



Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 23 March 1999

MINISTERIAL STATEMENT

Mental Health Act

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (9.48 a.m.), by leave: The Government is currently reviewing the Mental Health Act 1974. It is generally agreed that the Act is out of date and fails to reflect modern practice in treating mentally ill people. As most members are aware, there has been a significant shift in recent years to develop facilities and programs aimed at treating people with mental illness in the communities in which they live. I am pleased to say that the objective of this enlightened approach to mental health is something that has been generally supported on both sides of this Chamber, and I would hope a sensible approach to this issue continues as we proceed to develop and debate the new legislation. The fact is that one in five people will suffer from mental illness at some point in their lives.

Mr SPEAKER: Order! There is too much audible conversation in the Chamber. The members for Broadwater, Western Downs and Southport will desist from their conversations.

Mrs EDMOND: The overwhelming majority of these people will receive treatment, recover and go on to lead normal, healthy lives. It is a sad fact that a small number of mentally ill or intellectually disabled Queenslanders will commit offences.

I am concerned that one of the real weaknesses of the existing legislation is that it fails to cater for the needs of people and their families who have been the victims of mentally ill or intellectually disabled offenders. As part of the process of developing new legislation, there has been focused consultation with many groups and organisations, including those representing victims of crime. Following this consultation we have developed a discussion paper: Victims of Crime and the Mental Health Act, which I tabled earlier. Copies of this discussion paper will be distributed to each member of the Queensland Parliament and will be also distributed widely throughout the community.

I would urge all members to read the document, research the issue and make written submissions to Queensland Health so that they can have a direct involvement in developing the legislation that will eventually come before this House for debate. I would remind all members that this is a discussion paper, not a policy paper. It is the first step in developing a policy position that deals comprehensively with concerns raised by victims of crime. This is the first time any Queensland Government has tackled the specific issues of victims of crime in the context of the Mental Health Act.

There is no question that offences committed by a mentally ill person can have extensive and at times devastating effects on victims and their families. As part of the review of the Act we are seeking to address many of the genuine concerns raised by individual victims and groups representing them. For example, it asks if there is a role for Victim Impact Statements in proceedings under the Mental Health Act, as a way of ensuring that the views of victims and their families are appropriately taken into account. It also raises for consultation the issue of keeping victims and their families informed about significant decisions which are of particular concern to them, such as leave or release of the offender.

The paper also describes some current proposals that are of particular interest to victims of crime. For example, there has been community concern that a person may be able to malingering by pretending mental illness and avoid facing trial until prosecution is discontinued. The discussion paper

proposes that for "life sentence" offences prosecution would not be discontinued unless a person had continued to be unfit for trial for seven years rather than the current three years.

This paper is an important step in the review of the Mental Health Act. It does not endorse any proposal. It aims to promote a balanced public debate on what is a very complicated and sensitive issue.
