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<sup>1</sup>Australian Institute of Health and Welfare

**TITLE:** Do we know what works in preventing suicide among Australia's Indigenous peoples?

**ABSTRACT:** Suicide is an issue of major concern for many Indigenous people and communities. The rate of Indigenous suicide is nearly three times that of the non-Indigenous population and about three quarters of Indigenous people who commit suicide are males. Suicide rates among Indigenous Australians also vary between urban and remote areas. This presentation summarises the characteristics of Indigenous suicides in Australia, reviews the Australian and international literature for strategies that have been proven to be effective in reducing Indigenous suicides and provides the results of an analysis of Australian suicide data. It provides a summary of our current knowledge regarding the effectiveness and likely effectiveness of Indigenous-specific and mainstream programs in preventing suicides among Australia's Indigenous peoples. It also identifies gaps in our current knowledge.

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**TITLE:** The course of deliberate self-harm among community-based adolescents: risk and protective factors for onset, continuation and cessation.

**ABSTRACT:** Over the past 15 years, there have been great advances in understanding the functions and characteristics associated with deliberate self-harm (DSH). However, due to a paucity of longitudinal research, little is known about the proximal development and cessation of this behaviour. Longitudinal data from 1,973 school-based adolescents ( $M=14.88$ ;  $SD=0.96$ ; Females=71.5%) around Australia were used to address these gaps by examining predictors of onset, continuation and cessation of DSH over a one year period on measures relating to socio-demographics, emotion regulation, coping, social support, self-esteem, self-efficacy and optimism. Results from binary logistic regressions suggest that female gender, being born outside of Australia, not religious/spiritual, high psychological distress, low family support and low problem-solving coping are associated with onset of DSH ( $n=75$ ). After controlling for previous self-harm, low family support also predicts continuation ( $n=80$ ). Cessation ( $n=77$ ), relative to continuation, was predicted by lower emotional suppression. These findings provide first insight into descriptive information regarding the course of DSH as well as risk and protective factors for different DSH pathways, which is vital for the development of prevention and early intervention initiatives. These clinical implications will be discussed further in the presentation.

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**TITLE:** A qualitative investigation into the cessation of deliberate self-harm among young people in the community.

**ABSTRACT:** There have been great advances in understanding the functions and characteristics that maintain deliberate self-harm (DSH). However, little research has been conducted examining how young people stop this behaviour. The current study aimed to address these gaps by providing a richer understanding of how young people make sense of their engagement in self-harm and their cessation. Specifically, six females (18-25) undergraduate students who reported previous self-harm were interviewed regarding their experience with this behaviour. Themes were extracted using Interpretative Phenomenological Analysis. Participants' stories suggest that self-harm was driven by a lack of control over some aspect/s of life. Participants felt alienated from their peers and, consequently, perceived that there was little or no support available to deal with distress. Low self-esteem and poor coping with these feelings were also thought to underpin their cycle of self-harm. These individuals were able to stop self-harming when one or more of these issues were resolved. Additional protective factors, including gaining hope, stability and self-efficacy in light of future endeavours, realising the effect of continued self-injury on others and not wanting to identify as a self-harmer, also contributed to cessation. These accounts provide crucial insight into how to prevent and intervene in self-harm.

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**TITLE:** Understanding the strength of the Aboriginal & Torres Strait Islander kinship system to prevent suicide.

**ABSTRACT:** The value of a kinship system is that it structures people's relationships, obligations and behaviour towards each other. It has the power to enhance strategies to intervene in suicide and promote life within Indigenous families. It is still a cohesive force which has bound Aboriginal people together in all parts of Australia throughout generations.

It provides psychological, emotional, spiritual and identity support to Aboriginal & Torres Strait Islander people even though they create concern among non-Aboriginal people who would prefer Aborigines to follow European social preferences for nuclear families with few kinship responsibilities.

This is an interactive workshop whereby individuals will be asked to participate and experience the strengths and weakness within the kinship system and how these can nurture or disintegrate the kinship structure therefore creating opportunities for suicidal behaviours.

**PRESENTER:** Blake, Marleen

**TITLE:** A life to be lived – a lived experience of overcoming suicidal ideation.

**ABSTRACT:** In a way my whole life since being aged 18 months old, has been steeped in suicidal ideation. I am now 57 years old and I want to say that there is a way to overcome this life style of being controlled by thoughts of death, dying, giving up, losing control and just existing. I want to share how I overcame the negative influences through nearly losing it all!

I received a diagnosis of a mental health issue only in 2010, and only then finally had my thoughts confirmed that I did have a mental health problem. I had studied psychology at university and all that the lecturers had said was “don’t think that you have the illnesses that you are studying”. However, for me it was a confirmation of what I had been thinking for the last 10 years. I was diagnosed as being Bipolar 2 as well as having Type 2 Diabetes. These things were not a shock, the shock was that now I had to do something.

Before I could get to that stage I was faced with the worst day of my life and one of my last attempts to suicide. I will describe that day and think of the people who in 2012 have passed away through suicide via various methods. I have empathy for them. Each one would not have taken this drastic action if they had the same opportunity as I did - to face the demons of darkness; loss of hope, no vision for the future and no understanding that I was very sick and to try to cope without anyone having genuine empathy and understanding of where I was at that time in my life.

It has been well over 12 months now since my last suicide attempt and I have a new life, a new understanding of my thought life, of how I can overcome and beat the blackness and demons.

I will share the journey of how I overcame and became a continuous student of success in life and living.

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**AUTHOR:** Contarino, Trudi

**TITLE:** Opening old wounds: a critical social work response to the lived experiences of individuals who self-harm.

**ABSTRACT:** Social work is fundamentally concerned with the social context and social consequences of mental health issues. Despite these firm foundations, the absence of the profession’s contribution to the issue of self-harming behaviour is starkly apparent, particularly in light of the predominance of biomedical discourse in the area.

