The Official Gazette

(EXTRAORDINARY)

OF GUYANA

Published by the Authority of the Government

GEORGETOWN, MONDAY 27TH JUNE, 2022

TABLE OF CONTENTS **PAGE**

FIRST SUPPLEMENT

LEGAL SUPPLEMENT

A. **ACTS — NIL**

B. **SUBSIDIARY LEGISLATION — NIL**

C. **BILLS —** BILL No. 11 of 2022 – The Suicide Prevention Act 2022 ... 291

GEORGETOWN, Demerara – Printed and Published every Saturday and on such Extraordinary Days as may be directed by the Government by Guyana National Printers Limited, 1 Public Road, La Penitence, Greater Georgetown.

MONDAY 27TH JUNE, 2022

THE OFFICIAL GAZETTE 27TH JUNE, 2022
LEGAL SUPPLEMENT — C

BILL No. 11 of 2022

Monday 27th June, 2022

PARLIAMENT OFFICE
Public Buildings,
Georgetown,
Guyana.

27th June, 2022.

The following Bill which will be introduced in the National Assembly is published for general information.

S.E. Isaacs,
Clerk of the National Assembly.

GUYANA

BILL No. 11 of 2022

SUICIDE PREVENTION BILL 2022

ARRANGEMENT OF SECTIONS

SECTION

PART I

PRELIMINARY

1. Short title.
2. Interpretation.

PART II

NATIONAL SUICIDE PREVENTION COMMISSION

3. Establishment of a National Suicide Prevention Commission.
4. Composition of the Commission.
5. Functions of the Commission.
6. Directions of the Minister.
7. Staff.
8. Finance.
9. Procedure and quorum.
10. Annual Report.

PART III

NATIONAL SUICIDE PREVENTION PLAN

11. A National Suicide Prevention Plan.
12. Preparation and review of Plan.

PART IV

MENTAL HEALTH PROMOTION AND CARE.

13. Collaboration and cooperation of all levels of government and society.
14. Training of human resource.
15. Education and raising awareness about mental health.

16. Promoting participation of government departments and the private sector.
17. Development of framework for medical treatment.
18. Bereavement and other support.
19. Obligation to attend counselling.
20. No reporting of death as suicide or attempted suicide before Coroner approves the reporting.
21. Contents of report.
22. Method of reporting.
23. Offence committed by a body corporate.

PART V

SUICIDE PREVENTION SERVICES

24. Outpatient mental health services.
25. Suicide Prevention Centres.
26. Early identification, referral and treatment at Centres.
27. Establishment of emergency helpline and quick response vehicles.
28. Treatment of person contemplating suicide.
29. Parent, teacher and employer to refer persons to counselling; follow-up care and support.
30. Medical practitioner, psychologist, etc. not liable.

PART VI

OBLIGATION TO REPORT TO AUTHORITIES

31. Obligation to report to authorities.
32. Medical facilities, emergency services, police and mental health workers to report.
33. Court ordered mental health treatment.

PART VII

MISCELLANEOUS PROVISIONS

34. Offences to aid and abet suicide.
35. Use of reasonable force to prevent suicide.
36. Confidentiality of identifying information.
37. Regulations.
38. Repeal.

A Bill
Intituled

AN ACT to make provision for the prevention of suicide, for the establishment of a National Suicide Prevention Commission, the functions of which shall include the preparation of a National Suicide Prevention Plan consisting of policies and measures to be implemented for the prevention of suicide, for the provision of Suicide Prevention Centres to provide support services including counselling services to suicide survivors and persons contemplating suicide, and for related matters.

A.D. 2022 Enacted by the Parliament of Guyana:-

PART I
PRELIMINARY

Short title.

1. This Act may be cited as the Suicide Prevention Act 2022.

Interpretation.

2. In this Act –

"appropriate authority" includes a Coroner, the Commissioner of Police, the Chief Education Officer, a member of the Commission, or a public health authority;

"child" means a person under the age of eighteen, and includes a person who has special needs regardless of age;

Cap. 4:03

"Coroner" means a coroner appointed under the Coroners Act;

"counsellor" means a person trained and qualified to give guidance on personal, social, or psychological problems;

"Minister" means the Minister responsible for public health;

"National Suicide Prevention Commission" or "the Commission" means the Commission established under section 3;

"National Suicide Prevention Plan" or "the Plan" means the Plan prepared under section 11;

No. 5 of 2011

"parent" has the same meaning assigned to it in the Custody, Contact, Guardianship and Maintenance Act 2011;

"person who reports a death" includes any journalist, media entity, family member, relative or friend of the deceased, and any other person giving permission to report in section 21(1)(b)(ii); and

"Suicide Prevention Centre" means a Centre established under section 25.

