

# Needs Assessment Summary

## MENTAL HEALTH SUICIDE PREVENTION



*“Building one world class  
health system for the Gold Coast.”*

**phn**  
GOLD COAST

An Australian Government Initiative

# Suicide Prevention

Suicide prevention is a complex issue with long-lasting impacts on individuals, families and communities. Causes of suicide ideation and behaviour can stem from a mix of factors such as adverse life events, trauma, social and geographical isolation, socio-economic disadvantage, mental and physical health, lack of support structures and individual levels of resilience.

## Local health needs and service issues

- Education and support required for General Practice and mental health services workforce particularly in relation to working with specific target groups including men and the LGBTIQAP+ community.
- Work in partnership with Gold Coast Health to ensure care planning and discharge processes are inclusive for all participants.
- Develop clear referral pathways and supported connections to appropriate community supports.



## Key Findings

- While the Gold Coast suicide rate is in line with the state rate, it is above the national rate.
- Gold Coast data indicates that men account for around 70% of suicides, and 35-54 year age groups experience the highest number of suicides.
- National data indicates the LGBTIQAP+ community is particularly vulnerable.
- There is value in ensuring an understanding of the warning signs of suicide in General Practice and community services.
- The interface with acute services remains problematic, including: a lack of appropriate referrals when patients seek help who are not severe enough to meet admission eligibility; limited collaborative discharge planning and discharge information; discharge information may not always be received in a timely way by the usual GP.
- While consultation indicates that there is limited availability of dedicated community support, the ATAPS suicide referral numbers were quite small.
- Services that support people struggling with relationship and family breakdowns, financial problems and bereavement are important elements of the suicide prevention system.

# Prevalence, service usage and other data

Suicide was the leading cause of death for young Queenslanders in 2012 with 125 deaths among people aged 15-29 years due to self-harm or suicide<sup>1</sup>. In Queensland, the suicide rate increased by 1.6% per year between 2006 and 2014. Approximately 80% of deaths from self-harm or suicide were males.

Of the 1914 suicides reported between 2011 and 2013 in Queensland, 126 (6.6%) were by Aboriginal or Torres Strait Islander people. Of these, 91 were male (72.2%) and 35 were female (27.8%). The majority of Aboriginal and Torres Strait Islander suicides were under the age of 35 at the time of death (65.9%), while just over a quarter were aged 35-54 (28.6%) and 5.6% were 55 years or older<sup>2</sup>.

Gold Coast had the lowest number of suicides by Aboriginal or Torres Strait Islander people in Queensland for the 2011-13 period. True suicide mortality figures in Aboriginal and Torres Strait Islander populations remain poorly understood due to incomplete data collection processes and inaccurate classification systems.

During the period 2011-2013, there were 225 suicides in the GCPHN region, representing an age-standardised suicide rate of 13.7 per 100,000. This is comparable with the Queensland rate of 14.0 in this period, and above the national rate of 10.7 (Table 1)<sup>3</sup>.

**Table 1. Age standardised suicide rate per 100,000 people, by local, state and national for 2011-134**

	GCPHN RATE	QUEENSLAND RATE	NATIONAL RATE
Age standardised suicide rate per 100,000 people	13.7%	14.0%	10.7%

Across the 2011-13 period, the Gold Coast had a lower proportion of suicides among young people aged 34 and under (24.9%) compared to Queensland (31.3%). Conversely, there was a higher proportion of suicides among people aged 35-54 (47.1%), above the Queensland rate of 41.5%. Gold Coast and Queensland suicide rates for people 55+ were similar at 28% and 27.2% respectively, although Gold Coast had a slighter higher rate among this age group than other similar regions.

Males accounted for 158 (70%) of suicides in the Gold Coast (2011-13), which is the second-smallest proportion of male suicides in all Queensland Hospital and Health Service regions. While this is one of the lowest rates in the state, it still indicates that suicide effects a much higher proportion of men compared to women on the Gold Coast.

The following figures present suicide mortality rates for the Gold Coast region by gender and age group. Figure 1 demonstrates that among males, the highest suicide rates were observed in the age groups 45-54, followed by 35-44 (36.5 and 32.2 per 100,000, respectively).

1 Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.  
 2 Potts, B., Kölves, K., O’Gorman, J., & De Leo, D. (2016): Suicide in Queensland, 2011–2013: Mortality Rates and Related Data, Brisbane  
 3 Potts, B., Kölves, K., O’Gorman, J., & De Leo, D. (2016): Suicide in Queensland, 2011–2013: Mortality Rates and Related Data, Brisbane  
 4 State and national rates calculated based on averages across years as reported in above mentioned source.

