Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

Hansard 13 April & 17 May 2000

MENTAL HEALTH BILL

Miss SIMPSON (Maroochydore—NPA) (5.35 p.m.): One of the most significant health issues facing modern society aside from alcohol and drug abuse is in fact the nation's mental health. The 1993 Burdekin report found that in our community at least one in five will experience mental illness at some stage of their lives. A Bureau of Statistics report in 1998 stated that 17.7% of adults, almost one in six, had some form of mental illness in the previous year. The coalition will be supporting the Mental Health Bill with some important amendments, but I particularly wish to acknowledge the extensive work of consultation and preparation that was undertaken by the previous Health Minister, Mike Horan, and his staff and the former director of Mental Health, Dr Harvey Whiteford, as well as the current director of Mental Health, Dr Peggy Brown.

Before discussing the provisions of the Bill as well as my concerns about the funding implications and state of current services, I would like to focus on the significance of mental illness in the community. The World Health Organisation defines a mental disorder as "the existence of a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions". The Bill defines mental illness as "a condition characterised by a clinically significant disturbance of thought, mood, perception or memory".

The families and loved ones who know the effect of living with a mental illness when the illness is not under control will tell anyone that it can be devastating. Others, too, will talk about their pathway to wellness and the steps taken with the appropriate support to regain their quest for control over their lives. One report found that women were most likely to suffer from anxiety and depression and men from a dependence upon alcohol. In further information, a Bureau of Statistics report found that marital status was a significant factor, with 28% of separated or divorced people reporting a mental illness. This was almost twice the rate of those still married and slightly higher than those who never married.

Another major factor was unemployment, with more than one in three, or 34.1%, unemployed people reporting a mental illness. This was twice the national average. According to this report, the group with the best mental health were those who were neither in work nor looking for a job and people in full-time employment. The incidence of mental illness also fell sharply as people aged. More than one quarter of 18 to 24 year olds reported a mental illness last year compared with 5.5% of those people over 65. Drugs and alcohol appeared to play a major part in that, with 21.5% of young males reporting either an addiction to or harmful use of drugs and alcohol.

Suicide is a great tragedy in our community. It is a very final outcome for someone who is suffering a mental illness. In Queensland in 1998 some 579 people were recorded as taking their own lives. That figure is shocking enough, but in reality it is likely to be far higher given the anecdotal tales of people suiciding through road accidents. These fatalities, of course, are in the road statistics and not the suicide statistics. Statistics from the Australian Bureau of Statistics also show that 454 of the 1998 suicide figures were men and 125 were women. With regard to mental health in the community, for some sufferers it is a short-term experience. For others, it is a more chronic problem that severely affects their quality of life and daily functioning and also impacts upon the lives of their loved ones and community. There is a far greater understanding of the impacts of mental illness in all its complex manifestations in our community today than there was 20 to 50 years ago, but it is fair to say that there is still further to go.

I refer to the heartache of a parent whose child has been diagnosed with schizophrenia, for example, and their struggle to find treatment solutions and get back in control of their lives, or to the heartache of a child whose parent suffers from a mental illness, making home life a challenging arena as they struggle to understand their own identity and the weight of responsibility. There are many and varied scenarios that sufferers and their loved ones face.

There is also the increasing overlay of the use of illicit drugs or abuse of legal drugs with people who have a mental illness. Some workers in the field claim that there can be up to a 70% overlay between the existence of a mental illness and the abuse of drugs. This is a major problem, as is the conflicting service delivery models of the health profession and particularly the State Health Department. This is an issue that I believe needs to be addressed.

I believe further safeguards need to be looked at, in the legislation and in practice, to deal with this. For example, it may be that there is a need for further powers to detain people who are taken into a health facility for assessment under the Mental Health Act and who are found not to be mentally ill but intoxicated or under the influence of a drug. They are really not in a position to consent to treatment, yet they are not safe. If they were returned to a home situation or not admitted to a hospital or other treatment facility, they would be a harm to themselves. Unfortunately, there can be a breakdown in services. Somebody may have or may be suspected of having a mental illness but they also have problems to do with alcohol and drug abuse.

During our two short years in Government, the coalition State Government, under Health Minister Mike Horan, took a mental health service with the lowest per capita expenditure in Australia and started to rebuild it under the 10-year mental health plan. The 10-year mental health plan which Mike Horan took to Cabinet was focused on progressing mental health services throughout the State and provides an important blueprint for the planning of services with long-term as well as short-term horizons.

