26 October 2018

The Secretary
House of Assembly, Parliament House
Hobart, Tasmania, 7000

Dear Secretary,

Re: House of Assembly Select Committee on Firearms Legislation and Policy

Please find attached my submission to the House of Assembly Select Committee on Firearms Legislation and Policy. This submission is further to my submission of 3 August 2018 to the Legislative Council's Select Committee on Firearms Law Reforms.

This submission is made pursuant to the House of Assembly Select Committee on Firearms Legislation and Policy (the Committee) term of reference (a) namely 'future firearms licensing regimes, including training'. This submission proposes a potential law reform idea in the firearms space based upon current available evidence.

If you have any comments or questions about either submission you are welcome to contact me.

Sincerely,

Samuel Diprose Adams

SUBMISSION TO THE

HOUSE OF ASSEMBLY SELECT COMMITTEE ON FIREARMS LEGISLATION AND POLICY

by

SAMUEL H. G. DIPROSE ADAMS

CONTENTS

I. SUMMARY

On average, 190 Australians, including 10 Tasmanians, commit suicide with a firearm every year. Up to 80% of all firearm deaths in Australia are suicides. Scholarly research identifies four key factors impacting firearm-related suicide. These factors are:

I. Stigmatisation of mental health issues
II. A lack of knowledge and/or understanding of mental health
III. Social isolation
IV. Firearm accessibility and familiarity

This proposal aims to address firearm-related suicide rates by addressing these four factors. The proposal has two parts:

1. Firearm owners must undertake, at their own expense, a Metal Health First Aid (MHFA) course upon application for, or renewal of, their firearms licence. The MHFA certificate would then be attached to their licence application or renewal.

   The benefits of this part of the proposal are:

   a. MHFA improves mental health literacy (i.e.: knowledge and understanding of mental health). This directly addresses the second factor impacting firearm-related suicide being a lack of knowledge and/or understanding of mental health.
   b. The increased knowledge and understanding builds participants' confidence to respond to metal health situations and as a result increases help-providing behaviour. For example, speaking with someone who might be experiencing a mental illness and then referring them to health and wellbeing professionals.
   c. With increased knowledge and confidence to respond to mental health situations people can actively promote positive mental health. This directly addresses the first factor impacting firearm-related suicide being stigmatisation of mental health issues.

2. Firearm owners must have an alternative storage option available for their firearm(s) in case they ever have concerns about their mental health. The alternative storage option must be with another person who has some control, but not complete control, over when the owner can access their firearms. Examples of alternative storage options include: a neighbour or relative (provided they are appropriately licenced and have the facilities), gun/sporting/collector club, or local firearms dealer.

   This part attempts to balance two competing factors:

   a. Access to firearms is a significant risk factor for firearm-related suicide and removing someone's firearms decreases this risk.
   b. Firearms can play a significant role in a person's sense of belonging (such as to a gun club) and so completely removing their firearms could increase social isolation. Social isolation is also a significant risk factor for suicide.

II. SCOPE OF THE PROBLEM

On 7 May 1996, just nine days after the Port Arthur Massacre, the newly elected member for Denison had the solemn honour of giving his first speech in Tasmanian Parliament. The Member outlined his vision for Tasmania through the key issues he sought to address. He said:

> So in this speech I just say that I think there needs to be a great deal better understanding and a great deal more effort put into recognising that mental health is as legitimate an area of study or health or of medicine as any other part of the health of our bodies; that the mind is albeit more complex and harder to understand, but just as much a part of us that can go wrong; that we can, whether it is temporarily or permanently, suffer from mental ill health. I think we greatly need to increase our understanding in that area.[1]

There have been significant improvements in Australia's understanding of mental health in the decades following Jim Bacon's maiden speech to Parliament. Society's understanding of depression, suicide, anxiety, and post-traumatic stress disorder have improved dramatically. Unfortunately, however, the increased understanding has not permeated society completely as there are still significant mental health challenges – particularly in the firearms space. The Australian Institute of Health and Welfare reports that 'almost 80% of firearm-related deaths in 2012–13 were due to suicide'.[2] In remote and very remote areas rates of suicide with firearms are '4 and 6 times higher'.[3] The following tables outline the number of suicides with a firearm in Australia and Tasmania as reported by the Australian Bureau of Statistics:

