

Queensland Mental Health Commission Strategic Planning Issues Papers

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Better Suicide Prevention in Rural and Remote Queensland

- In Australia, more than 2,000 people die from suicide every year, a death rate well in excess of transport-related mortality. In 2010, suicide was ranked as the 15th leading cause of death, in Australia¹. In Queensland, over 500 people die from suicide each year, on average².
- Preventing suicide is a complex and challenging task. Often, efforts to prevent suicide focus on recognising and treating mental illnesses – especially depression. However, while access to quality, timely and appropriate clinical care is a vital component of a comprehensive approach to suicide prevention, it is not the only component.
- Many people who take their own lives are not mentally ill, and effective suicide prevention takes more than treating mental illness. It requires a whole-of-life, whole-of-community approach, with actions that reflect the multiple and diverse factors contributing to suicide risk.
- Rural communities face an increased burden of death due to suicide, and are an important focus for suicide prevention efforts. The current paper provides an overview of risk factors for suicide in rural and remote Queensland, and key challenges and opportunities for suicide prevention in those locations.

Current Situation

- In 2008-2010, suicide rates were higher in remote areas (20.65 per 100,000) than in regional (15.61) or metropolitan areas (12.10 per 100,000) of Queensland. Differences were more pronounced in males, who had 1.7-times higher risk of suicide in remote areas than in metropolitan areas, compared to 1.4 in females². Groups most vulnerable to suicide appear to be males, youth, farmers and Aboriginal and Torres Strait Islander people³.
- There are many different influences on, and risk factors for, suicide (regardless of geographic location), however some of these factors may be more common in rural and remote locations, or may play a more influential role in suicide in those locations.
- Research shows that contextual stressors associated with agricultural industry, relationship breakdown and Indigenous population were associated with greater risk of suicide in remote populations.
- Greater level of education, religiosity, and antidepressant use in rural populations were associated with lower suicide rates³.
- Compared to suicides in urban localities, relationship conflict, income and work problems, and alcohol use disorder were significantly more frequent in cases of rural suicide³.
- The quality of available health services and stigma associated with help-seeking were highlighted as influences on rural suicide³.

Models and Precedents for Innovation and A Better Way Forward

There are a range of innovations and initiatives that could be implemented in rural and remote areas with the goal of reducing suicides in those areas. These include:

- Better recognition of diverse risk groups and their different needs in rural and remote areas of Queensland.
- Better recognition of the multiple and diverse factors contributing to suicide risk in rural and remote areas.
- Better understanding of unique challenges/risks in rural and remote communities (for example, natural disasters).
- Better engagement of service providers outside the mental health sector (for example, relationship services, financial counsellors – ‘different’ services, not just ‘better’ mental health services).
- Better social and economic support to persons experiencing difficult circumstances in rural areas.
- Encouraging help seeking behaviours for social and economic problems and for mental or physical signs of distress and suicidal behaviours.
- Better facilitation of further education and training of persons in residing in rural areas to improve their employment opportunities, and recognition of the importance of job availability and job creation in rural areas.
- Encouraging the development of culturally appropriate and flexible sources of support.

Implications for the Reform and Change Agenda in Queensland

- There is a clear need for suicide prevention initiatives to move beyond a focus on mental health, towards a more holistic model of suicide prevention.
- When considering contributors to suicide (the ‘causes’ of suicide), it is important to shift from a view that emphasises depression and mental illness, to a view that incorporates multiple different risk and protective factors and interactions between those factors.
- In terms of service delivery, it is necessary to re-orient current thinking to recognise the potential role in suicide prevention of actors and agencies outside the mental health/general health services sphere.
- More broadly, there is a need to broaden the focus of suicide prevention efforts and go beyond a ‘formal’ service delivery model of prevention.
- While accessible, diverse and appropriate services are important for supporting people at risk of suicide; suicide rates can reflect a range of challenges faced by entire communities, and suicide prevention should be recognised as something that entire communities can play a part in.
- Ideally, suicide prevention efforts should not only be driven by (or attributable to) service providers, but should be developed and ‘owned’ by entire communities, to reflect the specific needs and priorities of those communities.

References

- 1 Australian Bureau of Statistics. (2012) Causes of Death 2010. Catalogue no: 3303.0. Canberra: Australia.
- 2 De Leo D, Svetlicic J, Kumpula EK (2013) Suicide in Queensland, 2008-2010: Mortality Rates and Related Data. Brisbane: Australian Institute for Suicide Research and Prevention.

- 3 Kolves K, Milner A, McKay K, De Leo D. (Eds.) (2012) Suicide in Rural and Remote Areas of Australia. Brisbane: Australian Institute for Suicide Research and Prevention

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