

8 February 2021

**Department for Health and Wellbeing
Office of the Chief Psychiatrist**

Level 8 – Citi Centre
Re: Draft Suicide Prevention Bill
PO BOX 287
Rundle Mall SA 5000

Sent via email: HealthMentalHealthFeedback@sa.gov.au

Dear Office of the Chief Psychiatrist,

Submission to South Australia's Draft Suicide Prevention Bill 2020

We write to provide comment to South Australia's *Suicide Prevention Bill 2020* draft released for consultation.

Suicide Prevention Australia is the national peak body for suicide prevention, counting among our members Australia's largest and many of the smallest suicide prevention and mental health organisations.

We welcome the opportunity to submit to consultation on the draft bill, and commend the South Australian Government for proposing milestone legislation that aims to reduce deaths by suicide through the adoption of a whole-of-government approach – the first legislation of its kind to be seen in Australia.

Advocating for the establishment of permanent machinery to support a whole-of-government approach to suicide prevention has been a central focus of our work, and is a pillar of our [National Policy Platform](#). We endorse the legislation which will provide government coordination of suicide prevention and postvention in the state, ensure responsibility and accountability across the state in suicide prevention, and establish a South Australian Suicide Register.

Mechanisms for a whole-of-government approach to suicide prevention

Suicide and suicidal behaviours exact an economic toll in addition to their immense emotional and social impacts. The Productivity Commission has estimated the cost of mental illness and suicide on the Australian economy to be approx. \$70 billion per year.¹

Suicide is also, however, a complicated and multi-factorial human behaviour and should be understood as more than an expression of mental ill health. A whole-of-government

¹ Productivity Commission. (2020). Mental Health, Report No. 95, Canberra.

approach to suicide prevention acknowledges this and seeks better cross-portfolio coordination to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

We welcome the inclusion of embedded governance arrangements through the establishment of a Suicide Prevention Council with lived experience representation to oversee the State's Suicide Prevention Plan, and the requirement for prescribed state authorities to develop their own suicide prevention plans and report on them annually.

Prioritising individual department plans as a legislative requirement will ensure every State Government agency will develop and report on their specific suicide prevention plans tailored to their priority groups. These mechanisms will create cross-portfolio responsibility and accountability for suicide prevention which we believe is critical if we are to reduce suicides in Australia and ultimately, save lives.

We hope to see the State's Suicide Prevention Plan adopt the recommendation (9.3) made within the Productivity Commission's final report and include both health and non-health portfolios that have an influence over suicide prevention included in the strategy.² Recent evidence in Australia showed increases in suicide rates in areas of low socioeconomic areas and decreases in areas of high socioeconomic areas.^{3,4} Suicide prevention should address the social determinants of health which can lead to suicide – and this extends beyond the health portfolio.

We endorse the current membership of the Suicide Prevention Council outlined in the draft Bill as it allows for an impartial, flexible, and adaptive Council required for this key leadership and strategic role. The benefits of such membership will provide a broad range of background and experience with a combined knowledge across jurisdictions and priority groups.

Whilst we strongly support the Bill overall, we do have a number of suggestions on aspects that could be improved.

An objective of collaboration with the Commonwealth

Currently the draft Bill does not address how the State might better serve populations in collaboration with the Commonwealth or Commonwealth funded initiatives, nor does it provide a platform for joint service planning and/or mapping across jurisdictions. The Objects and Principles (Part 2.7) should reflect intention of the Suicide Prevention Council to align the State Suicide Prevention Plan with national suicide prevention strategies and Commonwealth initiatives, and intention to work together to better serve communities and priority groups.

² Ibid.

³ Too LS, et al., Widening socioeconomic inequalities in Australian suicide, despite recent declines in suicide rates. *Soc Psychiatry Psychiatr Epidemiol.* 2018;53(9):969-976.

⁴ Shand, F., Yip, D. & Darwin, T. (2020). The impact of social determinants on suicide and how policy settings can help, *Black Dog Institute.*

Recommendation: The objects and principles of the Act reflect intention of the Suicide Prevention Council to align the State Suicide Prevention Plan with Commonwealth initiatives and intent to work together to better serve priority populations.

