Driving healthcare improvement for safety through a multi-incident analysis of suspected suicides

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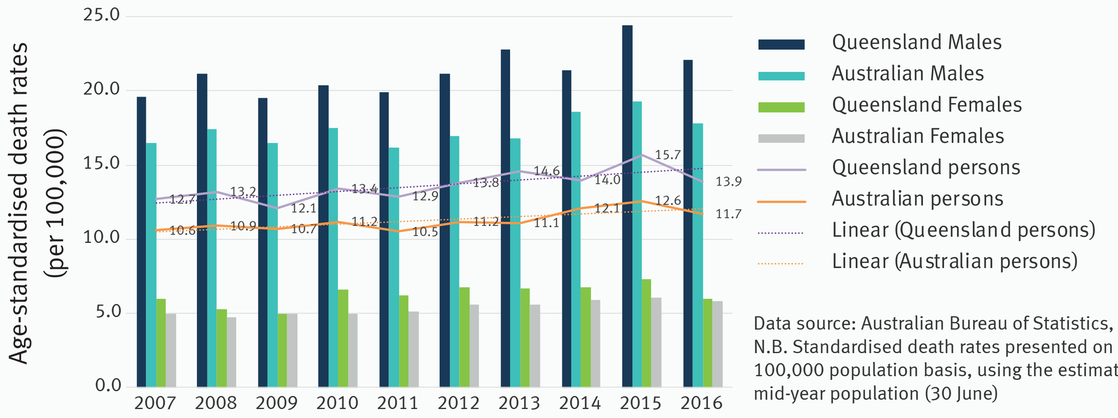
Suicide in Queensland

- The Queensland suicide rate is consistently above the Australian rate and increasing as per the national trend
- Suicide prevention is a key priority area of the Queensland Government as stated in:
  - Our Future State, Advancing Queensland's Priorities
  - Improving mental health and wellbeing: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019
  - Connecting care to recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services.

Queensland age-standardised suicide rates, 2007-2016

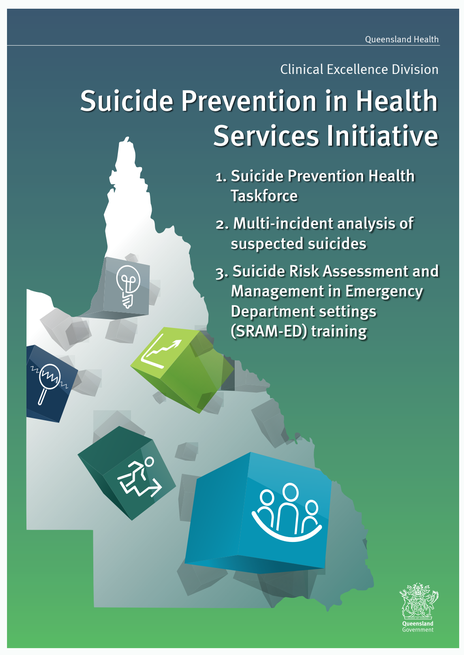


Data source: Australian Bureau of Statistics, 2016. N.B. Standardised death rates presented on a per 100,000 population basis, using the estimated mid-year population (30 June)

Suicide Prevention in Health Services Initiative

A four-year, $9.6M initiative (2016/17–2019/20) identifying and translating the evidence base for suicide prevention in a health service delivery context, supporting the implementation of early intervention initiatives, and promoting the strengthening of partnerships between Queensland Health, the Primary Health Networks and people with a lived experience of suicide at a statewide and local level. There are three key components:

1. Suicide Prevention Health Taskforce focussing on:
   - Skills development and support
   - Evidence based treatment and care
   - Pathways to care within and external to specialist mental health services
2. Suicide Risk Assessment and Management in Emergency Department settings (SRAM-ED) training program
3. Multi-incident analysis of suspected suicides.



Research aims

- Conduct a multi-incident analysis of suspected suicides (2015 and 2016) of individuals who had contact* with a Queensland Health service within one month prior to death
- Identify when, where and how the provision of existing Queensland Health services could be improved to reduce deaths by suspected suicide, with an emphasis on specific vulnerable cohorts
- Ethics (FSS-HEC) and *Public Health Act 2015* approval.

*Contact with a Mental Health Service or an Alcohol and Other Drug Service is defined as an open referral or service episode.

Cohorts for review

Four priority cohorts were identified for the first year of analysis:

- Children and young people <18 years
- Aboriginal and Torres Strait Islander people
- Consumers of the acute mental health care pathway
- Older people >65 years.

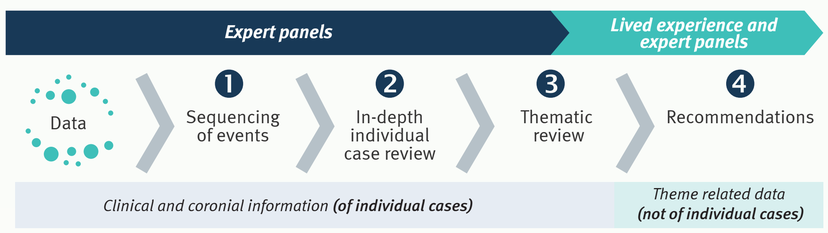
The second year of analysis will examine further cohorts within the total number of people who had contact* with a mental health and/or alcohol and other drug service within 30 days of their death.

