

Mental Health Select Committee
Inquiry into the opportunities to improve mental health outcomes for Queenslanders
Email: mhsc@parliament.qld.gov.au

Dear Committee Members

It had not been my intention to make a submission to this Inquiry until I received a message from a Queenslanders whose life has been shaped by interactions with the mental health system saying: ***"I just want these bureaucrats to know how their ineptitude has real and devastating effects on people."***

This submission is informed by my experience first in assisting the WA Government to establish Australia's first Mental Health Commission in 2010 and subsequently as the foundation Mental Health Commissioner in Queensland 2013-2017 underpinned by an extensive understanding of how bureaucracies work, and don't work.

The attached comments point to opportunities for reform but before making these comments I stress that in my time in Queensland I met many people working in the mental health system who are dedicated, hard-working and act very clearly in the best interests of the people who have mental health issues.

The views expressed are my own and I confirm that there are no matters in this document that are not available by analysis of publicly available documents.

My contact details are [REDACTED] or [REDACTED]

Thank you for your time. I am happy to expand on any matters of interest to you.



Dr Lesley van Schoubroeck.

Introduction

This submission focuses on the following Terms of Reference:

- the economic and societal impact of mental illness in Queensland (a)
- the current needs of and impacts on the mental health service system in Queensland (b)
- how investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment (f)

It does not seek to highlight the positives but to comment with a focus on transparency and accountability.

Issues

The economic and societal impact of mental illness in Queensland

Others will tell you about the burden of disease. The burdens, though hopefully less numerous, that are less considered are:

- The impact on individuals who are mis-diagnosed and involuntarily treated in the mental health system
- The cost to the system and the impact on individuals who are detained longer than necessary in mental health wards, only being released as a review by the Tribunal becomes imminent
- The stigma associated with the seamless services for forensic and other mental health patients resulting in for example, all wards being locked to “protect society.”

There are individuals in Queensland who believe with that they have been unjustly treated by the mental health system in Queensland and can find no avenue for recourse. They have little confidence in the current structures and processes and do not see that any of the oversight bodies, all of which are administratively within Qld Health, are independent. I do not take a view on whether or not their views are justified, but it is true that not only must justice be done, justice must be seen to be done.

The approach of the mental health system and the child protection system to the plight of the survivors of Wolson Park¹ who were mis-diagnosed and involuntarily treated could only be described as collective blindness exacerbated by collective deafness until the Government awarded each survivor a substantial payment in 2016 after the matter was raised by the Mental Health Commission.

The current needs of and impacts on the mental health service system in Queensland (b)

I will highlight only two issues:

The forensic system

From my observations, the political and bureaucratic approach to risk within the mental health system in Queensland focuses on ‘community safety.’ This arises from the need for the same arm of government (the health department and within that, the Chief Psychiatrist and the Mental Health Review Tribunal, to oversee services and supports for both forensic and non-forensic patients. As a wise psychiatrist once said to me: “*Catatonic granny does not need to be treated with the same degree of caution as a serial killer.*” This is why a number of jurisdictions have separate legislation and oversight mechanisms for forensic services.

¹ This refers to women incarcerated as children in the 1960s and 1970s with criminally insane adults in Wolston Park and given an apology in 2010 with a promise for further consultation

The protection of the human rights of people being treated involuntarily within the mental health system

The QMHC website has a number of documents that review the human rights and mental health systems. [The Queensland Mental Health Act and Human Rights Project: Research summary](#) points to a system with good intentions but significant scope for improvement in many areas including systemic issues such as:

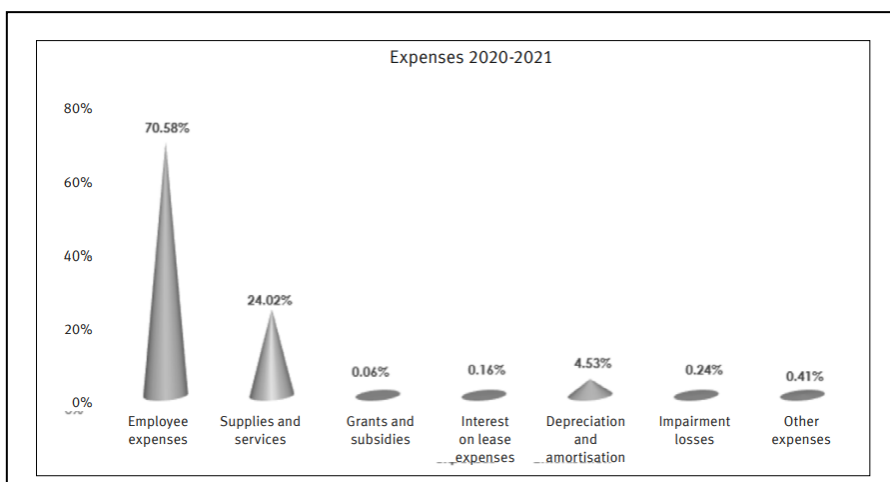
- Lack of coordination with the Office of the Public Guardian
- A culture more concerned with what might go wrong, rather than the ways people could direct their own recovery
- Access to and resourcing of Independent Patient Rights Advisors

