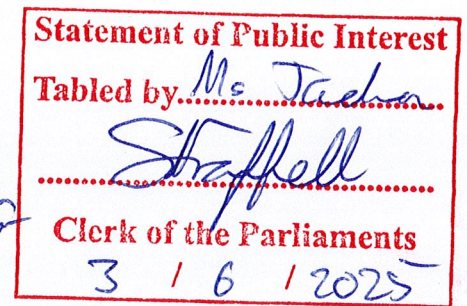


Statement of Public Interest
Legislative Council: Standing Order 143
Suicide Prevention Bill 2025



Statement 1: Need: Why is the policy needed based on factual evidence and stakeholder input?

The Suicide Prevention Bill 2025 (**Bill**) is a new standalone piece of legislation that enshrines a whole-of-government approach to suicide prevention.

Nearly half (49%) of people who die by suicide had not interacted with health services in the 12 months prior to their death. While these people had not interacted with health services, they may have interacted with other government services where additional opportunities for intervention could be implemented or enhanced. This statistic emphasises the need for a broader, multi-sectoral strategy that addresses the underlying drivers of distress.

Statement 2: Objectives: What is the policy's objective couched in terms of the public interest?

The objective of the Bill is to create a coordinated, whole-of-government response to prevent suicide in NSW. It embeds shared accountability across NSW Government departments and prescribed agencies, requiring the development of suicide prevention plans and strengthening the role of lived experience in planning and oversight.

The Bill includes four key elements:

- The NSW Mental Health Commission is required to develop a statewide suicide prevention plan and an Aboriginal statewide suicide prevention plan;
- All government departments, the NSW Police Force, and prescribed agencies are required to develop and implement a suicide prevention action plan following the delivery of the two overarching statewide plans;
- The establishment of the NSW Suicide Prevention Council and the NSW Aboriginal Suicide Prevention Council; and
- Improved information sharing through an enhanced register in relation to confirmed or suspected deaths by suicide.

The Bill also requires that department/agency plans are reviewed at least every 5 years to maintain currency. The Mental Health Commission will publish details about implementation of the statewide and department/agency plans in its annual report.

Statement 3: Options: What alternative policies and mechanisms were considered in advance of the bill?

The Government considers that the policy is best implemented by way of new legislation, so that suicide prevention is embedded as a core responsibility of government.

Statement 4: Analysis: What were the pros/cons and benefits/costs of each option considered?

Inaction is not considered an option. There is a gap in governmental structure for stronger cross-portfolio delivery of suicide prevention programs and initiatives. The Bill addresses this

gap. There is no funding associated with the Bill, with all activities to be delivered within existing resources.

Statement 5: Pathway: What are the timetable and steps for the policy's rollout and who will administer it?

The Bill will commence on proclamation. This will ensure the Mental Health Commission, NSW Police Force, departments and agencies are ready for commencement. The Bill embeds a whole of government response to suicide prevention and so all agencies will be responsible for implementation. However, it is expected that the Bill will be allocated within the Health portfolio and NSW Health will ultimately administer the legislation, with the Mental Health Commission leading implementation of the activities set out in the Bill.

Statement 6: Consultation: Were the views of affected stakeholders sought and considered in making the policy?

Comprehensive consultation was undertaken across government and with the public on suicide prevention legislation.

A whole-of-government working group including representatives from all NSW government departments, the NSW Police Force, and the Mental Health Commission were consulted.

Peak body Suicide Prevention Australia conducted consultation with the suicide prevention sector and people with a lived and living experience of suicide including: a CEO roundtable with 12 major organisations to gather strategic insights from leading voices in mental health and suicide prevention; consultation with individuals with lived or living experience of suicide through a series of workshops; and a survey which received responses from individuals and organisations across metropolitan, regional, and rural areas.

First Nations Co. conducted consultation with the Aboriginal Social and Emotional Wellbeing Sector and Aboriginal people with a lived and living experience of suicide. This included: in-person interviews and focus groups in Broken Hill, Newcastle and Lismore; virtual sessions; and an online survey.