

June 2015



# A RENEWED APPROACH TO SUICIDE PREVENTION

## Communique

### Strategic Conversations

The Queensland Government has committed to implementing a renewed approach to suicide prevention through the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19*. The Queensland Mental Health Commission is leading this work and is developing a *Suicide Prevention Action Plan*.

To identify the Action Plan's priorities and direction, the Commission hosted a series of three Strategic Conversations in March and April 2015. Stakeholders from a range of backgrounds participated, including those with a lived experience, service providers, researchers and first responders from the government and non-government sectors.

This communique outlines themes and priorities identified through this process and also takes into account issues raised by individuals who have approached the Commission during this time.

### A new goal for Queensland

In Queensland 627 people took their lives last year<sup>1</sup>. For every person who dies by suicide, an estimated 30 people attempt suicide<sup>2</sup>. The effects of these tragic events are felt by families, friends, work colleagues and the broader community.

Not all people who suicide, or attempt suicide, have a mental illness but their ability to identify solutions and cope with issues they are facing is eroded through a process of hopelessness, despair and a sense of burden. Factors related to a person's personal circumstances such as relationship breakdowns, job loss and financial hardship can substantially increase suicide risk and whilst appropriate clinical intervention is essential, effective care and support must also respond to these underlying issues.

Suicide is preventable, however to effectively reduce suicide rates these broader social, economic and cultural factors must be taken into account requiring governments, communities, the non-government sector and private enterprise to work together.

Those participating in the Strategic Conversations identified the need for a clear achievable goal to guide priorities and actions. Discussions focused on the need to not only prevent suicide but support those impacted by suicide particularly families and the broader community. It was agreed that a new goal for collective action would be to: ***Reduce suicide and its impact on Queenslanders.***

Stakeholders agreed that there was a need to change the conversation in Queensland to encourage a shift in thinking:

- at an individual and cultural level from a sense of hopelessness towards a life with meaning
- at a practice and service level from a focus on clinical diagnosis to supporting a person in crisis, by taking into account the holistic needs of those at increased risk.

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<sup>1</sup> Australian Institute of Suicide Research and Prevention (2015) *Suicide Mortality Data in Queensland for 2014*. Griffith University

<sup>2</sup> SANE Factsheet 14 (2014) Suicidal Behaviour SANE Australia

## Priorities for action

Although risk management strategies are of considerable importance for responding to those at immediate risk of harm, participants' emphasised the need to also focus on broader early intervention and prevention strategies.

This includes strengthening protective factors and social conditions that support good mental health and wellbeing as well as responding to risk factors at an individual, community and population level.

Those participating in the Strategic Conversations noted that this also involved enhancing a person's resilience and capacity to cope with difficult circumstances.

The following priority areas for action were identified:

### **Strengthening community resilience and capacity to respond**

Building strong and supportive families and communities is an important part of reducing suicide.

This includes improving social connectedness and support, as well as providing communities, families and friends with the tools and confidence to recognise when a person is at risk of suicide and to talk about issues safely.

The need to break down stigma surrounding suicide to encourage those at risk of, or affected by, suicide to seek support and help was also identified.

### **Strengthening the capacity of the service system to effectively respond**

People at risk of suicide access and interact with a wide range of services including doctors, ambulance and police, housing, financial support services, education and employment services.

It was acknowledged that these services all have different roles and responsibilities when it comes to responding to suicide risk.

For example some service providers act as gatekeepers to identify and refer people at risk whilst other more specialised services such as health and counselling supports are responsible for the assessment and ongoing management of people at risk.

Workforce development strategies that are customised to these different roles and contexts were considered essential to ensure people have access to the right support, when and where they need it.

### **Strengthening the evidence base**

Suicide prevention activities should be evidence-informed, with a commitment to ongoing evaluation, so that we know what works, when and for whom.

There is considerable evidence and research in relation to suicide however an increased focus is needed on translating this research into practical guidance for service providers, practitioners and communities.

Those participating in the strategic conversations noted a need to more effectively benefit from the lived experience of people affected by suicide by including these perspectives in research, policy and service development.

Stakeholders also identified a need to better use available data regarding suicide and suicide attempts including improving the timeliness and accessibility of this type of information.

### **Tailored responses for groups at greater suicide risk**

Some groups of Queenslanders experience higher rates of suicide including people with a mental illness; Aboriginal and Torres Strait Islander peoples; those living in rural and remote Queensland and lesbian, gay, bisexual and transgender and intersex people.

Others are at greater risk at certain times and in certain circumstances in their life for example seniors or children and young people who are experiencing family disruption or are in contact with the child protection system.

To ensure effective actions are taken to reduce these rates, tailored responses are needed that take into account the needs and circumstances of these groups.

### **Next Steps**

To finalise the Action Plan, the Commission is seeking the views of the broader community regarding the four priority areas and actions that they believe should be considered commencing in late June 2015.

The Commission plans to publicly release the Action Plan in early September 2015 to coincide with World Suicide Prevention Day.

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#### Further information

Phone 1300 855 945  
Web [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)  
Email [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au)  
Mail PO Box 13027, George Street Brisbane QLD 4003