Queensland Mental Health Commission

Suicide & Self-Harm Prevention Conference 2015

25 June 2015

Queensland Mental Health Commissioner Speaking Points

Acknowledgements

- I 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 people living with mental health and drug and alcohol problems, their families and carers. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness, recovery and have fulfilling lives.
- I would like to thank the conference organisers and special guests including Mr Mark McArdle, Shadow Minister for Health. I know that the Minister for Health, the Hon Cameron Dick, has expressed his regret that he is unable to attend.

Suicide

- Suicide is tragic. And it's personal. (SLIDE 2)
- The father of a young woman has given me permission to tell her story if I think it will help suicide prevention. His 18 year old daughter died by suicide in 2011, with devastating impact to her family.
- An inquest into her death following discharge from a mental health facility is currently before a Coroners Court interstate.
- At the inquest a psychiatrist spoke of an incident that occurred while she was an inpatient at a clinic in 2011. He said clinicians saw the incident as a self-harm attempt, however he believed it was a suicide attempt.
- She was released two days later, despite requesting to stay in care.
- The psychiatrist said he believed her stay at the clinic should have continued, instead of her being discharged.
- The teenager's father, who was her primary carer, was away on business at the time of his daughter's discharge. The psychiatrist said he believed that should have been a key consideration in making the decision about her care.
- "Allowing a period of time where her father could return would have been a factor to take into account. My view is that certainly would have influenced a clinical decision," he said.

Queensland Government

- In her father's view, she would not have died that day if the clinic had waited for him to return home.
- **No matter how busy a hospital is, they must listen to families.**
- I'm really pleased to hear that Queensland Health will roll out more training for hospital staff in relation to suicide prevention, AND I am very pleased that the Minister for Health has made in clear that people affected by suicide will be involved in this project.

Key Statistics (Slide 3)

- The human toll is significant.
- Last year, 627 Queenslanders ended their lives and around three-quarters of those were male.
- Queensland suicide rates remain above the national average (13.3 per 100,000 compared to 10.9 per 100,000). In NSW it is 9.1.
- For every suicide, at least six other people's lives are deeply affected.
- For every person who dies by suicide, an estimated 30 people attempt suicide. Nearly two-thirds of people who attempt suicide are female.
- Certain populations experience higher rates of suicide:
    - Aboriginal and Torres Strait Islander Peoples
    - Lesbian, Gay, Bisexual, Transgender and Intersex people
    - People who reside in rural and remote communities
    - People are at greater risk at certain times and in certain circumstances (ie. children known to the child protection system)
    - And we also see very high rates of suicide among men over 80
    - Questions are being asked more recently about people in highly competitive sport, about people in the FIFO workforce and in particular occupations.
- Suicide is estimated to cost the Australian community $17.5 billion a year based on: the total number of suicides, years of life lost to premature mortality, cost of services, insurance and superannuation claims, lost productivity (including among survivors) and the cost of prevention/intervention programs.

Positive signs (Slide 4)

- We often overlook the fact that over the past 20 years there have been some positive reductions in suicide rates in Queensland
- Since 1990, total age-standardised suicide rates in Queensland have been showing a slight decrease AND remained below 15 deaths per 100,000 since 2005
- For example in Queensland suicide rates for males have shown a notable decreasing trend, from a peak in the 1990s
- Female rates have been relatively stable over this time
- (Statistics sourced from the Queensland Suicide Register. 2012, 2013 and 2014 are preliminary only and may be subject to change once the coroner has finalised their investigations)

What's happening

- It is no secret that the *2014 National Review of Mental Health Programmes and Services* by the National Mental Health Commission has finally been released. An Expert Reference Group on Mental Health Reform was convened in the last fortnight to assist the Commonwealth Government in its response to that report.
- Suicide prevention is a major focus and it includes a recommendation that we reduce suicide and suicide attempts by 50 per cent over the next decade.
- It is a very thorough report with some great recommendations and we could have chosen to wait until the Commonwealth's response to that report is finalised.
- But there is much we can continue to do, keeping in mind that greatest impact will come from all levels of government and all sectors making their respective contributions and that ideally these should add value not duplicate
- (SLIDE 5)
- In 2014, Queensland committed to developing and implementing a renewed approach to suicide prevention through the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19*.
- The Commission is leading this work and is developing a whole-of-government *Queensland Suicide Prevention Action Plan*.
- Other Action Plans will set the foundation for reduced suicide by addressing broader mental health and wellbeing including the Mental Health Awareness, Prevention and Early Intervention and the Alcohol and other Drugs action plans.

