



**Amy MacMahon MP**  
Member for South Brisbane



4 February 2022

Committee Secretary  
Mental Health Select Committee  
Parliament House, George Street  
BRISBANE QLD 4000  
**Via email: [mhsc@parliament.qld.gov.au](mailto:mhsc@parliament.qld.gov.au)**

**SUBMISSION - INQUIRY INTO OPPORTUNITIES TO IMPROVE  
MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS**

Dear Committee Secretary,

Thank you for conducting this inquiry into opportunities to improve mental health outcomes for Queenslanders.

Improving these outcomes is so vital to Queenslanders' wellbeing, as well as the resilience of our community and economy. Mental health has a huge intersection with other social support systems, like the health, housing and education sectors, as well as the drug and alcohol sector. As lawmakers, it is our responsibility to ensure these systems are strong, and properly funded.

People who work in the mental health sector in Queensland are clearly telling us what is wrong. People who are consumers in the mental health sector in Queensland are clearly telling us what is wrong. Since campaigning and being elected, everyday Queenslanders have been telling me what is wrong, and I'm sure this is the case for every member of Queensland parliament. And yet, funding for our mental health system, like funding for housing, health and education, is stagnating in Queensland.

The single most important thing that the Mental Health Select Committee can do is listen to what people with lived experience of mental health issues, and what people in the sector, are calling for, and recommend that it be fully funded.

In a state as wealthy as ours, as we recover from the COVID-19 pandemic and move towards high-profile state events such as the 2032 Olympic games, now is the time to invest properly in our social infrastructure. If we do so, this investment will pay dividends for years to come. But without meeting the needs of the mental health system right now, we risk incalculable costs to our community in the future.

Increasing state revenue from the big corporations who are making huge profits in Queensland, and who have been doing so long before the COVID-19 pandemic, is where to begin. By enacting options like a bank levy, developer tax and increased mining royalties, the government would raise billions of dollars to invest in universally accessible services and infrastructure, giving all Queenslanders free access to the services, communities and support they need.

### **An independent review into the Queensland mental health sector**

The Queensland government should fund a year-long, independent review into funding arrangements for mental health in Queensland, in line with what the sector has been consistently calling for. The current inquiry is a reasonable first step towards that outcome, and is well-placed to make that recommendation.

I wish to draw the Committee's attention to media reporting at the time the current inquiry was announced. In the Courier-Mail newspaper on 1 December, Royal Australian and New Zealand College of Psychiatrists Queensland chair Professor Brett Emmerson said of this inquiry: 'It's not what we were calling for'.<sup>1</sup>

The article reported that Professor Emmerson and others, including Queensland's Mental Health Commissioner Ivan Frkovic, had called for a longer-term systemic review to be undertaken by Mr Frkovic, taking a specialist look at the system to determine how to address the gaps.

Further, I note the extremely broad terms of the inquiry that the Queensland government has set, and the emphasis on factors beyond its control such as the National Insurance Disability Scheme and Commonwealth-funded services.

In line with calls by the mental health sector, which say that it is Queensland government funding, in particular, which warrants examination, this will be a focus of my submission.

<sup>1</sup>

<https://www.couriermail.com.au/news/queensland/health-minister-yvette-dath-announces-parliamentary-inquiry-into-queenslands-mental-health-service/news-story/b2ee5c12a28693338084d06d00473f62>

***Recommendation 1: the Queensland government should fund a year-long, independent review into funding arrangements for mental health in Queensland, with an emphasis on listening to those with lived experience of mental health issues.***

## **Queensland government funding for mental health**

It is obvious that the Queensland government has failed the public on mental health spending. In the wake of last year's budget, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) made this very clear.<sup>2</sup> They expressed their disappointment in the 2021-22 state budget, noting nothing substantial for mental health: 'the funding that has been announced are promises that have already been made in previous budgets are still yet to be delivered.'

At the public briefing for this inquiry on Thursday 20 January 2022, Associate Professor John Allan from Queensland Health pointed out that Queensland has one of the lowest per-capita expenditures on public specialised mental health services across Australian jurisdictions.<sup>3</sup> He pointed out that while per-capita public hospital and health spending has grown by 62 per cent since 2009, comparable mental health spending has grown by just 10 per cent. He said that 'demand for treatment and care through our HHSs (hospital and health services), funded NGOs and community-controlled organisations is greater than existing resourcing. Services are unable to meet existing need and keep up with this demand.'

The inevitable direct consequence of this is that unwell people miss out on help. The human and societal costs of this cannot be justified.

Associate Professor Allan, who is Executive Director of the Mental Health Alcohol and Other Drugs Branch in Queensland Health, went on to talk about how the COVID-19 pandemic has amplified the pre-existing stress in the mental health system: referrals for community treatment services increased by 12 per cent between 2019-20 and 2020-21, with referrals for adolescents increasing by 20 per cent. That same year there was a 97 per cent increase in adolescents presenting with anxiety, alcohol and drug problems.