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deaths	**183**	**174**	**171**	**144**	**177**	**166**	**178**	**177**	**183**	**162**

Table 1: Deaths from intentional self-harm with a firearm in Australia from 2008-2017.[4]

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deaths	**9**	**9**	**5**	**13**	**13**	**5**	**7**	**9**	**10**	**9**

Table 2: Deaths from intentional self-harm with a firearm in Tasmania from 2008-2017.[5]

Preventing firearm-related suicides and promoting positive mental health amongst firearm owners is one of the most important, but challenging, issues facing firearm owners, legislators, and the community. Prevention is possible through addressing the risk factors for firearm-related suicide. Scholarly research identifies several factors that impact firearm-related suicide. These factors include: stigmatisation of mental health issues, a lack of knowledge and/or understanding of mental health, social isolation, and firearm accessibility and familiarity.

[1] Tasmania, *Parliamentary Debates*, House of Assembly, 7 May 1996, 45 (Jim Bacon).
[2] Australian Institute of Health and Welfare, 'Firearm injuries and deaths fact sheet' (fact sheet, no. INJCAT 187, Australian Government, 2017) 1.
[3] Ibid.
[4] Australian Bureau of Statistics, 'Underlying cause of death, All causes, Australia, 2008–2017' (statistics spreadsheet, 3303.0, Australian Government, 2018).
[5] Australian Bureau of Statistics, 'Underlying cause of death, All causes, Tasmania, 2008–2017' (statistics spreadsheet, 3303.0, Australian Government, 2018).

Stigma is frequently defined as 'a mark of disgrace' and when someone is stigmatised, such as from having a mental illness, the stigma means that individual is seen as an illness first and as a person second.[6] In other words, stigma is analogous to a label that people wear, but it is not a positive label. An article in the *International Review of Psychiatry* found that:

> One of the greatest public health-related obstacles in suicide prevention is the widespread stigmatization of mental health problems as well as the taboo surrounding suicide and the lack of knowledge regarding the identification of mental health problems, of suicidal communication, suicide risk and protective factors and treatment options.[7]

Stigmatisation discourages those potentially experiencing a mental illness from seeking treatment due to the risk of diagnosis and the subsequent stigma or label they may receive. It also discourages people from discussing and learning about mental health as it is taboo. The challenge that results is that:

> Due to the lack of knowledge about mental health problems, parents, other relatives and peers could misinterpret or completely fail to notice symptoms of mental ill-health, and in this way further reduce the afflicted person's treatment opportunities and perhaps even aggravate the condition.[8]

Family, friends, and peers play an essential role in promoting positive mental health through early recognition and intervention. Without the understanding and knowledge of mental health, coupled with a taboo or stigma, it can be enormously challenging for others to provide support and assistance. Social support is not just essential for knowledge and understanding of mental health, it is fundamental to reducing the risk of suicide entirely. The Melbourne School of Population and Global Health, and Mental Health First Aid Australia note that 'social isolation has been revealed to be one of the strongest and most reliable predictors of suicide'.[9] They explain that:

> As proposed by the interpersonal theory, suicide is considered to be influenced by three different components; behavioural, emotional, and social. The theory proposes that feelings of being a burden to loved ones (emotional), and feelings of social disconnection and lack of belongingness (social), result in suicidal desire.[10]

Whilst it may appear that firearm ownership and social isolation are not related, this is not the case as 'similar to driving, for some, firearm ownership and use are integral and enduring aspects of their life, closely bound to their identity, occupation and self-esteem. For them,

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[6] Department of Health, 'Stigma, discrimination, and mental illness' (fact sheet, Government of Western Australia, February 2009) 1.
[7] Gerg Ö Hadlaczky et al, 'Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis' (2014) 26(4) *International Review of Psychiatry* 467, 472.
[8] Ibid.
[9] Anna Ross, Claire Kelly, and Anthony Jorm, 'Re-development of mental health first aid guidelines for suicidal ideation and behaviour: A Delphi study' (2014) 14 *BioMed Central Psychiatry* 241, 242.
[10] Ibid.