Figure 1. Male suicide numbers and rates per 100,000 by age group in the Gold Coast region, July 2011 to June 2013

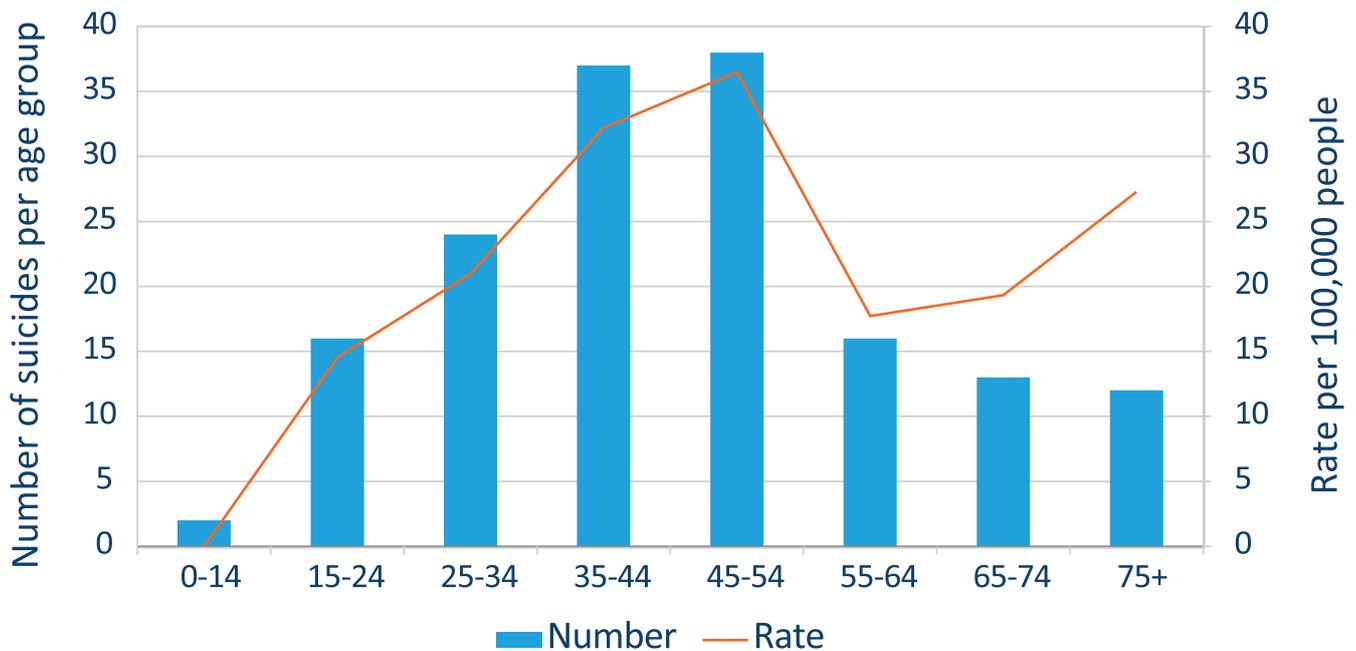
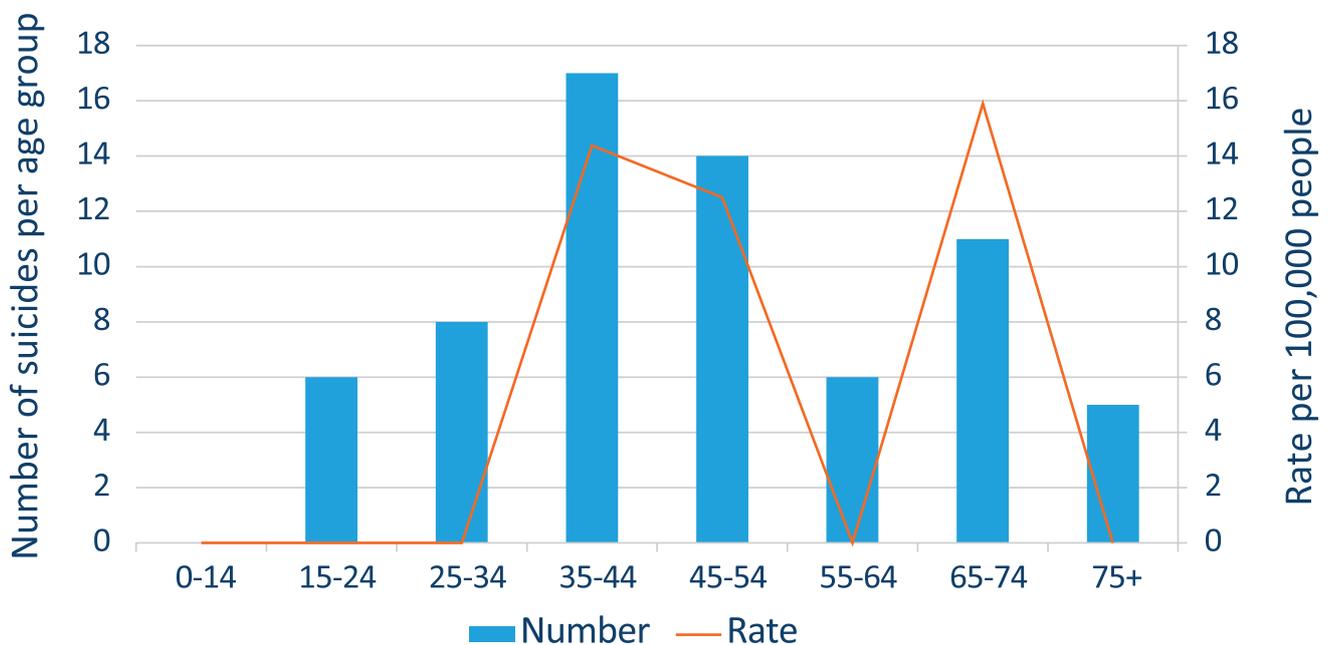


