

Hon Nick Goiran; Hon Peter Katsambanis; Hon Robin Chapple; Hon Dave Grills; Hon Liz Behjat; Hon Stephen Dawson; Hon Helen Morton

WORLD SUICIDE PREVENTION DAY

Motion

HON NICK GOIRAN (South Metropolitan) [11.25 am] — without notice: I move —

That this house —

- (a) acknowledges that today is World Suicide Prevention Day;
- (b) recognises the efforts of the Barnett Liberal–National government for its efforts to combat the rise in suicide rates amongst Western Australians; and
- (c) calls on those advocating for the oxymoron that is “rational suicide” to immediately cease their dangerous advocacy and instead work with the rest of the state in implementing our suicide prevention plan 2020.

Today is World Suicide Prevention Day and my heart goes out to those who have been affected by suicide and the searing pain of loss and unanswered questions they are forced to endure. In May this year, I attended a conference in Adelaide and heard firsthand the pain, confusion and turmoil in the voices of three family members whose loved ones had tragically ended their own lives. Their pain was palpable as they described the shock, the grief and the almost groundhog day–like revisiting of the pre-death conversations and events in their minds. The ripple effect of suicide—the effect on parents, siblings, co-workers and friends—is immeasurable. As one of the speakers at the conference said, every happy event or event worth celebrating in their family is always touched by the sadness of suicide.

I have read “The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025” and I commend the ever-conscientious Minister for Mental Health, Hon Helen Morton, on this plan and the high priority it makes of suicide prevention. This plan is based on a person-centred approach—individualised service planning, provision and review. Consumers, families and carers are fully involved in co-planning, co-designing, co-delivering and co-reviewing policies and services. Interestingly, the plan also aims to maintain and strengthen an appropriate Aboriginal mental health service. I want to pause in order to highlight and underscore the word “appropriate”, because I put it to members that “appropriate” means being responsible about the message. Our message regarding suicide prevention needs to be very clear. Let me give members an example of when Aboriginal world view and feelings around dying and reckless western terminology do not mix. Jennifer Fitzgerald, in her 1999 paper titled “Bioethics, Disability and Death: Uncovering Cultural Bias in the Euthanasia Debate”, wrote —

As the debate over the legalization of voluntary euthanasia in the Northern Territory in Australia unfolded, it became increasingly apparent that it was indeed taking place around a ‘generic patient’ with just this presumed identity. Although 22% of the Northern Territory population are indigenous Australians, their identity was largely ignored in the debate leading up to the enactment of the *Rights of the Terminally Ill Act 1995 (NT)*. Indeed, it was not until after the legislation was enacted and an education programme undertaken to *inform* Aboriginal people of the nature and content of the legislation that their concerns and views began to be heard. Chips Mackinolty, who undertook that education programme in the Northern Territory, argues that: —

The author then quotes Mackinolty —

[T]he ‘debate’ over euthanasia legislation has not come to grips with the reality of the jurisdiction in which it has been enacted—one in which such a high percentage of the population has such a radically different world view from the general population. The ‘debate’ has concerned itself entirely with either Western ethical/moral arguments, or arguments of the ‘rights’ of the Northern Territory to make legislation for itself without interference from the Commonwealth ... Both lines of argument centre solely on a Western world view; both ignore Aboriginal world views.

The author then goes on to say —

As Mackinolty talked with Aboriginal people (around 900 people from 100 aboriginal communities around the Northern Territory), he uncovered a very different cultural perspective on euthanasia which had hitherto been entirely absent from the debate. Different voices were being heard and those voices revealed much broader implications of the legislation than had been previously considered.

His discussions revealed overwhelming opposition to the legislation.

The author again quotes Mackinolty —

“Of 900 participants, only two, in private comments, expressed views supportive of the legislation.” The clear message he received was that the legislation was against Aboriginal Law, that “the

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Government had broken Aboriginal Law by legislating to sanction such killings, and [that] this [was] seen as a threat to Aboriginal people and Aboriginal Law.”

Chips Mackinolty then saw that the wider knock-on effect was that the fear of assisted suicide led to an increased reluctance amongst Aboriginal people to access health services. Also there was a feeling amongst both Aboriginal and non-Aboriginal health workers that their positions would be difficult to maintain and that their standing in the community would be in jeopardy if they were to work in clinics where euthanasia was legally being practised. This clearly demonstrates why the initiatives and plans to tackle the problem of suicide must be consultative, demonstrate suitability and send a consistent message.