PART II

NATIONAL SUICIDE PREVENTION COMMISSION

Establishment of a National Suicide Prevention Commission.

3. There is established a Commission to be known as the National Suicide Prevention Commission.

Composition of the Commission.

4. The Commission shall consist of the following members –

(a) ex officio members –

(i) the Chief Medical Officer;

(ii) the Chief Psychiatrist;

(iii) the Director of the Mental Health Unit of the Ministry of Health;

(iv) the Director of the Child Care and Protection Agency established under the Childcare and Protection Agency Act 2009; and

No. 2 of 2009

(v) the Chief Education Officer of the Ministry of Education; and

(b) members appointed by the Minister –

(i) a person, as chairperson of the Commission;

(ii) a medical practitioner;

(iii) a psychiatrist;

(iv) a nurse, nominated by the Guyana Nurses Association;

(v) an attorney-at-law, nominated by the Guyana Bar Association;

(vi) two social workers, nominated by the Guyana Association of Professional Social Workers;

(vii) a representative of the police, nominated by the Commissioner of Police;

(viii) a representative of the Ministry of Human Services and Social Security, nominated by the Minister responsible for that Ministry;

(ix) a representative of civil society nominated by the Private Sector Commission;

(x) a representative of the indigenous community, nominated by the National Toshaos' Council; and

(xi) a representative of each the Muslim, Hindu and Christian community, nominated by the Muslim, Hindu and Christian organisations.

Functions of the Commission.

5. The functions of the Commission shall be to –

(a) plan, design and implement public health programmes to reduce suicides and attempted suicides;

(b) take all measures to ensure that the programmes are given wide publicity through public media, including television, radio, print and online media at regular intervals;

(c) ensure that programmes to reduce stigma associated with suicide are planned, designed and implemented in an effective manner;

(d) prepare a National Suicide Prevention Plan;

(e) give periodic sensitisation and awareness training on suicide prevention to human resource personnel in the public and private sectors;

(f) establish Suicide Prevention Centres in regions across Guyana where necessary;

(g) where appropriate, refer and give consideration to international suicide prevention policies, strategies and programmes;

(h) advise the Minister on laws that need to be strengthened or brought into force to enable policies and suicide countermeasures to be implemented in furtherance of the objects of this Act; and

(i) perform such other functions as may be assigned to the Commission by the Minister.

Directions of the Minister.

6. The Minister may give to the Commission any general or special policy directives with respect to the carrying out of its functions under this Act as the Minister considers necessary or expedient and the Commission shall give effect to the directives.

Staff.

7. The Minister shall provide the Commission with a Director and other staff and other resources that the Commission reasonably needs for carrying out the Commission's functions.

Finance.

8. (1) The Minister may out of money provided by Parliament make payments to the Commission of such amounts, at such times and on such conditions, if any, as the Minister considers appropriate.

(2) Funds of the Commission shall consist of –

(a) such amounts as may be appropriated by Parliament for the purposes of the Commission; and

(b) any grants, gifts, donations or other endowments given to the Commission which shall be disclosed to the National Assembly and made public before use.

(3) The funds of the Commission shall be applied in meeting the expenses of the Commission including the remuneration and allowances of the Chairperson and other members and staff.

Procedure and quorum.

9. (1) The Commission shall meet at least six times in every calendar year.

(2) Thirteen members shall be a quorum and *ex officio* members shall have the right to vote.

(3) The Commission shall have accurate minutes kept of its meetings.

(4) Subject to this Act and any direction of the Minister, the Commission may determine its own procedure.

Annual report.

10. (1) The Commission shall, on or before 31 December in each calendar year, report to the Minister on the performance of its functions during the preceding calendar year.

(2) Without limiting the matters that may be included in a report, the report shall include –

(a) an overview of the suicide situation in the country;

(b) data in relation to deaths by suicide during the preceding calendar year;

(c) the countermeasures taken and their impact; and

(d) any other matter that the Minister may require.

