

LIFE Workshop Series

27 February 2015

Queensland Mental Health Commissioner Speaking Points

Acknowledgements

- Good morning and *welcome* to the Living Is For Everyone, or LIFE Workshop Series on suicide prevention.
- Thank you for the invitation to be here today to talk about this important subject. Suicide prevention is a priority area for the Queensland Mental Health Commission, and I am looking forward to hearing the perspectives of the many practitioners represented in the audience today, as well as those of the other speakers — Joshua Rivedal, and representatives from Mindframe, Sane Australia and the MATES in Construction campaign.
- Before we get started this morning, I would first like to acknowledge the traditional owners of this land where we are meeting today, and pay respects to their Elders, past and present. I acknowledge the other Aboriginal and Torres Strait Islander people among us here today.
- I also acknowledge the people whose lives have been affected by suicide.

LIFE Framework

- Is a national strategy for action based on the best available evidence to guide activities that aim to reduce the rate at which people take their own lives.
- The Framework aims to:
 - improve understanding of suicide
 - raise awareness of appropriate ways of responding to people considering taking their own lives
 - raise awareness of the role people can play in reducing loss of life to suicide.

Key Statistics

- A conservative estimate for the **economic cost** of suicide and suicidal behaviour in the Australian community is \$17.5 [billion] every yearⁱ.
- Certain groups in Queensland remain overrepresented in suicide mortality data including Aboriginal and Torres Strait Islander peoples, males, people residing in rural and remote areas, and children and young people experiencing family disruption or who are in contact with the child protection system.
- Recent analysis of the **Queensland Suicide Register** between 2002-11 shows us that there has been a decrease in suicide rates since 2002, however Queensland remains above the national average at about 13.5 per 100,000 compared with just over 11 per 100,000 nationally.
 - One third (31.2%) of people who died by suicide had a reported history of suicide attempt(s)
 - Suicide rates in remote areas were significantly higher compared to the Queensland average for both genders, the regional rate was also significantly higher
 - The highest suicide rates occur in the most disadvantaged areas and the lowest in the most advantaged areas
 - About one half (49.2%) of people who died by suicide had at least one diagnosed psychiatric disorder
 - A similar proportion (49%) were reported to have ever had psychiatric treatment and one quarter (27.4%) had a consultation with a health professional in relation to their mental health in the three months prior to their suicide
 - Suicide continues to be more frequent in Aboriginal and Torres Strait Islander peoples. Their rates were 1.5 times higher than those of other Australians in Queensland.
- But data in itself is not enough. We need to act collectively and as individuals.
- Collectively we need to look beyond rates, to try and better understand what is happening, where and why.
- If the data we pay to collect is not being used to inform action, then we need to review what we collect or what we do with it.
- When rates in areas vary significantly, then the question becomes what, if anything, was happening within that community at that time that may have

contributed to such a shift. And it is the local communities usually that could answer this question. So we must give them local useful timely information.

- Capturing and harnessing that information has the potential to greatly enhance our capacity to understand, and respond to, suicide and suicide attempts.
- As individuals we need to reach out to, and empathise with, people in our community whose family, friends and colleagues have taken their own lives.
- We need to support those people whose lives have been tragically impacted by suicide.

Queensland Mental Health Commission context

- The Queensland Mental Health Commission is established under legislation to provide advice to government to improve the mental health and wellbeing of all Queenslanders.
- One mechanism for achieving this is a whole of government strategic plan.
- But a strategic plan, no matter how well written, is of no use if it does not influence those services, supports and attitudes that impact people in the community.
- Generally we don't fund or deliver services. We do have some funds that have been historically directed to suicide prevention.
- We need to inform policy, practice and funding decisions. But our advice will only be taken into account if it is credible and supported by stakeholders across the breadth of Queensland.
- We need to listen not only to academics and practitioners but also to people with a lived experience including consumers, families and carers.

Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019

- Suicide prevention is a priority area under the *Queensland Mental Health Drug and Alcohol Strategic Plan 2014-2019*. The Commission is responsible for coordinating this Shared Commitment to Action, and for developing a renewed state-wide approach to suicide prevention for Queensland.
- This plan will set future priorities for action, intended outcomes, monitoring and reporting requirements and identify roles and responsibilities at state, regional and service levels.
- In developing a comprehensive approach to suicide prevention it is critical to both retain a focus on ensuring access to timely and responsive clinical intervention,

but also to recognise and address the individual, social and contextual determinants that contribute to suicide and suicidal behaviour.

- Addressing these precipitating factors prior to the threshold where clinical intervention is required has the potential to improve outcomes for individuals, reduce demand on acute mental health services and reduce the prevalence of suicides among vulnerable cohorts or communities.

Where are we going?

- The Action Plan will outline a clear strategic framework for suicide prevention in Queensland and is scheduled for release in September 2015.
- Most importantly the Action Plan will include actions that can and will be taken by government, non-government organisations and the broader community to reduce suicide and suicide attempts.
- It will move from raising awareness about suicide prevention to getting commitments to action – from what we could or might do, to what is going to be done. From coulda and shoulda, to gunna, doing done.
- This process will involve a series of strategic conversations with those involved in policy development, funding decisions and research; to get broad consent on our goals and key priority areas for action. And it will also include someone from Roses in the Ocean.
- From these discussions, a draft framework will be developed and publicly released for consultation.
- To ensure our actions are most likely to lead to change, we need to hear the voices and experiences of people who work in suicide prevention. We want all of you to be involved in the consultation process as the Action Plan is developed. The ideas of people personally affected by suicide will be sought.
- Get ready to tell us what works, how it works and why.
- Tell us what we all need to do to reduce suicide and suicide attempts in Queensland. Tell us how we can best use our existing resources and what we need more money for.
- This is your opportunity to help shape the future direction of suicide prevention in Queensland. Together we have a shared commitment to get it right.

1. ⁱ Community Affairs References Committee 2010, *The Hidden Toll: Suicide in Australia*, Canberra