I would like now to read an excerpt from an ABC News article that appeared online on 5 July 2014, titled, “Philip Nitschke under fire over ‘rational’ suicide remarks in wake of Perth man’s Nembutal death”. The article was written by the national reporting team’s Caitlyn Gribbin and Lexi Metherall. It quotes Dr Nitschke as saying —

“If a person comes along and says to me that they’ve made a rational decision to end their life in two weeks, I don’t go along and say ‘oh have you made a rational decision? Do you think you better think about it? Why don’t you go off and have a counsellor come along and talk to you?’

“We don’t do that.

“If a 45-year-old comes to a rational decision to end his life, researches it in the way he does meticulously and decides that ... now is the time I wish to end my life, they should be supported and we did support him in that.”

The article continues —

Western Australia’s Mental Health Commissioner Tim Marney has criticised Dr Nitschke for this view.

“The contemplation of suicide is not a rational contemplation,” Mr Marney said.

“I think it’s extremely concerning that even just the terminology of rational suicide is being used ... it’s an oxymoron.”

Mr Marney says many people who survive after trying to take their own life are glad they did not die.

“I’ve had personal experience of a number of people who have committed suicide and a number of people who have tried to commit suicide and are still here, and I can tell you, they thought it was rational at the time,” he said.

“Looking back, they’re bloody glad they failed.”

So, I imagine, are their family, friends and everyone around them.

I turn now to some work by John Brogden, who was New South Wales Leader of the Opposition from 2002 to 2005 and is now chairman of Lifeline Australia. He testified to his own battles last week in an article that appeared in *The Sydney Morning Herald* titled “The national emergency we can no longer ignore”. I encourage all members to read it. In the article John makes mention of some frightening statistics, including that suicide is the largest single cause of death in Australia for men and women under 44; that the death toll from suicide is higher than the road toll; and that our Indigenous people’s suicide rates are amongst the highest in the world. John calls for suicide to be declared a “national emergency”.

John thanks God he is still alive today after his own suicide attempt 10 years ago. He testifies that the immeasurable love and support of his wife, family and friends, two excellent doctors and countless nurses got him through a very dark time. I say: thank you, John, for your courageous testimony, and thank you to organisations such as Lifeline, beyondblue, Kids Helpline, Samaritans Crisis Line, RuralLink and MensLine Australia, to name the ones that spring to mind. Thank you to individuals who take the time to reach out to the marginalised and hurting, and thank you to every individual who, despite heart-wrenching pain, grief and disappointment, has chosen to live.

In launching the Thanks for Asking campaign last month, Hon Helen Morton said that there were people in the community willing to reach out and give support, but that it requires each person to acknowledge, engage and accept the offer of support. She said that it was important that people know how significant the simple act of engaging in a conversation can be to help get through difficult times.

I conclude by saying that forging and maintaining connections are proven ways of navigating challenging moments in life, so let us get that message out loud and clear, rather than the current cocktail of mixed messages.

HON PETER KATSAMBANIS (North Metropolitan) [11.36 am]: I rise to speak on this motion today, and in doing so I congratulate Hon Nick Goiran for bringing this motion to the house. It is an extremely important

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motion and one that, I trust, will be supported by all members of this chamber because it highlights one of the greatest problems our society faces today, and there are many. Earlier today we talked about the scourge of drug use, particularly methamphetamines, and the impact that is having on our society. That is now becoming a quite prevalent issue and one that is at the forefront of community debate, but the issue of suicide and the associated issues of mental health are not so prominent. It is not an issue that is discussed every day, and until recently it was an issue that was swept under the carpet. It is important that today is World Suicide Prevention Day and also, in collaboration with that, R U OK? Day, which is another initiative that assists in highlighting the fact that issues around mental health, suicide and suicide prevention are everyone's concern. These issues are the entire community's concern, and the best way to combat issues that may lead to suicide or thoughts of suicide is for the entire community to take ownership and for us to start looking after each other.