Figure 2 shows that in females, rates of 15.9 and 14.4 per 100,000 were observed in the 65-74 and 35-44 age groups, respectively. These rates are among the highest age-specific rates for females in all regions of Queensland.

Figure 2. Female suicide numbers and rates per 100,000 by age group in the Gold Coast region, July 2011 to June 2013



The rate of same-day and overnight hospitalisations per 100,000 people for intentional self-harm on the Gold Coast was similar to the national figure across the 2013-2015 period. For 2014-15 within the Gold Coast region there were five areas with rates significantly above both national and broader Gold Coast rates, with the highest recorded in Gold Coast Hinterland (211) (Table 2).

5 Rates for ages 15-24, 25-34, 55-64 and 75+ could not be calculated due to incomplete data

**Table 2. Hospitalisations per 100,000 people for intentional self-harm (age standardised), by national, local and SA3, 2014-15**

Region	Hospitalisations per 100,000 people (age standardised) 2014-15	Region	Hospitalisations per 100,000 people (age standardised) 2014-15
<b>National</b>	<b>161</b>	Ormeau - Oxenford	175
<b>Gold Coast</b>	<b>164</b>	Surfers Paradise	162
Gold Coast Hinterland	211	Nerang	150
Gold Coast - North	204	Broadbeach - Burleigh	142
Southport	199	Robina	105
Coolangatta	177	Mudgeeraba - Tallebudgera	102

Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2014–15; and Australian Bureau of Statistics Estimated Resident Population 30 June 2014.

20% of transgender Australians and 15.7% of lesbian, gay and bisexual Australians report current suicidal ideation (thoughts). Up to 50% of transgender people have attempted suicide at least once in their lives. Same-sex attracted Australians have up to 14 times higher rates of suicide attempts than their heterosexual peers. Rates are 6 times higher for same-sex attracted young people (20-42% cf. 7-13%) The average age of a first suicide attempt is 16 years – often before ‘coming out’.

There are multiple factors recognised as contributing to suicidal behaviour or someone being at risk of suicide. These include personal hardship, difficult life events, poor physical and mental health, harmful substance use and previous self-harm or suicide attempts<sup>6</sup>. It is important to understand these factors when considering suicide prevention. Data from the Queensland Suicide Register identified the prevalence of life events among people who died by suicide (2011-13). Relationship separation was the most frequently recorded life event (27%) among all ages and for both women and men. This was followed by relationship conflict (15.5%), financial problems (14.9%) and bereavement (13.9%), these factors differed slightly between women and men (Table 3). Family problems were also the most commonly reported life stressor contributing to Queensland ambulance attendances (2013) for suicide attempts (27%), suicidal ideation (25%), self-injury (28%) and self-injury threat (32%)<sup>7</sup>.

