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Ms Megan Mitchell  
National Children's Commissioner  
Australian Human Right Commission  
GPO Box 5216  
Sydney NSW 2001

Dear Ms Mitchell

Thank you for the opportunity to provide comments in relation to your call for submissions on the issue of children and young people under 18 years engaging in intentional self-harm and suicidal behaviour. Please note the following.

### **The Queensland Mental Health Commission**

The Queensland Mental Health Commission (the Commission) is an independent statutory body established in 2013 to drive on-going systemic reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system. This includes integrating areas of mental health reform priorities including suicide prevention.

The Commission is finalising the Queensland Mental Health, Drug and Alcohol Strategic Plan. This will include development of a renewed suicide prevention strategy for Queensland to be commenced in the second half of 2014.

### **Background**

- Suicide prevention is a priority of the Queensland Government.
- From 2008 to 2012 the Queensland age standardised suicide rate was 13.0 per 100,000 population, compared with 10.8 per 100,000 population nationally.
- Suicide has been the leading or second leading cause of death for children aged 10 to 14 years and young people aged 15 to 17 years in Queensland since 2004.
- Since 1997, Queensland Governments have implemented cross government strategies to reduce suicide risk and mortality, as well as build individual and community resilience. During this time, whole-of-government strategic suicide prevention frameworks have articulated the priorities supported by a dedicated suicide prevention budget.

- As well as a deeply tragic event, suicide is a complex phenomenon influenced by the interplay of multiple factors at the individual, family, social, community, and economic, political and cultural levels.
- Death by suicide during childhood or adolescence has a particular poignancy not least because of the widely held view that children and young people deserve the best possible care and protection by their families, community and government.
- Suicide during these life stages reverberate across families, peer-groups, school and communities and over time, compounding the trauma and personal and social cost.
- Tailored actions for children and young people, including groups with increased vulnerability due to life experience, circumstance or environment, will be a priority within the renewed suicide prevention direction for Queensland.
- In acknowledgment of the gravity and complexity of suicide, policy approaches within Queensland have been underpinned by evidence based knowledge that suicide prevention:
  - must be a shared responsibility across all levels of government; multiple portfolios within government; as well industry, non-government, and community sectors
  - be supported through strategic frameworks that articulate the roles and accountabilities of all stakeholders, and the governance and reporting arrangements through which the effectiveness of the approach will be measured.

#### **Position of the Queensland Mental Health Commission**

- In approaching the development of the renewed suicide prevention strategy the Commission is cognisant of the substantial quantum of expert evidence and knowledge available to inform directions and actions to respond to the specific needs and issues within this State.
- This includes giving due consideration to the 2011 report by the House of Representatives Standing Committee on Health and Ageing. *Before it's too late: Report on early intervention programs aimed at preventing youth suicide.*
- It is the Commission's view that to support the stated interest in understanding the issue of suicide and suicidal behaviour in children and young people, the National Children's Commissioner utilise expert opinion and recent reviews of suicide prevention in the Australian context, including but not restricted to the House of Representative's Standing Committee report, and consider the recommendations contained in such reports.
- The Commission also believes that consideration of evidence and reports of this type is most effectively undertaken through the guidance and advice of recognised experts in relevant areas of research and practice, as well as representatives of those government agencies accountable for suicide prevention planning and implementation.

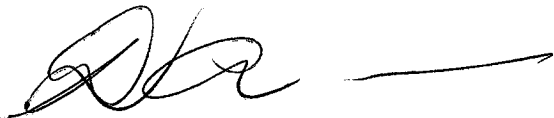
#### **Key Issues**

- Responses to social and public health issues concerning children and young people must appropriately integrate the developmental and ecological factors that influence their outcomes.

- Suicide prevention for children and young people is a case in point with evidence demonstrating the particular role of family, interpersonal and environmental factors in the trajectories of risk and vulnerability within these life stages.
- Although efforts to enhance the capacity for early detection of suicide risk and access to appropriate care and support is of unquestioning importance, it must be balanced by adequate attention to modifying the social and contextual factors that contribute to suicide risk through structural changes.
- In addition, systemic and multilevel actions are required to build the necessary supportive and inclusive environments and individual and community capacity to ameliorate vulnerability and enhance protection.
- To achieve the breadth and depth of the interventions necessary across this spectrum, integrated policy responses are required, supported through engagement and integration within and across policy sectors at all points of planning rather than at the implementation stage or not at all as is commonly the situation.
- Despite this being reflected in policy approaches, there continues to be an over-emphasis particularly through implementation, for actions and interventions at the individual level particularly in terms of crisis or illness responses. That is, primarily a mental illnesses approach rather than a broader and integrated approach.
- Clarity and agreement of the respective roles and accountabilities across jurisdictions and sectors in regard to suicide prevention is an essential prerequisite to effective integrated planning.

In conclusion, thank you for the opportunity to provide comment and I look forward to participating in the Brisbane roundtable in June.

Yours sincerely



**Dr Lesley van Schoubroeck**  
**Mental Health Commissioner**  
**Queensland Mental Health Commission**