

Media statement

25 June 2015

Shift needed to break barriers and prevent suicide

Queensland's Mental Health Commissioner today called for a shift in thinking to tackle suicide.

Queensland has one of the highest rates of deaths by suicide among mainland states. Last year, 627 Queenslanders tragically ended their lives and around three-quarters of those were male.

For every suicide, at least six other people are intimately and deeply affected.

For every person who suicides, an estimated 30 people attempt suicide. Two thirds of these are women.

Mental Health Commissioner Dr Lesley van Schoubroeck said: "The effects of these heart-breaking events are immediate, far-reaching and long-lasting. They are felt by families, friends, work colleagues, first responders and the broader community."

Dr van Schoubroeck told the *Suicide and Self-harm Prevention Conference*, in Cairns, that suicide can be prevented.

"This is a serious issue that demands a more comprehensive whole-of-community preventive approach.

"We need to continue 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, and to strengthening protective factors and social conditions that support good mental health and wellbeing," she said.

"This requires a sustained commitment to coordinated government and community approaches. The emerging work in many communities must be encouraged and supported."

She said families needed a stronger voice within prevention and treatment services so that people "at risk" do not end up "falling through the gap".

The Queensland Mental Health Commission today released a discussion paper on suicide prevention which will contribute to a state-wide Action Plan, due for release in September.

According to the discussion paper, the risk of suicide for people in crisis is heightened immediately after discharge from hospital.

"Transitions in and out of care are known risk times and evidence suggests that post-discharge follow up is highly effective in reducing a person's risk of suicide," the paper said.

"Involving families and other supporters in discharge planning can ensure that they have sufficient knowledge and are equipped to support the person at risk when they leave hospital."

Dr van Schoubroeck said research also highlighted a need to cut through barriers to people at risk of suicide and self-harm from accessing personalised and hospital care.

“Clinical help is vital when and where people need it, but there is much more we can do to prevent suicide.

“Prevention takes effort by a wide range of agencies and stakeholders including education, housing, employment and communities to pinpoint and support care that gets in early before people reach crisis.”

The Commission's Discussion Paper is available for comment until Friday 31 July.

Download at www.qmhc.qld.gov.au/