Much has been made in the past year about the challenges and limitations in Queensland's hospital emergency departments. Combined with ambulance ramping, the issue has been something of a

<sup>2</sup> <https://www.ranzcp.org/news-policy/news/qld-govt-budget-fails>

<sup>3</sup> <https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/Transcript%20-%202020%20January%202022%20-%20MHSC%20-%20Briefing%20-%20Inquiry%20into%20the%20opportunities%20to%20improve%20mental%20health%20outcomes%20for%20Queensland.pdf>

political football. But as the Australasian College for Emergency Medicine said in 2018, many mental health presentations to emergency departments occur as a result of underfunding in community treatment settings.<sup>4</sup>

COVID-19 has only exacerbated these pressures. As Associate Professor Allan said, presentations to emergency departments with a self-harm or suicide diagnosis increased on average by 14 per cent each year between 2016-17 and 2020-21. Additionally, each year the Queensland Ambulance Service has seen an increase in the number of people calling triple 0 in a mental health emergency to over 60,000 in 2021.

The RANZCP calculated in late 2021 that Queensland needs a recurrent investment of between \$650 million and \$700 million per year. In the same article published at the time this inquiry was announced, Australian Medical Association Queensland president Professor Chris Perry called for extra funding to flow immediately, regardless of review timeframes.

On the intersectionality between mental health and housing, Mr Ivan Frkovic, Queensland Mental Health Commissioner, said in the public briefing for this inquiry: 'We could have a whole session on social housing. It is a critical aspect of good mental health. We built the Queensland government's *Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan* on four pillars: timely access to good clinical care; timely access to good psychological care; access to affordable housing; and access to employment and training. They are the four pillars of any good mental health system anywhere around the world.'

I have heard from countless constituents about the impacts that the current housing crisis - in terms of renting, public housing and household debt - is having on people's mental health. The options for public funding for our public services are clear. The government should consider solutions such as a bank levy, developer tax and increased mining royalties in order to ensure our mental health system, and public housing system, is funded to do its job.

***Recommendation 2: the Queensland government should commit at least \$700 million per year in recurrent funding for the mental health system, and should consider the obvious revenue-raising solutions such as a bank levy, developer tax and increased mining royalties in order to do so.***

## Early intervention and community-based mental health services

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<sup>4</sup> [https://acem.org.au/getmedia/0857d22e-af03-40bb-8e9f-f01a2a2bf607/ACEM\\_Mental-Health-Access-Block.aspx](https://acem.org.au/getmedia/0857d22e-af03-40bb-8e9f-f01a2a2bf607/ACEM_Mental-Health-Access-Block.aspx)

I have many constituents who have experienced the lack of access to community treatment, and terrible experiences in the mental health system as a result.

In the public briefing for this hearing on 20 January, Mental Health Commissioner Ivan Frkovic pointed out that it is not a strategy that Queensland lacks - it is action. And investment.<sup>5</sup> He stated that in the areas with particularly poor coverage of services, such as rural and regional places, providing community services is 'probably the best way to go, rather than waiting to get four, five, 10 or 20 beds into your hospital.'

He gives an example of where the evidence base and strategy need no further development, and it is simply action and investment required: if the government ensures a child's first 2000 days go well in terms of government and community supports, you have huge long-term savings in child safety, youth justice and educational outcomes. But we need to ensure our systems actually facilitate this, rather than just 'pockets of excellence.'

I want to reproduce some of Mr Frkovic's quotes in full because they are just so important:

- 'I do not think that beds are always the answer. Beds certainly are an important component of our mental health system, but if we just rely on the beds, then I think we have a challenge in terms of—as I said in my intro, we have, over time, and I think unintentionally, built a hospital-centric system when it comes to mental health, and ED seems to be the front door for all the mental health at the moment, particularly for people in crisis. We have to shift that. If we shift that, then I think there are more opportunities to better meet the needs of people, particularly in rural and regional parts of Queensland.'
- 'Would we say in a cancer treatment approach, 'Wait until you are in crisis then come and see us. Wait until you are stage 4 then come and see us.'? Would we ever say that in a physical health environment? In mental health we have to use that sort of analogy. When I am experiencing things early that is when I should be able to get access to supports rather than waiting until I am so unwell that I am in crisis, the ambulance needs to be called out, they need to transport me or at times the police may need to be called in to transport me to the emergency department.'