This qualitative research study explores the life stories and perspectives of individuals who self-harm; the broader socio-political contexts and competing professional discourses reflected therein; and the possible relevance of a distinct social work contribution to the issue. The author conducted life story interviews with twelve participants purposively sampled from the community who identified as presently engaging in cutting, burning or both self-harming behaviours on a regular and repetitive basis at the time of the interviews. The participants included both women and men, and ranged in age from seventeen to forty-six years. This paper presents the research findings whereby three key concepts including medicalisation, social exclusion and self-harm itself, provide the focus. It is concluded that the construction of self-harming behaviour as both a personal and social issue bears critical possibilities for alternative ways of understanding and responding to the problem, which the profession of social work is well placed to advance.

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<sup>1</sup>Parent

**TITLE:** Wasted lives: - are we failing our young? 'Cracking open' suicide prevention.

**ABSTRACT:** My focus is on young people - the age group where we are seeing an increase in suicide, 10-14 years old, and those at the highest risk, 15-25 years old, acknowledging that we are also seeing an alarming increase in the numbers of much younger children taking their lives.

Talking openly about suicide is incredibly difficult and so stigmatised that as a society we desperately avoid doing so, thus perpetuating the secrecy and shame. Until one has a direct experience of the loss of a loved one or friend by suicide, it is possible to go through life unaware that more people die this way than through car accidents. In this presentation I will argue that open discussion about suicide should be encouraged in an attempt to 'normalise' it as a cause of death just like cancer, accidents or even murder.

Let's 'crack open' the debate about 'safe' ways to handle suicide prevention - let's get it out in the open, and let's do it responsibly. In this presentation, I will be examining current accepted thinking on suicide prevention and media reporting, and looking at where it is failing those at risk.

I will challenge existing policies in schools of working generally towards 'supporting the good mental health of students' rather than providing specific programs of suicide prevention 'training'.

I believe that by being over cautious we are missing opportunities to provide our young people (adults in the making) with the skills to spot and help each other when in trouble, and to recognise this in themselves. And perhaps more importantly, to know what to do about it....these are essential life skills.

I will propose a number of different strategies to resource and skill our young people in preparation for a world which will be vastly different from that which their parents have known.

**PRESENTER:** Davis, Anna<sup>1</sup>

**AUTHOR:** Queensland Health<sup>1</sup>

<sup>1</sup>Queensland Centre for Mental Health Promotion Prevention and Early Intervention, Strategic Policy Unit, Mental Health Alcohol and Other Drugs Directorate, Queensland Health.

**TITLE:** The Queensland Ed-linQ initiative: a key suicide prevention strategy.

**ABSTRACT:** Of the one in seven children and young people with mental health problems, only one in four receive professional help. Services most commonly accessed by children and young people include school-based counsellors and GP's. The Queensland Ed-LinQ Initiative (Ed-LinQ) is a state-wide initiative funded through the *Queensland Plan for Mental Health 2007-2017* and administered by Queensland Health. Ed-LinQ is being implemented in 12 regions across Queensland and works strategically to support the health, education and primary care sectors to work collaboratively and enhance the early identification and treatment of mental disorders affecting school-aged children and young people. Three strategic focus areas guide the cross-sectoral strategy including developing strategic partnerships, enhancing capacity and clinical guidance.

Ed-LinQ supports schools by providing consultation liaison to respond to mental health concerns affecting both the school community and individual students. Schools may be assisted to review or develop a suicide prevention policy, suicide post-vention strategy or a management plan to address peer groups of students self-harming. Pilot results from the Ed-LinQ Cross-sectoral Workforce

Development Project highlight the significance of improving sector capacity by increasing knowledge, skills and understanding of stakeholders regarding mental health and mental illness in children and young people. Ed-LinQ is supporting joint professional development across sectors including professional workshops on non-suicidal self harm, diversity, anxiety and depression.

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**TITLE:** Life Promotion Clinic: a novel model of service for individuals at increased risk of suicide.

**ABSTRACT:** The Life Promotion Clinic is the first specialised outpatient service in Australia dedicated to treatment of individuals with suicidal thoughts and behaviours. The paper will present the model of the clinic service, as well as demographic and clinical profiles of the Clinic patients. Data was collected for 63 male and 175 female patients who attended the clinic over a three-year period, using a registration form and the following questionnaires: Beck Scale for Suicide Ideation; Beck Hopelessness Scale; World Health Organisation Quality of Life: Brief Version; Depression Anxiety Stress Scales; and Impulsiveness Questionnaire. Patients were predominately single females, aged up to 44 years, with lower education, unemployed or on a pension/benefit. Most patients reported at least one suicide attempt, severe depression and anxiety scores, moderate-severe feelings of hopelessness, and had high impulsiveness scores. Male patients presented with higher active desire to kill themselves and higher levels of suicidal ideation than females. This profile suggests that clients of the Life Promotion Clinic are people who remain at high risk for subsequent suicidal behaviour. The Clinic presents an innovative example of a post-discharge service, operating within a research environment, whilst considering both patient and clinicians needs and engaging people from various social backgrounds.

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**TITLE:** Assault and battery, slander, stalking, harassment, discrimination and sex crimes – peer abuse and suicide – a parent’s view.

**ABSTRACT:** In this presentation we would like to talk about our personal experience as a family who lost their 14 year old daughter Brianna to ‘bullycide’. The term ‘bullycide’ means: a suicide caused as the result of depression from bullying.

Brianna was subjected to all of the above crimes, physically, mentally and online. Words are powerful tools, they can cut deeper than a knife and despite our repeated calls for help the system totally failed us and her.

Brianna took her own life when she realised there was no help and no hope. We tried everything we could to help and protect our daughter. We approached Brianna’s school, the Education Department, the police and the school counsellors. We put our trust in policies and procedures that were in place and all those failed her. We were led to believe that the problems Brianna was having had been taken seriously and that the appropriate departments were taking action. It was not until after her death that we found out it was quite the contrary and that she had been overlooked and treated as the problem.

Ours is just one example of bullycide. In this presentation we will describe what is happening in our schools for so many children and their families. We are in contact with many parents throughout the world and our stories are all the same. "The systems that are currently in place are failing our children."