This highlights the importance of considering services that support people struggling with these issues as key elements of the suicide prevention system.

6 Potts, B., Kölves, K., O’Gorman, J., & De Leo, D. (2016): Suicide in Queensland, 2011–2013: Mortality Rates and Related Data, Brisbane. & Australian Institute of Health and Welfare 2016. Australia’s health 2016.

7 Lloyd B., Gao C. X., Heilbronn, C., Lubman, D. I. (2015). Self harm and mental health-related ambulance attendances in Australia: 2013 Data. Fitzroy, Victoria: Turning Point

Table 3. Prevalence of life events in suicide cases by gender, Queensland, 2011-13

LIFE EVENT	MALE	FEMALE	PERSONS
Relationship conflict	15.7%	14.7%	15.5 %
Relationship separation	28.3%	28.3%	27.0%
Financial problems	17.0 %	4.2 %	14.9 %
Bereavement	12.3 %	18.7 %	13.9 %

Source: Potts, B., Kölves, K., O’Gorman, J., & De Leo, D. (2016): Suicide in Queensland, 2011–2013: Mortality Rates and Related Data, Brisbane



# Service Mapping

Services	Number in GCPHN region	Distribution	Capacity discussion
Psychological Services Program (PSP) suicide prevention	Of the 25 PSP providers, 19 are contracted to provide suicide prevention services	Providers are across the region.	Physical suicide prevention services on the Gold Coast appear to be limited; however, some mental health services provide information on suicide prevention.  Crisis services on the Gold Coast are available through the public health system in the form of hospital emergency departments and specific crisis support (Acute Care Treatment team, 24hr phone line).
Gold Coast Health crisis helpline.	1 (13 MH CALL for the Acute Care Treatment Team).	ACT team telephone service available 24hrs.	
Gold Coast Health Emergency Departments	2 (Robina and Southport)	Located at public hospitals in Robina and Southport	
Support and Transition Program - Suicide Prevention (coordination support for those at-risk of suicide, recently attempted or are discharged from inpatients)	1	Accessible via contact with public hospitals in Robina and Southport	There are numerous well known national suicide prevention (and crisis) services that are likely to be accessed by the Gold Coast community. For example Lifeline (phone and online), Suicide call back service (phone and online) and Beyond blue (phone and online).
Crisis helplines	4 national (life line, suicide call-back service, men's line, kids helpline)	24hour telephone services. Public knowledge of these services would drive uptake/demand.	
Counselling helplines and websites	10 national help lines (men's line, Veterans and veterans families counselling service, Qlife, CAN, Carers Australia, eheadspace, 1800 Respect, Relationships Australia, Counselling online, Child abuse preventions service)	Online and telephone services. Public knowledge of these services and connectivity capacity would drive uptake/demand.	
			There are no specialised suicide prevention or crisis services for Aboriginal and Torres Strait Islander people on the Gold Coast although the Acute Care Team does employ an Aboriginal and Torres Strait Islander Mental Health Worker.

# Consultation

Various consultation activity was undertaken during 2016 with the Gold Coast community, clinicians and service providers. Mechanisms included broad scale community briefing, consumer journey mapping, one to one interviews, industry presentations, working groups and co-design processes.

## Service provider consultation

- People presenting to hospital feeling at risk of self-harm but whose mental health issues are not seen as serious enough for admission do not currently receive any follow up.
- Early identification and upskilling for school staff was also acknowledged as an important requirement. As was enhancing the skills of mainstream services, GPs, and clinicians to work with at risk vulnerable populations.
- Limited community support systems and services available for those that have attempted suicide
- Early identification of at risk people who identify as LGBTIQAP+ was also reported as key to suicide prevention.

## Service user consultation

- Inadequate response for individuals presenting to hospital feeling unsafe/at risk of self-harm but who are not admitted as their immediate health issues are not seen as serious enough.
- Limited community support systems or services for those that have attempted suicide
- People who have survived suicide attempts want more support.
- Individuals being discharged feel excluded from the hospital discharge planning process.
- Feelings that those with high needs and /or at risk of suicide are not being responded too quickly enough due to capacity issues within the Acute Care Team.
- People who survived suicide attempts commonly cited individual workers demonstrating genuine care about them as people as a reason why they had been unsuccessful.

# Gold Coast Primary Health Network

Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network.

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Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.



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