

30 June 2016

Ms Leanne Linard MP
Chair
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
BRISBANE QLD 4000

By email to: abortionlawreform@parliament.qld.gov.au

Dear Ms Linard

Re: Abortion Law Reform inquiry

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback to the Queensland Parliament's inquiry into abortion law reform. The RANZCP, as the key organisation representing the speciality of psychiatry in Australia and New Zealand, advocates for an approach to legislation that supports the best possible mental health outcomes for all.

In the submission attached, the RANZCP makes a number of recommendations for how termination of pregnancy legislation and services can support the mental health of the women who access them. In particular we recommend that:

- women who have contact with termination of pregnancy services should have access to counselling and support at every stage along the process
- women with particular support needs or risk factors should have access to services tailored to their circumstances, including women:
 - of Aboriginal and Torres Strait Islander background
 - who are culturally and linguistically diverse
 - who require a late termination
 - who have a serious mental illness.

If you would like to discuss any of the issues raised in the submission, please contact Ms Rosie Forster, Senior Department Manager, Practice, Policy and Partnerships via

Yours sincerely

Dr Malcolm Hopwood
President
Ref: 0352o

Royal Australian and New Zealand College of Psychiatrists submission
to Queensland Parliament's inquiry into Abortion Law Reform

June 2016

maximising opportunities for recovery

RANZCP submission to Queensland Parliament's inquiry into Abortion Law Reform

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand, and has responsibility both for the accreditation of training programs and the administration of examinations of medical practitioners for qualification as consultant psychiatrists, leading to admission to Fellowship of the RANZCP.

This submission has been drafted in consultation with RANZCP members with particular expertise and clinical insight into perinatal mental health. This includes extensive input from the Queensland Section of Perinatal and Infant Psychiatry and the Women's Health Expert Reference Group. For more background to the RANZCP's position on these matters please refer to the discussion paper '[Termination of pregnancy](#)' (RANZCP, 2011).

Key messages and recommendations

- Women's health, wellbeing, autonomy and welfare should be the central objective of abortion law reform.
- It is essential that women accessing pregnancy termination services have proper access to counselling and support at every stage along the process.
- Counselling should be affordable and accessible for all women.
- Some women will have particular care needs, including Aboriginal and Torres Strait Islander women, women who undergo terminations for foetal abnormality, women with serious mental illness and very young women. Accessible, affordable and appropriate mental health services are particularly important for these groups.

1. What policy objectives should inform the law governing termination of pregnancy in Queensland?

The central objective of law reform governing termination of pregnancy in Queensland should be the health, wellbeing, autonomy and welfare of the woman.

2. What legal principles should inform the law governing termination of pregnancy?

The RANZCP has no response to this question.

3. What factors should be taken into account in deciding if a termination of pregnancy is unlawful? (e.g. consent of the woman, serious danger to the woman's life, the woman's physical and mental health, other factors?)

While the RANZCP has no specific position on lawful or unlawful factors in relation to the termination of a pregnancy, we recommend that the woman's health and autonomy be central to termination of pregnancy policy. Women accessing termination of pregnancy services may present with particular vulnerabilities and factors which need to be taken into account.

Pregnancy can lead to the onset or relapse of mental disorders in some women (Bonevski and Adams, 2001). This population requires particular support should they access termination of pregnancy services, particularly as these women may be more vulnerable to experiencing an unwanted or unplanned pregnancy, and more likely to present for assistance later in their pregnancy.

Recommendations

- Women's health and autonomy should be central to termination of pregnancy policy.
- Women accessing termination of pregnancy services, particularly those who present with risk factors or vulnerabilities, should have ready access to affordable counselling and support services.

4. Should termination of pregnancy be regulated according to the period of gestation? If so, how should the law apply to particular gestational periods?

As above, the RANZCP does not have a position on the application of legislation, however we identify that in the case of late terminations psychiatrists and other mental health professionals can have an important role to play. Late terminations can be emotive and ethically challenging for women, their families and health professionals – the pregnancy may be wanted, the woman may have developed a strong attachment to the foetus, or the woman may have a serious mental disorder (RANZCP, 2011).

Recommendations

- Due to the complexities of late terminations, it is particularly essential that women have access to counselling and supports under these circumstances. Psychiatrists, and particularly perinatal psychiatrists, have an important role to play in this.