(3) The Minister shall cause a copy of the report under subsection (1), to be laid before the National Assembly within one month after the Minister receives it.

PART III

NATIONAL SUICIDE PREVENTION PLAN

A National Suicide Prevention Plan.

11. (1) The Commission shall prepare within the first year of its appointment and submit to the Minister for approval a National Suicide Prevention Plan.

(2) The Plan shall include –

(a) an overview of suicide in Guyana, in view of ascertaining, who are the persons dying by suicide, the methods used and who are at high-risk for suicide;

(b) policies and measures that are to be implemented to further the objects of the Act;

(c) provisions specifically addressing the prevention of suicide among priority population groups;

(d) provisions relating to the education and training of people in relation to suicide prevention;

(e) programmes, trainings and other efforts to advance strategies in the Plan;

(f) ways or strategies on how it plans to decrease risk factors associated with suicide and increase the awareness and use of protective factors;

(g) performance indicators against which progress in relation to the prevention of suicide in the country can be tracked over time; and

(h) any other matter that the Minister may require.

(3) The Commission may, with the approval of the Minister, vary or substitute the National Suicide Prevention Plan.

Preparation and review of Plan.

12. In preparing and reviewing the Plan, the Commission shall –

(a) carry out in-depth assessment, surveys and research with respect to the actual situation surrounding suicide cases, the suicide situation and suicide prevalence in the country, ways to prevent suicides, what forms of support are desirable for suicide survivors and relatives of suicide victims, and what suicide countermeasures are required in response to the situations analysed;

(b) consult with the persons or bodies including private sector entities and other relevant organizations;

(c) call for submissions on issues relating to suicide from members of the public and shall have regard to the submissions made in response to the call; and

(d) comply with any other requirements directed by the Minister.

PART IV

MENTAL HEALTH PROMOTION AND CARE

Collaboration and cooperation of all levels of government and society.

13. In order to comprehensively and effectively pursue the implementation of suicide countermeasures, the government, medical institutions, schools, business owners, the media, private sector entities and other parties that conduct activities related to suicide countermeasures shall collaborate and cooperate with each other and with the Commission.

Training of human resource.

14. The Minister in consultation with the Commission shall provide for the training of human resources for the health sector on suicide prevention at all levels and sectors of society to improve the quality of such human

resources in coordination and cooperation with universities, academic institutions and other related entities.

Education and raising awareness about mental health.

15. (1) The Commission shall provide for the promotion of education and awareness-raising regarding maintenance of the mental health of students, people in professional occupations and other areas of endeavour.

(2) Schools shall endeavor to offer to their students and teachers the opportunity to acquire skills to detect and to cope with difficult and psychologically stressful situations and shall provide other education related to the maintenance of the mental health of their students and teachers.

(3) The Commission shall take measures to inform and train students and workers to recognise warning signs or signals of intentions of friends, family members or colleagues to commit suicide and how to respond to them if they spot them.

(4) If a person believes that a friend, family member or colleague is suicidal the person should be able to get a doctor, psychologist or counsellor involved, or call a hotline number.

Promoting participation of government departments and the private sector.

16. (1) The Commission shall implement necessary actions to deepen the people's understanding of suicide countermeasures through educational and protective activities.

(2) Business owners, government departments and agencies shall cooperate and collaborate with the Commission in any suicide countermeasures that the Commission endeavours to implement to maintain the mental health of workers that they employ.

Development of framework for medical treatment.

17. (1) The Commission shall –

(a) ensure that prompt and appropriate medical care including psychiatric treatment and counselling are provided to those at risk of committing suicide; and

(b) develop a framework that makes it easy to receive medical care and psychiatric treatment referred to in paragraph (a).

Bereavement and other support.

18. (1) The Commission shall provide appropriate support, including counselling, for survivors of suicide and families, friends and co-workers of suicide victims in an effort to alleviate the serious psychological impact of such conduct on those individuals.

(2) The Commission may introduce financial measures and garner support from private sector entities in support of families of suicide victims and survivors of suicide or others in need of counselling to enable their access to Centres or hospitals where necessary.

Obligation to attend counselling.