The Liberal–National government has been at the forefront of initiatives that help to highlight this issue and help to stem the tide of suicide, and I, like Hon Nick Goiran, recognise the efforts of the government and congratulate it, but I stress that not only should we not rest on our laurels, but also we should all do more. In particular, I think government in this case is an agent for communicating to the whole of our community that this is an all-in effort; this is a community effort. These sorts of issues will never be solved by government decree and they will not be solved by government program; they will only be solved when we all, as a community and as a society, acknowledge that we each have a role to play in dealing with mental health issues that may lead someone to get to a stage in life at which they contemplate suicide. The important words in this motion and the important sentiment that needs to be conveyed are the two words “suicide prevention”, and I emphasise that word “prevention”. We want to create a society in which people no longer feel that leaving society is a viable option or a good idea. That is what we should be aiming for.

Hon Nick Goiran referred to the challenges faced in life by a good friend of mine, John Brogden. He referred to the article that appeared in the media last week in which John spoke about his journey to the edge and his journey since that time to come back from the edge not only to lead a productive life, but also to continue to be a leader in our society. At the moment John is chief executive officer of the Australian Institute of Company Directors and he has held many other senior positions, as well as having been a former member of the New South Wales Parliament. I urge everyone to read the article to start to understand not just the journey of John, but the journey of many people who have faced dark days, who through the help of friends, family and obviously, many, many available community services have been able to come back from the brink. Not only have they been able to prevent the ending of their lives, they have been able to continue in our society as fully functioning and contributing members. Anyone who thinks that suicide is a solution should heed the messages and stories like John's, and the hundreds of other stories out there of people who have managed not only to survive, but also to thrive after they have returned from that edge. As a society we should start to understand that this can happen to anyone. Earlier this week, it was revealed that one of the highest paid footballers in this land, Lance Franklin, a Western Australian by origin, was suffering mental health issues. It goes to show that this can touch anybody. It touches members of Parliament like John was at the time, it can touch multimillionaire footballers and it can permeate down through society to every single person. We must put every measure in place to ensure that when people are feeling down they know they can reach out, like the initiative R U OK?—simply asking someone. Hopefully they can open up, whether in the workplace, at home, in their school or wherever.

This brings me to the third level of this motion. I commend Hon Nick Goiran for being prepared to bring this up in this sort of discussion, because whilst we are all talking about preventing suicide, addressing the underlying causes, letting people know that when they are feeling down, they have an outlet—their friends, their family and all the available community services—there is a group of people in the community who are talking about suicide as though it is a rational choice. It may well be a choice, but it is an irrational one; it is one made in a fog, it is one made in the darkness, and one that does not lead to positive outcomes but to destruction—destruction of that person's life and the lives that they leave behind. To those purveyors of death as an option, we need to say: “Stop; you are not assisting. You are blurring the messages. You are offering false hope, snake oil of the worst kind. You are not assisting anything. You are destroying; you are wrecking.” What they are doing is finding people at their most vulnerable and exploiting their vulnerability, sometimes for financial gain and at other times for some sort of misguided philosophical nihilism that ends with the destruction of an otherwise perfectly viable life and a perfectly viable future. On World Suicide Prevention Day, well done not just to the government, but to the whole of our society right across Australia for finally recognising issues around mental health, having the guts to talk about them and giving people the tools, not only to help themselves, but to help others. Continue with things like R U OK? and at the same time let us stop these purveyors of death from blurring the message and suggesting that somehow or other suicide is a rational choice, because it is not. Let us all work to reduce the incidence of suicide until it is eliminated.

HON ROBIN CHAPPLE (Mining and Pastoral) [11.47 am]: I rise to commend two parts of the motion. Part (a) is to acknowledge that today is World Suicide Prevention Day, and I agree with John Brogden when he says

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suicide is a national crisis. I also commend part (b) of the motion, but more on that, I would like to recognise the work that Hon Helen Morton has done in lifting issues of mental health and suicide to the levels of public acknowledgement that they are today. We know that suicide amongst Indigenous people is at epidemic proportions, and I understand that Hon Helen Morton is really trying her hardest to tackle those issues. However, as people would expect, I have a view on part (c) of the motion, which states —

calls on those advocating for the oxymoron that is “rational suicide”, to immediately cease their dangerous advocacy and instead work with the rest of the state in implementing our suicide prevention plan ...