When the Independent Patient Rights Advisor function was introduced into the Mental Health Act 2016, as Mental Health Commissioner, I argued strongly that it is difficult to understand how a mid-level officer can be independent of their employer. I did not accept that by having them report to someone outside the mental health area of the same HHS would somehow solve that problem. Once again, I reiterate that this is not a criticism of individuals in the roles but simply a fact of human nature that most people do not want to speak out against their employer.

Investment by the Queensland government

One of the driving forces for mental health commissions around Australia was to ‘stop them stealing our money’. There was a perception among mental health professionals that money allocated to mental health was not necessarily being spent on mental health. The Western Australian government sought to address this by excising mental health funding from the Health Department and creating a separate commissioning body for mental health, the WA Mental Health Commission. A 2019 Review² challenged the efficacy of that decision but in the end the WA MHC was maintained in its original functions. Despite the establishment of mental health commissions at the national level, in NSW and SA and a Mental Health Complaints body in Victoria, no other jurisdictions have adopted the WA model.

People expect the annual budget process and Estimates Committee hearings to shine a light on how Government money is allocated and how it is spent. However, under existing budget and reporting processes in Queensland, the Health Department reports what it allocates to Hospital and Health Services for Mental Health (ie State expenditure), but those same Hospital and Health Services are not required to report what they spent on mental health services. For example, North Metro Annual Report 2020/21 (p28) shows \$3.380 billion revenue in total and how it was expended (see graph). I understand that the move to reporting on Outcomes though laudable in many ways has meant that without a special Treasurer’s Instruction, a Health Service can have revenue of say \$338million (if mental health is 10% of total revenue) and not be required to account to



² [Review-of-the-Clinical-Governance-of-Public-Mental-Health-Services.pdf](#)

the Parliament or the public as to whether or not that money was spent for the purpose for which it was allocated.

Until the Government can be clear in a systemic transparent auditable way what it spends on mental health, it is difficult to consider investment – not that more money is not always welcome.

Options for reform

The following options for reform are focused increased transparency and accountability.

1 Consider ways to better understand investment within the public health system

As outlined above, there is no clear line of accountability to show what is invested in mental health and what is expended by mental health within the public health system. Discussion with the Office of the Auditor General and potentially with Mr Timothy Marney who was Under Treasurer in Western Australia prior to serving for a term as the Mental Health Commissioner may point to a way forward that does not require the significant and expensive structural reform undertaken in Western Australia.

2 Greater independence and simplification of government entities

The bodies with some interest in and responsibility for mental health and wellbeing include:

- Within Queensland Health:
 - Mental Health, Alcohol and Other Drugs Directorate (MHAOD) within the Health Department
 - Chief Psychiatrist within MHAOD*
 - Hospital and Health Services Mental Health Directorates and Forensic Mental Health Services
 - Mental Health Review Tribunal administratively attached to the Health Department*
 - Independent Patient Rights Advisors employed by Hospital and Health Services*
- Queensland Mental Health Commission – a statutory body reporting directly to the Minister for Health
- Health and Wellbeing Queensland reporting to the Minister for Health through a Board
- Health Ombudsman reporting to a Parliamentary Committee* but within the Health portfolio
- Public Guardian (including Community Visitors) within Justice and reporting to the Attorney General*
- Human Rights Commission reporting to the Attorney General*

Those marked with an * all have responsibilities for oversight and human rights protection of people subject to involuntary treatment. In several other jurisdictions the oversight functions within Qld Health are placed in/attached to other agencies within the Health portfolio or within the Attorney General's portfolio.

The health promotion functions of the Queensland Mental Health Commission and Health and Wellbeing Queensland would appear to overlap with the latter having a structure that is more independent of the Government of the day and therefore better placed to introduce long term reform.

A review of the roles and effectiveness of these entities may result not only in significant budget savings but also in better outcomes for Queenslanders.