A significant move of the coalition was to quarantine mental health dollars. This is not just a moral issue; it is a legal one, due to the terms of the Medicare Agreement. Under the Goss Labor Government and then Health Minister Jim Elder, Queensland was clearly in breach in both of those areas. In fact, considering the findings of the Ward 10B inquiry, what is damnable is that an incoming Goss Labor Government stole money out of the mental health budget. Between 1992 and 1994, under the Goss Labor Government, funds were siphoned from mental health programs to fund other areas of health expenditure, with $1.8m of new funding—that was $1.8m of new funding intended for mental health—delivering only a $500,000 increase in actual mental health service funding. In other words, some $1.3m was siphoned out of mental health funds into other services.

The Ward 10B inquiry revealed shocking issues which had to be addressed, but what is unforgivable is that, following those revelations and recommendations, additional funding was taken elsewhere by a Labor Government. It was such an abysmal record that the then State Labor Health Minister, Jim Elder, was reprimanded by the then Federal Labor Health Minister, Carmen Lawrence, who raised her concerns about this issue with him in writing in 1995.

The history of the legislation is extensive, but it is important to note that the coalition Cabinet prior to the change of Government had given authority to prepare the Bill and the process was started after extensive consultation. It is interesting that this Minister, in bringing the legislation forward nearly two years after taking office, made the comment in 1998 in this Parliament that "all the work and all the consultation had been done before 1996, before the change of Government". Considering that in 1998 this Minister considered that all the work had been done, I wonder what she has been doing for the last two years. Two years later, essentially the same provisions have come forward, many of which we welcome. There are some differences which obviously are of concern and which I will seek to address with appropriate amendments.

In brief, the provisions of the Bill are well outlined within the Explanatory Notes, but some significant aspects of the Bill are the change from the Mental Health Tribunal to a Mental Health Court, the change from the Patient Review Tribunal to a Mental Health Review Tribunal and the change in the way evidence is handled in that Mental Health Court. The focus in this Bill is more and more on the supply of a mental health service in the community as a community-based treatment and on the need to recognise voluntary and involuntary treatment orders that take into account changing models of care. The current models of care options are very different from when the 1974 Mental Health Bill came before this Parliament. As I said, many aspects of this Bill were agreed upon during the time the coalition was in Government.

I think it is appropriate that at this time I outline some of the provisions we will be looking to amend. The first is the issue of the clash between the needs of treating someone with a mental illness and the needs of the victim of a person with a mental illness. Victims' needs are tragic and, unfortunately, have not previously been well addressed in law or in practice. There has been much discussion about the need to involve the victims of crime perpetrated by somebody with a mental illness. As I will outline later, the majority of people with mental illnesses are more of a threat to

themselves than to the community but, tragically, research shows that there is a high correlation between violent crime and mental illness. I stress: a majority of people with a mental illness are not a threat to the community.

The pain, fear and frustration of people who have been the victims of a violent crime committed by someone who suffers from a mental illness are well and truly on the record. This Bill seeks to establish a notification system for victims. I certainly welcome such a notification system so that victims have some concept of what is happening with a person who has been charged and who may be yet to face court, if they are found fit to stand trial at a later date, or who has been found to be of unsound mind at the time and detained in a treatment facility. However, I believe that the Government's provisions fall far short.

There is no provision in the Mental Health Bill to notify those victims of crime if somebody escapes from detention. There is no provision under the proposed notification orders to notify victims if somebody has gone AWOL. There are plenty of examples on the public record of this situation occurring. I will quote one of those. I believe that the stories of some of these victims of crime need to be noted for the public record. The Courier-Mail on 22 September 1999 reported the story of someone who was found not fit to stand trial. It states—

> "Claude John Gabriel was charged with murdering Janaya Clarke on November 1998 after he picked up her and two other female hitchhikers on the Gold Coast."

The article continues—

> "The murder charge was dropped after he was deemed to be suffering from schizophrenia and he was committed to the John Oxley Memorial Hospital for treatment in July. An autopsy found Ms Clarke, 17, suffered 13 knife wounds to the upper body in the frenzied attack. The incident has outraged victim support groups and Janaya's mother, Robyn Clarke. Gabriel left the hospital grounds at Wolston Park on Friday and was found about two hours later by staff hitchhiking along Ipswich Road."

