

24 October 2024

National Suicide Prevention Office  
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Via email: [nspo@nspo.gov.au](mailto:nspo@nspo.gov.au)

## **Advice on the National Suicide Prevention Strategy**

Thank you for the opportunity to provide feedback on the Advice on the National Suicide Prevention Strategy (Advice on the Strategy) consultation draft.

As you may be aware, as Public Advocate I undertake systemic advocacy to promote and protect the rights and interests of Queensland adults with impaired decision-making ability.<sup>1</sup> There are several conditions that may affect a person's decision-making ability, including intellectual disability, acquired brain injury, mental illness, neurological disorders (such as dementia) or alcohol and drug misuse. While not all people with these conditions will experience impaired decision-making ability, many of them will at some point in their lives.

Consequently, many people with impaired decision-making ability may be included in the population groups that are disproportionately affected by suicide, as noted in the Advice on the Strategy, including people with disability, people with mental illness, and older Australians.

I commend the National Suicide Prevention Agency on the holistic approach to suicide prevention outlined in the Advice on the Strategy, which includes actions aimed at the 'prevention of suicidal distress' (prevention) and 'support for people experiencing suicidal thoughts and behaviours and those who care for them' (support).

As is noted in the Advice on the Strategy consultation document, the key outcomes and actions related to the domain of prevention consider a broad range of factors that can contribute to suicidal distress, as well as factors that can support wellbeing and act as protective factors. This approach acknowledges that wellbeing is more than the absence of illness and encourages a holistic approach to reducing the likelihood of people experiencing suicidal distress.

I would like to provide feedback on some specific components of the Advice on the Strategy.

### **Accessibility and reasonable adjustments**

Under the 'Support' domain, Key objective 7: 'Accessibility', considers how people can 'access timely and appropriate support to suit their needs'.

Accessibility of services and the provision of reasonable adjustments are critical to enabling access to, and participation in, high quality services for adults with impaired decision-making ability. This not only includes the physical accessibility of services, but also access to appropriate information and supports to enable people to identify and engage with services.

I support the inclusion of accessibility as a critical component in the Advice on the Strategy, however I would note that accessibility should also be an important critical consideration across many of the other actions and objectives, including those in the 'Prevention' domain.

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<sup>1</sup> *Guardianship and Administration Act 2000* (Qld) s 209.

For example, the actions listed include a range of strategies, approaches, and programs such as expanding and enhancing services for people experiencing mental ill health (ko2.2a), developing programs to support financial literacy skills (ko3.1c), increasing access to support programs for people transitioning into parenthood (ko5.2a), and providing support for people in prison or youth detention settings (ko5.2d).

When developing and implementing the actions included across the Strategy, it will be important to consider accessibility and the potential for reasonable adjustments to enable people with impaired decision-making ability to fully participate in, and benefit from, these initiatives.

The consideration of reasonable adjustments and the potential for additional specific services for people with impaired decision-making ability is aligned with the recommendation from the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) to 'Develop specialised health and mental health services for people with cognitive disability' (recommendation 6.33).<sup>2</sup>

## **Human rights**

I note that the need for a human rights approach is identified in section 1.1 'Improve safety and security', which falls under the 'Prevention' domain. This includes an action to 'Ensure a human rights approach to suicide prevention policy and programs by strengthening the role of the Australian Human Rights Commission in reviewing and advising on suicide prevention.'

However, I would recommend that human rights, and how these can be protected and promoted, should be a critical consideration across the outcomes and actions included in the Advice on the Strategy and should underpin the strategy as a whole. Consideration of human rights should also be central to both the prevention and the treatment and support provided to people experiencing suicidal distress and those who support them.

## **Supported decision-making**

While some people with impaired decision-making ability may have legally appointed guardians, administrators, or attorneys, there has been a shift away from substitute decision-making, where a person makes a decision for the person, towards supported decision-making.

Supported decision-making means that a person is provided with the support that they require to participate in the decision-making process, giving them the opportunity to make their own decisions and exercise their legal capacity.

This right is articulated in the United Nations *Convention on the Rights of Persons with Disabilities*, which requires signatories, including Australia, to 'take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity'.<sup>3</sup>

Supported decision-making is critical to supporting the autonomy, self-determination, and rights of adults with impaired decision-making ability.