losing a firearm licence may be especially distressing'.[11] When viewed from the perspective of a firearm owner who is a member of a gun club, or a farmer it becomes clear why taking away their firearms could further increase social isolation, and therefore, their risk of suicide. Increasing the risk of social isolation must be weighed against the fact that accessibility to firearms is also a factor influencing the risk of suicide. Research by Kunde et al studied the pathways to suicide by 18 male farmers in Australia and found that 'farmers in this study had ready access to, and familiarity with firearms, critical elements in determining the suicide method. Farmers in this study had been familiarised with shooting firearms from a young age'.[12]

Unfortunately, the solution to firearm-related suicide is not as simple as removing accessibility – even if there is a clear relationship between accessibility and suicide. The reason removing accessibility is not a feasible solution is because firearms are, especially for farmers, recognised tools of the trade. The proposed memorandum of understanding between the government, Tasmania Police, and the Tasmanian Farmers and Graziers Association declares that 'firearms are 'tools of trade' for primary producers'. Similarly, the 2007 Joint Standing Committee on Firearms Matters report states that 'the Committee found that firearms are a legitimate 'tools of trade' in primary production'.[13] For example, Kunde et al described how firearms are tools of trade when 'during drought, farmers reportedly needed to euthanise animals'.[14] By removing someone's tools of trade, they face potential exclusion and discrimination from current and future employers who require firearms as part of the job. This has potentially significant repercussions for their mental health:

> Individuals with mental health problems also face extensive discrimination and marginalization …. This can lead to unemployment, poverty and homelessness. These prejudices can carry significant adverse effects on those who are afflicted by reducing their well-being, self-esteem and quality of life. Prejudice and discrimination against individuals with mental health problems also has adverse effects on intimate relationships and for the families and friends of the afflicted.[15]

An alternative argument that has been advanced is that applicants for a firearms licence should be required to undertake a mental health assessment.[16] One advantage of this argument is that someone's firearms would only be taken away on the opinion of a health professional. This would, hopefully, prevent someone's firearms from being taken away unnecessarily. However, this argument does have drawbacks:

> Treating doctors may have potentially conflicting roles as both clinicians and evaluators of licence suitability. The latter may impinge on the objectivity of their decision making and rapport

[11] Anne Wand et al, 'Firearms, mental illness, dementia and the clinician' (2014) 201(11) *Medical Journal of Australia* 674, 677.
[12] Lisa Kunde et al, 'Pathways to suicide in Australian farmers: a life chart analysis' (2017) 14 *International Journal of Environmental Research and Public Health* 352, 364.
[13] Joint Standing Committee on Community Development, Parliament of Tasmania, *Firearms Act 1996 – Part 3, Divisions 1 and 2, Minor's Permits and the Granting of Permits to Acquire Firearms* (2007) 3.
[14] Kunde et al, above n 12, 12.
[15] Hadlaczky et al, above n 7, 472.
[16] For example: Wand et al, above n 11.

> with the patient. Additionally, patients may be reticent to disclose mental illness and homicidal or suicidal thoughts knowing it may affect their chances of obtaining or keeping a firearm.[17]

Another potential issue is the liability of a health and wellbeing professional who endorses someone's firearms licence application, but the person then uses a firearm unlawfully. More significantly than the issue of liability is the fact that a firearm owner might not know they have a mental illness if they do not know the signs or symptoms. For example, a firearm owner may experience two continuous weeks of feeling sad and not recognise that as a potential symptom of depression warranting a visit to their doctor. Without the knowledge or understanding of mental health it is not entirely clear how the firearm owner would know they need to seek professional assistance.

[17] Ibid 677.

III. THE PROPOSAL

Preventing firearm-related suicide through the promotion of positive mental health is an ongoing challenge for Australia and Tasmania. The issue of suicide and mental health is complex with many interrelated factors including: stigmatisation of mental health issues, a lack of understanding and/or knowledge of mental, social isolation, and firearm accessibility and familiarity. This proposal aims to promote positive mental health among firearm owners and decrease rates of firearm-related suicide.