With this, we are blurring the debate, because yes, we will work towards a suicide prevention plan, but firstly I wish to advise the chamber that in my working life I have worked alongside three people, two who successfully committed suicide a day or so after having a discussion with me—I was not aware of their situation—and the third whose situation we became aware of and we were able to intercede and prevent suicide. More importantly, as members of this place would know, my own foster child committed suicide, so I have experienced the pain, I have experienced the issues of suicide and I believe I have some knowledge and understanding of the issue.

When it comes to dignity at the end of one’s life, as people would know, I have introduced bills into this place on two occasions, and it is my intention to introduce a bill in the near future. However, what I am more interested in is that a large part of my proposed bill has been adopted in a bill that is currently progressing through the British House of Lords that was introduced by Lord Falconer of Thoroton. As members would know, Lord Falconer was a Treasurer in the Blair government. It is interesting to note that that bill is very closely modelled on the bill I introduced to this house and contains two components that I have examined and will most likely adopt in legislation that I will bring to this house again. When we look at the amount of support that that legislation is receiving in England from the likes of the deputy chair of the British Medical Association, who says that the law on dying with dignity must and will change soon, we are seeing a very progressive move in a very conservative society in England. Surveys conducted in Britain have shown that between 60 and 70 per cent of the public are in favour of the legislation. What is the situation in Western Australia? The last full detailed poll in Western Australia was a Newspann poll in 2009 that revealed that 86.3 per cent of the capital’s population supported voluntary euthanasia and 92.1 per cent of country Western Australians supported legislation. Another recent poll in Western Australia has shown that support for voluntary euthanasia was around about 60 per cent in the 1980s, 70 per cent in the 1990s and in the low 80 per cent in 2000 and 2010; so there is an appetite for voluntary euthanasia legislation in Western Australia.

I was also interested in the *Q&A* program of 7 December 2015 in which Mike Baird, Chris Bowen, Helen Joyce, Geoffrey Robertson and Catherine Livingstone appeared. After the program a poll of a sort was conducted that showed the amount of engagement that took place around the debate. According to the *Q&A* website the topic “Refugee queue” attracted likes from 74 people with 57 comments. The lowest level of engagement was on governance and governability, on which 15 people liked and 38 people commented. However, on the topic of assisted dying, the poll showed that 869 people liked that topic and 179 people commented. Also when the topic of palliative care arose—another area I hold dear to my heart—423 people liked the issue and 63 commented. I went through all the comments from people on those two subjects—the two highest ranking subjects that night—and was interested to note that during a lot of the palliative care discussion comments were clearly around the need for better funding in that area. However, a lot of the comments were around palliative care and the dose of double effect, whereby people experience voluntary euthanasia through the palliative care process, and that it is seen as something that is acceptable in palliative care. I studied extensively the 179 comments on assisted dying and found only three comments that opposed euthanasia. I will read a couple of the comments into the record. The first is from Lan Smith-Charnley, who stated, according to my notes —

We have a right to dignity, both in life and death. If anybody has ever had to sit by and watch a loved one in agony, wasting away and fading out, there could be no doubt as to what should be done.

Mandy Pattenden also commented, and stated, according to my notes —

I’m 36 With Stage 4 cancer. When my quality of life is that bad that I would rather be dead, I will end my own life. I deserve better than dying with no dignity in a hospital. My family deserve better than that also. If you don’t like my view, that’s your prerogative. My life has been a wonderful life, it’s my choice to make my death wonderful too. No politician has the right to tell me I cannot end my own life.

I am only picking out some random comments. According to my notes, Deb Russo stated —

As spiritual human beings ... it is always in our hands what we do Choose to do ...If we have chosen we wish to die before it gets unbearable and we are of sound mind, then it should be done ... plain and simple ...

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There were many, many comments along those lines.

I think it is a little bit rich to tie voluntary euthanasia into what is in essence a good motion about what should be done about suicide, the chronic epidemic that exists in Australia and particularly in Western Australia and in our Indigenous communities.

Visitors — Safety Bay Primary School

The DEPUTY PRESIDENT: I would like to take this opportunity to welcome the students from the Safety Bay Primary School to the Legislative Council. I hope you find your visit to the Parliament an interesting one.

