



Suicide Prevention Bill 2020

Explanatory Discussion Paper

December 2020



**Government
of South Australia**

SA Health

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1. HELP AND SUPPORT

If you or someone you know is having thoughts of suicide, or have been affected by suicide, please seek help through your General Practitioner or by contacting the following support services:

> Lifeline	13 11 14	www.lifeline.org.au
> Kids Help Line	1800 551 800	www.kidshelpline.com.au
> Mensline Australia	1300 789 978	www.Mensline.org.au
> Headspace	1800 650 890	www.eheadspace.org.au
> QLife	1800 184 527	https://qlife.org.au
> Beyond Blue info line	1300 224 636	www.beyondblue.org.au
> Suicide Call Back Service	1300 650 467	www.suicide.callbackservice.org.au
> Open Arms (Veterans and their families)	1800 011 046	www.openarms.gov.au
> South Australian Mental Health Triage (over 18 years)		131 465
> Reach Out (for young people)		www.reachout.com

If you are bereaved by suicide:

> Standby Response Country South	0437 752 458
> Standby Response Country North	0438 728 644
> Living Beyond Suicide Metro and Adelaide Hills	1300 761 193
> Bereaved through Suicide	0488 440 287
> MOSH (Minimisation of Suicide Harm)	8377 0091

In an emergency call triple zero (000).

2. INTRODUCTION

Suicide is a matter of significant community and public health concern.

Many South Australians have been affected by suicide and the consequences can be devastating, complex and long-lasting for families and communities.

Across Australia, the number of people who die from suicide is now higher than the number of motor vehicle accident deaths.

In South Australia, suicide is the leading cause of death for people aged 15 to 44. A sustained effort to suicide prevention and postvention (activities related to the help and support of people bereaved after suicide) is required to reduce incidence in South Australia. The aim of the Suicide Prevention Bill 2020 (the Bill) is:

- > a sustained whole of community and government focus on suicide prevention to reduce the rate of suicide in South Australia; and
- > to enable mechanisms that will monitor outcomes, ensuring that policies and programs are targeted to support a reduction in suicide incidents.

The Bill will support this focus to reduce attempted suicide and deaths by suicide in South Australia through various measures.

This Discussion Paper provides an overview of the Bill and brief discussion highlighting key issues that may assist in understanding the Bill's provisions and what they are intended to mean and do.

It also sets out some questions that people may wish to consider in preparing written submissions. These questions are a prompt for thinking about particular provisions of the Bill. There is no obligation to answer any or all of them.

You are invited to comment on the areas of the Bill which you:

- > are most interested
- > have concerns
- > wish to particularly recommend or endorse
- > propose amendments; or
- > wish to make specific comment.

This Bill is milestone legislation for this State as well as the nation and your views on this legislation are welcomed and appreciated.

Submissions can be provided until close of business Friday 12 February 2021 in a Word document emailed to: HealthMentalHealthFeedback@sa.gov.au or via the short survey at:

www.yoursay.sa.gov.au



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3. WHY LEGISLATION?

It is complex and challenging to reduce the incidence of suicide. Countries which have significantly reduced their suicide rates have either had legislation that commits to whole of government and community efforts and actions (Japan) or have had significantly resourced national strategies in place (United Kingdom, Scotland).

Suicide is one of the leading causes of age standardised years of life lost globally and nationally. A complex web of factors underlies suicide mortality, including both risk factors and protective factors at individual, family, community, and societal levels. The drivers of suicide mortality can vary internationally and across communities.

Suicide prevention is important and requires a whole of community response to assist reducing the incidents. Suicide remains highly stigmatised and has a wide reaching impact on families, friends, workplaces and communities.

The proposed Suicide Prevention Bill 2020 will provide a measure to ensure that a solid foundation and structure is in place; and that strategies are closely monitored, reviewed and improved and other innovations in suicide prevention and postvention practice are introduced in a timely way.

