Speech by

Mrs J. GAMIN

MEMBER FOR BURLEIGH

Hansard 17 May 2000

MENTAL HEALTH BILL

Mrs GAMIN (Burleigh—NPA) (12.38 p.m.): Over recent years, mental health services have been the subject of much community concern and public comment. That is evidenced by the number of national and State reports, such as the Burdekin report in 1993, the Holt report in 1994 and, of course, the Carter inquiry into Ward 10B in 1991. Additionally, there have been various national mental health reports released by the Commonwealth Government under the national mental health strategy that have been highly critical of the organisation and funding of mental health services within the State. The collection of reports, with the persistent theme of inadequacy in mental health service delivery, was the impetus for the coalition Government's determined effort to prioritise and improve the area of mental health and the mental wellbeing of Queenslanders.

It was unfortunate the coalition Government only had a small window of opportunity to set a course of improvement, particularly as it had inherited the lowest per capita mental health expenditure in Australia—expenditure that was some 18% less than the national average. Why was the expenditure so low? Under the Goss Labor Government, funds were withdrawn from the mental health program at regional and service levels with no mechanisms to ensure replacement. For example, between 1992 and 1994, $1.8m of new funding was provided through the mental health branch of the State Department of Health. But during that period mental health expenditure only increased by $500,000. Unfortunately, mental health dollars became the funding pool for other health services due to lack of supervision, direction or strict financial discipline.

Queensland's population growth, in conjunction with the reallocation of mental health funds, resulted in a fall in per capita expenditure to $45 at a time when the national average was $55. This gross mismanagement by the previous Labor administration meant Queensland was at risk of contravening the Medicare Agreement. This so disturbed the then Federal Health Minister, Carmen Lawrence, that in June 1995 she wrote to her Queensland Health counterpart, Mr Jim Elder, expressing her serious concerns.

Mrs Edmond interjected.

Mrs GAMIN: During Peter Beattie's term as the State's Health Minister, an independent audit of all 75 mental health services in Queensland was undertaken.

Mrs Edmond interjected.

Mrs GAMIN: I do not take interjections, Madam Deputy Speaker, even if they do come from the Minister. The audit found that after almost three years of operating under an agreed set of minimum standards—

Mrs EDMOND: I rise to a point of order. I request that the member table the letter if she is quoting from it, because what she is saying is untrue. The letter from Carmen Lawrence actually commended Minister Elder for his increase in funding.

Madam DEPUTY SPEAKER (Ms Nelson-Carr): Are you asking for this to be withdrawn?

Mrs EDMOND: If the member is quoting, I am asking for her to table the letter.

Madam DEPUTY SPEAKER: Will you table the letter?

Mrs GAMIN: I do not have the letter to table, Madam Deputy Speaker. I can provide it at a later date if you request.

The audit found that, after almost three years of operating under an agreed set of minimum standards, none of Queensland's mental health services fully attained the set standard.

In October 1993, Queensland Health released the minimum health standards in response to recommendations from the Carter inquiry into Ward 10B and the national mental health policy and plan. Similarly, a minimum service standard was outlined under Schedule F of the Medicare Agreement. Sadly, the key findings of the audit report were that at a State level the mental health system failed to meet full compliance with the minimum standards. Alarmingly, no service fully met all the minimum standards. Of the 75 service sites audited, 20 rated a poor compliance or a nil compliance.

The audit report also highlighted the areas where immediate action was required, those being in the areas of service organisation and management, the prevention of the leakage of mental health budgets and the deficiency in resources. What that audit uncovered was that, despite the major public outcry about mental health services, the previous Labor administration was incapable of delivering any improvement. Fortunately for Queensland, a coalition Government took over the State's reins and, under the direction of the previous Health Minister, the honourable member for Toowoomba South, mental health was made a priority issue.

Unlike the Goss Labor Government, the coalition Government provided more than just empty rhetoric or lip-service to improving mental health. The coalition Government provided the necessary leadership direction and resources to ensure a dramatic improvement to mental health services in Queensland. As well as boosting mental health funding significantly, the funding was quarantined, which enabled the allocation of resources to priority areas and the transfer of resources, if necessary, from one district health service to another. Another aspect to be corrected by the coalition Government was the issue of capital works funding.

All honourable members should note that, when the 10-year hospital rebuilding program was created under the previous Labor administration back in 1992, there was no provision to address capital issues for mental health. In 1996 under the Borbidge Government an identifiable 10-year mental health strategy for Queensland was established and approved by State Cabinet, which focused and progressed the mental health services throughout the State.

The coalition Government found the Mental Health Act 1974 was outdated and somewhat cumbersome. It no longer reflected modern mental health practices. As a consequence, the former Health Minister approved an extensive review of the Mental Health Act, the result of which we are debating today.

