



Feedback on the draft Suicide Prevention Bill 2020

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**To: Department for Health and Wellbeing
Office of the Chief Psychiatrist
HealthMentalHealthFeedback@sa.gov.au**

Re: Draft Suicide Prevention Bill

I am writing to provide feedback on the draft Suicide Prevention Bill 2020. I commend the whole of government, whole of community approach this Bill intends to take. It is a step in the right direction to address this significant public health issue and reduce the incidence of deaths by suicide in South Australia.

However, there is scope for this Bill to better serve the needs of children and young people and result in better outcomes for this group. Although legislation often acknowledges children and young people as a vulnerable group in its Principles, this group is often ignored when it comes to operationalising the legislation.

It is therefore important that the operational parts of this legislation specifically name children and young people as a group, and set out target actions that government and community will take in relation to this group.

As South Australia's Commissioner for Children and Young People, I advocate at a systemic level for the rights, interests and wellbeing for children and young people in South Australia. Since my appointment in 2017 I have spoken to thousands of children and young people about issues that affect their lives.

Children and young people have told me that they do not consider suicide as an issue on its own but rather as a result of complex, intersecting issues, experiences and factors. With this understanding, young people think that effective suicide prevention and postvention efforts will involve sectors outside of health and address the broad range of complex issues that can cumulate and make people vulnerable to suicidal thoughts or suicide.

These issues include financial stress, loss of employment, loss of loved ones, mental illness, unsafe relationships or abuse, adverse childhood experiences, identity-related discrimination, school systems that fail to promote positive mental and physical health, and unsafe home, education or work environments.

“Effective suicide prevention isn’t possible if it’s being attempted by tackling a single problem in a single way because suicide isn’t an issue on its own.”

– 16 year old

“Each circumstance is completely different to one another and therefore, the process to try and prevent the act of suicide needs to be accustomed to the specific circumstance rather than a generalised ‘solution’.”

– 17 year old

While young people recognise that most of these issues can affect people of any age, they want governments and decision makers to seriously consider how children and young people might experience, think, feel or talk about suicide and related issues differently to adults, and tailor responses accordingly.

Because suicide is not openly talked about, children and young people find it hard to support their friends and peers if they are having some concerns or if there is a death by suicide in their family or in the community. They want to be equipped with tools to not only identify problems but also know how to support themselves and others.

Children and young people living in regional areas are particularly concerned about the lack of support available, highlighting the need for regional responses that meet the needs of young people.

“When I lost a loved one to suicide I found it very hard to get support from my peers, it was like they didn’t know how to approach the subject.”

– 19 year old

They also want schools to be better informed and equipped in terms of suicide prevention, support for students, and appropriate postvention responses. Recent evidence suggests that suicide prevention programs in schools, including peer support and social connectedness programs, can “improve knowledge, confidence, attitudes and help-seeking intentions and can improve outcomes in regards to suicidal ideation and other suicide-related behaviours”.ⁱ

“When it comes to suicide prevention, school needs to be taken in as one of the most significant factors, even if it isn’t the main reason the young person is experiencing distress”

– 16 year old

Children and young people can also be confused by the narrative surrounding suicide. On the one hand, it is treated as taboo and shameful. On the other hand, suicide appears to be glorified through organisations and laws that are named after children and young people who have died by suicide. It is hoped that the Committee will be able to provide clarification and address these issues.

“We’re always being told that it’s okay to reach out for help, and yet when we do, we lose more than we gain”

– 16 year old

This Bill provides an opportunity for decision makers to include and engage young people in the conversation in a safe way.ⁱⁱ Contrary to the assumption that talking about suicide might “put ideas into young people’s heads”, evidence suggests that talking about suicide does not increase the risk of suicide.ⁱⁱⁱ Given that suicide affects the lives of children and young people, having open conversations may be more beneficial insofar as it can inform and support young people so they can understand as best they can rather than feel isolated or blame themselves.

“Seeing the rate of suicide and related issues amongst youth, I’m sure almost all young people are affected in some way, whether it’s in a friend, within their family or personally”.

– 16 year old

In light of the above, I make the following specific recommendations that could strengthen the current Bill resulting in better support for children and young people, their friends, family and the community as a whole:

1. That the Bill is amended to require the State Suicide Prevention Plan to contain a part relating to children and young people.
2. That the views of children and young people are represented on the Suicide Prevention Council.
3. That the Bill is amended to clarify the purposes and privacy of the proposed South Australian Suicide Register.