The Bill will establish the Suicide Prevention Council which will provide oversight on suicide prevention and postvention in this State. It will be responsible for the development, implementation and review of a State Suicide Prevention Plan. This plan will include a part that relates to suicide prevention for Aboriginal and Torres Strait Islander people and consider other groups in the community groups that are at higher risk of suicide. The State Plan will provide a framework for statutory agency plans.

Statutory agency suicide prevention plans aligned with the State Suicide Prevention Plan will ensure the capability of the public sector in providing early intervention, support and referral to people who are at risk of attempting suicide, including employees, clients and customers.

The Bill includes a public health approach to recommending a specified method or means of suicide to be deemed controlled lethal means. Provision has been included for the making of recommendations to minimise suicide occurrence relating to controlled lethal means.

The inclusion of a Suicide Register will provide critical information to enable timely support for communities and vulnerable groups affected by suicide. The register will also highlight where action may need to occur to address controlled lethal means or locations where there is a high incidence of suicide and suicide attempts.



4. PART 1 – PRELIMINARY

Part 1 deals with the following matters:

- > The name of the Act.
- > The interpretation of certain terms and words that will have a very specific meaning or application within the Act.
- > The status of the state government and state government agencies in relation to the Act i.e. that this Act will apply to them in the same way that it applies to the business and community sectors. Most Acts usually exclude the state government and its agencies but in this case it will be included in the same way that it is for work health and safety legislation where the same rules apply.
- > This Act is in addition to other Acts or laws and does not affect their operation or have a legal impact on their operation.
- > The Act will allow a person who has a particular power or function under the Act to delegate these powers or functions to another person. This delegation has to be in writing. The delegation does not prevent the main person who has these powers and functions from using them when a delegation has been made. They continue to have them even when a delegation has been made.

Discussion

These matters are common technical requirements in legislation.

Consultation questions to consider:

1. *Are these provisions reasonable and appropriate?*
2. *Does clause 3 - Interpretation have all the terms that should be included or are there others that should be included?*
3. *Is the name of the Act appropriate?*

5. PART 2 - OBJECTIVES AND PRINCIPLES

This part of the Act describes the objects and principles of the Act and provides the capacity to develop guidelines under the Act.

The objects include the following:

- > To reduce the incidence of suicide in the State.
- > To promote best practice suicide prevention and postvention policies across the state.
- > To state the role of the State in implementing suicide prevention and postvention strategies.
- > To provide training and education in relation to suicide prevention.
- > To ensure vulnerable groups are identified and appropriate initiatives are designed and implemented for these groups.
- > Provide a framework to ensure suicide prevention and postvention response is a priority across all levels of government and the community.

Section 8 allows for the preparation of guidelines:

- > Guidelines may be prepared to advise on how suicide prevention plans can be prepared; and
- > The Act will allow for other guidelines to be developed if required.

Discussion

These are high level objects that aim to cover the field of work on suicide prevention and postvention in the legislation. The objects make it clear what the purpose of the Act is, how this purpose is to be achieved i.e. through:

- > best practice policies
- > providing training and education
- > ensuring engagement of and programs for vulnerable groups; and
- > providing a framework to ensure suicide prevention and postvention response is a priority across all levels of government and the community.

It also outlines what role the State will play in this area and makes it clear that the State has this responsibility.

The proposed guidelines create a clear basis for public expectation about how certain actions will be undertaken under the Act. The principles of transparency, providing adequate and sufficient notice and time to respond, undertaking public consultation, outlining required public consultation processes, accountability and fair administrative processes would generally be embodied in the guidelines where these are required.

Consultation questions to consider:

4. *Are the objects appropriate and adequate?*
5. *Are there any other objects that should be considered?*

6. PART 3 – SUICIDE PREVENTION COUNCIL

This part of the Act will establish the Suicide Prevention Council, its membership, the terms and conditions of membership, appointment of the presiding member, the functions and powers of the Suicide Prevention Council, among other things.