Dr Jean Healey, an educational psychologist at the University of Western Sydney, has released the results of a 10-year study into bullying. The study demonstrates that bullying in the playground can result in the same level of psychological damage as produced by child abuse. Healey used her findings to highlight the fact that there was much more abuse of young people than was currently acknowledged. She argued that it is vital that bullying be legally accorded the same status as child abuse.

Schools are meant to be safe, those who provide these so called safe institutions need to act. We propose changes at all levels to stop this tragic waste of life, the changes need to include consequences for actions and more effective policies and procedures within the school system.

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<sup>1</sup>Anglicare NT

**TITLE:** Suicide first aid intervention training resources that support and strengthen learning for Yolngu people in North East Arnhem land.

**ABSTRACT:** Anglicare NT has been delivering the LivingWorks models of Suicide SafeTALK and Applied Suicide Intervention Skills Training, ASIST, in the Northern Territory since 1998. Many of these workshops are delivered in remote Indigenous communities and homelands to aboriginal people that speak English as a second, third or fourth language.

North East Arnhem Land is a very complex and high need region where suicide is a major issue affecting a high percentage of Yolngu families. Many Yolngu have witnessed suicide or have had a close family member attempt or die by suicide. They want to learn how to intervene effectively and stop their people from dying by suicide.

This presentation is about how resources have been developed, in consultation with, and by Yolngu people, to compliment the mainstream model of suicide intervention training. Resources help to provide a greater understanding and strengthen the learning for Yolngu. The resources are respectful, inclusive of traditional language, cultural values and learning styles for Yolngu. Resources include Yolngu stories, metaphors, paintings, mats and talking posters in Yolngu Matha.

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**TITLE:** Staying alive – a training package for responding to suicide risk, designed specifically for the Cairns James Cook University community.

**ABSTRACT:** Every member of the JCU community has a role in detecting risk of suicide and ensuring that their response is timely and appropriate. The JCU Counselling Service, staffed by



psychologists, is committed to best practice in the prevention of suicide through the development, implementation and review of policies and protocols based on current evidence.

In 2010 the JCU Cairns Counselling Service psychologists developed the Staying Alive training package to build the campus community's resilience around suicide and self-harm. Staying Alive aims to increase individual awareness of suicide risk factors and warning signs, and facilitate the development of individual skills in responding to suicide risk. The Staying Alive package includes Guidelines, a Flowchart for easy reference, a 60 minute workshop, and inclusion in the JCU Critical Incident Policy.

The Staying Alive package was offered to all staff during 2010, and extended to student mentors and the wider campus community in 2011. Critical feedback has been overwhelmingly positive, helping to inform changes to the package since its inception.

The main challenge that has been identified is how to ensure that Staying Alive effectively reaches the entire campus community each year, so that we build our resilience and ensure our response is appropriate and life-affirming.

**PRESENTERS:** Giles, Greg<sup>1</sup>

<sup>1</sup> Qld Police Service

**TITLE:** Qld Police and Qld Health co responder model.

**ABSTRACT:** The Far North Region Qld Police and Qld Health have developed a co-responder model of responding to persons suffering from mental illness in times of crisis. The project has been running for the past 14 months on a trial basis and this trial is a new concept in policing throughout Australia. The main aim of the project is to provide the consumer with early intervention by both police and health responding together to the consumer's home in times of crisis, to ensure the best treatment is offered, the prevention of the consumer having to attend hospital and ensuring the rights and dignity of consumer's rights are protected. The co-responders also identify persons coming to police attention and provide early intervention to ensure consumers stay out of the criminal system. The early intervention strategies aim to prevent self-harm, the risk of suicide and decrease assaults for consumers and police.

**PRESENTER:** Graydon, Bruce<sup>1</sup>

<sup>1</sup>Supportlink, Queensland

**TITLE:** Emergency services as facilitators of early intervention.

**ABSTRACT:** Police and Ambulance services are under-utilised within the service system surrounding suicide prevention. As front line services they are highly likely to engage people at risk of suicide, yet their involvement has been frustrated by the lack of a referral framework between themselves and the Social Support Sector.

Queensland has moved to a new level of collaboration between the Queensland Police Service and the Social Support Sector by trialling a new referral framework called SupportLink. The project has delivered greater participation by Police members in referring people with issues associated with mental health such as depression.

Key to the success of the model is the provision of a common referral management framework that is embedded into operational policing. This framework is fully managed by SupportLink. Further, referred persons are provided with a proactive engagement process that mitigates the risk of them falling through the gap and being frustrated by the lack of care shown to them.

The Project is funded by XSTRATA Coal in Queensland.

**PRESENTER:** Grey, Flick<sup>1</sup>

<sup>1</sup>Our Consumer Place

**TITLE:** The Lived Experience Policy Advisory Committee and its contributions to suicide prevention.

**ABSTRACT:** In early 2012 Suicide Prevention Australia established a Lived Experience Policy Advisory Committee to systematically gather and utilise the breadth of knowledge and insight that suicide attempt survivors and people bereaved by suicide have for improving our prevention efforts. The principles underpinning the establishment of the committee include:

- The right of people who are impacted by policy to have input into its design;
- The value to policy and practice of the unique knowledge and perspectives of people who have life experiences.

This presentation will provide insight to the rationale and process behind convening this Australian-first Committee, including challenges and opportunities, and will showcase the activities and achievements of the Committee's inaugural months. Positioning the Committee within the Australian policy context, its potential for enhancing sector advocacy and enriching the national response to suicide will be explored.

**PRESENTER:** Groot, Christopher <sup>1</sup>

<sup>1</sup>Crisis Support Services

**TITLE:** ATAPS After-Hours Suicide Support Line: collaborating with Australian multidisciplinary health providers to ensure continuity of care.

**ABSTRACT:** Australia's national ATAPS After-Hours Suicide Support Line is a free, professional, specialised, telephone counselling service, designed to support patients at risk of suicide and self-harm after hours, when their allied health provider is not available. The service operates in collaboration with general practitioners, mental health professionals and allied health professionals, and aims to create an unfailing system of care for patients at-risk of suicide or self-harm.