Despite the fact that the Health Minister's office and prosecution staff had guaranteed that family that this could not happen, it did happen. We acknowledge that people going absent without leave from so-called secure facilities has been a problem. There is quite a well-documented problem in recent times of people going absent when they have been supposedly on escorted leave.

First, let us deal with this issue of notification to victims. This Bill does not give provision for notification to a victim if somebody escapes from detention in a mental health facility. We will be seeking to fix that in our amendments. Furthermore, our amendments will make provision for orders to be made for minimum periods of detention for forensic patients in a mental health facility. I am not proposing a mandatory period of detention but we intend to give the Mental Health Court judicial power to provide for that minimum period of detention in a mental health facility. This acknowledges that there has to be a balance of responsibilities. This will allow for the patient to be treated within the facility.

The coalition's amendments will provide for a toughening up of the provisions regarding escorted leave. Once again. I refer to articles on the public record concerning instances of forensic patients who have gone absent without leave. These are people who have been charged with an indictable offence. Once again, the victims of crime have not been notified. There is a need to toughen up the provisions in relation to that type of leave.

I have spoken with a lot of people who have had mental illnesses. I have also spoken with their families and the staff of these facilities. These are people who have a wide-ranging interest in this issue and are stakeholders in this matter. I am concerned to learn that so many people are allowed to go absent without leave. These are people who had a history of violence—sometimes only a month or two earlier. The victims have not been notified. There has not been sufficient accountability for the decisions that have been made about the level of security that is afforded to the person who has been granted leave from the facility. The coalition's amendments will provide for stricter criteria relating to escorted leave.

I want to refer to an article in the Sunday Mail of 7 March 1999. This was an article which was written by Chris Griffith. It was entitled Mental Patient Alert: Violent Offenders Among 37 Missing. It referred to the fact that dozens of mental health patients, including violent criminal offenders, had gone missing in Queensland. Among the 37 missing was dangerous schizophrenic Rosemary Helen Saibura who, in 1996, produced a steak knife from her bag and stabbed a stranger. It is obviously painful for people who have suffered in these cases to hear these facts repeated. This information is on the public record.

The article stated that the Queensland Health Department released statistics which stated that three of the 37 voluntary patients had disappeared from hospital grounds, one from day leave and seven from escorted excursions. The other 26 had disappeared while on extended leave to be treated in the community. All the missing persons had originally been held at the John Oxley Memorial Hospital.

It is one thing to talk about the rights of the victims and the rights of the community, but it is another thing to talk about the treatment of the people who have been put into these detention centres for treatment. These people go absent without leave and the people who may have suffered at the hands of these forensic patients are not notified. These patients are not in care and are not being treated. The provisions relating to people who achieve leave from these facilities must be much more strict.

The Bill should contain provisions which ensure that when an issue comes before the tribunal to review the treatment needs of the patient—they may be making application for leave or for different treatment—a range of evidence should be taken into consideration. Obviously the tribunal has the power to call certain evidence. I believe it is time that the professional standing of the mental health professionals who are treating and caring for our mental health patients in the mental health facilities needs to be taken into consideration. In its amendments, the coalition will be ensuring that not only are the reports made available to the tribunal, but the clinical notes of the mental health carers, including nursing staff who are professionals in 24-hour contact with the patients, are available to the tribunal. This will ensure that the best information is taken into consideration by the tribunal in considering the best treatment needs of the patient.

If the Minister makes a forensic order, it is imperative that she takes into account the seriousness of the offence and the protection of the community. This is a matter for the Mental Health Court and the Mental Health Review Tribunal when they make a decision.

I want to refer once again to the question of notification to the victim because much has been made by the Minister of the fact that the victims may be notified. This legislation is dreadfully flawed. For example, there is no way in which the department can be penalised if the person responsible does not fulfil the provisions of the notification order. In other words, if an officer of the department fails to notify the necessary person, there is nothing in this legislation which spells out the onus on the department. By contrast, the person whom the notification order is supposed to benefit— presumably the victim—could face a penalty order if they fail to comply with the notification order. I am shocked to think that we have a double standard here. This legislation contains no information with regard to the onus on the department and the implications if a departmental officer fails to notify someone who has a legitimate need to know.