5. Should the law in Queensland provide for conscientious objection by health providers?

Working with a woman who wishes to terminate a pregnancy may invoke complex ethical issues for some psychiatrists. This may include a conflict between the psychiatrist's obligation to maximise their patient's wellbeing and respect their autonomy, or between their obligation to the patient and the psychiatrist's personal value system. Under these circumstances the psychiatrist should consider the particular circumstances of the patient and the difficulty of the decision to terminate. Professional ethics entitle a doctor to their own opinion, but do not permit the doctor to promote these viewpoints to their patient. When psychiatrists find themselves unable to treat patients because of their personal viewpoint, they should exclude themselves from this role but ensure they refer the patient so that they can receive appropriate care elsewhere (RANZCP, 2011).

Recommendations

- The RANZCP recognises the entitlement of doctors to their own opinion. If a health provider finds themselves unable to treat women accessing termination of pregnancy services it is essential that they refer the patient and ensure they are able to access appropriate services elsewhere.

6. What counselling and support services should be provided for women before and after a termination of pregnancy?

The potential for depression and other mental health issues associated with termination of pregnancy requires is still not well understood, and requires continuing consideration and research. Studies have found that in Australia, 15.2% of maternal deaths in 2004-13 occurred after a termination of pregnancy, with a portion of these likely to have been suicide (QMPQC, 2013).

Health services offering termination of pregnancy should provide mental health support as an integral part of their approach, and health professionals should be alert to the possible psychological sequelae following termination of pregnancy. Services should be holistic and appropriate to the woman's

background and particular risk factors or vulnerabilities. This should include routine follow-up by health practitioners after a woman's interaction with termination of pregnancy services. Women who are of Aboriginal and Torres Strait Islander background and who are culturally and linguistically diverse require access to services that are responsive to their particular cultural needs throughout the termination process. The *Queensland Maternity and Neonatal Clinical Guideline: Therapeutic termination of pregnancy* also provides useful practice points for providing psychological support in the care of women requesting and accessing termination of pregnancy services (QMNCGP, 2013).

Psychiatrists have a variety of roles in this respect. They may be required to assess the woman's coping ability and decision making capacity, particularly when the woman has a serious mental illness. Psychiatry services should also be available for the assessment and care of women requesting late termination of pregnancy, to assist the woman negotiate the decision-making process and to resolve ambivalence. Psychiatrists also have a role in follow-up and more ongoing support in the case of adverse psychological outcomes.

Obstetricians may also consult with psychiatrists regarding the risks to a woman's mental health if she were to continue with a pregnancy. Under these circumstances the psychiatrist should make recommendations based on the best interests of the patient.

Women whose capacity is impaired due to serious mental illness, including involuntary patients, will also require mental health support. The role of the psychiatrist here is to ultimately promote the woman's welfare and autonomy. Psychiatrists should encourage and support the active participation of the woman's family and carer when appropriate, taking confidentiality and cultural factors into account.

Recommendations

- Termination of pregnancy services should provide mental health support as an integral part of their approach, including routine follow-up.
- Aboriginal and Torres Strait Islander women, and those from other culturally and linguistically diverse backgrounds, should have access to mental health support that is appropriate to their cultural needs throughout the termination process.
- Women with pre-existing psychiatric disorders require appropriate support and care, whether they choose to continue with their pregnancy or terminate it. Liaison and collaboration between services will often be required, and families and carers should be involved where appropriate.

7. Please inform the committee about your views on any other aspects of the Bill and the terms of reference.

The RANZCP has no response to this question.

References

Bonevski B, Adams J (2001) *Psychological effects of termination of pregnancy: A summary of the literature 1970-2000*. Newcastle Institute of Public Health.

Queensland Maternal and Perinatal Quality Council (2015) *Maternal and perinatal mortality in Queensland: Queensland Maternal and Perinatal Quality Council Report 2015*. Queensland Health.

Queensland Maternity and Neonatal Clinical Guidelines Program (2013) *Therapeutic termination of pregnancy*. Queensland Health.

Royal Australian and New Zealand College of Psychiatrists (2011) Discussion paper: Termination of pregnancy. Available at:

www.ranzcp.org/Files/Resources/College_Statements/Practice_Guidelines/termination_of_pregnancy-pdf.aspx (accessed 22 June 2016).