This presentation will report on the findings from the innovative ATAPS program pilot and describe how lessons learned informed the rollout and ongoing operation of the ATAPS After-Hours Suicide Support Line across all divisions of General Practice and Medicare Locals in Australia. In particular, this presentation will describe the many challenges associated with operating a large-scale, multimodal, suicide prevention initiative such as the ATAPS program and will provide evidence-based strategies for meeting such challenges. Particular focus will be given to describing strategies for achieving best-practice service delivery through collaborative and coordinated effort across disciplines, and across geographical regions and Divisions of General Practice and Medicare Locals. This presentation will be a particular interest and utility to those conference attendees seeking to work in collaboration with multidisciplinary stakeholders to build the capacity of healthcare systems to reduce the suicide toll.



**PRESENTERS:** Groot, Christopher<sup>1</sup>

<sup>1</sup>Crisis Support Services

**TITLE:** The Suicide Call Back Service Online Counselling Program Pilot: a clinical controlled trial.

**ABSTRACT:** The Suicide Call Back Service (SCBS) is a professional mental health service that provides counselling by telephone to people at risk of suicide, people bereaved by suicide, and carers. The SCBS is currently conducting a clinical controlled trial of the effectiveness of online chat counselling versus telephone for carers and bereaved clients.

Two groups of participants, carers and those bereaved by suicide, will choose to receive a program of weekly counselling from the SCBS by telephone or through online chat. Participants will be asked to complete a number of psychological questionnaires prior to commencing therapy and following its completion. The primary outcome measure for the carer group will be level perceived carer burden, whilst the primary outcome measure for the bereaved group will be level of complicated grief symptoms. Results will be analysed to assess if any improvements in assessed psychological domains have occurred in conjunction with the delivery of therapy. Preliminary findings from the trial will be presented in this presentation.

It is hoped that findings from this project will contribute to our understanding of online therapies and provide a valuable evidence base upon which to build the capacity of suicide counselling services.

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**TITLE:** Natural disasters and suicidal behaviours: a systematic literature review.

**ABSTRACT:** Various social, political, economic, and health-related consequences can arise in the aftermath of natural disasters, and these include suicidal behaviours. The aim of the present review was to systematically analyse the existing literature on the potential impact of natural disasters on suicidal behaviours. A systematic search of English-language articles indexed in the electronic databases was conducted.

Current review includes 42 papers containing empirical analyses of natural disasters and suicidal behaviours. In total, 19 papers analysed suicide mortality and 23 non-fatal suicidal behaviours. The effects of earthquakes on suicidal behaviours are the most frequently studied among natural disasters (n=20), followed by hurricanes (n=11). The studies show different directions in suicide mortality following natural disasters. Nevertheless, there seems to be a drop in non-fatal suicidal behaviour in the initial post-disaster period which has been referred to as the 'honeymoon' period or the 'pulling together' phenomenon. A delayed increase in suicidal behaviours has been reported in some studies. However, other factors increasing the risk of suicidal behaviours after natural disasters have been reported, such as previous and current mental health problems. Furthermore, contributing factors, such as economic conditions, should be considered. There is need of further

studies using proper designs. Monitoring mental health and suicidal behaviours should last for several years after the disaster.

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**TITLE:** Suicide in the health professions: an analysis of the Queensland Suicide Register (QSR).

**ABSTRACT:** This study aims to estimate the risk of suicide among the health professions compared to the teaching professions and the general population, and describe the characteristics of suicides by health professionals.

Health and education professionals' suicide cases and rates in age group 25-64 years were analysed using the QSR during 1990-2007. A total of 40 suicides by medical, and 59 by nursing professionals were identified. Male medical professionals had lower suicide rates than male education professionals and significantly lower rates than the general population. Female medical professionals had significantly higher rates than education professionals, and similar to the general population. In nurses, both genders had significantly higher rates than education professionals; their rates were similar to those rates of the general population. Poisoning was used significantly more often by health professionals. The prevalence of somatic disorders was similar in different groups. Unipolar depression was more common in suicides of medical professional than in nurses, teaching professionals, and others. Work-related problems were more prevalent in suicides by teaching and medical professionals than in other groups.

In Qld, health professionals have similar or lower rates of suicide than the general population. However, their rates are higher than those of education professionals, particularly for females.

**PRESENTER:** Lawton, Stephanie<sup>1</sup>

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**TITLE:** Intrapersonal characteristics of self-harm: state versus trait, and the differences between those who self-harm and those who contemplate it.

**ABSTRACT:** There have been discussions within research regarding state and trait characteristics of individuals who self-harm; however, there is a gap regarding how these characteristics interact with each other. Research has also ventured into the area of self-harm behaviour versus self-harm thoughts, though at a contextual, environmental level, and has yet to examine personal aspects. This presentation addresses two key questions: What influence do enduring trait characteristics have on more in-the-moment state characteristics in relation to self-harm behaviour; and what are the differences in personal characteristics of those individuals who have thoughts of self-harm versus

those individuals who follow through with the behaviour? Our findings indicate that trait characteristics (personality and self-esteem) partially mediate the relationship between state characteristics (coping strategy and depression) and self-harm. We have also found that a number of characteristics including personality factors, coping, and mindfulness are significantly different between those who self-harm and those who have thoughts only. This further understanding of individual differences provides an increasingly comprehensive picture of the risk and protective factors associated with self-harm thoughts and behaviour. Future research on combinations of intrapersonal and environmental factors has the potential to advance further our knowledge and its implications for assessment, prevention, and intervention.

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<sup>4</sup>Institute of Public Health and Department of Public Health, National Yang-Ming University, Taipei, Taiwan

**TITLE:** Characteristics of charcoal burning (carbon monoxide poisoning) suicide versus suicide using other methods in different periods of time in Hong Kong.