The legislation does not contain provisions which deal with a patient being absent without leave from a detention centre. In contrast, the patient's victim in that case could face a fine of up to $3,000 if, in some way, the victim breached the conditions of a notification order. The provisions could be better framed in such a way that they still protect the rights of people who are forensic patients. There are better ways of balancing the situation and providing for the very real needs of the victims of crime who have lived through hell and who find that they are still living with that ongoing situation.

I want to address the issue of standards in the service. It is interesting to note that about five years ago an audit was undertaken of the facilities of the Mental Health Service. I call on the Minister today to guarantee that there will be an independent audit of the Mental Health Service, both operationally and financially. There is a great need to spend more money on mental health facilities. However, it is five years since the last audit was undertaken. That audit found that the Labor Government had not been spending the mental health dollars available on mental health services. The audit found that all mental health facilities which were audited did not meet minimum standards.

I ask the Minister to advise the Parliament of how many of the mental health facilities meet the minimum standard and whether she will support an independent audit of the mental health facilities in this State. It is important that we have an audit of the financial side of the delivery of care. This Government has siphoned off the mental health dollars. It is important that we have an independent audit of the way in which these dollars are spent. We need to spend more money on mental health, but it is not solely a question of the amount of money that is spent. We also need to know where it is spent and how it is spent to make sure that it gets to the area of service delivery.

Miss SIMPSON (Maroochydore—NPA) (12.08 p.m.), continuing: In resuming the second-reading debate on the Mental Health Bill, I first wish to briefly recap on my contribution from last month before the intervening recess of Parliament. The coalition is supporting this Bill, but with some important amendments. The coalition in Government was responsible for the 10-year mental health strategy, which was a fairly specific implementation plan for changing the delivery of mental health services throughout the State with an increased focus on community based services. This is a publicly published document.

The Bill provides a legislative framework which supports this concept. However, effective implementation will depend heavily on the levels of funding and who is driving this program in Government. I will come back to that later as I have some serious concerns about the roll out of mental health funds. The coalition's proposed amendments seek to ensure that nursing clinical notes be taken into consideration when decisions are made in relation to forensic patients; to provide judicial power for

a minimum period of detention in a mental health service; to toughen up the provisions for escorted leave for forensic patients; to ensure that forensic patients must be escorted for limited community treatment; to require that the forensic order made by the Minister be made by taking into account the seriousness of the offence and the protection of the community; and to provide notification to victims of crime when a forensic patient is absent without leave or has a temporary leave of absence. We also propose that there be a higher test with regard to transfer of a forensic patient from a high security unit to a non-high security facility.

I would like to address issues relating to rural services and resourcing. The building of safeguards into legislation is important when the rights of an individual are overridden or subdued in order to provide medical treatment without consent. That is essentially what the provisions of the Bill seek to do. However, regardless of the legislative requirements, these safeguards will only work with correctly trained personnel on the ground and with appropriate resources.

I draw the attention of the Minister to the concerns of the Australian Medical Association in Queensland and the Royal Australian & New Zealand College of Psychiatrists, who have raised with the Government their concerns about resources for the Bill. The college in particular queried the ability of the mental health services to meet the requirements of involuntary treatment orders. To quote the college—

> "It is not going to be practical for all patients in non-metropolitan areas under an Involuntary Treatment Order to be seen in three days of the order by a psychiatrist. In a number of country areas where there is only one psychiatrist, it will be impossible for them to be available every three days, 365 days per year and arranging telepsychiatry assessment will be difficult. The outcome of the present Bill could significantly disadvantage patients in non-metropolitan mental health services."

The college has raised with the department major concerns about resources in the implementation of this Bill. To quote Dr Eileen Burkett, the chair of RANZCP—

> "The need to provide additional resources to the mental health services following the introduction of the Act is needed."

She goes on to say—

> "For example with the Involuntary Treatment Order psychiatrists will have to come in on most Monday public holidays and this will be at overtime rates and will also then qualify the psychiatrist for an additional week's annual leave. There will also be increased need for report preparation and appearances at the Mental Health Tribunal."

This is an important point. I believe that the major regional centre of Bundaberg has only one psychiatrist. I believe that Mount Isa has visiting psychiatrists who fly in from Townsville. There are many other more remote areas. I seek a guarantee from the Minister—I hope that staff are taking notes as the Minister is not listening at the moment—that the resources will be there to ensure that nobody slips through the treatment net by, for example, being unable to be assessed and therefore sent home still without the benefits of appropriate treatment and care.

