

## **Response to Suicide Prevention Legislation Discussion Paper**

Suicide is a major health problem, but one that should be preventable if those with suicidal intentions can get the right support and treatment in time.

The Discussion Paper notes that there are certain groups in society that record higher rates of suicide. These include men (particularly those experiencing financial and family stress and veterans), Aboriginal and Torres Strait Islander people, young people, LGBTQ+, people with a history of self-harm and drug and alcohol addictions and culturally and linguistically diverse communities.

Suicide also impacts on those who are bereaved by suicide or who are caring for someone who has attempted suicide and may do so again.

The Discussion Paper invites consideration of the following three questions

1. Which of the potential inclusions listed in section 4.1 do you think are required to enable a whole of government approach to suicide in NSW?

The proposed elements of the legislation outlined in section 4.1 of the the discussion paper are:

State-based suicide prevention plan Agency-based action plans Suicide Prevention Council Suicide prevention capacity building Data collection and sharing Consideration of suicide impact in policy decisions

These seem to be reasonable elements for a state-based plan and mirror the plan established by the SA Government in 2021.

In addition to this we note that many of the at risk groups are subject to discrimination in the community and consideration should be given to what actions could be taken to strengthen anti-discrimination policies.

We also note that bullying and harassment in workplaces and though social media can be a contribution factor to poor mental health and suicide ideation and that a whole of government approach should also take this into account

2. Are there any anticipated implementation barriers or unintended impacts you foresee for any of the potential elements?

Access to appropriate professional help for potential victims and their carers that is both affordable and timely will be a significant implementation barrier. We note that there is a serious shortage of GPs, who are currently the main agents in referring people to specialist mental health counsellors and clinicians. We encourage the NSW Government to work with the Commonwealth and other states to explore solutions to this which would make it easier for those needing urgent care to get access to it.

3. What additional elements do you suggest for inclusion in a NSW Suicide Prevention Act?

The additional elements have been addressed above.

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