




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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MINISTERIAL STATEMENT

Suicide Prevention

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (2.18 pm): Suicide is one of the most serious challenges to public health for Queenslanders. In our country suicide is one of the leading causes of death for people aged between 14 and 45. We lose more potential years of life from suicide than from any other cause of death. The member for Capalaba has been a very strong advocate in this area and last month he brought a woman named Kerrie Keepa to meet with me. Kerrie has suffered from many suicides in her family. Last year she tragically lost her son Christopher to suicide. Kerrie has become a campaigner for positive change in the way we help to prevent suicide, particularly in training for suicide prevention in emergency departments.

I promised Kerrie I would look closely at what we were doing and what we could do better. Today I can announce that we are taking action. The government will commence work immediately on a new package of suicide prevention training for emergency department staff. While existing programs are available, they are targeted at mental health clinicians and require full- or half-day attendance, which makes them difficult to access for ED staff who work variable shifts. The new training package will be shorter but highly focused, designed specifically for emergency department staff. It will be delivered more flexibly and will use a train-the-trainer model, meaning training will happen across the state. The training package will be based on the existing emergency events management mental health module, but updated with a greater emphasis on the detection and management of suicide risk. The training will be highly focused and designed to fit into routine emergency department training. Unlike existing programs, it will not need off-site attendance or take significant time out of work. I have also told the department that in working on this program we should consult closely with people who have been bereaved by suicide, such as Kerrie Keepa. The estimated cost will be \$380,000, which will be met from existing resources.

Kerrie also has some important ideas about how we can better support the families of people who are in crisis. We can help try to address this area with legislative change in the proposed new Mental Health Bill, a draft of which is currently open for public comment. These are important initiatives and I think they will make a difference, but we need to be realistic. We cannot solve suicide with emergency departments or legislation. We cannot solve suicide with hospitals and medicine. Suicide is not simply a sickness in people's minds; it is a sickness in our society. To fix the sickness in our society, we need a response from all of our society.