The advent of the new Bill has many positives, but these will be quickly lost through the difficulties of implementation due to lack of resources. Patient care must be the focus. As part of the implementation, appropriate staffing is essential. All too often the difficulty in finding staff is blamed for the lack of services. That excuse wears thin if Governments do not seek to put in place strategies to specifically overcome the problem, particularly given the tendency of the Health Department under this Minister to seek to divert unexpended staff salaries into other areas of the Health Department. This happened in Bundaberg, where $200,000 of mental health funding was swapped into other areas to meet shortfalls. This occurred in about February of the last financial year, yet the Minister and the department claim that the unspent funds are the result of being unable to fill mental health positions, which is quite a peculiar excuse given that February is hardly the end of the financial year.

This highlights the fact that lack of staffing is too conveniently used as an excuse when the department is really wanting to save money. It is an old trick of the department to save money by being slow to advertise and even slower to interview and fill vacancies, as in the previously mentioned case and in other instances as well. Where staffing recruitment is genuinely an issue, it can also cost a lot more money to provide basic stopgap services or emergency services by flying in staff, as in the Mount Isa situation. We have to ask: what is the Government's strategy to train and support mental health workers in these key positions so that recruitment problems are not seen as a hollow log for funding problems or, alternatively, do not become a financial burden on some of these isolated communities when they are in need of emergency relief.

Mount Isa, as I mentioned, is an example of where there have been known staffing problems. In answer to a question on notice from the Opposition, the Health Minister, Mrs Edmond, confirmed that as at 31 March this year there were eight unfilled positions in the Mount Isa District Mental Health

Service. The district, she said, had negotiated with Wolston Park Hospital for the provision of some services on a rotational basis. I would certainly welcome an update from the Minister as to the staffing situation in Mount Isa.

During the last sittings I referred to the need for an audit of mental health services and standards. It has now been five years since the last audit of mental health services in Queensland. One of the good aspects of the secret Health Strategy Advisory Project submission adopted by Cabinet last year was the emphasis on the need for significant funding for mental health services. However, given the previous and damning findings of the last mental health audit, which found that the Labor Government was not spending mental health dollars on mental health services and that all 75 mental health facilities did not meet minimum standards, it is well and truly time for another audit to be undertaken, independent of the Health Department. More money is essential, but the audit is necessary not only to make sure that the department is spending more money but also to look at how and where it is spending it and at the quality of services being delivered.

I raise this issue in light of incidents at a number of facilities. The first incident I raise is the tragedy which occurred recently at the Maryborough mental health unit, where a man who was admitted because he was suicidal hanged himself with his own belt. That is a tragedy. This is something that should never have happened. When someone who has been admitted with suicidal tendencies—

Mrs Edmond: Nor should it be criticised. You are engaging in cheap political point scoring. It is a tragedy.

Miss SIMPSON: It is a tragedy. This occurred in a brand-new facility. This goes to the heart of what I am saying. There are some brand-new facilities in the State, yet if an independent audit is not undertaken how do we know that such a tragedy will not occur again? How do we know that there will not be a cover-up by the Health Department? How do we know that this Minister will be accountable in delivering standards—

Mrs EDMOND: I rise to a point of order. There is an independent inquiry into every such death in Queensland. What the member is saying is misleading. It is offensive to everybody and I ask for it to be withdrawn. I note on the record that there is an independent inquiry into every such incident.

Miss SIMPSON: Whatever the Minister finds offensive I will withdraw. I reiterate my call for an independent audit of mental health services in this State. The Minister has given no commitment to an independent audit of mental health services since the last independent audit. It must occur so that we know that vulnerable people are not subject to these sorts of errors when they go for help and treatment in a brand-new facility. Tragedies have occurred and we do not want to see them occur again.

This is a highly disturbing circumstance. The Minister may want to cover it up here, but I believe that it must be on the agenda. It is time for an independent audit of mental health services in this State so that people who are sick and vulnerable receive the treatment that they are seeking. There should be an independent audit to ensure that they are receiving the appropriate treatment from the Health Department, which has a duty of care. If the Government does not instigate an independent audit of mental health services in this State, the same things identified in the previous audit will start occurring again.