19. (1) Survivors of suicide and the families of those who have taken their own lives, students and teachers in classes to which victims of suicide belong shall attend counselling to alleviate the psychological impact of such conduct on those individuals.

(2) Counsellors trained in counselling of students and teachers referred to in subsection (1) shall be placed in schools.

No reporting of death as suicide or attempted suicide before Coroner approves the reporting.

20. (1) A person shall not report a death as a suicide or suspected suicide, whether expressly or indirectly, before the person confirms that –

(a) a medical practitioner who performed an autopsy on the body has officially deemed that death to be a suicide or suspected suicide; and

(b) a Coroner officially approves, in the public interest, the reporting of the death as a suicide or suspected suicide.

(2) A person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of one hundred thousand dollars and to imprisonment for three months.

(3) In this section and sections 21 and 22, "report" means to publish by means of –

(a) broadcasting, within the meaning of the Broadcasting Act 2011;

No. 17 of 2011

(b) a newspaper;

(c) a book, journal, magazine, newsletter, or other similar documents;

(d) a sound or visual recording; and

(e) an internet website, including mainstream media and social media sites, that are generally accessible to the public, or a section of the public, or some other similar electronic means.

Contents of report.

21. (1) A person who reports a death as a suicide or suspected suicide shall not include in that report –

(a) whether directly or indirectly, details, whether in words, pictures or videos, of the method used to cause the death;

(b) whether directly or indirectly, details, whether in words, pictures or videos, of the identity of the deceased and family members, unless –

(i) the public interest in doing so clearly outweighs the risk of causing further suicides;

(ii) clear and informed written consent has been provided to the person publishing the report by an adult family member, or if there is no such family member, an adult relative or adult close friend of the deceased; and

(iii) no appropriate authority has requested that the report be withheld or delayed to avoid the risk of inducing further suicides;

(c) any information or language that sensationalises, glamorises, or trivialises suicides or that inappropriately stigmatises suicides or the people involved in suicides;

(d) any information that is unconfirmed or rumoured; and

(e) explicit images or headlines that may cause any public offence or alarm.

(2) A person who reports a death as a suicide or suspected suicide shall include at the end of that report whether in print or by the internet –

(a) information about appropriate support services for any person contemplating suicide or surviving suicide, and family members, relatives and close friends of that person or of a person who committed suicide; and

(b) telephone numbers and other contact details for the support services included under paragraph (a).

(3) A person who contravenes subsection (1) or (2) commits an offence and is liable on summary conviction to a fine of one hundred thousand dollars and to imprisonment for three months.

(4) The Ministry responsible for health shall publish on its website the information required under subsection (2).

Method of reporting.

22. A person who reports a death as a suicide or suspected suicide shall not –

(a) give that report or similar reports undue prominence or undue repetition;

(b) exploit members of the public who may be-

(i) linked to the suicide;

(ii) suspected suicide victims;

(iii) the bereaved; or

(b) at any time, refuse to respect the right of a victim or bereaved person to decline or discontinue an interview or photographic or video recording session.

(2) A person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of fifty thousand dollars.

Offence committed by a body corporate.

23. Where a body corporate commits an offence under section 20, 21 or 22, the body corporate is liable to a fine of two million dollars.

PART V

SUICIDE PREVENTION SERVICES

Outpatient mental health services.

24. (1) The Minister shall ensure that outpatient mental health services of public hospitals are equipped with the necessary facilities and resources and are provided with the medical personnel capable of evaluating patients for suicide risk.

(2) Where a medical personnel believes that a patient is acutely suicidal the medical personnel shall refer the patient for hospitalisation.

Suicide Prevention Centres.

25. (1) The Commission shall establish with the approval of the Minister Suicide Prevention Centres across Guyana where necessary.

(2) The Centres shall provide support services including counselling services to suicide survivors, and relatives and close friends of a suicide survivor or of a person who committed suicide, or any person in need of counselling in relation to matters of mental health or suicide.

(3) The Minister may prescribe any other services that the Centres may deal with.

(4) The Commission shall provide the Centres with medical practitioners, certified psychiatrists, counsellors, social workers, and staff and other facilities necessary to perform their functions.

(5) The Commission shall take measures to address the human resource requirements of the Centres by planning, developing and implementing educational and training programmes in collaboration with

institutions of higher education and training, to improve the skills of the available human resources to better address the needs of persons who may need counselling and support in matters of mental health and suicide.