The proposal here has two parts:

1. Firearm owners must undertake, at their own expense, a MHFA course upon application for, or renewal of, their firearms licence. The MHFA certificate would then be attached to their licence application or renewal.
2. Firearm owners must have an alternative storage option available for their firearm(s) in case they ever have concerns about their mental health. The alternative storage option must be with another person who has some control, but not complete control, over when the owner can access their firearms.

Part 1:
A new applicant for a firearms licence would be required to attach a copy of their MHFA certificate to their licence application. This could be affected through amending s 28(2) of the *Firearms Act 1996* (Tas) to include something to the effect of: '(g) contain a current Mental Health First Aid certificate'. Someone renewing their licence who has not previously completed a MHFA course or whose MHFA is about to expire would also be required to attach a copy of their current MHFA certificate to their renewal application. This could be affected by amending s 36C(2) of the *Firearms Act 1996* (Tas) to include something to the effect of: '(e) if the applicant does not hold a current Mental Health First Aid qualification'. This means that licence holders must renew their MHFA every 3 years. There are short renewal courses available for those that are just seeking to remained accredited so there is no need to recomplete the full MHFA course every 3 years. The onus is on the individual to complete the MHFA course. It is not proposed here that MHFA courses form part of the mandatory Firearms Safety Training Course. Gun/sporting/collector clubs can play an important role in this proposal. It is envisaged that these clubs would have some of their members accredited to deliver the course. This would enable these clubs to deliver the MHFA courses to their members. Providing MHFA courses could be an additional revenue stream to clubs who can then reinvest the revenue into other initiatives that promote positive mental health – such as providing alternative storage spaces as proposed in Part 2.

Part 2:
The alternative storage option is, in essence, that firearm owners must know someone who can store their firearms for them if they no longer feel comfortable having access to their own firearms. Put simply, the owner can store their firearms with someone else (who is appropriately licenced) in case the owner starts experiencing mental illness but does not want

to take the potentially drastic action of selling or surrendering their firearms. This location must be somewhere that the owner feels comfortable storing their firearms if they are experiencing mental illness. Some examples of alternative storage options include: other firearm owners (such as neighbours, relatives, or friends), clubs, or dealers. The alternative storage option is entirely owner-driven. It is designed, in part, to reflect the high level of individual responsibility imparted onto those granted a firearms licence. Ultimately the choice for an owner to store their firearms with someone else is their decision. It is proposed that something similar to the following be added to the Permit to Acquire form:

> *Do you know someone who can lawfully store this firearm for you if you ever feel concerned for your safety?*
>
> ☐ Yes
>
> ☐ No

The question proposed here is far from perfect. The final question would need to be drafted in consultation with firearm owners, Tasmania Police, and health and wellbeing professionals. The intent of the question is to make the firearm owner, whether applying for their first or tenth firearm, turn their mind to the question of alternative storage options. If, after the MHFA course, the firearm owner recognises that they are developing the potential symptoms of mental illness but do not want to overreact and surrender or sell their firearms, then this is when they use their alternative storage option.

IV. MHFA OPERATION

Before outlining the reasons why requiring firearm owners to undertake MHFA would promote positive mental health and reduce firearm-related suicides, it is worth briefly explaining how MHFA courses operate. Similarly to physical first aid courses, there are various providers and various courses for MHFA. The standard course is described as:

> …a 12-hour seminar delivered by trained presenters, which provides participants with evidence-based resources to provide help and appropriate referrals to people experiencing a mental health crisis (such as an episode of acute psychosis) or an ongoing mental health problem (such as depression). The underlying rationale of MHFA training is that people with mental health problems can be assisted by those in their social network, but that network members often lack the confidence and skills to provide basic help and appropriate advice.[18]

Importantly, MHFA courses are 'based on scientific evidence, established through comprehensive literature reviews'.[19] The courses are grounded in evidence-based research ensuring participants walk away with the most contemporary knowledge and understanding of mental health. It is important to note that, similarly to physical first aid courses, there are multiple providers and multiple courses covering different topics, of different durations, and targeted at different groups. For example, Mental Health First Aid Australia offers nine different courses ranging from the standard 12-hour course, to courses targeted at specific demographics (such as youth and the elderly), and specific problems (such as suicide and non-suicidal self-injury).[20] The majority of research relates to the standard course and so this proposal is based on the standard course rather than any of the specific courses. However, it is also possible for a future course to be developed that is specially tailored for firearm owners.

