Question on Notice

No. 1515

Asked on 30 October 2018

MR J KELLY asked the Minister for Health and Minister for Ambulance Services (HON DR S MILES) –

QUESTION

Will the Minister provide an update on strategies being implemented by Queensland Health to reduce the incidence of suicide?

ANSWER

The Palaszczuk Government is absolutely committed to reducing the incidence of suicide and preventing wherever possible the tragic loss of life. That's why we have set a target of reducing the suicide rate in Queensland by 50% by 2026. As part of our work to achieve this target the Queensland Mental Health Commission will lead the development of a whole-of-government suicide prevention strategy.

Queensland Health also recognises the important role of our public health system in providing safe, high quality clinical care to people at risk of suicide.

The *Suicide Prevention in Health Services Initiative* was established in 2016 with a budget of $9.6 million over four years, to 30 June 2020. The Initiative comprises three major components:

1. the operation of a Suicide Prevention Health Taskforce (the Taskforce), as a partnership between Queensland Health, Primary Health Networks and people with a lived experience of suicide;
2. a multi-incident analysis of suspected suicide deaths of individuals who had a recent contact with a health service; and
3. continued implementation of the suicide risk assessment and management in emergency departments settings training program.

Actions being progressed under the Taskforce Phase 1 Action Plan include:

- Enhancing General Practitioner's knowledge, skills and resources in relation to appropriately recognising, responding to and referring people experiencing a suicidal crisis through the development of a state-wide Suicide Prevention Health Pathway. The Pathway is available electronically to general practitioners across the State and provides comprehensive advice about assessment and management of a suicidal patient, including information about a range of clinical and patient resources.

- First responders research to better understand the characteristics of individuals who make suicide related calls to emergency services, the types of responses that could best serve their needs, and how to improve continuity of care following a suicidal crisis that results in a call to emergency services.

- Building the capacity of Queensland Health clinicians who work within and/or in partnership with the school environment to support students experiencing mental health issues. In particular, School Based Youth Health Nurses are in a unique position to identify children at risk of self-harm and/or suicide and provide support and referrals to appropriate services.

Over 18 months, $3 million has been invested in 11 Hospital and Health Services to implement the Zero Suicide in Healthcare framework. The framework aims to improve care and outcomes for individuals at risk of suicide in the health care system, with the core principle being that suicide deaths for people receiving care are preventable, and a goal of zero suicides is an aspirational challenge that health systems should accept.

Over 15 months, $500,000 has also been invested in non-government organisations, Flourish and Brook RED to develop, trial and evaluate lived experience peer support services in Emergency Departments in Hervey Bay and Redlands Hospitals as enhancements to continuing care options for people following an acute crisis.

In early 2019, the Department of Health will invite offers from non-government organisations to develop, test and evaluate models of care for people who care for someone who has attempted suicide. Two different service delivery models are being sought, one targeting Aboriginal and Torres Strait Islander carers. An expert panel consisting of Taskforce members and people with lived experience has been convened to identify the specifications and principles of the service delivery model, which will inform the Request for Offer.

The Taskforce is currently finalising its Phase 2 Action Plan, which is proposed to include additional actions, including:

- developing and trialling a suicide prevention clinical coaching program;
- developing Aboriginal and Torres Strait Islander resources focused on delivery of culturally capable health services for Indigenous consumers and carers;
- implementing strategies to enhance engagement of consumers and carers in risk assessment, safety strategies, care transitions and discharge planning; and
- developing a suite of evidence-based strategies to minimise repeat emergency department presentations for individuals.