Early identification, referral and treatment at Centres.

26. (1) The Commission shall promote the early identification, assessment and referral of persons at risk of suicidal behaviours for professional care and psychiatric treatment to counsellors, psychiatrists and medical practitioners at the Suicide Prevention Centres.

(2) Acutely suicidal patients shall be referred for hospitalisation.

Establishment of emergency helpline and quick response vehicles.

27. (1) The Commission shall establish emergency telephone helplines for persons requesting help in respect of suicide and publish or post through media, the lifeline numbers on websites and social media platforms.

(2) Emergency telephone helplines for the police, fire and health services shall accept calls from anyone requesting help in respect of suicide.

(3) The Commission shall provide emergency quick response vehicles for persons who may need to be taken to the hospital due to suicide attempts or any other related help.

Treatment of person contemplating suicide.

28. (1) A psychologist, counsellor or social worker who has reasonable grounds to believe that a person sexually, physically or emotionally abused, is contemplating suicide or is suffering from a chemical or drug addiction or dependency may –

(a) counsel the person; and

(b) in the case of a child –

(i) counsel the child with the child's consent only when they are trained and qualified to do so in the presence of an accompanying adult who is a third-party professional person or someone who the child trusts; or

(ii) counsel the child without the consent of the child's parents only when they are trained and qualified to do so in the presence of an accompanying adult who is a third-party professional person or someone who the child trusts:

Provided the parent is informed of the counselling and of the person who is the accompanying adult.

(2) A medical practitioner who has reasonable grounds to believe that a person who is sexually, physically or emotionally abused, is contemplating suicide or is suffering from a chemical or drug addiction or dependency may-

(a) treat the person or refer the person to a psychologist; and

(b) in the case of a child –

(i) provide written advice to the child's parents of the treatment given to or needed by the child including referral of the child to a psychologist; or

(ii) rely on a written statement of the child containing proof that the child has the capacity to consent to the child's own treatment under this section and treat the child or refer the child to a psychologist.

(3) The medical practitioner, psychologist, counsellor, or social worker shall report the abuse to the police, Child Care and Protection Agency for further investigation and to the Commission for follow-up care, treatment or rehabilitation, as the case may require.

Parent, teacher and employer to refer persons to counselling; follow-up care and support.

29. (1) Any parent, teacher, employer who has knowledge that a person has attempted suicide or is contemplating suicide shall refer that person to the Commission or a Centre for counselling.

(2) The Commission shall provide care, treatment and rehabilitation to a person who attempted suicide to reduce the risk of recurrence of attempt to commit suicide.

(3) The Commission shall provide a system to give patients follow-up care and support.

Medical practitioner, psychologist, etc. not liable.

30. A person who is a medical practitioner, psychologist, counsellor, or social worker and is qualified to counsel a child or person is not liable for damages except where the damages resulted from the person's negligence or wilful misconduct in counselling the child or person.

PART VI

OBLIGATION TO REPORT TO AUTHORITIES

Obligation to report to authorities.

31. (1) A person who is a witness to a suicide or an attempted suicide or is aware that a person has attempted suicide or is aware that a person has been poisoned or suspects that a person may have been poisoned shall immediately call the emergency services and get the person to the nearest medical facility.

(2) The person in charge at a medical facility at the time a person under subsection (1) is taken there shall immediately report the attempted suicide, poisoning or suspected poisoning to the police, the Commission and, where it is a child, the Director of the Child Protection Agency.

(3) The person who made the report shall report all information in the person's possession.

(4) The police officer shall investigate the matter promptly and inform the Director of the Commission and, in the case of a child, the Director of the Child Protection Agency of the findings of the investigation.

(5) A person who fails to comply with subsection (1), (2) or (3) commits an offence and is liable on a summary conviction to a fine of two hundred thousand dollars and to imprisonment for three months.

Medical facilities, emergency services, police and mental health workers to report.

32. (1) Hospitals and other medical facilities, emergency services and police departments shall report any observed or documented suicide ideation, suicide attempt and completed suicide to the Commission within twenty-four hours of its discovery so that the Commission can arrange counselling for the survivors of suicide and other related persons.

(2) Mental health workers must report to the Commission all patients with suicidal ideations, suicidal intent, suicide attempts and refer such patients for specialist care of a psychiatrist.