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<https://documents.parliament.qld.gov.au/com/MHSC-1B43/IQ-5DEF/Transcript%20-%202020%20January%202022%20-%20MHSC%20-%20Briefing%20-%20Inquiry%20into%20the%20opportunities%20to%20improve%20mental%20health%20outcomes%20for%20Queensland.pdf>

- '[P]eople are getting into treatment and support late rather than actually when things start to unravel. I think my colleague from the Ambulance Service spoke about people are in what we call in mental health a situational crisis. Things are happening at home: problems with finances, problems with domestic violence et cetera et cetera. That could trigger a whole range of mental health reactions for me. But if I do not get the support there, those things I deal with to a point where they become a crisis because I am not getting the support. So where do I go? Ambulance, police or ED. That is the trajectory. This is the problem with the system. It is late treatment. It is treatment at the more expensive side of the system rather than being able to go and see somebody like we talked about, these Head to Health centres, that I can go and see somebody when things start to unravel for me, where I am not in a crisis yet, but I am certainly heading that way, but I need some support to be able to deal with that.'

The Queensland Alliance Mental Health has consistently set out the need for the Queensland government to commit to long-term contracts for community mental health organisations to deliver vital services and create greater stability for the workforce and services at a time of great change.<sup>6</sup> They have called for these contracts to be for a minimum of five years, in keeping with other state government-funded community services.

***Recommendation 3: early intervention and community-based mental health services need to be prioritised for robust, long-term funding***

## **Case studies**

I want to share some stories from people in my electorate, about what the underfunding and fragmentation of our mental health system actually means for people in the community.

### ***E's story***

One of my constituents, 'E', has a long association with the area and corresponds with me with great ideas about a range of issues affecting the South Brisbane electorate. He has a psychosocial disability and has experienced the impact of a lack of community support, and inappropriate treatment in the mental health system.

<sup>6</sup> [https://qamh.org.au/wp-content/uploads/QAMH-STATE-BUDGET-SUBMISSION\\_FINAL.pdf](https://qamh.org.au/wp-content/uploads/QAMH-STATE-BUDGET-SUBMISSION_FINAL.pdf)

E recently wrote to me that '[w]e are now seeing the results of a failing health system where people in crisis who cannot afford private health cover are now dying in their own homes. Most recently I waited for more than 14 hours for an ambulance while being actively suicidal.'

One one occasion, he states he was 'sat on by police as a result of... asking to be "left alone",' then put in handcuffs, restrained by 8 to 10 officers, injected with dropiderol and masked against his will, transported to hospital and injected with ketamine. This was an extremely traumatic experience for him, and I understand that he has raised his concerns with the Queensland government. I do not know of any meaningful response.

### ***W's story***

W's mother approached me with her son's struggle to access effective support in the community.

W is a diagnosed schizophrenia patient at a closed care unit, and was supposed to be enrolled in a dedicated rehabilitation program with a view to him being well enough to take care of himself independently and to recover enough so as not to relapse and end up back in hospital, as has happened twice since 2019.

W has a very supportive family and partner, working very hard for him to reach this goal.

Unfortunately, ground staff at the unit have not been implementing the program, to W's detriment. They were not conscientious in ensuring he takes his medication correctly, and W is not at the point where he can confidently do this on his own. He has missed doses, including a monthly injection, as staff did not take him to his appointment.

The family remained hands-off for the first three months of W's stay at the unit, as recommended by the staff. After this time they noticed that W was slipping quite obvious with regards to his personal hygiene and environmental hygiene, even though 'unit clean and laundry' are clearly part of the program.

Despite meetings, emails and phone calls with staff, little progress was made in their implementation of W's program. The unit has now indicated it wants to discharge W, although he is not ready. Further, they will not assist W in his NDIS application, which it is necessary to progress in order for him to ever live independently.

It is tragic that facilities like these aren't resourced to help the vulnerable people in their care.

### ***A's story***

A has post-traumatic stress disorder, anxiety, depression, disordered eating and has self-harmed. Despite this, she has experienced the following gaps in government systems, worsening her mental health:

- After experiencing domestic violence, she faced a three-month wait to receive free counselling services. Instead, she funded her own counselling sessions at \$120 per session, after Medicare on a mental health care plan. Instead of doing a session per fortnight, she could only afford a monthly session.
- She couldn't afford to maintain her health insurance, meaning she has had to see her physiotherapist and chiropractor far less often: a few times per year instead of every three weeks as recommended. This has worsened her chronic pain from spinal scoliosis and pelvic injuries. Further, letting go of her health insurance has caused a problem with her gums, and she needs to save in order to see a dentist.
- Despite living with a domestically violent partner, she was not eligible for emergency funds from Centrelink in order to move out with her young child. Instead she had to stay in the home to save money.
- She had huge issues navigating eligibility for legal aid when separating from her abuser. She paid all legal fees out of pocket, including legal advice, mediation and court fees. She couldn't afford a lawyer in Brisbane, so she had to do everything via telephone with a lawyer in a neighbouring city. She notes the lack of free legal representation would make it very hard for folks to leave abusive situations.
- She now lives across the road from people living in a domestic violence situation, and has called the police several times in half a year out of concern for the woman and her child living there. The police have attended, but she feels like they do not take domestic violence seriously.
- Her child's daycare centre has multiple COVID-19 cases, but she needs to keep sending her child there in order to work.
- When she recently had COVID-19 symptoms, she couldn't obtain a rapid antigen test anywhere except the hospital. The hospital handed it to her and sent her home to use it, without any examination or treatment advice.



