

~~The bill that I am introducing today requires government agencies to consult with the GasFields Commission when developing policy and legislation relevant to the onshore gas industry. That requirement in the bill will be supported by administrative arrangements that ensure that the commission has a say in shaping relevant policies and legislation.~~

~~Under the terms of this bill, the GasFields Commission will also have the power to compel information from landholders, gas companies and other entities such as contractors. I considered this advice from commissioners and agree that this power is required to ensure that all necessary evidence would be available for the commission to perform its functions. The compulsory disclosure of all information ensures that the commission will have a complete understanding of any contentious issue and the bill provides that a penalty will be imposed for failure to comply.~~

~~The bill that I introduce today also provides for the Gasfields Community Leaders Council, a group made up of senior leaders from agricultural and community groups, local and state government and the CSG industry. This group provides a wider community representation to the GasFields Commission and will ensure that the commissioners' ideas are calibrated and community priorities are met.~~

~~The bill that I introduce today is unique in that it has been built from the ground up. It was shaped by landholders, community groups and industries. It was shaped by 55 submissions that were received during community consultation earlier this year. The chairman of the GasFields Commission, John Gotter, and the other commissioners have carefully reviewed all of those submissions, which have provided feedback and input. They have advised me of the functions and powers that the commission needs to get the job done. This bill is a compilation of what the community said was needed to ensure that the GasFields Commission not only was set up but also had the powers necessary to do the job. I thank all of those community representatives for speaking strongly and helping to shape this new body and for their input into the bill that I introduce into the House today.~~

~~Delivering legislation to support the work of the GasFields Commission was in the government's six month action plan for Queensland. Today, once again, we deliver on our promise. I commend the bill to the House.~~

### **First Reading**



~~**Hon. JW SEENEY** (Callide—LNP) (Deputy Premier and Minister for State Development, Infrastructure and Planning) (2.36 pm): I move—~~

~~That the bill be now read a first time.~~

~~Question put—That the bill be now read a first time.~~

~~Motion agreed to.~~

~~Bill read a first time.~~

### **Referral to the State Development, Infrastructure and Industry Committee**

~~**Madam DEPUTY SPEAKER** (Mrs Cunningham): Order! In accordance with standing order 133, the bill is now referred to the State Development, Infrastructure and Industry Committee.~~

## **QUEENSLAND MENTAL HEALTH COMMISSION BILL**

### **Introduction**



~~**Hon. LJ SPRINGBORG** (Southern Downs—LNP) (Minister for Health) (2.36 pm): I present a bill for an act to establish the Queensland Mental Health Commission and for related purposes, and to amend this act, the Mental Health Act 2000 and the Public Service Act 2008 for particular purposes. I table the bill and explanatory notes. I nominate the Health and Community Services Committee to consider the bill.~~

~~*Tabled paper:* Queensland Mental Health Commission Bill 2012.~~

~~*Tabled paper:* Queensland Mental Health Commission Bill 2012, explanatory notes.~~

Each year one in five Queenslanders experiences a mental illness, including substance use disorders, and almost one in two will experience it in their lifetime. Disadvantage and social exclusion caused by illness are often more disabling than the illness itself. This impacts on issues of housing, education, employment, criminal and youth justice, and child protection. This disadvantage and social exclusion also significantly impacts on carers, families and support persons. Clinical and other human services provided to people with mental health and substance misuse issues are often difficult to access and navigate and are often poorly integrated. The creation of the Queensland Mental Health Commission will provide for greater cooperation across government and non-government sectors; greater coordination and transparency of clinical services and other human services; promotion of

evidence based policy and practice; increased focus on outcomes, recovery, social inclusion and community wellbeing; enhanced focus on promotion, illness prevention and early intervention; and better targeting of vulnerable and disadvantaged groups.

The main function of the commission will be to develop a whole-of-government strategic plan for the improvement of mental health and limiting harm associated with substance misuse. This strategic plan will be used to guide funding, policy setting, service development and delivery; guide relevant government and non-government agencies in performing functions; aid the Director-General of Queensland Health as the system manager for public health systems in negotiating service agreements with hospital boards; and function as a cornerstone of a shared reform agenda. Achievement of wide-scale reform requires systematic and collaborative approaches with different agencies that provide different services across lifespan and consumer journey, all working together. The bill will include a number of reporting and reviewing mechanisms to ensure that government departments are appropriately engaging with the commission and supporting the implementation of the strategic plan. The bill will also establish the Mental Health Alcohol and Other Drugs Advisory Council to advise the commission on mental health and alcohol and other drugs issues.

023 The advisory council will be a key mechanism through which stakeholders will engage with and influence the commission. I acknowledge the support from stakeholders and the community in the development of this legislation and thank those participants in the recent consultation program for their valuable input and contributions. It is this cooperation and support from throughout government and the community that will underpin the commission's success in building and enhancing integrated and accessible mental health and substance abuse services across Queensland.

Two recent incidents of forensic patients absconding from The Park high security program whilst on limited community treatment highlighted insufficient capacity in the Mental Health Act to effectively and immediately deal with incidents that suggest a system issue. The bill makes a number of amendments to the Mental Health Act to rectify the shortfall and to: support the role of the director of mental health in administering the act by providing a power to suspend limited community treatment and investigate incidents which suggest a risk to a person or the public; provide target conditions to the limited community treatment of forensic and classified patients to assist with safe reintegration into the community; and enable the publication of identifying information about a forensic patient who has absconded from an authorised mental health service.