There have also been incidents at the mental health unit of the Royal Brisbane Hospital. The Minister obviously does not want people to know that there are issues that must be addressed. It is time there was an independent audit—not a cover-up—of the Health Department to make sure that the standards of treatment required by people are received. There have been incidents at the mental health units of the Royal Brisbane Hospital, the Princess Alexandra Hospital and the Ipswich Hospital in which patients, due to a lack of adequate staff resourcing, have been able to walk out and place themselves in considerable danger. If the Government does not put in the funding and resources, the 10-year mental health strategy in this legislation will fail.

The management issues at the highest level are as important as the funding issues. It is important that this Government shows leadership by having an independent audit so that the money fixes the gaps rather than leaks through them.

Another of the many areas that will require extra services is the Gold Coast where a number of forensic patients, or people with a history of violence, have been moved. I ask the Minister whether the unit is up to scratch and is able to address the security issues and the security concerns of staff and the public. The Government's duty of care to those people must be met.

The funding implications for this Act are greater than the $1.47m mentioned in the Explanatory Notes. It is doubtful that $1.47m would even pay for the training required of the mental health staff in the administration of the new Act, let alone to provide the resources necessary for mental health

workers— particularly public sector psychiatrists—to meet the extra reporting and administrative functions.

If $1.47m is all that the Government has allocated for the implementation of this Act, there is a danger that senior and experienced staff in the department, and many others throughout the State, will be off-line without back-up in their roles while they undertake or deliver training. That is a concern that has been conveyed to me by the health sector. This has to be seen in the light of what happened in regard to the implementation of the Radiation Safety Act which was underfunded, resulting in operation staff being off-line from their key safety functions. These concerns are valid.

I again ask the Minister: what is the real implementation cost of this Bill? Will the Minister personally guarantee that mental health dollars are quarantined and are not siphoned off into other areas? I also ask: how much of the mental health budget will go in training workers in relation to the operation of the new Act?

I touched on a number of the coalition's amendments. I referred to these matters in great detail when I previously had an opportunity to speak to this Bill during the last sitting of this Parliament. I would like to refer to the issue of criminal compensation pertaining to the victims of offenders who are forensic patients. Whilst this is a shared responsibility between the Minister for Health and the Attorney-General, I would ask the Minister for Health to convey our concerns to the Attorney-General.

Recently, I was speaking with a victim of a mental health offender. This person told me that it is nearly two years since the incident occurred. This man is now only able to earn approximately half of what he was previously earning. As a result, he is suffering financial hardship. This man has suffered quite an impact from this attack. The offender was put through the court system and it was found that he was not fit to stand trial because he was of unsound of mind at the time of the commission of the offence. He was then put through the mental health system in an attempt to deal with his illness. It is possible that this offender may soon be released on leave into the community.

The victim in this instance has not yet received any compensation payout. The Act contains provisions for criminal compensation for people who have had an offence committed against them by people who have gone through the criminal justice system. However, only ex gratia arrangements are in place for people who are victims of violent offences caused by people who are mental health patients and who proceed through the mental health processes.

I believe a gross injustice has occurred in this instance. As we know, a lot of victims can also suffer from mental health problems as a result of these crimes. As a result, they are unable to get on with their lives. They have to face delay in gaining access to a form of criminal compensation by way of addressing their concerns. I seek the Minister's assistance in taking up this issue with the Attorney-General. There has to be a better answer than the current system.

At this stage I wish to look at the role of the Director of Mental Health. The coalition strongly affirms its support for an independent Director of Mental Health. This is a statutory position under the Bill. The director's stated powers are intended to provide one more safeguard to prevent a recurrence of such disasters as occurred with Townsville's Ward 10B. Under the previous Act which this Bill replaces, the Director of Mental Health was also appointed by the Governor in Council and fulfilled a significant role.

One of the important additional powers to enhance the director's independence gained under this Bill is the ability to report to the Minister on the director's own initiative. Furthermore, the director must give the Minister a report on the administration of the Act during the year, and the Minister must table a copy in the Parliament within 14 sitting days. The coalition supports this.

It is therefore appropriate that I reiterate the comments I made during debate on the Labor Government's rushed amendments to the Mental Health Act on 17 September 1998. For the record, those amendments to the Mental Health Act, and some 16 other Health Acts, occurred without any consultation with stakeholders. Some of those hasty provisions are again mysteriously altered under this new Mental Health Bill. My previous comments primarily related to the gutting of the Chief Health Officer's role, and they are just as relevant to the importance of the role of the Director of Mental Health.