Debate Resumed

HON DAVE GRILLS (Mining and Pastoral) [11.56 am]: I rise to speak on this important motion and thank Hon Nick Goiran for raising this issue on World Suicide Prevention Day 2015. Today is an important opportunity for us to reflect on the tragedy of suicide and to examine what is being done to reduce the number of needless deaths in Western Australia every year. As we have heard, suicide is an incredibly difficult and complex subject that cuts across all sections of our society. Although it is possible to identify particular factors that may put someone at a high risk of suicide—factors such as alcohol and drug abuse, mental illness, depression and others—there is often no clear sign that someone harbours suicidal tendencies until it is tragically too late. Suicide can strike down people who may have shown no outward signs of unhappiness or distress. It leaves behind shattered loved ones and rips families apart. I happen to believe that life is a precious gift that should be embraced and cherished and that those who contemplate suicide are severely distressed individuals in need of health. Such distressed individuals are certainly not acting in what one would normally describe as a rational manner. Self-preservation is rational; self-harm is not. The scourge of suicide is a reminder that public discussion and awareness about mental health and wellbeing are vital to saving lives.

As a member representing a vast electorate composed of many remote and rural communities, I am acutely aware that rates of suicide tend to arise with increasing rurality and remoteness. According to the National Rural Health Alliance, men who live in regional, rural and remote areas of Australia are 1.3 to 1.6 times more likely to end their lives by suicide than their metropolitan counterparts. That is a shocking statistic that should not be dismissed or ignored. The National Rural Health Alliance has noted that structural factors including unemployment, greater ability of lethal means of self-harm, barriers to mental health services and inadequate reporting all contribute to this disturbing outcome. The National Rural Health Alliance has also made the point that mental health and wellbeing in rural communities has been affected by a perceived devaluing of rural Australia as a contributor to Australia's social and economic fabric by metropolitan communities and governments. Life in the country can be tough at times but it is reassuring to know that this state government is committed to reversing past neglect of country areas and rightly values rural people and communities as vital contributors to our social and economic fabric. Through royalties for regions the government is delivering record investment aimed at revitalising regional communities, reversing rural depopulation and improving services, including mental health services, and improving the quality of life for country people. This massive investment back into regional WA has generated a level of optimism not seen in a long time. It has served as a reminder that, yes, we in regional WA actually matter—our communities matter and they have a future.

The state government's "Suicide Prevention 2020: Together we can save lives" strategy recommends that suicide prevention and crisis intervention strategies in regional, rural and remote Western Australia be both adapted and led at the local level. One of the key planks of the strategy is local support and community prevention across the lifespan. The strategy reads, in part —

Preventing suicide requires a strong local approach with skilled suicide prevention coordinators integrated with mental health and alcohol and other drug services, and with strong connections to interagency government, health and community service committees.

The strategy outlines that this is to be achieved by strengthening community-based suicide prevention activities, local capacity building and leadership. I believe such a community-based approach makes sense, and I look forward to seeing this in action across communities in my Mining and Pastoral Region electorate. In the end it will be the strength and cohesion of local communities that will be most critical in bringing down the state's suicide rate. Social and community connectedness is crucial to individual mental health and wellbeing. The state government's Suicide Prevention 2020 strategy offers us a way forward in the fight to save lives. I urge members here today to support the strategy. Our shared goal should be to save as many lives as possible and restore hope to those who have succumbed to the depths of hopelessness.

This year's R U OK? Day and World Suicide Prevention Day fall on the same date. I commend the organisers for the Thanks For Asking national awareness campaign. Simply striking up a conversation with someone we know and inquiring about their wellbeing could be the difference between life and death. It is not about trying to solve all

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their problems, but simply helping that person feel connected and supported. I am sure all members present today will support the campaign and keep the conversation surrounding mental health and wellbeing alive.

HON LIZ BEHJAT (North Metropolitan) [12.02 pm]: I am delighted to rise to support this very worthwhile motion that my very good friend and colleague Hon Nick Goiran has brought to the house. I also take the opportunity to congratulate another of my North Metropolitan Region colleagues, Hon Martin Pritchard, on the motion he brought to the house earlier. The issues referred to in both motions are vitally important issues for a chamber such as ours to be discussing on a Thursday. I have said in the past that I think these Thursday morning non-government and private members' times are invaluable to us in a number of ways. Congratulations to both colleagues. I will obviously confine my remarks to the private members' business at hand.