Membership is proposed as follows:

- > A Member of Parliament (who cannot be a Minister of the Government) and who will be appointed by the Minister on nomination by the Premier
- > A number of *ex officio* members:
 - The Chief Public Health Officer
 - The Chief Psychiatrist
 - The Chief Executive of Wellbeing SA
 - The Commissioner for Aboriginal Engagement
 - A Mental Health Commissioner appointed by the Minister
 - Up to 13 members who have the knowledge, skills and lived experience necessary to enable the Suicide Prevention Council to carry out its functions. These members will be appointed by the Minister. Expressions of interest will be called before an appointment can be made.
 - The Minister can appoint a person to be the deputy of a member who can act as a member if the member is absent.

This part of the Act also indicates when and why an office of a member becomes vacant or when the Minister can remove a member from office.

The Minister will appoint the Presiding Member. This is likely to be the Member of Parliament.

The functions and powers of the Suicide Prevention Council are outlined in clause 12. The Suicide Prevention Council's primary functions are to prepare and maintain a State Suicide Prevention Plan and make recommendations on policies and programs that may reduce deaths by suicide and attempted suicides and enhance postvention responses. There are a number of additional functions that include:

- > To advise and report to the Minister on the operation and effectiveness of the State Suicide Prevention Plan
- > To oversee the State Plan's development and review
- > To promote the implementation of the State Plan in relation to the risk of suicide
- > To receive reports from prescribed state authorities about their suicide prevention plans and provide summaries to the Minister
- > To ensure training on suicide prevention is available to the community and professionals
- > To provide an opportunity for lived experience members of the community and those working in the area of suicide prevention to voice their concerns and opinions
- > To increase the profile and accessibility of suicide prevention and postvention initiatives
- > To identify opportunities in suicide prevention, treatment, crisis intervention and crisis postvention
- > To identify vulnerable population groups requiring additional consideration, targeted responses and engagement
- > To identify and advise the Minister on suitable initiatives for reducing suicide and suicide attempts
- > To provide advice to the Minister on new programs and policies
- > To refer to and give effect to international and national suicide prevention and postvention policies, strategies, plans and programs where appropriate
- > To bring together key stakeholders to develop, implement and review the objects of the Act; and
- > Any other functions that may be given to the Suicide Prevention Council by the Minister under this or another Act.

Other provisions in this Part of the Act deal with the following:

- > Conflict of Interest under *Public Sector (Honesty and Accountability) Act 1995* – the provisions in Clause 13 make it explicit that a member of the Suicide Prevention Council will not be perceived as having a direct or indirect interest under the conflict of interest provisions of the *Public Sector (Honesty and Accountability) Act 1995*. This is important because members might be constrained in providing an opinion on issues if there was a real or perceived conflict of interest.
- > Clause 14 outlines the procedures of Suicide Prevention Council – these procedures include:
 - the minimum number of members for meetings
 - the requirement to meet at least six times in any calendar year
 - who will preside at meetings and who can preside should the presiding member be absent
 - the value of each member's vote i.e. each member exercises one vote when a decision is needed and the presiding member has a casting vote when members' votes are equal
 - capacity to meet through telephone or videoconferencing



- capacity to pass resolutions through other means such as out-of-session processes
- keeping accurate minutes; and
- capacity to determine other procedures as needed.

Under clause 15, the Suicide Prevention Council can establish committees to advise the Council or carry out functions on its behalf. Other persons who are not members of the Council can be appointed to these committees but this must be determined by the Council. The existing whole of government Issues Group on Suicide Prevention which consists of 22 senior executives from government agencies, chaired by the Commissioner of Public Sector Employment, would be an example of this clause being enacted.

Under clause 16, except for a prescribed power or function, the Suicide Prevention Council can delegate a power or function to a member of the Council, to a committee the Council has established or to a specified body or person.

Clause 17 provides that the Suicide Prevention Council must be provided with the staff and other resources needed to carry out its functions and be able to use staff, equipment and facilities of an administrative unit.

The Suicide Prevention Council will be required to provide an annual report about the performance of its functions and include data on deaths by suicide in the preceding year to the Minister by 31 October in each year.

