Children and young people

Driving healthcare improvement for safety through statewide healthcare improvement initiatives and align with existing policy, strategy and program areas such as:

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

- The Queensland suicide rate is consistently above the Australian rate and increasing as per the national trend.
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- Our Future State, Advancing Queensland's Priorities
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- Connecting care to recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services.

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 state-wide 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
   - Suicide Risk Assessment and Management in Emergency Department settings (CGRAM-ED) training program

2. Multi-incident analysis of suspected suicides

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 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 2005 approval.

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.

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

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:

- Clinical governance – recognition of complex care needs and importance of senior clinician oversight in decision-making about risk response
- 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
- 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
- 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

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. Systematic 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
- Partner with ‘Closing the Gap’
- Promoting a restorative just culture
- Multi-site collaborative between Hospital and Health Services