Yes, today is R U OK? Day. Madam Deputy President, are you okay? That is the sort of thing we need to say to people. I know that the Leader of the Opposition sometimes shows great interest in my Facebook page. If she has looked at it today, she will have noticed that I have changed my profile picture for the day to the R U OK? Day logo. I urge all members around the chamber who have a Facebook page to change their profile photo to the R U OK? Day logo so that we can reach out to people and ask that really important question—are you okay? It is vitally important we do not play lip service to people when we ask that question. We want to know because conversations that bring things out into the open can assist when it comes to the prevention of suicide. It is no coincidence that today is both World Suicide Prevention Day and R U OK? Day. I think that from now on they will always be on the same day.

We have seen people from both sides of the political divide suffer from mental health issues and depression. The names that automatically spring to mind are Andrew Robb, author of *Black Dog Daze: Public Life, Private Demons*, Geoff Gallop, Jeff Kennett and John Brogden, just to name a few. I am sure that there are others. One of the interesting things about the people who immediately spring to mind when it comes to those very public issues is that they are men. I think that comes down to the fact that women are often more willing than men to talk about matters of a personal nature. The women around here who have men as friends should make sure they have those conversations with them.

As it is stated in paragraph (b) of the motion, I certainly recognise the efforts that the Barnett Liberal government is taking to combat the rising suicide rate. Indeed, the Minister for Mental Health, Hon Helen Morton, has made amazing inroads steering the Suicide Prevention 2020 strategy together with the Minister for Health, Hon Dr Kim Hames, to bring these matters to the forefront.

Members will know I am very involved in matters for those with a cultural and linguistically diverse background. We know anecdotally that the suicide rates among people with a CALD background are rising. I say anecdotally, because it seems that we do not keep very good statistics about the ethnicity of those who are unfortunately driven to suicide. That is something we need to concentrate a little bit more effort on, because there are other issues for people with a CALD background. Their background may have included torture and other horrific things and even though they are safe when they come here, those experiences can leave deep scars that run through their psyche and drive them to suicide. We must do anything we can in this area to ensure that the services that those people might need are also well looked after.

There is no doubt indeed that there is a much higher suicide rate in our Aboriginal communities than there is in our non-Aboriginal communities. The Minister for Mental Health has this very much at her heart, as did the Minister for Aboriginal Affairs when he put programs in place.

Last week I was fortunate to travel to the north of Western Australia in Hon Dave Grill's electorate to look at some amazing mining and resource projects. I went to a couple of mining camps at Jimblebar and Wheatstone. It was heartening to see the amount of effort that BHP, which runs Jimblebar, and Chevron, which runs Wheatstone, are putting in to ensure that those people working on-site have access to very good counselling and to helpline phone numbers, because we know that the suicide rate among fly in, fly out workers is also quite high. They are to be commended for the work they are doing.

As my colleague Hon Peter Katsambanis said earlier, very much what we need is a collaborative program. Governments can drive these programs—there is no doubt about that—but without the cooperation of large and small companies and the community in general these programs will not continue with their success. Everyone that works in this space is to be highly commended.

I want to comment on paragraph (c) of the motion. Unlike Hon Robin Chapple, I think the third paragraph firmly belongs in today's debate. The term "rational suicide" is an oxymoron. There is nothing rational about suicide. I take objection to the words that Hon Robin Chapple read, which were somebody else's commentary about not liking the idea of dying in hospital with no dignity. On behalf of all of the doctors, all the nurses and all the healthcare workers throughout this state in particular and throughout Australia who do amazing work in the area of palliative care, I take offence at that person saying that anybody, in this day and age, would die in hospital

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without dignity. It just does not happen. The other comment made by Hon Robin Chapple was that palliative care is an issue that is very close to his heart. I note that he is not a member of the Parliamentary Friends of Palliative Care, the group that is co-chaired by my colleague Hon Nick Goiran and Margaret Quirk from the other place. I invite him to join us as a member of that group if he does want to see the advancement of palliative care in this state. By coming in here and making those comments, he really is strengthening the idea that the term “rational suicide” is an oxymoron. Perhaps I am thinking of oxymoron as meaning something different from what it actually means. We know that palliative care has come a very long way.