Discussion

This section deals with the membership of the Suicide Prevention Council. Apart from the two specified members and the ex officio members, the Act does not specify particular nominations of members for the Suicide Prevention Council. Instead, an open process inviting expressions of interest of individuals from organisations, sectors or vulnerable groups with an interest in suicide prevention and postvention is proposed because the membership of the Suicide Prevention Council will need to reflect diverse expertise, knowledge, experience, perspectives and interests including lived experience.

By considering expressions of interest individually as well as collectively, this is likely to ensure a diversity of interests including expertise, community organisations, lived experience, knowledge as well as Aboriginal and Torres Strait Islander people, LGBTIQ+ and other communities are reflected in the membership of the Council.

The proposed term for each member of the Suicide Prevention Council is three years but a member can be appointed for a further three years after serving their first term of office.

The Bill outlines what should happen should the office of a member become vacant as well as the reasons why it may become vacant.

With the exception of the member who is a Member of Parliament where special conditions apply, the terms and conditions for members of the Suicide Prevention Council generally reflect those for any statutory body (a body established under an Act). The proposed conditions also outline when the Minister might remove a person from office. There is also a requirement that a member must meet community standards of behaviour to hold office. Again these are the usual provisions that apply to any statutory body.

Consultation questions to consider:

6. Do you support the approach to nomination and appointment of members to the Suicide Prevention Council?
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?
8. Are the powers and functions of the Suicide Prevention Council adequate and appropriate?
9. Are there other additional functions that the Suicide Prevention Council should have?
10. Do you have any other comments or concerns about other provisions such as the procedures, conflict of interest, staff, resources and annual reporting?

7. PART 4 – SUICIDE PREVENTION PLANS

This part of the Act establishes the requirement to have a State Suicide Prevention Plan prepared by the State Suicide Prevention Council and approved by the Minister. The current *South Australian Suicide Prevention Plan 2017-2021* was developed by the Office of the Chief Psychiatrist, Department for Health and Wellbeing in consultation with interested stakeholders and the community and was approved by Cabinet in 2017. Responsibility for the development of the next plan (and all other future plans) would lie with the Suicide Prevention Council.

The State Suicide Prevention Plan must include a number of matters:

- > Policies and measures implemented across the State to further the objects of the Act
- > Performance indicators so that progress being made in preventing suicides can be tracked over time
- > Provisions addressing suicide prevention among vulnerable population groups
- > Provisions addressing education and training on suicide prevention and postvention
- > Provisions addressing suicide prevention and postvention for Aboriginal and Torres Strait Islander people.

The Bill requires the Suicide Prevention Council to consult with prescribed persons and bodies as well as call for submissions from the public.

The Bill also sets out the requirements for publication and allows the Plan to be varied or substituted (i.e. when a new part or updated plan has been prepared) with the Minister's approval.

Clause 20 also sets out the requirement for the development of a part within the State Suicide Prevention Plan relating to suicide prevention for Aboriginal and Torres Strait Islander people. This section mirrors the requirements set out for the development of the State Plan and further requires consultation with the Aboriginal and Torres Strait Islander community. Persons and bodies that must be consulted under this section may be prescribed by regulations. Whilst the State Suicide Prevention Plan will apply to the entire population as well as specific at risk groups and communities, this additional requirement acknowledges the higher risk and rate of suicide within the Aboriginal and Torres Strait Islander community and the need for special measures to effectively address this.

Clause 21 requires State authorities to have regard to the State Suicide Prevention Plan (this is discussed further in clause 24 - see below).

Clause 22 outlines the annual reporting requirements on the implementation of the State Suicide Prevention Plan and Clause 23 requires that there be a review of the State Plan every four years.