Suicide Prevention Council to sit within the Department of the Premier and Cabinet

We believe the Suicide Prevention Council and consequently the State's Suicide Prevention Plan should sit within the Department of the Premier and Cabinet to elevate the issue of suicide prevention to its rightful place: at the head of the State's agenda. Countries such as Japan who have implemented a whole-of-government approach to suicide and seen significant decreases in suicide rates shifted suicide prevention from their Ministry of Health, Labour and Welfare to the central department of the Cabinet Office, and made the issue of suicide prevention a responsibility shared by all Ministers.⁵

Recommendation: Specify in the Bill that the Suicide Prevention Council to sit within the Department of Premier and Cabinet to prioritise suicide prevention on the State's agenda.

Necessity of state suicide registers in every jurisdiction

We endorse the establishment of a South Australian state suicide deaths register prescribed within the draft bill. Access to accurate population-level data on suicidality and suicidal behaviour from state suicide registers, relevant bodies and agencies including liaison with the ABS, the Australian Institute of Health and Welfare (AIHW) and the NCIS, is crucial for targeted policy, service and program resourcing, development and implementation.

While the draft Bill states part of the functions and powers of the Suicide Prevention Council will be to provide advice to the Minister in relation to, suitable initiatives for reducing suicide and suicide attempts in the State, we recommend including under Part 7 South Australian Suicide Register (35) that the register collect not only information and statistics in relation to suicide deaths but also suicide attempts.

The use of multiple data sources has the potential to provide a current estimate of suicide trends and localised profiles of suicide events which may not otherwise be captured by a single data source. The lack of standardised nomenclature of suicide attempts and self-harm behaviours in emergency datasets across jurisdictions can cause issues in collecting accurate, timely data.^{6,7} The Register could ultimately assist South Australia in developing future strategies, inform local consideration of means restriction interventions, and allocation of funding could be prioritised based on real time data, local needs, and risk.

⁵ World Health Organisation. (2018). National suicide prevention strategies: progress, examples and indicators, *World Health Organisation*, Geneva. https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/.

⁶ Svetcic, J., Strapelberg, NCJ. & Turner, K. (2020). Suicidal and self-harm presentations to emergency departments: The challenges of identification through diagnostic codes and presenting complaints, *Health Information Management Journal*, 49(1).

⁷ Hedegaard, H., Schoenbaum, M., Claassen, C., Crosby, A., Holland, K. & Proescholdbell, S. (2018). Issues in developing a surveillance case definition for nonfatal suicide attempt and intentional self-harm using international classification of diseases, *National Health Statistics Report* 108.

Legislation can be cumbersome to amend and can at times lag behind rapidly changing sectors, including suicide attempts in the original Bill will allow for future enhancements of the Register.

Recommendation: Amend language to include suicide attempts in data collection via the South Australian Suicide Deaths Register.

As you would be aware the National Mental Health Commission (NMHC) and Australian Institute for Health and Welfare (AIHW) launched the National Suicide and Self-Harm Monitoring System in September 2020. The effectiveness and ability to provide timely data on suicide deaths at the national level relies on data received across jurisdictions from coronial systems and state suicide registers.

We encourage establishing the South Australian State Suicide Register within the state's coronial settings to allow for enhanced coordination and access to timely data, which is consistent in data collection systems across jurisdictions. Tasmania and New South Wales adopted the Victorian model and each state's suicide deaths registers reside within their coronial settings.

Recommendation: The State Suicide Deaths Register to be based within South Australian coronial settings to enhance access to timely, accurate and reliable data.

Once again, we welcome and endorse the proposed *Suicide Prevention Bill* which will provide necessary machinery to enable a whole-of-government approach to suicide prevention in South Australia. For further information please contact Chris Stone, Acting Director Policy and Government Relations on 0401 737 148 or email chriss@suicidepreventionaust.org or Caitlin Bambridge, Policy Advisor on email caitlinb@suicidepreventionaust.org.

Yours sincerely



Nieves Murray
Chief Executive Officer