It is just abhorrent to now see what is happening around the world in those jurisdictions where assisted suicide or euthanasia—let us call it what it is—is available. The most recent statistics coming out of jurisdictions such as Belgium and the Netherlands show that people as young as 12 years are now being euthanased. They have mental health issues and they are being euthanased. That, to me, is absolutely abhorrent. Twin brothers who were losing their sight were allowed to be euthanased. We have people dying around the world because of horrific things. Masses of refugees want to come here, yet people in other jurisdictions, because they are going to lose their sight, cannot bear the fact that life would go on. How about saying that to the three-year-old Syrian boy who died on that Turkish beach some weeks ago? That has touched everybody’s heart here. Let us bring it back to reality and think about what we are talking about: we are talking about trying to save people’s lives when it comes to suicide. Congratulations, Hon Nick Goiran; it is an incredibly important motion. Next year on 10 September we are going to be talking about it again, and the following year and the year after that. The R U OK? campaign is very, very important. I commend everybody who has spoken today in favour of this motion.

HON STEPHEN DAWSON (Mining and Pastoral) [12.12 pm]: I, too, would like to thank Hon Nick Goiran for bringing this motion to the chamber today. I apologise that I was away from this place on urgent parliamentary business this morning so I did not hear the contributions of those speakers who came before me. I am pleased that a number of people have taken the opportunity to stand up today and talk about the important issue of suicide. I did come in during some of Hon Liz Behjat’s contribution and I heard her acknowledge a couple of times R U OK? Day today. I, too, am pleased to add my voice to that campaign and to ask people if they are okay. It is a very important question to ask. We must all take the time to check in on our friends, neighbours and, indeed, our colleagues and sometimes our enemies in this place. We are all people at the end of the day and we need to take the time to respect each other and just check in with each other to see if we are travelling okay. It seems that a growing number of people are suffering from mental illness these days. I had the pleasure of being in Ireland last week for a global parliamentarians forum. While I was there, I took the opportunity to visit the Mayo Recovery College in Castlebar in Mayo. I have to say that I was totally impressed. I know the Minister for Mental Health has visited some recovery colleges elsewhere around the world, but the Mayo Recovery College is an amazing innovation. I wanted to place on the record today how impressed I was with that visit and with the dedication of the staff of that organisation, who work with people with mental illness and their families, who talk about the issues, who learn from the issues and who seek to better the lives of people who have mental illness.

I go back to the motion at hand and World Suicide Prevention Day and R U OK? Day. I understand that the R U OK? Day campaign in particular is calling on Australia to take a global lead in suicide prevention by making more of an effort to have meaningful dialogue and meaningful conversations with anyone who might be struggling. From the last set of figures that I have looked at, about 2 500 people a year on average over the past five, seven or 10 years have committed suicide in Australia. That is a huge number. From the figures that I have seen, on average about 300 people a year died by suicide over the same period in Western Australia. I am sorry I missed Hon Liz Behjat when she was in my electorate last week. In my own electorate, particularly in the Kimberley, the rate of suicide is way too high. I know we have had debates in this place previously about what is the exact number of suicides in this state and I am not going to go into that today. What I am going to say is that regardless of whether we are doing better or worse than the national average, the rates in this state are too high, particularly in the Kimberley. Places like Fitzroy Crossing, Balgo, Mowanjum and Derby have all had significant rates of suicide over the past few years. In fact, at times some of those towns had rates of suicide 20 times higher than the state average. That is massive.

I have congratulated the government previously on actually bringing forward the “Western Australian Suicide Prevention Strategy 2009–2013”. I have been, I guess, scathing of the government in that it took 18 months to bring in an updated suicide prevention strategy. It was far too long, but I am pleased that we have a new strategy in place and I am hopeful that it will actually kick goals and make a difference to the lives of people in this state, particularly in my electorate and particularly in the Kimberley. A constant worry or concern or something that I guess I suffer with is the issue of young people, and in particular children, taking their lives by suicide. I have heard of children as young as eight, nine and 10 years taking their lives by suicide, and I really struggle to understand how and why these things happen. As a father of a young child, I really struggle to understand and cannot fathom children of those ages taking their lives by suicide. We all have a role to play in this place in

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ensuring that we have good policy and a good suicide prevention strategy in place, and that we are working with the organisations in our regions and across the state to prevent people taking their lives or dying by suicide. More needs to be done, particularly in the area of young people and children. We need to stop those deaths.

