

Tasmanian Suicide Prevention Committee

Terms of Reference (TOR)

Background / Context

The Tasmanian Suicide Prevention Committee (TSPC) was established in 1993 in response to growing national and state concern about the high rate of suicide among youth.

The scope was broadened beyond youth to a whole of population approach to suicide prevention. The TSPSC committed to adhere to the framework underpinning the National Suicide Prevention Strategy 2000 – 2006 which is based on the *LIFE Framework (Living is for Everyone)*.

In July 2004, the TSPSC underwent a restructure to capture a broader membership base. This has enabled the Committee to consider a more diverse range of issues and initiate cooperative activity across a range of sectors. The Committee created a two-tier structure: the Steering Committee (TSPSC) and a Reference Group.

In June 2006 as part of the 'fit' restructure of The Department of Health and Human Services (DHHS), the TSPSC was auspiced under Mental Health Services. As a result, the Chair of the Committee was changed to Director, Mental Health Services and facilitated by Suicide Prevention Strategy Officer, also a member of Mental Health Services staff.

In April 2008 DHHS underwent a series of changes resulting in the CEO Mental Health Services subsequently becoming the Chair of the committee.

The Terms of Reference were due to be revised in June 2008 to incorporate information received from the recent community statewide consultation into suicide prevention and include an operational plan for the next three years.

Purpose

Mission Statement:

To reduce the incidence and overall impact of suicide on the Tasmanian population.

Membership

Area	Details
Chair	CEO, Mental Health Services
Membership	Representatives as nominated below <i>(please note that one member can represent more than one area)</i>
State Government	<p>Mental Health Services, Department of Health and Human Services – covering the following areas:</p> <ul style="list-style-type: none"> - Alcohol and Drug - Mental Health - Forensic - Correction Primary Health <p>Population Health, Department of Health and Human Services</p> <p>Coronial Division, Magistrates Court, Department of Justice</p> <p>Department of Police & Emergency Management</p> <p>Department of Education</p> <p>Social Inclusion Unit, Department of Premier and Cabinet</p>
Commonwealth Government	<p>Commonwealth Department of Health and Ageing – covering the following areas:</p> <ul style="list-style-type: none"> - Population Health - Office of Aboriginal & Torres Strait Islander Health <p>Commonwealth Department of Veterans Affairs</p>
Community	<p>Local Government of Tasmania</p> <p>University of Tasmania (representation with appropriate research experience)</p> <p>Mental Health Council of Tasmania</p> <p>Division of General Practice</p> <p>Suicide Prevention Australia</p> <p>National Suicide Prevention Committee</p> <p>Three community representatives (preferably one from each region but not compulsory); elected through tri-senate community elections and appointed for a three year term</p>
Executive Officer	Suicide Prevention Strategy Officer (SPSO), Mental Health Services

One of the key goals of the TSPSC is to convene an effective well managed committee with appropriate membership and structure to implement a range of activities and actions with regards to the prevention of suicide in Tasmania.

Member Roles

Individual members have responsibility for:

- representing their respective area
- providing advocacy and promotion of Committee decisions within their area of representation
- disseminating information to their area, and receiving feedback from stakeholders within their area
- providing recommendations / advice when sought
- providing information to the committee on activities with regards to suicide prevention and self-harm from their area and/or area of expertise
- assisting and guiding the Chair and SPSO to prepare, implement and report on outputs and actions as identified in the TOR outputs and TSPSC operational plan
- identifying opportunities for furthering the goals and objectives of the TSPSC
- identifying gaps in service provision from a multi-tiered community level perspective in areas of suicide prevention and self-harm
- reporting on any new international, national, state-wide or regional research / initiatives with regards to suicide prevention and self-harm

Membership is agreed upon through the Terms of Reference and endorsed by the Minister of Health. Members (other than community representatives) are current whilst they hold their position of employment. When members no longer hold that position of employment or are no longer able to be a member they are required to resign through written confirmation and to identify a possible replacement.