Clause 24 sets out the requirement for certain prescribed State authorities to have a suicide prevention plan which will set out the strategies and measures that are to be put in place to prevent suicide for its employees and officers and the communities with which it engages e.g. through service provision. The prescribed State authorities through their suicide prevention plans have to show:

- > how their plans further the objects of the Act
- > how their plans give effect to the State Suicide Prevention Plan (including the suicide prevention component for Aboriginal and Torres Strait Islander people)
- > how their policies for supporting staff or communities will be implemented following the death by suicide of a person
- > how suicide prevention and postvention strategies will be incorporated in their main functions and programs or adapted for service delivery.

State authorities are required to comply with any guidelines and consult with certain communities including individuals and representative bodies or groups:

- > in vulnerable populations
- > with lived experience
- > bereaved by suicide; or
- > identifying as Aboriginal and Torres Strait Islander.

There is a capacity to make regulations about how suicide prevention plans are to be prepared and reviewed, how they can be varied or substituted, the information that should be included, consultation requirements and how ongoing review may occur.

Other provisions relating to prescribed State authorities include:

- > the capacity to vary or substitute a suicide prevention plan
- > the requirement to publish a plan as soon as it has been prepared, varied or substituted by another subsequent version on the State authority's website
- > undertaking a review on or before 31 October in every fourth year after publication of the first plan; and
- > annual reporting on the operation of their plans in the preceding year to the Suicide Prevention Council.

The Suicide Prevention Council will summarise these reports and provide a consolidated report to the Minister before 31 December each year. The Minister for Health and Wellbeing is subsequently required to have copies of the Council's report laid before Parliament within 6 days of its receipt. This report can be combined with the annual report on the operation of the State Suicide Prevention Plan (clause 22).

Discussion

This part sets out a requirement that prescribed State authorities prepare suicide prevention plans. These plans will need to take into account the State Suicide Prevention Plan. This ensures that there is a consistent, whole of government approach to suicide prevention and postvention. It also means that the State Suicide Prevention Plan must be prepared first before prescribed State authorities can commence work on their plans.

Prescribed State authorities are most likely to be government departments that will be identified through regulation. Not every government agency will be required to prepare a plan.

A consistent approach to the preparation of suicide prevention plans will be needed. Prescribed State authorities will be provided support during the first year or two in the preparation of their plans. Common templates and other resources will be available to assist agencies develop their knowledge and capability in suicide prevention planning in the context of their agency's role and responsibilities.

The Act places an obligation on prescribed State authorities, i.e State Government departments only to develop agency suicide prevention plans. Other non-government agencies may wish to consider preparing their own suicide prevention plans as part of a whole of community effort in reducing the suicide rate. This would be encouraged, however, it would be voluntary on their part.

Consultation questions to consider:

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

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

13. *Are the requirements for the preparation and delivery by prescribed State authorities of suicide prevention plans adequate? Should there be other requirements?*

14. *Should other organisations be encouraged to develop their own suicide prevention plans voluntarily?*

8. PART 5 – MEASURES TO PREVENT SUICIDE ETC.

This part of the Act will allow specified methods or means (which can be an object, substance or place) by which people take their own life to be declared to be *controlled lethal means*. The Governor, on recommendation of the Minister, will be able to declare specified methods or means to be *controlled lethal means*.

Before the Minister can make a recommendation to the Governor, consultation must occur with the Chief Public Health Officer, the Chief Psychiatrist and the Suicide Prevention Council.

To further the objects of the Act, the Minister can publish recommendations regarding suicide prevention or postvention on a website.

A recommendation can be that:

- > specified action, or action of a specified kind, be taken to reduce the risk of suicide occurring at a particular place, or places of a particular kind, or amongst particular groups of people
- > certain voluntary steps be taken in relation to the packaging, manufacture or sale of controlled lethal means of a particular kind in the State
- > specified persons or bodies limit or control access to controlled lethal means by particular groups.

Where the manufacture, sale, use or possession of a particular controlled lethal means is regulated under State law, the Minister can only make a recommendation with the approval of the relevant Minister in respect to the controlled lethal means. Before making an approval, consultation has to be undertaken by the relevant Minister.

A recommendation made under this part can be revoked or varied.