The coalition had the Mental Health Act under review over the two-year period of Government. A lot of work went into the review. At this juncture, honourable members should recognise the efforts of the former Minister, the honourable member for Toowoomba South, his ministerial staff and the departmental staff who were at the forefront in ensuring the review remained on track for the betterment of the State.

I must acknowledge the commitment and effort displayed by the former director of mental health, Dr Harvey Whiteford. Under the guidance of the former Minister, and with the considerable expertise and dedication of Dr Whiteford, mental health reform in this State was starting to be realised. When Dr Whiteford was headhunted to Canberra, Dr Peggy Brown very capably filled his role. I am informed the former Minister and his team, along with Dr Brown and her team, engaged in a lengthy and extensive consultation process necessitating a lot of hard work.

Under the coalition Government, the findings of the Mental Health Act review were taken to Cabinet for the necessary approval to prepare a Bill. It is interesting to note that a lot of the hard work in reviewing the Mental Health Act was accomplished by the former Government. I commend all those who participated, particularly those members in community or non-Government organisations who spent a lot of time, effort and energy drafting submissions and making a worthwhile contribution to the development of the State's new mental health laws.

I do not wish to appear negative in addressing the new Mental Health Bill. However, I believe it is important to draw honourable members' attention to the previous inadequacies in management and funding arrangements. As I outlined previously, if mental health dollars are not quarantined and specifically applied, the provisions of this Bill will be difficult to implement and service. It is imperative for the Government to be totally committed to improving front-line health services in this State, particularly in the area of mental health.

I now turn to the specifics of the Bill. I note that the Mental Health Bill will entirely replace the current Mental Health Act 1974. The objectives of the legislation will be achieved by providing for the involuntary detention, admission, assessment, treatment and protection of people with mental illnesses. I note that the legislation also includes independent reviews of a patient's involuntary status and

hearings to approve specific treatments. I am aware that the proposal to provide for involuntary treatment in the Mental Health Bill arose out of the mainstreaming principle of reform that is central to State and national mental health policy.

Whilst I uphold the principle of safeguarding patients undergoing involuntary treatment, I am also concerned for the wellbeing of patients who present for voluntary treatment of their respective mental illnesses. I believe these people should be respected and regarded in the same way as the specialist legislation accommodates those aspects of mental illness which require specific measures not able to be covered within mainstream legislation—that is, where the patient cannot consent or is unreasonably objecting to the treatment.

I am pleased to note that this Bill is clear that nothing prevents a person from being admitted as a voluntary patient. There are specific provisions in the Bill that regulate certain aspects of voluntary treatment, particularly in relation to the administration of electroconvulsive therapy and psychosurgery. There is also a general offence of ill-treatment of a patient that also applies to voluntary patients.

With regard to the therapies and treatments mentioned previously, which I must state cause significant community concern, I sincerely believe safeguards are necessary. I am pleased to see evidence in this Bill which provides those safeguards. I am also pleased to see that the Bill proposes to increase the quality of the reviews regarding the status of involuntary patients, with numerous patient review tribunals being replaced by a Mental Health Review Tribunal headed by the one president. It is particularly pleasing to see that a member of the community who is not a doctor or a lawyer will be appointed to the review mechanism, therefore ensuring community representation and input on the panel.

As the member for Burleigh, and no doubt like many other elected representatives in this place, I have often considered and contended with the difficulties experienced by constituents trying to handle or manage a loved one or neighbour with a mental health problem. Recently, one of the neighbourhoods in my electorate was unwittingly traumatised and at times terrorised by an unfortunate individual suffering from a mental illness. Deinstitutionalisation resulted in this poor patient being released into the community with very little supervision, support and knowledge or management ability to cope with his illness. Prior to his departure from the neighbourhood, several constituents became the victims of his invasions, intimidation and unpleasant contact. Sadly, throughout the State, communities have a similar story to tell. It is timely to take heed of the community's concerns and include the victim's input into future assessments by the Mental Health Review Tribunal.

Unfortunately, I do not believe this Bill goes far enough in embracing the call by victims of crime for involvement in either release hearings or any alteration of a patient's status. I note that the Bill provides for victims to be notified of certain hearings and decisions about the patient, including a hearing to discharge the patient, decisions to authorise limited community treatment, transfer of a patient to another service or to move the patient out of Queensland. However, the Bill should also provide for the notification of a victim should the patient abscond whilst on accompanied leave or not return from community leave. I urge the Minister to approach this issue with an open mind and to address the specific issue of concern to many victims so that their voices can be heard and given the appropriate weight. Also, I urge the Minister to take heed of my call to see mental health services being appropriately funded and resourced. Unless stringent management and financial principles are adopted, the practical implementation of this Bill will be very difficult indeed.