Membership includes three community representatives (preferably one from each region, but this is not compulsory). Community members are elected by the members of the committee and appointed for a period of three years through tri-senate elections. One position becomes vacant every year and is advertised in October and appointed in the following January.

Probity

In line with the State Service Code of Conduct (section 9, *State Service Act 2000*), it is agreed that the following will be applicable to all members of the TSPC during their dealings with the committees business:

All members:

- must behave honestly and with integrity in the course of all dealings with committees business;
- must act with care and diligence in the course of committee business;
- must treat everyone with respect and without harassment, victimisation or discrimination;
- must comply with all applicable Australian law;

- must maintain appropriate confidentiality about dealings of, and information acquired – similar to the conditions of an employee of the State Service
- must use Tasmanian Government resources in a proper manner;
- must not make improper use of –
 - (a) information gained in the course of his or her involvement with the committee;
 - (b) the member’s duties, status, power or authority as a member of the committee
- in order to gain, or seek to gain, a gift, benefit or advantage for the member or for any other person or organisation

Conflict of Interest

- A member who has a direct or indirect pecuniary interest in a matter being considered or about to be considered by the committee (including knowledge of incident/s) must, as soon as practicable after the relevant facts come to the knowledge of the member, disclose the nature of that interest at the meeting.
- Committee members are required to disclose the nature of any direct or indirect pecuniary interest as soon as they become aware of the particular matter which is either under the committee’s consideration or shortly to be under consideration. Any such disclosure must be recorded in the minutes. The member must not be present during any relevant deliberations, or take part in any decision of the committee in relation to the matter, unless the committee has decided (in the member’s absence) to permit the member’s continued involvement.

Governance / Reporting Arrangements

A report addressing the Key Performance Indicators, as outlined in the Operational Plan, for the relevant period and a statistical report for the relevant period will be produced for the Minister of Health and interested stakeholders. This report will be prepared every three years.

Annual statistical reports to be made publicly available on 1st March of every year reporting on the preceding year.

Meeting Times

- Meetings will be held at agreed times and occur every two months.
- Meetings will be held at an announced location in the south of the state, with at least one meeting per year held in the north/north west during the reporting period.

Meeting Protocols

Secretariat Function and Responsibilities

Suicide Prevention Strategy Officer, MHS to provide secretariat functions for the Committee. The secretariat is to be the main point of contact for committee members and the driver of identified and agreed projects.

Meeting Frequency

Once every two months with at least one meeting being held in the north or north-west during the three year reporting cycle.

Agendas

All agenda items must be forwarded to the secretariat by close of business seven working days prior to the next scheduled meeting.

The Chair has the right to defer listing an item on the formal agenda but members may raise an item under 'New Business' if necessary and as time permits.

Papers

- Papers to be forwarded to the secretariat by close of business five working days prior to the next scheduled meeting.
- Papers to be clearly identified for 'endorsement', 'discussion', 'for action' or 'for information'.
- Papers will be forwarded with the agenda and previous minutes at least five working days prior to the next scheduled meeting.
- Papers for endorsement will be circulated ten working days prior to the meeting.
- Papers for discussion will be available with the agenda five working days prior to the next meeting.

Minutes

- Minutes and agreed actions shall be recorded from each meeting.
- Minutes and associated papers and agenda will be made available to the Committee at least five days before the next meeting.

Proxies to Meetings

Members of the Committee shall nominate a proxy to attend a meeting if the member is unable to attend. The nominated proxy shall provide relevant comments and feedback to the member they are representing.

Decision Making

The Committee will endeavour to reach agreement and make all decisions by consensus.

If consensus cannot be reached between members of the Committee, the Chair will be responsible for resolving the matter.

A meeting of at least six members is needed to form a quorum for any decision making.

Review of Terms of Reference

The Terms of Reference for the Committee shall be reviewed in three years from the date of endorsement.