What we have heard

- Since the Commission was established two years ago, we have heard people's views about suicide prevention in a range of ways – in our community consultations in year one, in focused conversations with people affected by or working in the field of suicide more recently and in numerous meetings and email exchanges with individuals on a regular basis.
- What has this feedback revealed?
- First and foremost, individuals seeking help and their families MUST be taken seriously by services.
- We all have different roles and responsibilities when it comes to suicide prevention and risk management.
- There is a lack of understanding about how to safely talk about and respond to suicide among families, peers, schools and the community.
- Individuals, families, communities, workplaces, schools, emergency services, as well as health and social services, need the skills and capacity to be able to identify, and respond safely to, people at risk of suicide, bereaved by suicide or otherwise impacted by suicide.
- Referral pathways into appropriate care for people under stress and in crisis, their families and carers, can be challenging and complex. Services must be available, suitable and accessible. Services also need to be culturally appropriate.

- There should never be a wrong door when help is needed and sought.
- We need to capture people falling through the gaps. For those experiencing a crisis, when presenting issues are situational or psycho-social (that is, for example relationship or financial), the appropriate service response is often very hard to find or access.
- Local communities need to be aware about the needs in their area and have access to practical and accessible guidance.
- When things are tough, when our rural communities are facing endless drought, we need to be mindful that many people will struggle to cope financially and emotionally.

Proposed Goal (Slide 6)

- To reduce suicide and its impact on Queenslanders.
- This goal was proposed in recognition of the broad and far reaching impact that suicide has on families, friends, peers and the broader community.
- Apart from addressing the policy and service needs to help us reduce suicide and its impact, we also need to develop the right information sets, the right performance measures to know that we are on the path to success.
- Our current measures are about deaths by suicide. Fortunately there are not enough for us to monitor steady change over time in local areas.

How will this be achieved?

- Suicides can be prevented. But this requires a sustained commitment to coordinated, whole of government, whole of community approach – because of the complexity of issues and the range of contributing factors that lead to an increased risk.
- We need to ***shift our focus*** from a mental illness model to one which considers, and responds to, the broad range of factors that contribute to suicide risk.
- To achieve lasting change we need to ***shift our thinking*** from a focus on clinical diagnosis and risk status, to supporting a person in crisis, by taking a person-centered approach.
- We need to ***shift our focus*** from crisis responses to strengthening protective factors and social conditions that support good mental health and wellbeing, reducing risk factors for suicide.

Four Priority Areas (Slide 7)

1. **Stronger community resilience and capacity**
    - raise community awareness and reduce stigma, to recognise and help a person at risk of suicide and improve help-seeking
    - this includes a focus on supporting and helping those bereaved by suicide, including families, friends and communities
    - lead and develop local level solutions, recognising that all communities have different needs and strengths

2. **Improved service system responses and capacity**
    - to identify and respond in an appropriate and timely way to people at risk of suicide
    - provide person-centred assessment, support, treatment and care for those at risk, to ensure they get the services they need, when and where they need them
    - we need to increase our focus on providing support to workers, including first responders, recognising the significant impact and trauma in responding to these types of incidents
3. **Focused support for vulnerable groups**
    - to tailor services and initiatives to meet unique needs and circumstances of at-risk groups while enhancing the capacity of mainstream services to respond more effectively to these groups
4. **A stronger more accessible evidence base**
    - to provide more accessible research about what works, when, where and for whom
    - enable timely access to accurate and relevant data to inform local responses for both suicides, and suicide attempts – so that communities can understand what is happening and respond safely and appropriately
    - include the wisdom of those with a lived experience of people affected by suicide in research, policy and service development

How can you be involved? (Slide 8)

- Discussion paper available today (25 June 2015)
- Your ideas about specific actions to realign existing resources or argue for more by 31 July 2015
- September 2015: Agreed actions for the coming 18 months
- September 2016: Progress and renew actions
- The Action Plan will focus on those actions specifically aimed at reducing suicide and its impact on Queenslanders.
- It will include examples of established programs that have been shown to be effective, promising initiatives, and those focused on achieving systemic change.
- We will be working with relevant government agencies over the next 6 months to identify actions to be undertaken across Queensland to reduce suicide and its impact.
- The consultation document is on our website; please provide your feedback by 31 July. Your experience, expertise and input is greatly valued.
- Please consider the following:
    1. Does the Action Plan's proposed goal support a renewed approach to suicide prevention in Queensland?
    2. Are the proposed Priority Actions for the Action Plan likely to make a difference?
    3. What actions do you believe should be taken to reduce suicide and its impact on Queenslanders?

4. What is currently being done that works or could be improved?
5. Any other views you would like to share?

Thank you (Slide 9)

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