As an interesting aside, those rash and hasty 1998 amendments to the Mental Health Act 1974 also gave the Minister considerable new powers and responsibilities in her own right to investigate and inspect mental health hospitals. I am sure the Minister did not wake up to the significance of that until I raised the issue in the Parliament. Eighteen months later, the Minister has turned around and divested herself of those powers and responsibilities which she gave herself in 1998. What a surprise!

To return to my comments of 1998—I said that in most jurisdictions the historical reason for the separation of powers between the financial management and the public health streams of the various health departments has been the significant number of instances where financial accountabilities sometimes conflict with the action necessary to protect the health of the public.

Similarly, there have been many instances in the past—and these will no doubt occur again—where the bureaucracy wish to prevent the accountable Minister from understanding the full impact of administrative decisions that negatively affected public health and wellbeing. We do not want bean counters in charge of a public health system without appropriate checks and balances and without an independent, impartial and totally transparent system that makes sure that concerns of public health are paramount.

It is imperative for an independent, accountable and totally professional medical practitioner to be the holder of the statutory powers—not second-hand powers delegated by a chief executive officer. That practitioner should hold the statutory powers in his or her own right in order to uphold the public health good for all Queenslanders.

As I have said, my comments in relation to the role of the Chief Health Officer are just as relevant to the role of the Director of Mental Health. When I sought to have these principles reflected in the legislation in order to give the Chief Health Officer the power to report directly to the Minister, the Minister objected and blocked those amendments.

It is pleasing to see that there has been a significant change of heart on the part of the Government. The Government now recognises that there are significant statutory positions where the office-bearer should have the ability to report to the Minister without having to go through the financial administrator of the department. Such a reporting function should not be based on goodwill but legislation.

The legislation before us is certainly a backflip on this Government's previous position in regard to the importance of separating the role of financial administration from the role of those who are monitoring and setting the standards of service. I am not sure that the Minister understands the full importance of such separations because she unfortunately allowed personality clashes in her department to get in the way of good legislative safeguards in 1998 in order to gut the role of another statutory office holder, the Chief Health Officer.

In 1998, the Minister voted against the coalition's amendment to give the Chief Health Officer the same power that the Director of Mental Health has under section 489 of the Bill, namely, the power to initiate a report to the Minister. The intention to have independent safeguards in this legislation is a good intention. I applaud the safeguards.

I seek further clarification in relation to the practical implementation of the legislation, given that the Director of Mental Health is dependent upon resources to carry out the functions of the department. The director's staff will be under the control and direction of the department. Whilst the new Bill states that the director is not under the control of the Minister, it is silent about the relationship with the chief executive officer or, in other words, the director-general. Thus, whilst applauding the legislative intent for independence, I would ask the Minister to explain what other guarantees are in place to ensure that the resources will be adequate to enable the director to do the job. I want more than just a blanket guarantee; I wish to know what the actual budget allocation for staff is and whether this will also be part of the director's annual report.

I want to mention briefly an issue that was raised by the Royal Australian and New Zealand College of Psychiatrists—RANZCP. I understand that they have also raised with the Government their concerns that forensic provisions still include intellectual disability. That means that people with a significant intellectual disability who commit a crime, who are found to be of unsound mind and who are or remain not fit for trial, would remain in the health system despite being unable to be treated for the intellectual disability. The point made by the RANZCP is that they believe that these people should be treated by a more appropriate department. I seek the Minister's response to their concerns.

In closing, I say that there is a need to restore public trust in the delivery of mental health services. As this disease touches more lives, consumers and their families, the community will quite rightly be expecting higher standards. The vulnerability of the mentally ill means that there have to be safeguards in place to make sure that they receive their rights and to make sure that they have access to appropriate and highly professional treatment. I also believe that there is a need to involve more of the family members who support these people and to look for better ways of involving them in the treatment process and in sharing information appropriately with them so that the best environment is available and these people can be treated and supported in their own communities.

I reiterate my concern about the apparent lack of funding allocated for the implementation of this Bill and the concerns that have been raised by members of the health sector about mental health professionals being off line during long periods of training. That is a matter of concern because, in implementing a Bill, we do not want just good words; we want to see that good acts follow and that the Government is committed to putting the appropriate resources in place so that the intentions of the Bill are delivered, resulting in better services for the public.
