap* and Queensland's implementation of priority reforms, specifically Priority Reform 2: Building the Community-Controlled Sector and Target 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotion wellbeing.

In 2023–24, an evaluation of the funded initiatives to build the evidence base of what works to strengthen social and emotional wellbeing in First Nations communities was commenced. The evaluation is a critical component for the outcomes of the initiatives and for developing an evidence base to support longer-term sustainability of the programs. This knowledge will be used to drive continuous improvement in prevention policies, programs and initiatives, and to inform future investment decisions and give Aboriginal and Torres Strait Islander communities a greater voice in shaping their future.

Next steps

Work is being undertaken to finalise the evaluation of *Every life* Phase One in 2025 and conduct the evaluation of Phase Two. Work is also progressing to independently evaluate *Every life* across its 10-year lifespan and to develop a suicide prevention monitoring and outcomes framework for Queensland.

Contributing to priority: *Strengthen governance and accountability mechanisms.*

Contributing to actions:

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

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

The Strategic Leadership Group will continue to oversee the implementation of *Every life* through progressing current commitments and identifying additional opportunities to advance priority actions.