[18] Gina-Maree Sartore et al, 'Improving mental health capacity in rural communities: Mental health first aid delivery in drought-affected rural New South Wales' (2008) 16 *Australian Journal of Rural Health* 313, 314.
[19] Hadlaczky et al, above n 7, 468.
[20] Mental Health First Aid Australia, *Courses* (2018) Mental Health First Aid Australia <https://mhfa.com.au/courses>.

V. MHFA BENEFITS

MHFA has several benefits that directly impact the risk factors for suicide. The National Centre for Suicide Research and Prevention of Mental Ill-Health at the Karolinska Institutet in Sweden highlights these benefits:

> …. MHFA ultimately increases mental health literacy of the general population. As such, it induces a series of cascading effects, including improvement in self recognition, increased insight into one's own and others' emotional well-being, and enhanced mental health-related vocabulary, thus also counteracting stigma. All these effects are expected to lead to increased coping skills and improved confidence to render informed peer support. Importantly, results indicate not only changes in knowledge and attitudes, but also changes in the behaviour of those who attend the training. This is of major importance because it shows a pragmatic change in trainees who become more active in supporting those with mental health problems and suicidality.[21]

This quote identifies the three most significant benefits to MHFA. First, MHFA improves mental health literacy, i.e.: knowledge and understanding of mental health. The increased understanding and knowledge builds participants' confidence to respond to metal health situations and as a result increases help-providing behaviour. This is the second major benefit. With increased knowledge and confidence to respond to mental health situations people can actively encourage positive mental health which combats the stigma and negative attitudes around mental health. These benefits are consistently identified in scholarly research. For example:

> Following a systematic literature search, more than 590 papers were analysed by three reviewers independently, and a total of 15 articles were included. The results indicate that the MHFA programme can be considered effective in increasing knowledge regarding mental health problems.[22]

It is important to note that the knowledge gained through MHFA relates to a wide range of topics. Whilst grounded in evidence and research, MHFA courses are focused on the practical, rather than theoretical, knowledge and skills to promote positive mental health. As noted by one article:

> The programme teaches adult members of the public how to provide assistance to someone who has a mental health problem or is experiencing a mental health crisis, until appropriate professional assistance is received or the crisis resolves. While suicide prevention is only briefly covered, this course has been found to be effective in providing the knowledge required to intervene and increasing helping behaviours.[23]

The sort of knowledge gained through MHFA includes:

[21] Hadlaczky et al, above n 7, 472.
[22] Ibid 471.
[23] Ross, Kelly and Jorm, above n 9, 243.

- How to identify the warning signs for suicide
- How to confidently support a person in crisis
- How to help the person stay safe
- How to connect someone to appropriate professional help.[24]

This knowledge is essential to recognising mental illness and promoting positive mental health. MHFA provides the skills for people to identify when someone is experiencing mental illness. Unlike physical health, which often has physical warning signs such as bleeding, bruises, or shortness of breath, mental health has much more subtle and varied warning signs. For example, feeling down or sad almost every day 'for more than 2 weeks' is a warning sign of depression potentially warranting a visit to a doctor.[25] Unless the person is crying it could be difficult to determine that someone is down or sad without speaking to them and knowing what questions to ask and how to ask them. This is why knowing the signs of depression, or any other mental illness, is especially useful if paired with the skills and confidence to approach someone and help support them until they can receive professional assistance. MHFA provides the skills and confidence to increase help-providing behaviour when it comes to mental health. As noted by a study conducted in rural New South Wales 'participants reported similar rates of contact with people with mental health concerns both before and after the MHFA seminars but felt more confident in their ability to help after training'.[26] Another study argues that their 'results show that the MHFA intervention is effective in increasing help-providing behaviour'.[27] MHFA provides the skills and confidence to approach and speak with people experiencing a mental health challenge. This increase in skills and confidence 'effectively decreases negative attitudes toward individuals suffering from mental health problems'.[28] As noted by the New South Wales study: 'reduction in stigma of mental health problems is a critical step in encouraging help-seeking, alongside building confidence and knowledge about mental health problems'.[29] With the skills and confidence to approach and speak with people experiencing a mental illness, mental health first-aiders are in a sound position to refer the person to a health and wellbeing professional if necessary. As noted at the start of this proposal 'mental health is as legitimate an area of study or health or of medicine as any other part of the health of our bodies' and as such requires professional assistance.[30] A mental illness requires the same level of response and care as physical injury or trauma.