- Although her ex-partner signed her up for a car loan under duress, she has had to pay the debt off. She can't rely solely on public transport due to poor frequency, and safety during COVID-19, so she has to keep the car and the debt, making her mental health worse.
- The lack of renters' rights leaves her vulnerable to unsafe housing conditions. The amount of money she is spending on skyrocketing rents means she cannot afford a home deposit.
- Friends of hers report how low the rate of Jobseeker is, and many casual workers aren't eligible for Jobkeeper. It's very hard to find a new job in a market where employers have been laying people off and closing doors.

She says, in the submission to this inquiry which she shared with me: 'In short, the government needs to address systemic issues in order to tackle mental health. There is no one band aid that would fix this crisis, but there's so much that could be done easily and for a small percentage of our budget.'

She begs of the Committee, 'Please let me know that you care about people's mental health like mine.'

### ***Regional services***

Just this week, the ABC reported that young people on the Sunshine Coast have terrible access to proper health services for mental illness and drug addiction.<sup>7</sup> This is the case in almost every rural, regional and remote place in Queensland, with poor access for young people in urban centres as well.

The article concluded with wise words from University of Queensland psychology professor Judith Murray, who said the main issue is the privatisation of mental health.

She said the shift towards the privatised, diagnostic model of clinical psychiatry has reduced resources for counselling. As Australian Counselling Association CEO Philip Armstrong says in the article, there is a lack of accessible public mental health facilities and high gap fees charged by private practitioners. He notes that 'The more affluent you are, the more likely you are to get access to a mental health service against medicare.... That was not the way Medicare was designed - it was supposed to be the other way around.'

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<sup>7</sup> <https://www.abc.net.au/news/2022-02-01/mental-health-noosa-sunshine-coast-public-health-services/100709118>

As Judith Murray says, the government is 'better off dealing with prevention, early intervention... looking into poverty, abuse... and employment, housing, justice - and if you deal with those issues, you will significantly reduce the actual numbers of mental health cases.'

As critical as mental health funding is for our community's wellbeing, its intersection with other social supports is inevitable. It's time for the Queensland government to raise appropriate revenue so that all of these sectors can operate as they are meant to: mental health, health, housing, education, drug and alcohol services, employment and justice.

In particular, the links between mental illness and housing are stark. My response to submissions on the *Residential Tenancies and Rooming Accommodation (Tenants' Rights) and Other Legislation Amendment Bill 2021* documented stories from people facing insecure rentals, poorly maintained housing, rising rents, and invasions of privacy, and the impact these issues had on their mental health.<sup>8</sup> Household and mortgage debt are also drivers of mental illness.<sup>9</sup> This too intersects with the poor rates of JobSeeker, aged pension and the disability support pension.

In a state like Queensland, where the government is planning to spend billions of dollars on the Olympics, completely rebuilding the Gabba stadium, and subsidising mega fossil fuel companies, now is the time to invest in our community and what sustains it. If we do, this investment will pay dividends for years to come. But without meeting the needs of the mental health system right now, we risk incalculable costs to our community in the future.

Increasing state revenue from the big corporations who are making huge profits in Queensland, and who have been doing so long before the COVID-19 pandemic, is a key place to begin. By enacting options like a bank levy, developer tax and increased mining royalties, the government would raise billions of dollars to invest in universally accessible services and infrastructure, giving all Queenslanders access to the services, communities and support they need.

It's time for the big end of town to contribute to our community, and the only thing standing in the way of that is the level of political courage in the Queensland government.

The single most important thing that the Mental Health Select Committee can do is listen to what people with lived experience of mental health issues, and what people in the sector, are calling for, and recommend that it be funded.

<sup>8</sup> <https://documents.parliament.qld.gov.au/com/CSSC-0A12/RTRATROLAB-FEAB/cor-26July21.pdf>

<sup>9</sup> <https://www.abc.net.au/news/2019-08-27/mortgage-debt-causing-older-australians-distress-study-finds/11450958>

Please do not hesitate to contact my office on 3724 9100 if you would like to discuss this matter in more detail.

Kind regards,

A handwritten signature in black ink, appearing to read 'Amy MacMahon', with a stylized, cursive script.

Amy MacMahon  
Member for South Brisbane