

AISRAP World Suicide Prevention Day Forum

The Greek Club, 29 Edmondstone St, South Brisbane

Queensland Mental Health Commissioner Speaking Points

Acknowledgements

- I would like to thank:
 - the Minister for Health and Minister for Ambulance, Mr Cameron Dick
 - Professor John O’Gorman for hosting this event
- 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.

Key Statistics

- 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 including families, friends, colleagues and the broader community.
- 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
 - People who reside in rural and remote communities
- Certain groups are also at higher risk:
 - Lesbian, Gay, Bisexual, Transgender and Intersex people
 - People from culturally and linguistically diverse backgrounds
- Questions are being asked more recently about people in highly competitive sport, about people in the FIFO workforce and in particular occupations.

- 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
- 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.

What's happening

National

- 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, which has a significant focus on national suicide prevention initiatives.
- An Expert Reference Group on Mental Health Reform has been convened to assist the Commonwealth Government in its response to that report.
- 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

Strategic Plan

- The *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-19* committed to developing a renewed approach to suicide prevention.
- The Commission is leading this work and has developed a whole-of-government *Queensland Suicide Prevention Action Plan* to support coordinated, cross-sectoral action.
- Other Action Plans will set the foundation for reduced suicide by addressing broader mental health and wellbeing including the Mental Health Promotion, 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.
- There should never be a wrong door when help is needed and sought.
- 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 is also a lack of understanding about how to safely talk about and respond to suicide among families, peers, schools and the community.
- 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.
- The Commission has also conducted a range of targeted and public consultations with government agencies, non-government organisations and people with a lived experience to inform the development of this Action Plan, and decide on our shared goal and the four priority areas for action

Goal

- To reduce suicide and its impact on Queenslanders.
- This shared goal was developed as part of consultations and in recognition of the broad and far reaching impact that suicide has on families, friends, peers and the broader community.
- This goal is a step towards a 50% reduction in suicides within 10 years

How will this be achieved?

- Although suicide is increasingly understood to be preventable, the ability to accurately predict suicide is extremely difficult.
- Because of the complexity of issues and the range of contributing factors that lead to increased risk, a sustained commitment and coordinated, whole of government approach that supports whole of community action is needed.
- We need to **change our conversations** to one of hope and optimism for the future to break down the barriers that prevent people seeking help and to equip families, communities and service providers to support those at risk.
- To achieve lasting change we need to **change 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 **change our focus** from a mental illness model to one which considers, and responds to, the broad range of factors that contribute to suicide risk.
- We need to **change our actions** from crisis responses to strengthening protective

factors and social conditions that support good mental health and wellbeing, reducing risk factors for suicide.

- We all have different roles and responsibilities when it comes to suicide prevention and risk reduction and in particular I would like to acknowledge the commitment and dedication of the ten state government agencies responsible for implementing over 40 actions within this Plan including:
 - Queensland Health
 - Queensland Ambulance
 - Department of Justice and Attorney General
 - Queensland Police
 - Queensland Fire and Emergency Services
 - Queensland Rail
 - Department of Education and Training
 - Department of Communities, Child Safety and Disability Services
 - Department of Natural Resources and Mines
 - Queensland Family and Child Commission

Four Priority Areas

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

Our Actions:

- Develop and trial a place-based suicide prevention initiative that builds on community strengths in a rural and remote community (Queensland Mental Health Commission).
- Support the MATES in Construction Scoping Project 'Saving lives in the Construction Industry' to scope the expansion of its suicide prevention initiatives to rural and regional Queensland and to include small and medium sized businesses.
- Provide resilience training for staff identified as first responders to assist them in managing the personal impact of attending to traumatic or stressful situations (Department of Justice and Attorney General).

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

Our Actions:

- Enhance the capacity of hospital emergency departments to identify and respond to those at risk of suicide (Queensland Health).
- Require Senior Guidance Officers and Guidance Officers, as first responders in State Schools, attend suicide prevention and intervention training (Department of Education and Training).
- Implement a suicide prevention and resilience model across Queensland's Correctional Centres to provide person-centred assessment, support, treatment and care for those at **risk** (Department of Justice and Attorney General).

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

Our Actions:

- Partner in national research projects including *Improve men's access to care: a national ambulance approach to reduce suicide and to improve the mental health of men and boys* (Queensland Ambulance Service)
- Provide staff education and support to improve awareness to better respond to people presenting at risk of suicide in regional locations or at customer service counters, and implement internal workforce awareness strategies through existing Health and Wellbeing programs (Department of Natural Resources and Mines).
- Scope current service models, barriers for accessing services and options for improvement, for Aboriginal and Torres Strait Islander young people at risk of suicide within the Townsville region (Queensland Mental Health Commission).

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

Our Actions:

- Support innovative research that aims to better identify and respond to the unique risk and protective factors that may lead to groups or populations being at increased risk of harm (Department of Justice and Attorney General).

- Develop and implement a Data and Information Sharing Network to enhance the collection, analysis and dissemination of suicide mortality and attempt data (Queensland Mental Health Commission).

Thank you

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