**ABSTRACT:** Since the first charcoal burning suicide case occurred in 1997, this method became the third commonly used suicide method in Hong Kong in the past 15 years. The Asian financial crisis, which took off in late 1997, reached its greatest economic slump in 2003 due to the Severe Acute Respiratory Syndrome (SARS) epidemic. Hong Kong recorded the highest suicide rates during 2002 – 2004. One-fourth of the suicide population killed themselves by burning charcoal within this period. The economic conditions of Hong Kong gradually improved from the second half of 2003, by then the suicide rates were decreasing continuously and settled at a lower level from 2007. The proportion of charcoal burning suicide among all suicide methods reduced to 17%. In this study, we aim to examine the characteristics of charcoal burning suicide versus suicide using other methods throughout the peak (2002 – 2004) and acculturation (2007 – 2009) periods. We explore the demographic and socio-economic differences among two groups, including age, gender, marital and employment status, evidence of psychiatric treatment and medical illness, and history of suicide attempts. The result will help us to highlight the risk factors for charcoal burning suicide, which guides us to effective suicide prevention strategies in the future.

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**TITLE:** Which suicides are reported in the media, and what makes them ‘newsworthy’?

**ABSTRACT:** Media reporting of suicide has attracted public health attention because of its potential to trigger ‘copycat’ acts and skew public understanding of suicide. This paper aims to

determine the factors associated with an individual suicide featuring in the media. We identified all suicides that occurred in Australia over a one-year period from the National Coroners Information System and established those that were reported in the Australian media using data from a previous project. Available variables were used to examine factors associated with a suicide being reported in the media. Of the 2,161 suicides, twenty nine were reported in the media. Suicides by younger individuals were particularly likely to be reported, as were suicides by gunshot and other violent methods, suicides in commercial areas and institutional facilities, and suicides which occurred in the context of multiple fatality events. Striking the balance of media reporting of suicide is crucial. Our study suggests that the reported suicides tend to be ones that may either heighten the risk of lethal imitative behaviours or serve to distort public perceptions about suicide. It is imperative that these deaths are reported in a responsible manner.

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**TITLE:** “A Gentle Push”: Needs analysis of suicide-bereaved relatives and families.

**ABSTRACT:** Published studies report that anywhere from 6 to 100 individuals are bereaved by every suicide, and that those bereaved through suicide may have an increased risk of prolonged grief, self-harm and suicide. Of the Coronial reported deaths referred to the Newcastle Department of Forensic Medicine in 2010, 105 (9.9%) were classified as suicide. This paper will present research undertaken with this suicide-bereaved sample population, contextualised within the Coronial statistics for New South Wales. The primary aims of the research were to learn from this sample population about their unique needs following suicide bereavement, the support and services accessible and most useful to them in the twelve to eighteen months after the death, and to identify gaps to inform future service development and delivery. This paper will present findings and implications of this research, which extend well beyond the confines of a specific needs assessment and service evaluation to include persistent intense sadness and confusion, heightened concerns for other family members, and increasing difficulty in accessing services as time from death lengthened. The recommendations consider disparities related to gender, geography and relationship to the deceased, and highlight the need for “a gentle push” of proactive and sustained service provision.

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**TITLE:** On therapies for self-injury.

**ABSTRACT:** Few therapies with a satisfactory research base are available to guide clinical practice in managing self-injury, especially for young people. A Cochrane review on therapies for borderline personality disorder concludes “all therapies remain experimental and the studies are too few and small to inspire full confidence in their results”. Two more recent reviews are equally

cautious. Our own work using group cognitive behavioural therapy in a randomised controlled trial failed to support earlier promise. Dialectical Behaviour Therapy has a solid research base, but few studies have been completed with young people and, even in modified forms it has stringent conditions demanding commitment.

So where do we go from here? Well, either existing therapies need appropriate modification, or new therapies researched for their ability to change self-injury behaviour.

This presentation will explore what we know about self-injury and in particular therapies for self-injury. In addition it will ask whether we can learn from self-harmers who have given up self-injury for over 12 months. Two recent large studies suggesting new directions will be reported.

Could novel experiential therapies help us? Through working with voice, bodily expression of emotion, and personal reflection, Voice Movement Therapy (VMT) provides shared meaning to emotional experience, as well as emotion regulation strategies. Through mindfulness VMT improves distress tolerance. Through personal acceptance VMT changes impulsivity. In turn, these impact on self-esteem, anxiety, depression, and social avoidance. Four recent randomised waitlist trials of Voice Movement Therapy seem promising. Results show significant change in anxiety, depression, self-esteem, emotion regulation, alexithymia, as well as a surprising reduction in self-injury.

Open discussion will be welcomed to help us move this field of endeavour into the 21<sup>st</sup> century.

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**TITLE:** Cyber bullying as a risk factor for youth suicide in Queensland.

**ABSTRACT:** The role of social networking (including online websites and text messaging) and related cyber bullying in influencing the lives of young people is an emerging issue in Australia. Social networking provides an unprecedented form of communication access for young people. It is a largely unregulated environment that can offer many positive supports and opportunities for young people, but also provide challenges such as cyber bullying. Research linking cyber bullying to suicide as a risk factor is emerging in Australia. Between 1 January 2004 and 31 December 2011, the Queensland Commission for Children and Young People and Child Guardian's Child Death Register recorded 140 deaths of children and young people due to suicide. The Commission's *Reducing Youth Suicide in Queensland* research has identified common factors known to increase the risk of a young person suiciding, such as feeling isolated, having conflicts with peers and difficulties at school, which can be exacerbated when a young person is being bullied. This paper will present Queensland youth suicide data from 2004-12, including case studies and incidence rates of bullying, to highlight the link between bullying and youth suicide. Difficulties in identifying and addressing bullying as a risk factor will be discussed.

**PRESENTER:** Pearse, Carla (Tsultrim)<sup>1</sup>

<sup>1</sup>Community Action for the Prevention of Suicide (CAPS) Inc.

