Speech by

Mrs D. PRATT

MEMBER FOR BARAMBAH

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MENTAL HEALTH BILL

Mrs PRATT (Barambah—IND) (3.13 p.m.): In rising to speak to this Bill, I am very conscious of the gaps in the current legislation that this Bill is endeavouring to fill. On reading the Mental Health Bill Explanatory Notes, I was transported back to my first couple of weeks in the electorate office. A very agitated man in his mid to late thirties came into the office and confronted me with his frustration at the lack of help available for people suffering a mental illness as he was. Here was a man who knew he was not coping in the way of the average man, knew he needed help to cope, had medical advice stating he needed help, had made appointments to see a psychiatrist and a psychologist and yet events conspired to prevent him getting that help. He was very concerned that, because of his agitated state, he may do something to his family or others. He loves his family but had no control over his emotions and, knowing this, he chose not to go home but to come to his local member and let out his frustration there in the hope of making his torment visible to those he hoped may address his need and that of the community.

Although this gentleman was willingly seeking treatment, his difficulty in obtaining that treatment not only reflects but highlights the need of many other communities. Governments must make mental health services available to people who need these services before they are pushed to the stage at which enforcement of voluntary treatment is necessary, which is an area that this Bill addresses.

The rural and regional areas need far better mental health services than they receive and this need has been an ongoing one. It is perhaps one of the more constant needs of many communities which are faced with growing diagnoses of depression and other illnesses which are the by-products of unemployment, drug abuse and other now common events of the late 20th century.

It has often been recorded that, in their lifetime, one in five people will suffer from some form of mental illness. Most members in this Chamber would be aware of or know of someone who has suffered the torment of a mental health condition and has availed themselves of mental health services. They are probably also aware that they may one day be among those mentioned in the one in five statistics.

Yesterday when I was asked by a seniors group visiting from the South Burnett what Bill we were debating, they thought it was very appropriate for politicians to be discussing this Bill as they felt that many in this House were appropriately qualified for the task.

I would like to read one letter from an individual who did seek treatment. Perhaps his desperation will be conveyed better in his own words rather than in mine. He says—

> "The ... requires the services of a residential psychiatrist and psychologist on a full time basis, or a weekly visiting mental health team with support in between appointments. The Kingaroy Community health service caters for an area covering the areas of Kingaroy; Nanango; Yarraman; Blackbutt; Bernakin; Cooyar; Wondai; Cherbourg; Murgon; Goomeri; Kilkivan; Proston; and many other towns, covering the area of approximately 4325 square kilometres which is to be covered by a small group of community health workers giving assistance to the visiting health team once a fortnight. Mental health is an important part of our lives"—

and he has underlined that—

"and the quality of our mental health service, in the form of resources and assistance may vary greatly between the city and the country, as the country is restricted to a visiting mental health team consisting of a psychiatrist, psychologist, and two social workers. These visits occur fortnightly with the exception of rain; sickness; holidays, which may cause a patient's treatment to be delayed up to 6 months.

These delays caused by cancellations or mismanaged appointment bookings can be very stressful to the patients and may produce adverse effects and set backs not only to patients but also to families. In the 16 weeks of the above date I myself have seen the psychiatrist once ... and I have waited to see the psychologist in the past 16 weeks ..."—

and will have to wait another four weeks—

"and may see him for the first time in the 20th week ... if these appointments are not cancelled again. Psychiatric patients who find this lack of support for their particular illness tend to be more stressed out or withdrawn, and this may have a detrimental affect the patient's family.

I there beseech the minister of health Wendy Edmonds to look into the mental health services for the area to help enhance and improve the quality of mental health treatment and provide support groups for both patients and families. Previously the visiting mental health team was from Bundaberg and the treatment was on a regular monthly basis but since the transfer of the visiting mental health to Toowoomba, the treatment by the visiting health team has been irregular, subjected to the whim of the weather and delays of up to 6 mos have been subjected to patients. As the waiting time between visits have changed from 4 weeks to 6 weeks, this has shown that there has been an increase in the number of people requiring psychiatric treatment. Since Toowoomba has taken over the roll of mental health in this area there has also been an increase in complaints to community health about the lack of mental health service. I therefore again plead to the minister of health Wendy Edmonds not only for myself but for all patients and their families for an improved quality in our mental health service for the surrounding areas."

One of the main complaints received has been that, even though people have willingly sought help, they have received only medication and no counselling. Although in many instances medication has been the appropriate course of action, the distress, disorientation and confusion associated with mental health can be as traumatic as any death in the family, any tragic accident or violent attack. Counselling is essential to address the mental traumas associated with the condition. As I have stated before, medication may very well be the solution, but the families who live with these sufferers every day feel counselling is a necessity.

I would like to read from a mother's experience when she endeavoured to obtain help for her adult son. She said—

"No psychiatrist who has seen my son over the past 5/6 years has actually counselled him. All the psychiatrists he has seen have only prescribed medication whereas the mental anguish needed to be dealt with. We found it impossible for my son to be eligible as a patient at any equipped psychiatric establishment we approached. Some establishments said we came under Toowoomba, so when we approached them we were told we were not able to go there because my son had been seeing a psychiatrist in Brisbane and therefore we would have to get my son in there. The reason my son had seen a psychiatrist in Brisbane was because he couldn't get treatment in our local area."