[24] Mental Health First Aid Australia, 'Mental health first aid for the suicidal person' (flyer, Mental Health First Aid Australia, 2018).
[25] Department of Health, *Symptoms of depression* (2018) HealthDirect <https://www.healthdirect.gov.au/symptoms-of-depression>.
[26] Sartore et al, above n 18, 317.
[27] Hadlaczky et al, above n 7, 472.
[28] Ibid.
[29] Sartore et al, above n 18, 314
[30] Tasmania, *Parliamentary Debates*, House of Assembly, 7 May 1996, 45 (Jim Bacon).

VI. ALTERNATIVE STORAGE REQUIREMENT

This part of the proposal is an attempt to balance two competing factors. First, there is an established relationship between access to firearms and suicide. Close access to, and familiarity with, firearms increases the risk of suicide.[31] Second, firearms can increase a person's sense of belonging, which decreases the risk of suicide. If firearm owners have somewhere they can store their firearms that prevents easy access, but does not totally exclude them from using them, then the risk factor of access is decreased without increasing social isolation or removing the person's sense of belonging.

Access and familiarity with firearms shares a significant relationship with suicide. As noted by one study on access to different means of suicide:

> …reducing access to lethal means is one of few suicide prevention strategies for which there is convincing evidence… Specifically, there have been a number of studies showing that reducing the availability and accessibility of firearms…have been associated with a reduction in suicide deaths, with little evidence of means substitution.[32]

This means that reducing someone's access to firearms not only reduces their chances of suicide with a firearm, it reduces their chances of suicide entirely. A simplistic and ineffective solution to firearm-related suicide would be prohibit firearms. Ignoring the fact this solution would not work for those that require firearms as part of their employment, such as farmers, stock hands, or professional shooters, this solution is heavy-handed and may in fact increase a person's risk of suicide. A sense of belonging, whether as part of a family, school, workplace, or club, is a major factor in calculating a person's risk of suicide because 'as proposed by the interpersonal theory of suicide, increasing the sense of social connectedness and belongingness can reduce the desire to suicide and therefore the risk of carrying out suicidal behaviour'.[33] Prohibiting or removing someone's firearms cuts their connection with the firearms community and other sporting or collecting clubs. This could impact a person's sense of belonging and increase their risk of suicide. As observed earlier in this proposal 'similar to driving, for some, firearm ownership and use are integral and enduring aspects of their life, closely bound to their identity, occupation and self-esteem. For them, losing a firearm licence may be especially distressing'.[34] Requiring firearm owners to have an alternative storage location balances the risks associated with access with the importance firearms may play in someone's sense of belongingness.

[31] Allison Milner et al, 'Access to means of suicide, occupation and the risk of suicide: a national study over 12 years of coronial data' (2017) 17 *BioMed Central Psychiatry* 1, 1.
[32] Ibid.
[33] Ross, Kelly and Jorm, above n 9, 253.
[34] Wand et al, above n 11, 677.

VII. CHALLENGES TO THIS PROPOSAL

This proposal has several challenges, or drawbacks, that should be noted:

- The Australian Bureau of Statistics data does not state if the person had a valid firearms licence. This means that some of the firearm-related suicides might not be from licenced owners, or people connected with the licenced firearm community, and so requiring MHFA from licenced owners will not affect the suicide rate by unlicensed owners.
- In 2016 there were nearly 85,000 licenced firearm owners in Tasmania and 10 firearm-related suicides.[35] It is arguably too significant an impost on approximately 85,000 Tasmanians to require a MHFA certificate as part of a firearms licence application or renewal.
- Approximately 85,000 people doing a 12-hour course, excluding travel and preparation time, is 1,020,000 hours. From an opportunity cost perspective there might be a better use of 1,020,000 hours that produces more positive mental health results.
- There are potentially significant costs associated with attending a MHFA course; particularly for rural and regional Tasmanians. The cost of fuel or other transport, hiring someone to cover work or missing a shift to attend the course are all potentially significant – and perhaps even prohibitive – costs associated with MHFA. The solution to this challenge, as proposed here, is that gun/sporting/collector clubs have some of their members trained to deliver the MHFA courses. The clubs can then provide these courses where it is not economical or practical for traditional providers to do so; such as in rural and regional Tasmania.
- Requiring firearm owners to complete MHFA may lead to stigmatisation within the wider community. This conclusion could be drawn from the following logical fallacy:
    1. MHFA is for those experiencing, or likely to experience, a mental illness.
    2. Firearm owners must complete MHFA.
    3. Therefore, firearm owners are experiencing, or likely to experience, a mental illness.
- As noted under ‘MHFA Operation’ there are different courses offered by different providers. This would impact the consistency and quality of MHFA courses.
- This proposal does not address whether health and wellbeing professionals are sufficiently equipped to handle the added complexity associated with firearm owners who are experiencing mental illness. This submission strongly encourages further research and investigation into this matter.

[35] Philip Alpers, Amélie Rossetti and Mike Picard, *Tasmania — Gun Facts, Figures and the Law* (2018) Gunpolicy.org <https://www.gunpolicy.org/firearms/region/tasmania#number_of_licensed_firearm_owners>.

VIII. CONCLUSION

Requiring firearm owners to complete MHFA will increase knowledge and understanding of mental health whilst reducing stigma. This directly reduces two significant risk factors for firearm related suicide. MHFA has the added benefit of promoting help-providing behaviours. The alternative storage option attempts to reduce access to firearms without removing a sense of belonging or increasing social isolation. It is hoped that the benefits of MHFA will increase feelings of belongingness within the firearms community and reduce overall suicide rates. As one article notes: 'by increasing feelings of belongingness by connecting with the person, and by furthering this connectedness through linking them with additional social and professional support, others can play a central role in reducing suicide risk'.[36]

The proposal made in this submission is principally designed to start a public discussion on firearm-related suicide. There are many elements of this proposals that need to be worked out in consultation with key stakeholders including: firearm owners, Tasmania Police, the Parliament, health and wellbeing professionals, and the wider community. Gun/sporting/collector clubs can play an especially vital role in effecting this proposal. Clubs can become recognised MHFA providers, they can provide alternative storage options for their members, and they increase a person's sense of belonging. However, no clubs were consulted in the development of this proposal and it would be essential to consult them before any consideration could be given to implementation. This proposal should not be viewed as the complete solution to the challenge of firearm-related suicide. The complexity and ever-expanding knowledge of mental health requires ongoing evaluation and consultation:

> The requirement for continued research, regular reviews, ongoing evaluations and dissemination, and the sharing of experiences will all support the long-term sustainability of mental health promotion programmes and their role in enhancing the health and wellbeing of our communities.[37]

Based on current projections over the next ten years Tasmania is going to lose nearly 100 lives to firearm-related suicide. If legislators, firearm owners, and the wider community act now some of those deaths can be prevented, and countless lives can be both saved and improved. The topic of firearms legislation and gun control is often typified by its polemic and divisive debate. When it comes to firearm-related suicide it is essential that all stakeholders come together and adopt a collaborative and effective response. MHFA provides the skills to recognise the signs of mental illness, provide support, and refer to health and wellbeing professionals. These skills apply to all people – not just firearm owners. Behind every firearm owner is a network of family, friends, and co-workers, and each is just as vulnerable to mental illness as the firearm owner themselves. Mental health is not just about suicide, it is also about the untold amount of lives that live with mental illness. Whilst the focus of this proposal has been on reducing firearm-related suicide, more broadly it is about promoting positive mental

[36] Ross, Kelly and Jorm, above n 9, 242.
[37] Kate Byrne, Iain McGowan and Wendy Cousins, 'Delivering mental health first aid: an exploration of instructors' views' (2015) 17(1) *International Journal of Mental Health Promotion* 3, 19.

health. Positive mental health goes beyond the statistics of suicide, it is about promoting happiness and wellbeing for every mother, father, son and daughter in the community – whether they own a gun or not.