I note that the government has had the One Life strategy in place and I know, too, that there have been criticisms of that program by people like the Auditor General and questions asked about whether this was the most guided or best way to deliver some of those programs. I will not dwell on those issues today. I know that in some of the communities that participated, some great work was done. I was honoured to be in Beagle Bay and to be involved in some of the events undertaken there as part of the One Life strategy, but I know from other parts of my electorate—I will not name names today—that for some of the organisations that got funding and had great ideas for projects, they did not actually work or the money seemed to be wasted. It was good to put this money on the table. I wish there had been funding for some of these organisations to not just do a one-off project but to actually keep going. Part of the project was about giving seed funding or getting some of these organisations and initiatives established. Unfortunately, in some of the communities, they just did not have the expertise, or they were not able to draw in support or assistance from other organisations or from business or industry to keep these projects going. It was a bit of a shame that it was a one-off and we have not been able to fund some of those projects on an ongoing basis. Over time those good ideas could have been worked on and funded and may well have helped to save more lives.

Another member of this place might want to speak this afternoon, so I will not take up my full time. There is a controversial element to this motion, and that is the issue of rational suicide. I do not particularly like the term “rational suicide” or the use of it, but I understand people who are involved in the voluntary euthanasia organisation, the West Australian Voluntary Euthanasia Society, deciding that where they are in their lives is that they just cannot go on and they should be able to take a way out. I am not getting into the whole euthanasia debate today, but I understand when people feel that they cannot go on and that this is a potential way out for them. I recognise that that is never an easy decision and it is certainly never easy for family members when they hear of a family member who has taken their life by suicide or who has actually accessed euthanasia. There has been debate in this place previously on euthanasia and I suspect there will be debate in this place again on euthanasia. I welcome those debates; it is an issue that we as parliamentarians and politicians should be involved in. I will listen when that debate comes before us. I will listen to others in this place to make a contribution and I will decide at that time how I might vote.

HON HELEN MORTON (East Metropolitan — Minister for Mental Health) [12.22 pm]: I am really appreciative of the motion brought on by Hon Nick Goiran today. I think that it is such an important day for us to all recognise World Suicide Prevention Day and also R U OK? Day. It was mentioned that I had launched R U OK? Day at Forrest Chase about a month ago. In preparation for that particular launch I got to speak about how R U OK? Day had been travelling for the number of years it has been in place. I remember the first time I went to one of the R U OK? Day launches; it was at a little café in Victoria Park. That was the beginning of R U OK? Day. At that stage there were quite a few people there and it was really terrific. These days it is such a well-known national campaign that it is believed that about one in three people on this particular day actually ask people or send a message to somebody in some way asking, “Are you okay?” It is such a simple thing to do and it is such a clear recognition that people are understanding, empathetic and willing to listen. If a person is prepared to ask the question “Are you okay?” they will also be prepared to listen to the answer.

When the R U OK? Day campaign started this year with a secondary level, Thanks For Asking, I thought this was fantastic. I could hardly imagine that there was somebody who was such a smart thinker that they were able to not only start with the R U OK? Day slogan, but also to follow it up this year with Thanks For Asking. The reason I am so impressed with that is that the biggest issue we have around suicide and suicide prevention is about getting people to engage. If somebody asks a person, for them to be prepared to answer that question and then acknowledge that that person has asked the question, shown empathy and that they are willing to listen—the conversation starts. In that simple act of asking “Are you okay?” and answering “Thanks for asking”, they have got the beginning of that engagement and conversation, and from all of that, amazing outcomes can be achieved for people across Australia and, to be honest, across the world.

I thought the entire slogan for Thanks For Asking was so significant and clever. I launched the campaign at Forrest Chase and we had the big yellow bus, which, for the first time, started in Western Australia and from here it went to Rockingham, Mandurah, Albany, down to Esperance, Kalgoorlie–Boulder, and then across to the eastern states, arriving in Sydney today. During that time they called in on schools and small groups and organisations and a whole range of places and, once again, building that conversation and encouraging people to ask, “Are you okay?” I do not think “Thanks for asking” is more important than asking the question “Are you okay?”, but it is as important for the person who is being asked to respond with “Thanks for asking.” Somebody

Extract from *Hansard*

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said to me that we should all do that, whether it is by a note or text message or whatever, to anybody who has significantly sought out to ask a person if they are okay on any particular today. They should respond to that person today, thank them for asking, and let them know that the support and the concern and the interest that they have shown in coming to them and asking if they are okay is appreciated. It is really important. The two go hand in hand for me, and I hope that those two will never separate.

Motion lapsed, pursuant to standing orders.