
SUBMISSION

Draft Suicide Prevention Bill

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Sent to Dr John Brayley

Chief Psychiatrist

Adelaide, SA 5000



Lived Experience
A U S T R A L I A

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1 Overview

LEA is the national representative organisation for Australian mental health consumers and carers, formerly the Private Mental Health Consumer Carer Network (Australia) Ltd, formed in 2002 with a primary focus on the private sector. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA notes the Bill seems to apply only to state based services, organisations, etc. Given the importance of such legislation, LEA believes it should encompass all health services across the state including **all** those provided by the private hospital sector and private practitioners.

Without this full inclusion, it is hard to promote the Bill as a suicide prevention instrument. People in the private health system are also residents of South Australia and should be seen as equally important. Suicide Plans must be instigated and implemented across this sector.

LEA notes the Bill has a public health approach, recommending a specified method or means of suicide to be deemed 'controlled lethal means'

LEA has strongly supported and called for a Suicide Register to be implemented for some time. However, it is unclear as to how suicides are to be determined, ie fatal single car accidents etc. It is therefore crucial that the coroner has a role in determining the results. So a further expansion of the coroner's role it seems will be crucial.

A clear message is also that this Bill may raise significant distress. This should be countered by the inclusion of trauma informed practices throughout all processes.

2 Consultation questions

Part 1

1. Are these provisions reasonable and appropriate?
LEA would urge the inclusion of all health services and practitioners not just those within state funded and run services
2. Does clause 3 - Interpretation have all the terms that should be included or are there others that should be included?
Yes
3. Is the name of the Act appropriate?
Yes

Part 2

4. Are the objects appropriate and adequate?
Clarification is required as to whether the Bill is subject to state based funded and run services which could include health or other related services
5. Are there any other objects that should be considered?

Whether suicide plans and this Bill are application to community, public services like ambulance, police, first responders (fire, CFS), private organisations, companies

Part 3

6. Do you support the approach to nomination and appointment of members to the Suicide Prevention Council?

Yes provided that a person with lived experience of a suicide attempt, AND a family representative of someone who has died are dedicated positions

7. Do you support the inclusion of a Member of Parliament, the ex officio members and a Mental Health Commissioner on the Suicide Prevention Council?

Yes

8. Are the powers and functions of the Suicide Prevention Council adequate and appropriate? LEA does not believe the powers and functions go far enough.

The role of the Suicide Prevention Council will be crucial. However there appears no mechanism to undertake:

- 1) Review, independent investigations
- 2) Provide opportunities for community members to make complaints or file a report
- 3) Require recommendations to be implemented
- 4) Mandate training
- 5) Making reports publicly available – but protection the confidentiality of families by public reporting in a de-identified manner
- 6) Providing summaries and crucial information about the methods of suicide to **all** health services, not just SA Health. Without the sharing of this information, health services will not learn how to minimise objects within the environment.
- 7) SA Health mental health services now have a strong focus on harm aversion rather than harm minimisation even if this impinges the privacy and rights of individuals.

9. Are there other additional functions that the Suicide Prevention Council should have?

As above.

10. Do you have any other comments or concerns about other provisions such as the procedures, conflict of interest, staff, resources and annual reporting?

No

Part 4

11. Do you support the requirement for prescribed State authorities to prepare suicide prevention plans?

Yes, but as discussed previously, a state Suicide Prevention Bill MUST apply to all South Australian citizens therefore the preparation of suicide prevention plans must be mandated. Furthermore, further instructions on how the suicide prevention plans are to be reviewed, evaluated following implementation. Will this be a function of the Suicide Prevention Council? If so, inclusion with the Bill will be required.

12. Which State authorities should be prescribed to prepare suicide prevention plans?

See above comments (Part 2 (5) above) and previous comment.

13. Are the requirements for the preparation and delivery by prescribed State authorities of suicide prevention plans adequate? Should there be other requirements?
No. There is a need to have an easily prepared template for standardisation across South Australia. There seems to be no reference to how this will be done or who will be responsible for both preparing and actioning the plans.

14. Should other organisations be encouraged to develop their own suicide prevention plans voluntarily?
As above, this should be mandated nor encouraged to do so on a voluntary basis.

There is also mention of identifying people prone to suicide. These are of course, Aboriginal and Torres Strait Islander persons, people with mental illness diagnoses known to be at risk i.e. borderline personality disorder, schizophrenia, men over 80 years of age, young people especially those from rural and remote areas etc. A full scope of vulnerable people should be undertaken as a matter of process.

Part 5

15. Do you support the Governor, on recommendation of the Minister, being able to declare specified methods or means to be controlled lethal means?

LEA has some concerns around the use and term 'controlled lethal means' If the Reports are to be made public, care is of the essence in NOT describing these methods. This could instigate vulnerable people to use the methods they may not have thought of.

16. Do you support or have any comments on recommendations being made and published requiring a person or body to consider remediation of means or method declared to be a controlled lethal mean?
As above.

17. Noting the requirement for procedural fairness, do you support publication of details of compliance or non-compliance with a recommendation?
Yes

Part 6

18. Are the purposes for information sharing supported?
Yes

19. Are there any issues that need to be considered and addressed in allowing information sharing for the purposes that have been proposed in the legislation?
As mentioned previously, information sharing is crucial to ensure the environment as far as possible, is provided in a safe setting, remembering that people will always find ways of taking their lives if they are bereft of all hope.

Part 7

1. Are the powers of the Chief Executive for the establishment and operation of the South Australian Suicide Register supported?
Yes

2. Are there any issues that need to be considered and addressed in allowing the Chief Executive to establish and manage the South Australian Suicide Register within the proposed Act?
No

Part 8

20. Are the provisions under Part 8 reasonable and appropriate? If not, what additional matters need to be considered and what needs amending?
yes

3 Contact

LEA welcomes the opportunity to provide our perspectives into this consultation. I would be very pleased to have further discussions with you or your Office on this important issue.



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