If you have any questions or queries in relation to any aspects of this submission or the Bill, please do not hesitate to contact the Principal Policy, Research and Advocacy Officer, Monique Bianchi on monique.bianchi@sa.gov.au.

Yours sincerely,



Helen Connolly

Commissioner for Children and Young People
Adelaide, South Australia

1. That the Bill is amended to require the State Suicide Prevention Plan to contain a part relating to children and young people.

It is recommended that the Bill is amended to ensure that a part of the State Suicide Prevention Plan explicitly refers to suicide prevention and postvention for children and young people. This could be in the form of a new Clause, similar to Clause 20 of the Bill, which sets out the requirements for a part within the State Plan relating to suicide prevention for Aboriginal and Torres Strait Islander People.

This part should acknowledge the United Nations Convention on the Rights of the Child and set out children's fundamental rights, including their right to be heard (Article 12) and to have their best interests considered (Article 3) in relation to decisions that affect their lives.

This should ensure that children and young people are explicitly acknowledged and their voice is included in both the state-wide plan and the suicide prevention plans developed by State authorities.

2. That the views of children and young people are represented on the Suicide Prevention Council.

For the needs of children and young people to be considered in the State Suicide Prevention Plan while undertaking their functions^{iv} it is recommended that the Commissioner for Children and Young People is a named member of the Council.

This would ensure that children and young people's voices are included in any decisions the Council makes as the role is required to actively engage children and young people and to advocate for their rights, interests and wellbeing at a systemic level. Consideration should also be given to ensuring those on the Suicide Prevention Council representing lived experience are supported to include the experiences of young people.

This would align with the evidence that 50% of adult mental illness begins before 14 years of age.^v This would also acknowledge that the needs and experiences of children and young people differ to that of adults, and ensure State authorities are giving effect to the United Nations Convention on the Rights of the Child and providing the best possible support as children and young people navigate the significant developmental, emotional and physical changes of the transition to adolescence.

3. That the Bill is amended to clarify the purposes and privacy of the proposed South Australian Suicide Register.

The current provision in the Bill referring to the South Australian Suicide Register (the Register) does not make it clear whether the register is a public or private register. It can be inferred from Clause 37 and Clause 40 of the Bill that the Register will have privacy protections surrounding it. However, the final Bill would benefit from greater clarification regarding the purposes of gathering the information and the privacy of the Register.

If the Register is collecting any identifying information about children and young people, procedures must be in place to respect every child's right to privacy, dignity and information by

explaining to any affected child, young person or family what information is being collected and why, and only using collected information for the stated purpose.

It also may be of use to look at the Victorian system where the Register is housed in the Coroner's Court. A study into the Implementation and Evaluation of the Victorian Suicide Register (VSR) found that the housing of the Register within a coronial court system makes the process of capturing comprehensive, high-quality information on all suicides as streamlined as possible, thus distinguishing the VSR from most systems in which information comes from a number of different, secondary or linked data sources.^{vi}

ⁱ Orygen National Centre of Excellence in Youth Mental Health, Raising the bar for youth suicide prevention, 2016. Available at <https://www.orygen.org.au/Policy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext=>.

ⁱⁱ Orygen National Centre of Excellence in Youth Mental Health, Raising the bar for youth suicide prevention, 2016. Available at <https://www.orygen.org.au/Policy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext=>.

ⁱⁱⁱ Mathias CW, Michael Furr R, Sheftall AH, Hill-Kapturczak N, Crum P, Dougherty DM. What's the harm in asking about suicidal ideation? *Suicide Life Threat Behav* [Internet]. 2012 Jun [cited 2020 Nov 02]; 42(3):341–51. Available from: <https://pubmed.ncbi.nlm.nih.gov/22548324/>

^{iv} Functions include “to prepare and maintain the State Suicide Prevention Plan” and “to make recommendations on policies and programs intended to reduce deaths by suicide and attempted suicides and attempted suicides, and enhance prevention responses”.

^v Australian Institute of Health Welfare. *Australia's children*. Canberra: AIHW; 2020. Available from: <https://www.aihw.gov.au/reports/children-youth/australias-children>. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005;62(6):617–27. 3.

^{vi} Georgina Sutherland et al., “Implementation and Evaluation of the Victorian Suicide Register”, *Australian and New Zealand Journal of Public Health* 2018, Vol.42, no. 3. Available at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1753-6405.12725>.