



The Royal
Australian &
New Zealand
College of
Psychiatrists



South Australian Branch

12 June 2026

The Hon Kyam Maher MLC
Deputy Premier of South Australia
GPO Box 464
Adelaide SA 5001
By email: attorneygeneral@sa.gov.au

Dear Deputy Premier,

RE: Termination of Pregnancy (Restrictions on Terminations After 24 Weeks and 6 Days) Amendment Bill

We write on behalf of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to express our serious concerns about the *Termination of Pregnancy (Restrictions on Terminations After 24 Weeks and 6 Days) Amendment Bill* (the Bill).

The RANZCP opposes modifications to the existing *Termination of Pregnancy Act 2021* (the Act), which appropriately prioritises the health and wellbeing of the pregnant person and supports clinical decision-making based on individual circumstances. We support the [position](#) of our colleagues at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The RANZCP is particularly concerned that the Bill removes consideration of mental health from decisions regarding termination of pregnancy after 24 weeks and 6 days.

Mental health is not secondary to physical health. Contemporary medicine recognises that psychological suffering can be as serious, disabling and potentially life-threatening as physical illness. Mental and physical health are deeply interconnected, and legislation should reflect that reality.

The Bill risks disregarding the complex realities faced by pregnant people and their families. Severe psychological distress during pregnancy may include major depressive disorder, trauma-related conditions, psychosis, severe anxiety, suicidality, self-harm risk and other serious psychiatric illnesses. These circumstances require careful clinical assessment and individualised decision-making rather than exclusion from consideration under legislation.

We note that the sponsor of this Bill previously stated, in relation to a similar bill introduced in November 2025, that a pregnant person experiencing severe mental distress could receive care under the Mental Health Act 2009 (SA) (MHA). It is important to examine that proposition closely, as it reflects a misunderstanding of both the purpose of the MHA and the circumstances in which it can be applied.

To be subject to treatment under the MHA, a person must have a mental illness and impaired decision-making capacity. Many individuals' experiencing severe depression, trauma, anxiety disorders or other serious psychiatric conditions retain decision-making capacity. The absence of impaired capacity does not mean the absence of severe psychiatric suffering. Nor does it diminish the impact of that suffering on a person's wellbeing, functioning, safety or ability to continue a pregnancy.

- It is therefore unlikely that many pregnant people seeking termination of pregnancy on mental health grounds would meet the legal threshold for involuntary treatment under the MHA.
- Where the MHA is applied, the outcome may involve an Inpatient Treatment Order or Community Treatment Order. These are significant legal interventions that substantially affect a person's rights and autonomy. Such orders exist to provide treatment for severe mental illness where decision-making capacity is impaired, not as a substitute for appropriate reproductive healthcare.
- The RANZCP considers it highly unlikely that clinicians would view compulsory mental health legislation as an ethically appropriate response where a person's serious mental health concerns relate to continuing a pregnancy and could otherwise be addressed through existing lawful clinical pathways.

The proposed amendments also fail to recognise the substantial body of evidence demonstrating the importance of maternal mental health to both maternal and infant outcomes. Untreated or worsening mental illness during pregnancy can have significant consequences for the pregnant person, the infant and the broader family unit.

Legislative frameworks should support clinicians and patients to respond appropriately to these complex circumstances rather than narrowing the factors that can be considered. Terminations after 24 weeks and 6 days are exceptionally rare and occur only in highly complex situations. The existing legislative framework already requires specialist clinical assessment and careful consideration of individual circumstances. These decisions are not made lightly and involve detailed discussions between the pregnant person, their support network and appropriately qualified healthcare professionals.

Women's health, wellbeing, autonomy and welfare should remain the central objective of any legislative reform. Termination of pregnancy services should be safe, accessible, private and sensitive to the significant psychosocial stress often experienced by those seeking them. This is particularly important for groups who may face additional vulnerabilities, including people with pre-existing mental illness, young women, women experiencing family violence, Aboriginal and Torres Strait Islander women, and women from refugee and migrant backgrounds.

The RANZCP is concerned that the proposed amendments may expose vulnerable individuals to avoidable psychological harm. Forcing continuation of a pregnancy against the wishes of an individual experiencing serious mental health difficulties may contribute to prolonged psychological distress, worsening psychiatric symptoms, trauma and disruption to family functioning.

The RANZCP therefore urges Parliament to retain the existing provisions of the Act, which appropriately recognise mental health as an integral component of healthcare and allow clinicians and patients to make decisions based on the full range of relevant medical circumstances.

Should you have any questions or wish to discuss this matter further, please contact the SA Branch office at ranzcp.sa@ranzcp.org or on (08) 8219 4200.

Yours faithfully



Dr Astha Tomar

President

RANZCP



Dr Sylvia Lim-Gibson

Chair

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Dr Devon Marshman

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