Court ordered mental health treatment.

33. Where the court finds that a person is mentally ill in accordance with the provisions of any law on mental health and on reports of physicians and mental health specialists, and as a result of that mental illness the person is likely to commit suicide or inflict serious physical self-harm, the court may order that the person receives temporary inpatient mental health treatment.

PART VII

MISCELLANEOUS PROVISIONS

Offences to aid and abet suicide.

34. (1) Any person who –

(a) counsels;

(b) procures;

(c) aids; or

(d) abets,

another person to commit suicide commits an offence whether or not the other person commits or attempts suicide.

(2) A person who commits an offence under subsection (1) is liable on conviction on indictment to a fine of two million dollars and to imprisonment for ten years.

Use of reasonable force to prevent suicide.

35. (1) A person is justified in using reasonable methods including reasonable force against another person where the person, in good faith and not having succeeded in peaceful communication methods, reasonably believes that force is the last resort and immediately necessary to prevent the other person from committing suicide or inflicting serious physical self-harm.

(2) In this section "reasonable method" means a method or force that may be used to protect and control someone who does not have the capacity to act to protect themselves and prevent them from causing harm to themselves.

Confidentiality of identifying information.

36. The members of the Commission and medical personnel and staff of Commission and Suicide Prevention Centres shall keep information confidential; identifying information shall not be disclosed and can only be used for statistical reporting and data analysis.

Regulations.

37. (1) The Minister may make regulations that may be necessary for the efficient functioning of this Act.

(2) Penalties provided for offences in the regulations shall not exceed a fine of two hundred thousand dollars and imprisonment for more than two years.

Repeal.

38. (1) Sections 95 and 96 of the Criminal Law (Offences) Act are repealed.

Cap. 8:01

Cap. 8:02

(2) Section 202 of the Summary Jurisdictions (Offences) Act is repealed.

Explanatory Memorandum

This Bill seeks to provide measures to fight the exceptionally high number of occurrences of suicide that have plagued our society for decades.

Part I which includes **Clauses 1 and 2** of the Bill deals with the preliminary matters pertaining to the Bill. Clause 2 sets out the definition of key terms used throughout the Bill.

Part II includes **Clauses 3 to 10**. **Clause 3** provides for the establishment of the Suicide Prevention Commission. **Clause 4** sets out the composition of the Commission that includes the Chief Medical Officer, the Chief Psychiatrist, the Director of the Childcare and Protection Agency established under the Children and Protection Agency Act No. 2 of 2009 and members appointed by the Minister including a representative of the indigenous community, nominated by the National Toshaos' Council and a representative of each the Muslim, Hindu and Christian community, nominated by the Muslim, Hindu and Christian organisations.

Clause 5 outlines and describes the functions of the Commission, which functions include the preparation of a National Suicide Prevention Plan, the planning, design and implementation of public programmes to reduce suicides and attempted suicides in the country, the establishment of Suicide Prevention Centres across Guyana and, sensitisation and awareness training on suicide prevention for human resource personnel.

Clause 6 empowers the Minister to give policy directives to the Commission with respect to the carrying out of its functions. **Clause 7** provides for staff and resources needed to execute the functions of the Commission. **Clause 8** provides for the financial funding of the Commission. **Clause 9** provides for the procedural operation of the Commission and sets out the number of times within which the Commission shall meet in every calendar year.

Clause 10 makes mandatory, the provision of an annual report by the Commission to the Minister detailing the performance of its functions during the preceding calendar year. The report though not limited to, shall include an overview of the suicide situation in the country and the countermeasures taken and their impact.

Part III includes **Clauses 11 and 12**. **Clause 11** provides for the preparation of the National Suicide Prevention Plan and details its contents. The Plan shall include an overview of suicide in Guyana, with a view of ascertaining, who are the persons dying by suicide, the methods

used and who are at high-risk for suicide; provisions specifically address the prevention of suicide among priority population groups and the education and training of people in relation to suicide prevention. **Clause 12** provides for a review of the Plan.

Part IV includes **Clauses 13 to 23** dealing with Mental Health Promotion and Care. **Clause 13** seeks to provide for the collaboration and cooperation amongst all levels of the government, society and the Commission so as to comprehensively and effectively implement suicide countermeasures. **Clause 14** makes provision for the training of human resources for the health sector on suicide prevention at all levels and sectors of society.