The amendments include a new power to provide the ability for the Minister for Health, if he or she forms the view that there is a significant risk to the life, health or safety of a person, or to public safety because of an incident or series of incidents, to direct the director of mental health to immediately undertake a review of the risk and determine any action that should be taken. Then the director, if he or she forms the view that there is a significant risk to the life, health or safety of a person, or to public safety because of an incident or series of incidents, may order a suspension of limited community treatment—or LCT—for a forensic, classified or section 273(1) (b) order patient or group of patients. The amendments also provide the authority for the director to review or require a review to be undertaken of treatment plans, approvals for limited community treatment and facility processes and protocols.

These new powers will provide the best opportunity to identify if there is an underlying problem at a facility that is facilitating or resulting in misjudging a risk of a patient absconding. A patient will be able to appeal to the Mental Health Review Tribunal if the patient believes that the director erred in forming a view that a significant risk existed or if the patient believed that the group of patients included under the suspension order was incorrectly defined.

The two incidents also highlighted the difficulties mental health facilities and the Queensland Police Service have in quickly locating and returning forensic patients who have absconded. Consequently, the amendments will build on existing provisions to provide for more specific conditions to enable monitoring of a patient's location while on LCT. These monitoring conditions may be applied by the director of mental health, or an appropriate delegate, and will only be applied where the decision maker considers that there needs to be greater monitoring of a patient's whereabouts whilst on LCT. The monitoring conditions will only be permitted to be placed on LCT for forensic, classified and section 273(1) (b) order patients.

Scenarios that may indicate a greater need to monitor the whereabouts of a patient on LCT may include when a forensic patient who has not had much LCT previously or has only had escorted LCT transitions to unescorted LCT for the first time. Monitoring conditions are to be considered as regular conditions under the act and will therefore be subject to review by the Mental Health Review Tribunal.

Finally, the bill eases a current prohibition on publishing identifying information about a forensic patient, which inhibited the police's ability to advise the community or receive assistance from the community to locate the recent two patients that absconded. It is currently an offence to publish such information. The bill adds a defence to this offence if the publication is considered to be in the public interest by the chief executive of the health department. This defence requires a public interest determination and therefore does not undermine the original purpose of the offence which is to protect forensic patients from unnecessary and unauthorised disclosure of confidential information.

In exercising any of the new powers, the director of mental health will still be bound by the stringent protections already in the Mental Health Act, which include that: the director is required to ensure the protection of involuntary patients' rights as far as reasonably practicable; and any adverse impact on a person's rights or liberties must be the minimum necessary and there must be no less restrictive means available. I would also like to stress that these amendments will only impact on patients who are forensic, classified or section 273(1) (b) order patients and will have no impact on other involuntary patients being cared for in the mental health system.

The intention of these amendments is not to interfere with the treatment of patients with a mental illness, but rather to add an extra set of safeguards to make sure that the use of limited community treatment supports patient care without placing the community at risk. The principles of the Mental Health Act seek to find a balance between the need to provide a safe and effective environment for the treatment of involuntary patients and their reintegration into the community, and the safety and rights of others. These amendments attempt to assist that balance. I commend the bill to the House.

### First Reading



**Hon. LJ SPRINGBORG** (Southern Downs—LNP) (Minister for Health) (2.46 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

### Referral to the Health and Community Services Committee

**Madam DEPUTY SPEAKER** (Mrs Cunningham): Order! In accordance with standing order 131, the bill is now referred to the Health and Community Services Committee.

## ~~HEALTH PRACTITIONER REGISTRATION AND OTHER LEGISLATION AMENDMENT BILL~~

### Introduction



~~**Hon. LJ SPRINGBORG** (Southern Downs—LNP) (Minister for Health) (2.46 pm): I present a bill for an act to amend the Ambulance Service Act 1991, the Child Protection Act 1999, the Commission for Children and Young People and Child Guardian Act 2000, the Disability Services Act 2006, the Forensic Disability Act 2011, the Health Act 1937, the Health Practitioners (Professional Standards) Act 1999, the Health Practitioners (Special Events Exception) Act 1998, the Health Quality and Complaints Commission Act 2006, the Hospital and Health Boards Act 2011, the Integrity Act 2009, the Public Health Act 2005, the Public Service Act 2008, the Queensland Civil and Administrative Tribunal Act 2009, the Queensland Civil and Administrative Tribunal Regulation 2009, the Radiation Safety Act 1999 and the Victims of Crime Assistance Act 2009, for particular purposes and to repeal the Dental Technicians Registration Act 2001, the Health Practitioner Registration Boards (Administration) Act 1999 and Speech Pathologists Registration Act 2001. I table the bill and the explanatory notes. I nominate the Health and Community Services Committee to consider the bill.~~

~~Tabled paper: Health Practitioner Registration and Other Legislation Amendment Bill 2012.~~

~~Tabled paper: Health Practitioner Registration and Other Legislation Amendment Bill 2012, explanatory notes.~~

~~Dental technology and speech pathology are the only remaining professions registered under the original Queensland health practitioner registration scheme. All other health professions previously registered in Queensland have now transitioned to the National Registration and Accreditation Scheme for the health professions. These two professions have not met the criteria for national registration under the national scheme and Queensland is the only state to register them. Aside from a short time in the Northern Territory, no other Australian jurisdiction has registered speech pathologists. Jurisdictions that registered dental technicians abolished registration by 1 July 2010, after it was determined that this profession would not be transitioning to the national scheme.~~

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~~When considering these professions for national registration, the Australian Health Workforce Ministerial Council deemed dental technicians and speech pathologists to have either a very low or no risk to the public and the cost of regulation therefore outweighed any possible benefits to the public. Continued registration of these professions in Queensland is therefore inconsistent with the principles of national registration and is out of step with other Australian jurisdictions.~~

~~The scheme also adds a regulatory burden to dental technicians and speech pathologists, who are required to pay for registration to practise their profession in Queensland. In other states and territories, these professionals may practise without these regulatory costs. Abolishing registration will~~