**TITLE:** Coffee, the beach and suicide prevention: the CAPS model for working with those at risk of suicide.

**ABSTRACT:** CAPS (Community Action for the Prevention of Suicide Inc) made a very conscious decision that when it worked with those at risk of suicide, those who have attempted suicide and

their family and friends, the model would be non-clinical, non-medical and non-therapeutic but very client centred. So CAPS doesn't use an office to work with those at risk of suicide. In order to ensure a very relaxed, empowering, conducive and neutral environment for talking.....I meet my clients at the beach, the park, a coffee shop.....anywhere but an office. Additionally, CAPS decided to not follow the standard practice of hour appointments with clients. Instead, I spend whatever time the person needs to talk about their suicidality, their past, their present, and what they hope for the future. The time we spend together can vary from 2 hours to 5 or 6 hours. During that time, the client can share whatever he/she likes and I provide care, attention, hopefully some insight, some skills, tools and techniques, such as mindfulness, to help them "notice" what is going on internally and externally and to cope better with the "challenges" that life brings them...no matter what they are. This also gives the client the confidence, perspective, support, determination and most importantly.....choice, to be 'ok'. It's different, but it works!

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**TITLE:** The relationship between the quality of reporting of suicide and potential copycat effects.

**ABSTRACT:** Numerous international studies have demonstrated that 'spikes' in suicide rates can follow media reports of suicide. Australia's response to this has been the Mindframe National Media Initiative, which has produced a set of resources to encourage responsible reporting. These resources provide a range of suggestions about ways of improving media reporting of suicide that may minimise the likelihood of copycat acts (e.g., refraining from providing detail about the method or location of the suicide). This study examines newspaper reports of individual suicides published in Australia in 2006/07 and looks at their association with suicide rates in the period immediately after their publication. It explicitly considers whether newspaper reports that are inconsistent with the Mindframe resources are more likely to be followed by increases in suicide rates (and, conversely, whether newspaper reports that are consistent with them are less likely to be).

**TITLE:** Protheroe, Loretta M<sup>1</sup>

<sup>1</sup>James Cook University

**TITLE:** On the table: readiness to broach the topic of suicide.

**ABSTRACT:** Suicide is a major cause of death among Australian youth, early identification and clinical intervention for those at risk is prudent. For suicidal persons, the perceived availability of social support may be a determining factor as to whether they follow through with their suicidal inclination. In recognition that individual characteristics have been identified as mediating how one perceives another, this longitudinal research gathered data regarding self-efficacy; knowledge of suicide behaviour, exposure to suicidal behaviour and prior training was gathered pre and post the intervention. Data pertaining to empathy and the perception of and responsiveness towards the hypothetical person depicted in scenarios was gathered at three time points. Whilst there was no significant difference between the control and experimental groups pre and post intervention,



significant relationships were found between empathy and some other variables. The research, undertaken as a component of the Degree of Doctor of Psychology (Clinical), supports the notion that empathy plays a mediating role in perceptions of and responsiveness to a hypothetical person. Results suggest future research is warranted regarding empathic concern, perspective taking and personal distress as mediators to assisting people at risk of suicide.

**PRESENTER:** Ratnarajah, Dorothy<sup>1</sup>

<sup>1</sup>University of New England, School of Health

**TITLE:** Family background stories pivotal in suicide grief meaning following the suicidal death of a family member.

**ABSTRACT:** Narratives of eighteen family members who shared their experience of losing an immediate relative through suicide were examined. Family relationships were shown to be pivotal in grief meaning construction following the suicide deaths. Family functioning coloured the broad scope of this study identified family history, family patterning, an understanding of the triggering events leading to the suicide and the consequences for the participants and other family members. Changed relationships within the bereaved family were experienced with some families acknowledging permanent breakdown and loss of connection with part of the family. Other families were able to draw together in mutual support and find healing. Half the narratives in this study spoke of a family history of mood disorders and/or mental illness and also a family patterning that may have contributed to vulnerability to negative feelings. This illustrates the complex antecedence to suicide ideation and attempts and highlights the importance of support for those bereaved by suicide for they share the same family inheritance and patterning.

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<sup>2</sup>Dr Edward Koch Foundation

**TITLE:** A double whammy: building community resilience in the aftermath of Larry and Yasi.

**ABSTRACT:** The Cairns and Hinterland Integrated Mental Health Alcohol Tobacco and Other Drugs Service, Qld Health (MHATODS) and the Dr Edward Koch Foundation have worked together to provide a collaborative and better informed service delivery model within their district. Succinctly, both organisations have developed a 'strong working partnership' targeting the need to increase community awareness of suicidal ideation in affected areas following recent natural disasters. Currently the alliance is delivering services to a diverse and remote geographical area, including communities between the West (Georgetown) the South (Kennedy) and the North (Mossman) within this sizable district. This presentation outlines the work from the MHATODS recovery teams involved in the aftermath of Tropical Cyclones Yasi and Larry in partnership with the Dr Edward Koch Foundation. Accordingly, there is special emphasis on the projected work of the Tully Recovery and Resilience Team formed in response to the need for 'preventative awareness' within disaster affected communities following TC Yasi.



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**TITLE:** Headspace school support: the development of a suicide postvention model for secondary schools in Australia.

**ABSTRACT:** Suicide is the leading cause of death among Australian youth, and its prevention is a national priority. In response, the Commonwealth Government has commissioned Headspace to establish a school support postvention service to assist secondary schools that are affected by suicide.

The project began with a 6-month scoping phase consisting of 2 rounds of stakeholder consultations and a systematic review of the evidence in order to ensure the program is responsive to perceived need, is based on the best available evidence, and works within existing services and supports. Using the findings from the evidence review and stakeholder consultations, a service model was developed and is being rolled out in a phased manner as from January 2012. It comprises on-line resources, email, telephone, and face-to-face support, including initial crisis management plus education and professional development, delivered via a central team and a number of teams located across the country.

This presentation will summarise the background to the project, plus findings from the stakeholder consultations and the evidence review. It will also present, and seek feedback on, the service model and provide information regarding current uptake.

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<sup>3</sup>String Theory Health

**TITLE:** RE-FRAME-IT: a randomised controlled trial investigating the impact of an Internet-based intervention on school students experiencing suicidal ideation.

