

Queensland Government Suicide Prevention Strategy 2003-2008

Presentation by

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at the

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Acknowledgements

Richard Roberts, Chairman of CAPS

Good morning Ladies and Gentlemen,

Thank you everyone for giving your time today to attend this very important event. I hope today's forum will raise your awareness of the issues and complexities surrounding suicide and collectively encourage you to become more involved in reducing the rate of suicide in Queensland.

This is the first time I have addressed such a large audience. I am honoured that the CAPS Committee has asked me to give you a brief outline of the *Queensland Government Suicide Prevention Strategy 2003-2008* to inform you about some of the Strategy's targets and ambitions and to bring you up to date with some of the things being done by Queenslanders who are working with a wide range of government agencies and community organisations.

I am not an academic or a researcher, and although both of these professions are necessary in the prevention of suicide, forums such as today, that connect with the public to increase awareness and reduce the stigma attached to suicide, attempted suicide, and self-harm, is equally vital.

As we meet here in Brisbane on the occasion of the third (3rd) World Suicide Prevention Day – endorsed by the World Health Organisation – it is obvious that suicide is 'Everybody's Business'.

Clearly, we need to learn from some of the successful suicide prevention measures adopted by other countries but we also have a responsibility to generate home-grown ideas that meet the particular needs of our own individuals, our families and our communities. I hope that some of the things that are happening in Queensland will stimulate the growth of new ideas during your Forum today.

Queensland Health does not own the Queensland Government Suicide Prevention Strategy and it is not based solely on a medical model.

There are in fact 12 State Government agencies represented under the Strategy and actively involved in the implementation of suicide prevention initiatives. They include the Department of Communities (Office for Youth), Education Queensland, the Dept of Child Safety, the Dept of Primary Industries & Fisheries, Dept of Emergency Services, Qld Police Service, Dept of Corrective Services, Dept of Aboriginal and Torres Strait Islander Policy, the Department of the Premier and Cabinet, the Commission for Children and Young People and Child Guardian, the Dept of Employment and Training and Qld Health.

The Strategy adopts a broad range of responses including promotion of mental health and wellbeing; illness prevention and early intervention with known high-risk groups; treatment and assertive follow-up; and support for those bereaved by suicide.

The priority groups identified in the strategy include young people; Indigenous people; older people; people from culturally and linguistically diverse backgrounds; people in custody; people who are gay, lesbian, transgender or bisexual; and people with a mental illness.

In particular, these strategies are based on evidence, which says they can actually work. Considerable research has been undertaken in Queensland – the majority by Professor Diego De Leo and his staff at the Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University, here in Brisbane – with more research underway and planned, as we build evidence for new initiatives.

So what does all this mean? What is happening in Queensland communities as part of the State Government Suicide Prevention Strategy?

Let me run through, as quickly as I can some of the key achievements that have occurred under the Strategy for 2005-2006.

As the lead agency, **Queensland Health**, for the past three (3) years has implemented the Early Intervention Project Officer (Suicide Prevention) Program across the state.

The **Early Intervention Project Officer** positions specifically focused on Emergency Departments, Mental Health In-patient Units, Community Mental Health Services and other key agencies in their Districts, to develop strategies that enhance early intervention initiatives including early detection and

identification, and ensuring the appropriate treatment for individuals at risk of suicide. This Project has just been externally evaluated and the learning's from this will assist in guiding the direction of future projects.

Logan Mental Health Services (MHS), in collaboration with Prof. Martin (UQ); Young Persons Early Intervention Program (Logan); Dr Daubney; and clients of the Logan Child & Youth MHS have written, compiled, and disseminated 'An information booklet for young people who self-harm and those who care for them'.

The **Department of Communities** (Office for Youth), in collaboration with representatives from Qld Health, Ed Queensland, Dept of Corrective Services, Dept of Aboriginal & Torres Strait Islander People, Dept of Emergency Services and Qld Police Service, led the organisation of the inaugural Queensland Suicide and Self-harm Conference on behalf of the Strategy Steering Committee, held on 30-31 March 2006 at The Mercure Hotel Brisbane.

450 people registered for the conference, with 416 delegates in attendance. Delegates represented a broad range of sectors and included youth workers, welfare workers/ counsellors, teachers, health workers, police, emergency services workers, clergy, doctors and survivor groups.

The **Department of Communities** continued to fund Gallang Place Aboriginal and Torres Strait Islander Corporation to deliver counselling, advice, support

and referral for young Indigenous people aged 12-25 years in the Brisbane region that are at risk of suicidal and self-harming behaviour.

The **Queensland Police Service** has commenced the development of a culturally appropriate suicide awareness and skills training package for Police Liaison Officers and Aboriginal and Torres Strait Islander Police. The project is designed to increase officers' confidence and competency in identifying, managing and referring Aboriginal and Torres Strait Islander people at risk of suicide.

The **Queensland Police Service**, in collaboration with Queensland Health and the Queensland Ambulance Service, established Mental Health Crisis Intervention Teams, to help safely resolve mental health crisis situations, including circumstances where there is a risk of suicide.

The **Department of Corrective Services**, in partnership with Government, non-Government and community sector organisations, have delivered specialist suicide prevention and management programs to corrections officers; and improved referral systems across agencies and into the community by working with key agencies to provide transitional support for offenders at the point of release.

The **Department of Corrective Services** have also delivered specialist training to professional staff whose role includes assessment and treatment of offenders at risk of suicide and self harm.

Queensland Health continues to fund AISRAP to maintain a register of suicides in Queensland and to disseminate their report to relevant government departments.

These are only some of the things we are doing in Queensland under the State Government Suicide Prevention Strategy. However this can only be the start. There is much more to be done to ensure that as a community we work together to try and deal with this most difficult and tragic issue. There are no simple answers, only the coalition of compassionate people willing to do everything possible to try and help.

This is the second year running that Qld Health has had the pleasure of supporting CAPS, the AISRAP and World Suicide Prevention Day both financially and in-kind. Qld Health looks forward to continuing these important relationships and this critical event.

Thank you for this opportunity to address you all and open the forum on behalf of Queensland Health and CAPS. Qld Health