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HEALTH AND COMMUNITY  
SERVICES COMMITTEE

Mr Trevor Ruthenberg MP  
Chair  
Health and Community Services Committee  
Parliament House  
George Street  
BRISBANE 4000

Dear Mr Ruthenberg

Thank you for your letter of 30 November 2012 inviting me to make a submission on your committee's examination of the *Queensland Mental Health Commission Bill 2012*.

As a matter of principle I support the establishment of the Queensland Mental Health Commission as provided for in the Bill. Unfortunately however, I am of the view that, from a Whole of Government perspective, the bill and the policy behind it, whilst laudable, is too narrowly focused on the perspective of service delivery to the defined group [mental illness and substance abuse disorders] rather than looking at a grouping in the community that has similar needs to individuals who come within such a grouping and then devising whole of government methods for delivering services to satisfy the needs of all such individuals no matter how they are categorised..

Whilst acknowledging that there are, at times, inter-relationships between mental illness and substance abuse that would justify a commonality of approach to such situations, I would also suggest that there are also similar inter-relationships arising in the relationship between mental illness and areas such as intellectual disability, personality disorder, etc . A commonality in approach across all such areas as well would, arguably, reap similar benefits as is claimed will occur through the establishment of the Mental Health Commission for those persons and for the community.

There does seem to me to be a tendency by society and institutions to adopt a relatively narrow definition of what constitutes mental illness so as to justify the diversion of persons who do not fit within such narrow definitions into other areas of service delivery that may not be as well resourced to deliver services as the mental health area.



I instance the development of the Mental Health Court which deals with the impact of mental illness on persons charged with indictable offences but which does not deal with similar individuals who are defined out of mental illness but who have similar anti-social behaviour patterns to the mentally ill because of intellectual disability, personal behaviour disorders, etc.

Of course, even the Mental Health Court does not always deal successfully with the mentally ill, who together with the intellectually disabled etc, constitute a significant percentage of those who appear in the lower courts for non indictable offences. In many cases these are the persons who end up clogging our corrective service institutions as nothing is effectively done to address their problems when first coming to the notice of the system for relatively low level anti social behaviour.

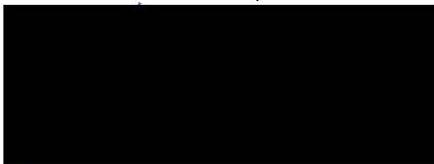
All too often failure to properly address issues at this initial stage of interaction with the criminal justice system leads to increased antisocial behaviour ultimately resulting in incarceration for long periods following the commission of serious criminal offences with consequent increased costs to both the community and the individual.

The bill continues to reflect what is arguably a Mental Health Silo approach to issues that range across more segments of the community other than those affected purely by mental health and substance abuse issues.

It is good that at least these areas will be better addressed by this bill but I firmly believe that much more could be achieved if Government broke down this silo approach and addressed issues from a broad community need not a public service institutional perspective.

Thank you for the opportunity to comment on this bill.

Yours Faithfully



Kevin Martin  
Adult Guardian  
Office of the Adult Guardian