**ABSTRACT:** Suicidal ideation is common amongst adolescents, and school counsellors are often the first point of contact. However there is little evidence regarding effective interventions for this population.

Aims are to examine whether or not an Internet-based cognitive-behavioural therapy intervention can reduce suicidal ideation in students who have sought help from the school counsellor.

Hypotheses are that the receipt of the intervention will: reduce suicidal ideation, depressive symptoms and hopelessness, and that participants will find it to be acceptable.

The study will employ a randomised-controlled design. Participants will be 144 students from 15 secondary schools in Victoria. The intervention will deliver 8 modules of cognitive-behavioural therapy via a series of video diaries posted by young people.

A 2-stage pilot study is underway. Stage 1 comprised a series of 3, 90-minute focus groups, which sought consumer feedback on the format of the website. Stage 2 is a pre-test post-test study and is in progress. Aims are to assess the functionality, usability and acceptability of the program, and to explore in a pre-test / post-test design whether or not the program leads to an improvement in any of the outcomes of interest.

The rationale, methodology and pilot data will be presented.

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<sup>1</sup>Survivors of Suicide Bereavement Support Association Cairns Branch

**TITLE:** Living with a loved one's suicide: the contribution of a community peer support group.

**ABSTRACT:** Living with the death by suicide of a loved one holds many challenges requiring varied types of support for the bereaved person. Peer support groups such as the Survivors of Suicide Bereavement Support Association (SOSBSA) bring together people with firsthand experience of a loved one having died through suicide. The group aims to offer a safe environment for members to share their feelings and stories. The attendance pattern of group participants varies greatly. Bereaved persons come to the group with many questions, seeking an understanding of why their loved one suicided, the reactions of themselves and others following the suicide, how long they may feel the hurt they have, and wanting information on how to get through their loss. A family member having suicided is a risk factor for suicide, so assisting the bereaved person to find a way through grief can become a preventative strategy. Group participant reactions included relief at being understood, gaining knowledge of 'normality', and feeling 'human' again. SOSBSA group support to bereaved in our Cairns community includes a Memorial Evening held each December and access to resources. SOSBSA also contributes to the wider community through its representation on the Far North Queensland Suicide Prevention Taskforce.

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**TITLE:** Releasing old beliefs, becoming aware of new choices and using a tool such as Emotional Freedom Technique in post suicide support.

**ABSTRACT:** How often do we feel righteous indignation when a close friend or family member departs this world? 'How dare they'? 'Did they not consider the hurt and shame their action has left for us to deal with'? Many old beliefs about suicide still influence us today, beliefs like 'it is a sin to take your own life' and 'only cowards suicide'. There is always a choice; our beliefs can be changed if we are aware enough and conscious enough to try! What if we were to view death from a different perspective and to drop the judgment, look for the old belief that triggers the emotion and then release the emotional block! Modalities, such as Emotional Freedom Technique uses the

body's energy system to break through the emotional block and leave us in a much better space. We can't change what has happened but we can feel better about ourselves in spite of it!

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**TITLE:** Do communities know how to talk about suicide?

**ABSTRACT:** There has been healthy debate in Australia about the potential benefits of talking more openly about suicide, within families, schools, workplaces and communities. A National Inquiry into Suicide in Australia during 2010 raised a number of issues around public discussion of suicide and the possible benefits of more discussion. While much has been written about the need to talk more about suicide, there are limited evidence-based resources to guide these discussions across community settings.

In 2010, The NSW Ministry of Health released the NSW Suicide Prevention Strategy 2010-2015, to reduce the rate of suicide and suicidal behavior in NSW by strengthening the capacity of individuals, families, schools, workplaces and the local community to work together and share responsibility in supporting each other and the whole community. The NSW Ministry of Health has contracted the Hunter Institute of Mental Health to develop the Community Guidelines for Discussing Suicide in consultation with a state-wide steering committee.

From onset, the guidelines should be relevant to broad community stakeholders, including: Aboriginal people; people from culturally and linguistically diverse backgrounds; gay, lesbian, bisexual and transgender people; young people; older people; people in rural areas; and males.

This paper will provide a summary of key outcomes from a consultation and scoping phase of the project. This has included a review of the international evidence and thematic analysis of existing resources, programs and initiatives that address discussion about suicide. It has also included the engagement of over 100 experts and community members through four settings based consultation forums focussed on educational settings, workplaces, families and communities as well as a series of focus groups conducted across NSW to identify community needs, barriers and opportunities to support the community guidelines.

This paper will conclude by discussing both the benefits and challenges to developing broad reaching resources to guide the way we discuss suicide in NSW.

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<sup>1</sup>Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention, Griffith University

**TITLE:** Suicidal behaviours in LGBT populations in Australia: research trends and future perspectives.

**ABSTRACT:** While early research found no significant increased risk for suicidal behaviour among sexual minorities, more recent studies have found LGBT individuals to be at a higher risk

for suicidal ideation, suicide attempt, and completed suicide. Adolescents appear to be at particularly high risk, as do bisexual individuals. This paper reviews the existing literature and identifies the areas in need of further research in the Australian context. In the Australian case, no representative studies have been carried out, nor have any studies been done on completed suicide among LGBT individuals. Nevertheless, numerous studies, including large-scale research, have found gay men to be at a higher risk than heterosexual men, and bisexual men at a higher risk than gay men for non-fatal suicidal behaviours. There is an outstanding need for matched control studies, as well as representative studies and research on completed suicides among sexual minority groups in Australia. Specific suggestions for future research to fill these gaps in our knowledge, and thereby better inform prevention efforts, are given.