Clause 15 provides for the promotion of education and raising awareness regarding the maintenance of the mental health of people in professional occupations and schools, as well as other institutions. **Clause 16** provides for the government and private sector's participation and cooperation with the Commission in any suicide countermeasures that the Commission endeavours to implement for the promotion of mental health within schools and the workplace. **Clause 17** provides for the **development of framework for medical treatment offered to those at risk of committing suicide. Clause 18** imposes on the Commission a responsibility to provide appropriate support, including counselling, for survivors of suicide and families, friends and co-workers of suicide victims and to alleviate the serious psychological impact of such conducts on those individuals. **Clause 19** creates an obligation for survivors of suicide, their families and anyone affected by the experience to seek counselling.

Clause 20 seeks to ensure that there is no reporting of deaths by suicide or attempted suicide before the coroner approves the reporting. **Clause 21** makes provision for the contents of the report where a person has died by suicide or suspected suicide. **Clause 22** specifies the method of reporting. **Clause 23** provides a penalty of a fine of two million dollars where a body corporate commits an offence under **Clauses 20, 21** and **22.**

Part V deals with suicide prevention services and includes **Clauses 24 to 30. Clause 24** makes provision for outpatient mental health services and where a medical personnel believes that a patient is acutely suicidal the medical personnel shall refer the patient for hospitalization. **Clause 25** makes provision for the establishment of Suicide Prevention Centres across Guyana. The Centres shall provide support services including counselling services to suicide survivors, and relatives and close friends of that person or of a person who committed suicide or any person

in need of counselling in relation to matters of mental health. **Clause 26** provides for early identification, assessment and referral of persons at risk of suicidal behaviours for professional care and psychiatric treatment to counsellors, psychiatrists and medical practitioners at the Suicide Prevention Centres.

Clause 27 provides for the establishment of emergency telephone helplines and emergency quick response vehicles for persons requesting help in respect of suicide. **Clause 28** provides for the treatment of persons contemplating suicide. **Clause 29** confers upon any parent, teacher or employer who has knowledge that a person has attempted suicide or is contemplating suicide, a responsibility, to refer that person to the Commission or a Centre for counselling. **Clause 30** deals with the liability of a medical practitioner, psychologist, counsellor, or social worker owing to their negligence or willful misconduct when carrying out their duties under the Act.

Part VI deals with the obligation to report a suicide or attempted suicide to the authorities and includes **Clauses 31 to 33**. **Clause 31** provides that where a person in charge at a medical facility at the time when a person who has committed suicide or attempted suicide, or who has been poisoned or suspected of being poisoned, is taken there, the person in charge shall immediately report the suicide, attempted suicide, poisoning or suspected poisoning to the police, the Commission and where it is a child, the Director of the Child Protection Agency.

Clause 32 provides that hospitals and other medical facilities, emergency services and police departments shall report any observed or documented suicide ideation, suicide attempt and completed suicide to the Commission within twenty-four hours of its discovery so that the Commission can arrange counselling for survivors of suicide and other related persons.

Clause 33 provides for a court to order a person to receive temporary inpatient mental health treatment where as a result of that person's mental illness the person is likely to commit suicide or cause serious physical self-harm.

Part VII deals with the Miscellaneous provisions and includes **Clauses 34 to 38**. **Clause 34** provides a fine of two million dollars and imprisonment for ten years where a person counsels, procures, aids or abet another person to commit suicide. **Clause 35** seeks to exonerate persons who, in an attempt to prevent suicide, use reasonable force against the suicidal person.

Clause 36 provides that members of the Commission and medical personnel and staff of Commission and Suicide Prevention Centres shall keep information confidential; identifying information shall not be disclosed and can only be used for statistical reporting and data analysis.

Clause 37 provides for the regulation making power of the Minister.

Clause 38 repeals sections 95 and 96 of the Criminal Law (Offences) Act, Cap. 8:01, dealing with procuring or abetting the commission of suicide and attempt to commit suicide. It also repeals section 202 of the Summary Jurisdictions (Offences) Act, Cap. 8:02, dealing with attempt to commit suicide.

.....

Dr. the Hon. Frank Christopher Stanislaus Anthony, M.P.
Minister of Health