Expert panels

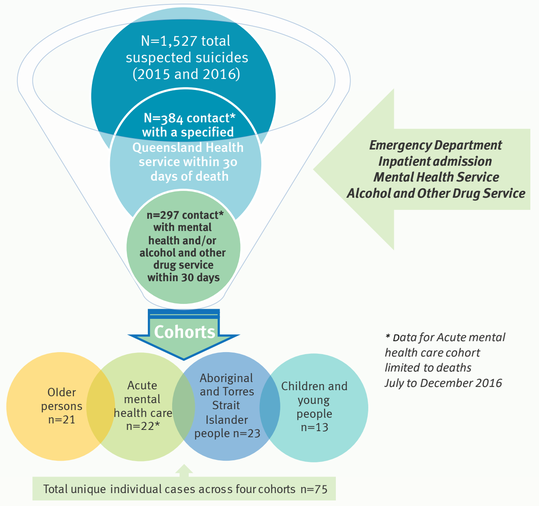
- Four cohort-specific panels were convened, with ten experts per panel from across Queensland
- Applying a restorative just culture approach, an ethos of trust, learning and collaboration was fostered between panelists representing:
  - Clinicians
  - Cohort specialists
  - Mental health consumer and carer workforce.

Data analysis process

- A pragmatic approach to analysis was applied utilising quantitative and qualitative data
- Coronial data from the interim Queensland Suicide Register and the Queensland Child Death Register was linked with five Queensland Health data collections and clinical incident data
- Aggregate and cohort-specific data analysis was undertaken to identify how system factors apply to discrete and vulnerable populations in the context of contact* with a health service
- Once linked, the review was conducted in four discrete phases:



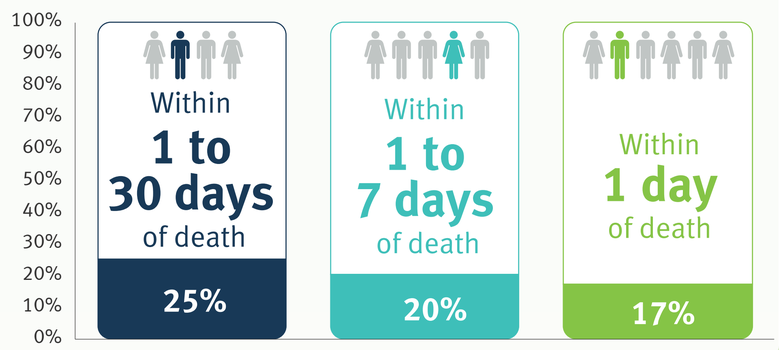
Research population



Findings

Timeframes for contact* with specified Queensland Health service types prior to death by suspected suicide:

- One in four individuals had contact* within one month of their death
- One in five individuals had contact* within one week of their death
- One in six individuals had contact* within one day of their death.



Themes and preliminary recommendations

A number of common and cohort-specific themes and recommendations were identified by each of the four expert panels as follows:

Older persons	Acute mental health care	Aboriginal and Torres Strait Islander people	Children and young people

Common themes across cohorts

1. **Clinical governance** – recognition of complex care needs and importance of senior clinician oversight in decision-making about risk response
2. **Suicide risk assessment, formulation and safety planning, assertive follow-up and suicide-specific interventions** – documentation of risk assessment, adequate consideration of risk factors, use of risk formulation, attention to the presence of warning signs, follow-up plans consistent with risk presentation, identification of safety strategies and the provision of ongoing care for suicide risk
3. **Partnering with consumer, family members and support persons** – assertive efforts to engage consumer and communicate with family members and support persons regarding safety strategies and care planning
4. **Communication, care coordination and multi-agency collaboration** – consistency of processes required in the consumer care journey, care pathways and transitions of care between teams and services

Cohort-specific recommendations (examples)

1. Promote decisions about older persons' suicide risk being overseen by specialist older persons consultant psychiatrists	2. Implement evidence-based suicide risk assessment, safety planning and interventions by clinicians working in acute care settings	3. Co-design culturally appropriate resources for Indigenous consumers and their families/community to provide guidance on mental health care pathways	4. Systematise multi-agency care coordination models of care for children and young people at risk of suicide with complex needs, their family and/or care system

Opportunities and alignment of system improvements

This research provides Queensland Health-specific evidence from which health service leaders can leverage change to inform statewide healthcare improvement initiatives and align with existing policy, strategy and program areas such as:

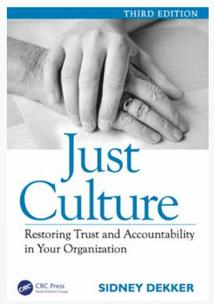
Evidenced-based suicide risk assessment and safety planning

Queensland Centre for Mental Health Learning

Partner with 'Closing the Gap'

Aboriginal and Torres Strait Islander Health Branch

Promoting a restorative just culture



Multi-site collaborative between Hospital and Health Services