**PRESENTER:** Soole, Rebecca<sup>1</sup>

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<sup>1</sup>Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention, WHO Collaborating Centre for Research and Training in Suicide Prevention, Griffith University

**TITLE:** Factors associated with suicide in Queensland children and adolescents: analyses of QLD Child Death Registry.

**ABSTRACT:** Globally, suicide among children under the age of 15 years is a leading cause of death. There are no comprehensive studies on completed suicide in Australian children. It is unknown if existing knowledge about suicide risk factors is relevant to children. The aim of the study/presentation is to identify differences in demographic, psychosocial, and psychiatric predictors of child suicides compared to adolescent suicides. Using external causes of deaths recorded in the Child Death Registry case-control study design will be applied. Cases will be child suicides (10-15 years) and adolescent suicides (16-17 years); controls will be other external causes of death in the same age band. Between 2005 and 2009, 85 suicides were recorded; 33 of children aged 10-15 years and 52 of adolescents aged 16-17 years; 192 deaths were recorded as other external causes; 81 of children aged 10-15 years and 111 of adolescents aged 16-17 years. More detailed results will be presented and indications to suicide prevention in children will be discussed.

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<sup>3</sup>Melbourne Law School, The University of Melbourne

**TITLE:** Declines in the lethality of suicide attempts explain the decline in suicide deaths in Australia.

**ABSTRACT:**

**Objective:** To investigate the epidemiology of a steep decrease in the incidence of suicide deaths in Australia.

**Methods:** Official national data on suicide deaths and attempts for the period 1994-2007 were obtained from the Australian Institute of Health and Welfare. We calculated attempt and death rates for five methods (poisoning, motor vehicle exhaust, hanging, firearms, other methods), and the lethality of these methods. Poisson regression was used to estimate method-specific trends in attempts and lethality.

**Results:** Hanging, motor vehicle exhaust and firearms were the most lethal methods, and together accounted for 72% of all deaths. The lethality of motor vehicle exhaust attempts decreased sharply (RR = 0.94 per year, 95% CI 0.93-0.95) while the motor vehicle exhaust attempt rate changed little; this combination of trends explained nearly half of the overall decline in suicide deaths. Hanging lethality also decreased sharply (RR = 0.96 per year, 95% CI 0.96-0.97) but large increases in hanging attempts negated the effect on death rates; firearm lethality changed little while attempts decreased.

**Conclusions:** Declines in the lethality of suicide attempts—especially attempts by motor vehicle exhaust and hanging—explain the sharp decline in deaths by suicide in Australia since 1997.

**PRESENTER:** Stuart, Lynn<sup>1</sup>

<sup>1</sup>Private Practitioner

**TITLE:** The Positive Side of Fear.

**ABSTRACT:** This paper is to address the concept of fear and the positive influence it has had to prevent suicide and harm. Focus is not on those who have completed suicide but instead, the focus is centred on the multitude of people who have contemplated ending their lives and decided not to. I would be spending the 20 minutes providing opportunities and examples for the delegates to look at their own beliefs and to look beyond the traditional medical model that provides reactive responses to a client's unwellness. It is to challenge our thinking about the history of emotions and how they affect the body and mind. It will explore the possibility of allowing our fears to become a positive motivating force for us. These principles could be applied to many possible mental health issues. The concept is not to be confused with "Feel The Fear And Do It Anyway" which promotes overcoming your fear. It is about how to use the positive side of fear within your belief system. The aim is for delegates to leave the conference thinking about the possibility of exploring different techniques for wellness.

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**TITLE:** Risk of suicidal ideation, suicide attempts and non-suicidal self-injury among individuals reporting non heterosexual orientation.

**ABSTRACT:** Research suggests that lesbian, gay and bisexual people are at higher risk of suicidal ideation and deliberate self harm than heterosexual individuals, but the lack of studies conducted with general population samples limits conclusions we can make. In addition, there has been little investigation into links between sexual orientation and non-suicidal self-injury, with most research combining suicidal and non-suicidal self-harming behaviours into one category of 'self-harm'. The current study considered associations between sexual orientation and suicidal ideation, non-suicidal self-injury and suicide attempts in a large population-based sample of Australian adults. Results

show non-heterosexual respondents were more likely than heterosexual respondents to report suicidal ideation (OR 3.67, 2.47-5.45), non-suicidal self-injury (OR 7.35, 4.24-12.73), and suicide attempts (OR 4.72, 3.05-7.29), with the risk being consistently higher for females. Overall, looking at males and females separately, risk was highest among bisexual females and gay males. Reasons for and implications of these results are discussed.

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<sup>1</sup>The Salvation Army Hope for Life Suicide Prevention & Bereavement Support, NSW

**TITLE:** The importance of recognising lived experience in postvention.

**ABSTRACT:** People who have been bereaved by suicide are key stakeholders in the area of suicide prevention and postvention and many of them want to tell their story in the hope that they might be able to help somebody else understand the unique grief journey of suicide bereavement. This workshop will explore postvention initiatives developed by Hope for Life that focus particularly on the important contribution of lived experience both in terms of awareness raising about suicide issues and bringing comfort, healing and hope to the bereaved. These include the Lifekeeper Memory Quilt and a new DVD training resource that tells the stories of four families who have been bereaved by suicide; their experience, the process and what helped and what hindered. It is a powerful educational tool.

The workshop objectives are to:

- Increase understanding of the experience of people who have been bereaved by suicide;
- Improve skills and confidence to respond appropriately to people at risk and those bereaved by suicide;
- Provide a foundational postvention model to enhance knowledge and skills in providing support to bereaved people.

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**TITLE:** Online crisis support – a new dimension.

**ABSTRACT:** The potential of the online environment to attract young people seeking help on mental health issues has been identified with estimates that approximately 30% of young people use the internet to seek mental health services, - about the same percentage of young people that seek help from mental health professionals (Burns, Webb, Durkin & Hickie, 2010). There is some research evidence that those at risk of suicide use the internet as a tool - Gould, Munfakh, Lubell, Kleinman & Parker, 2002; Song, 2008. Lifeline conducted a trial online crisis chat service in 2011 and evaluated the trial for effectiveness in the provision of crisis support for suicidal persons. The trial found that 43% of contacts to the service expressed feeling suicidal at the time. The online crisis chat was also found to have drawn contacts who would not go elsewhere for crisis support – 37% of contacts stated that they would not use telephone crisis lines. This suggests that online crisis support services have a real role to play in attracting contact from suicidal persons to enable safety measures and longer term referrals for support to occur.