This mother goes on to ask the question: "Where can people like my son receive the psychiatric counselling they so desperately need? It is certainly not available to people who cannot afford to pay high fees."

Recently, White Wreath Day was launched in Brisbane. White Wreath Day was started by a mother who lost her child to suicide. Just like the hundreds and hundreds of families who also added a white wreath to hers in King George Square until it was covered with wreaths and looked like a white carpet had been laid, all had lost a son, a daughter, a mother, a father or a friend. There was no age limit on those who took their life and the manner was varied, as was the reason for taking it. We all ask why. What could we have done? Why did we not see what they were going through?

When it comes to mental health, it is a lot like the chicken and the egg. People addicted to drugs or alcohol suffer mental health problems. Do they drink or do drugs because they have a mental health problem or do they have a mental problem because they drink or do drugs? One might very well say, "Either way, it doesn't matter. They have a problem." I would agree, but there are instances where others do not.

It was reported to me that efforts were made to place into a psychiatric centre an alcoholic who reportedly drank because of depression. He wanted to go. He had made the big decision and needed help. In one instance, he was told he could not be admitted because he was not mentally ill; he was an alcoholic. In the second instance when a drug and alcohol rehabilitation centre was approached, he

was told he had a psychiatric problem and therefore had to go to a psychiatric hospital. I cannot tell members if this man overcame his problem or not because he has simply disappeared.

We again have the chicken and egg scenario with our youth. There is a critical shortage of detox and rehab facilities for young people who indicate that they are motivated to get clean. Workers in this sector are continually frustrated by the lack of facilities in Queensland, especially for people 16 years and under. There are virtually no beds available for the youth in our communities who need attention and supervision whilst undergoing treatment for depression, getting off drugs or other similar conditions. This is an unacceptable situation when our youth suicide rate is so high.

Governments need to recognise that perhaps there is a need for an holistic approach to addressing the issues of mental health and associated illnesses and addictions. This requires collaboration with workers who work the streets on a day-to-day basis. This does not mean Queensland Government health workers who only work nine to five on weekdays. Mental health is 24 hours a day, seven days a week. These workers cover a very large catchment and provide a worthwhile and essential service, but they do not possess the information or the on-street experience of workers in the funded agencies who provide a 24-hour a day on-call service. These people deal with the trauma and its subsequent impact on families and the community at any time of the day or night.

It is necessary to catch these problems and deal with them at a much earlier stage, which may limit the use of this legislation. Police, ministers of religion and crisis care agencies are continually frustrated by the lack of services and facilities available to treat people exhibiting mental illness as a result of drugs, alcohol and emotional or psychological abuses. These situations occur because Queensland Health has no after-hours services in rural areas and general hospitals are not properly equipped to handle these crisis cases. Mental health is a condition that needs attention immediately.

Delays in receiving treatment is a major contributing factor to pushing sufferers over the edge. We must endeavour to supply sufferers, carers and their families with support. The support needed is of a specialist nature and not everyone is suitable to dispense that support. There is a fine line to be negotiated when it comes to the rights of the person who is to be subjected to involuntary assessment and treatment, but there is also a fine line in protecting the rights of those who live or perhaps become the victims of those suffering a mental illness.

We in the rural areas ask for no more than that which is taken for granted by city residents. Too many times rural areas are treated as bridesmaids and never the bride when it comes to services. Treatment in specialist health services is often traumatic for rural residents to obtain. It often necessitates a trip to the city which is an added stress for the sufferer and exacerbates their condition. We have waited a long time for the lack of services to be addressed and we have been very patient.

Recently, John Howard was asked to reply to a comment from an interviewer that rural and regional feedback was indicating that the recent Budget did not address rural needs. Mr Howard replied to the effect that the Government would decide what rural communities needed. Well, excuse me! Until one lives, eats and breathes in rural areas, then and only then can anyone begin to understand the needs of the area. The last 10 years have had a great effect on rural areas and the mental condition of many of the people there. Policies we debate in this House such as NCP are adding to the stress and the survival of business operators, so they, too, may need health services sooner rather than later.

The days of residents west of the ranges having faith in their Governments to know what they need and actually believe that those needs will be addressed are gone. If Governments knew what was needed, they would not put into place many of the theories which are worked out on paper in back rooms and, when put into practice, actually decrease services in the bush. It is great that incentives which have been advocated for many years to address the doctor shortages are finally seeing the light of day, but it is not very beneficial when the telecommunication network used to procure those services does not live up to the promised equal or better service.

If Governments are expecting gratitude— don't! If they want to talk about mental health, I can tell them that, with high unemployment and having to wear the results of city-based bureaucrats and their ideas, it is a miracle that everybody west of the range does not need mental health services. This Bill does address a need. I congratulate the Minister on tackling what is a very difficult area of the health portfolio.