The National Suicide Prevention Office could consider how this right could be supported across the Advice on the Strategy, including in the actions to prevent suicidal distress, and actions to support people experiencing suicidal thoughts and behaviours.

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<sup>2</sup> Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Executive summary: Our vision for an inclusive Australia and recommendations*, Final report, p. 232.

<sup>3</sup> *Convention on the Rights of Persons with Disabilities*, GARes 61/106, UNGAOR 61<sup>st</sup> sess, 76<sup>th</sup> plen mtg, UNDoc A/RES/61/106 (24 January 2007, adopted 13 December 2006) art 12.

## Restrictive practices

Under Key objective 6.4 'Trauma-informed and empathetic responses' the Advice on the Strategy consultation document notes that 'Restrictive practices, such as involuntary treatment, seclusion or restraint, are sometimes used in the care of people with suicidal thoughts and behaviours'.

Restrictive practices involve the limitation of a person's human rights and as such, the use of these practices should be reduced, and ideally eliminated, wherever possible. The National Suicide Prevention Office could consider the inclusion of an action item to support the reduction, or elimination, of restrictive practices in mental health services, and to ensure that services use the least restrictive approach.

This could include consideration of evidence-based, best practice approaches to reducing and eliminating the use of restrictive practices, such as those discussed in the National Mental Health Commission's 2015 position paper titled: *A case for change: Position paper on seclusion, restraint and restrictive practices in mental health services*.<sup>4</sup>

The Disability Royal Commission also recommended 'Immediate action to provide that certain restrictive practices must not be used' (recommendation 6.36), and identified a number of restrictive practices that should not be permitted in health and mental health settings.<sup>5</sup>

## Acute mental health services

In August 2022, I released a report titled *Better Pathways: Improving Queensland's delivery of acute mental health services* (please see attached report). The report identifies a range of issues experienced by people with an acute mental illness across their journey through the public mental health system in Queensland, and the need for systemic change to improve:

- The response to people experiencing a mental health crisis in the community;
- The experience of mental health patients in emergency department settings;
- The experiences of voluntary and involuntary patients admitted to inpatient Authorised Mental Health Services, addressing, in particular, the locked ward policy, restrictive practices, and the assessment and treatment of dual disability patients;
- The accountability and transparency of the Mental Health Review Tribunal;
- Independent system safeguards and protections, inclusive of Independent Patient Rights Advisers and community visitors;
- Discharge planning processes, to facilitate the increased involvement of patients, families, and supporters;
- Data collection and reporting to monitor the system; and
- The development of Disability Service Plans by Hospital and Health Services that include specific mental health-based strategies.<sup>6</sup>

While this report is focused on the acute mental health system in Queensland, these issues and opportunities for improvement are relevant to the Advice on the Strategy, as well as to the experiences of people with suicidal thoughts or behaviours who engage with this system.

The *Better Pathways* report also makes 21 recommendations to protect the human rights of, and support positive outcomes for, adults with impaired decision-making ability who engage with this system.

Although the recommendations require implementation at a State level, consideration of these issues in national strategies, frameworks, and standards (for example, the Australian Commission on Safety and Quality in Health Care's National Standards in Mental Health services) could help to support the rights and outcomes of adults with impaired decision-making ability as they engage with these systems.

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<sup>4</sup> Australian Government National Mental Health Commission, *A case for change: Position Paper on seclusion, restraint and restrictive practices in mental health services*, May 2015, p. 1.


<sup>5</sup> Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Executive summary: Our vision for an inclusive Australia and recommendations*, Final report, p. 234.

<sup>6</sup> Public Advocate (Qld), *Better Pathways: Improving Queensland's delivery of acute mental health services*, August 2022.

Thank you again for the opportunity to provide feedback on the Advice on the Strategy.

Should you wish to discuss any of the matters I have raised in this submission further, please do not hesitate to contact my office via email [public.advocate@justice.qld.gov.au](mailto:public.advocate@justice.qld.gov.au) or phone 07 3738 9513.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Chesterman', with a long horizontal flourish extending to the right.

John Chesterman (Dr)  
**Public Advocate**

Encl.