The Minister can also publish information on a website on whether there has been compliance or non-compliance with recommendations as long as there has been procedural fairness. This means that fair opportunity has to be given to the party that is affected by the recommendation to respond before action can be taken under this section.

The Minister, the Chief Public Health Officer or the Chief Psychiatrist may, by notice in the Gazette, publish recommendations relating to suicide prevention on a website. These recommendations can require persons or certain classes of bodies to implement a specified suicide prevention policy or undertake to provide training in suicide prevention. These recommendations can be varied or revoked. These recommendations are not binding.

If a person or body considers that a decision made by the Minister or any other decision made under the Act is considered unfair or unreasonable, this part of the Act also allows for application to the South Australian Civil and Administrative Tribunal for a review to be undertaken of that decision.

Discussion

The measures proposed in this section provide the Minister with the power to seek a declaration, through the Governor, that specified methods or means to be *controlled lethal means*.

Recommendations about taking action to remediate the methods or means declared to be *controlled lethal means* can be made and must be published. Publication of details of compliance with recommendations is likely to draw public attention to a person or body that has not complied with a recommendation. An opportunity has to be given to a person or body to ensure they are fairly treated before publishing a notice about their compliance with a recommendation.

Consultation questions to consider:

15. *Do you support the Governor, on recommendation of the Minister, being able to declare specified methods or means to be controlled lethal means?*
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?*
17. *Noting the requirement for procedural fairness, do you support publication of details of compliance or non-compliance with a recommendation?*

9. PART 6 – INFORMATION GATHERING AND SHARING

Clause 31 allows the Minister, the Chief Public Health Officer or the Chief Psychiatrist to require a report from a State authority where it may help with undertaking functions under the Act. For example, information held by a government agency may be needed for deciding whether a method or means of suicide should be declared as a *controlled lethal means* or not. Requiring a report by law ensures this information is provided. The Chief Psychiatrist or Chief Public Health Officer are however required to consult with a State authority if it refuses or fails to comply with the notice and to report this to the Minister and the Minister responsible for the State authority.

Clause 32 allows the Minister, the Chief Public Health Officer or the Chief Psychiatrist to require information or documents from a person or body including an officer or employee of a State authority. A person who refuses or fails to comply with a notice may be guilty of an offence with a maximum penalty of \$5000. If a State authority refuses or fails to comply with a notice, then after consultation with the state authority, the Chief Public Health Officer or Chief Psychiatrist may report the refusal or failure to the Minister and to the Minister responsible for the State authority and include these details in their annual report.

Regulations can prescribe a person or body, or person or body of a class, to which this section will not apply.

Clause 33 allows for information sharing to the persons and bodies specified in the Act, in relation to prescribed information and documents, where the provider reasonably believes that the information would assist the recipient to:

- > perform official functions relating to the health, safety, welfare and wellbeing of a particular person who may be at an increased risk of suicide or to a class of persons who may have an increased risk of suicide; or
- > manage any risk of suicide of persons who engage with or benefit from the services provided by a person or body to whom this section applies.

This means that there is a capacity to allow effective information sharing between the following persons and bodies:

- > The Chief Public Health Officer
- > The Chief Psychiatrist
- > The Suicide Prevention Council
- > A State authority
- > The State Coroner
- > The Registrar of Births, Deaths and Marriages; and
- > Any other person or body declared under regulations.

Information or documents that do not disclose the identity of any person may be freely provided between the persons and bodies to which this section applies and can be provided even if the person has not been asked to do so.

Prescribed information and documents means:

- > information relating to the health, safety, welfare and wellbeing of a particular person who may have an increased risk of suicide or to a class of persons who may have an increased risk of suicide;
- > any other information or document prescribed in regulations for the purposes of this definition.

Nothing in this section of the Bill intends to affect the operation of the *Public Sector (Data Sharing) Act 2016*.

Discussion

This part of the Bill will allow a report to be obtained from a State authority or such information and documents from a specified person or body required for the performance of functions under the Act. This is an enabling provision that allows the persons or bodies who have responsibilities under the Act to provide that information when it's needed.

It will also allow for the flow of prescribed information and documents between the nominated persons and bodies where the information would assist the recipient to:

- > perform official functions relating to the health, safety, welfare and wellbeing of a particular person who may be at an increased risk of suicide or to a class of persons who may have an increased risk of suicide; or
- > manage any risk of suicide of persons who engage with or benefit from the services provided by a person or body to whom this section applies.

This information flow will allow action to be taken at the earliest opportunity to prevent a risk of suicide.

Consultation questions to consider:

18. *Are the purposes for information sharing supported?*
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?*

10. PART 7 – SOUTH AUSTRALIAN SUICIDE REGISTER

Part 7 requires that the Chief Executive must establish and maintain a register to be called the South Australian Suicide Register which will contain information and statistics in relation to deaths by suicide that have occurred in the State. The Register must contain any information required by regulations and any other information the Coroner thinks appropriate. The regulations can also be made to indicate how the register may be accessed and used.

The Chief Executive can also require that a specified person or body must provide information. A person who refuses or fails to comply may be guilty of an offence which can attract a maximum penalty of \$5000. If a State authority refuses or fails to comply with a request, the Chief Executive, after consultation with the State authority can report the refusal or failure to the Minister and the Minister responsible for the State authority and can include the details of the refusal or failure in the annual report of the Department.

Inspection of the Register can only be undertaken in accordance with the regulations.

Discussion

This part sets out how the South Australian Suicide Register is to be maintained through the Chief Executive and ensures the information required for the proper and effective management of the register can be obtained. Penalties can apply if there is a failure or refusal to provide the information. This section primarily requires State authorities to provide the information and ensures its delivery in a timely way. This information will ensure the Suicide Register can inform the development of up-to-date targeted strategies and programs for suicide prevention in the community.

Consultation questions to consider:

20. *Are the powers of the Chief Executive for the establishment and operation of the South Australian Suicide Register supported?*
21. *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?*

11. PART 8 – MISCELLANEOUS

This part sets out the following:

- > The Minister can exempt a specified person or body or specified class of persons or bodies from the operation of a specified provisions.
- > A requirement to not make a false or misleading statement.
- > Confidentiality provisions governing the Act including to whom, what and how information can be disclosed are detailed including the penalties that apply for unlawful disclosures.
- > Limitation of liability i.e. no liability attaches to a member of the Suicide Prevention Council or any other person for any act or omission made in good faith in the exercise of powers or functions under the Act and makes it clear that a person who does anything in accordance with the Act will not be held to have breached any code of professional ethics or conduct.



- > How a notice must be served.
- > The requirements for the review of the operation of the Act – currently this review and report will be provided before the third anniversary of the commencement of the Act.
- > What regulations can be made and in particular a regulation can be made to apply or incorporate a code, standard, policy or other document prepared or published by the Minister or another specified person or body. A copy of these documents must be available for public inspection.

Discussion

This part deals with a number of specific matters including responsibilities of the Minister and persons and other bodies under the Act as well as protections from liability. The regulations allow for further specific requirements to be made under regulation.

Consultation questions to consider:

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

11. PROVIDING FEEDBACK

We welcome and look forward to your feedback on the proposed Suicide Prevention Bill.

There are two options for providing your feedback as outlined below.

If you wish to provide a written submission please forward your submission as a Word document to:
HealthMentalHealthFeedback@sa.gov.au

You are also invited to consider the short online survey which can be found at:
www.yoursay.sa.gov.au

We look forward to receiving your submission or completed online survey by close of business Friday 12 February 2021.

For more information

Email: HealthMentalHealthFeedback@sa.gov.au
 Office of the Chief Psychiatrist
 Department for Health and Wellbeing
 Citi Centre building
 11 Hindmarsh Square, Adelaide 5000
www.sahealth.sa.gov.au

Confidentiality-I1-A1



www.ausgoal.gov.au/creative-commons

