



Speech by

Dr LESLEY CLARK

MEMBER FOR BARRON RIVER

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MENTAL HEALTH BILL

Dr CLARK (Barron River—ALP) (12.31 p.m.): It is with great pride that I rise to speak to the Mental Health Bill 2000. This Bill, some five years in the making, will usher in a new era in mental health care in Queensland and bring our State into line with contemporary thinking with respect to mental illness. Government speakers on this Bill will focus on the specific details of this comprehensive, reforming legislation. In my contribution, I wish to provide details about the policy framework that underpins the Bill which reflect the national and international changes that have occurred in community expectations and service delivery since the commencement of the current State Act in December 1974.

These changes have been brought about by the development of mental health policies at a State, national and international level. Those policies are now reflected in the Mental Health Bill. The changes have also been brought about by a number of high-profile State and national inquiries into mental health care. In 1992, the national mental health strategy and the plan to implement the strategy were endorsed by all Commonwealth, State and Territory Health Ministers and set the framework for the reform of mental health services in Australia. The national mental health strategy encourages the mainstreaming of mental health services with general health services and the further development of community services as an available option to hospital treatment. People who have a mental illness may require a mix of services over their lifetime, including inpatient and community assessment and treatment services. Therefore, the policy advocates an integrated service model with mental health services integrated within an identifiable mental health program within each region or sector of the State to ensure continuity of care and the availability of a balanced mix of services.

The Queensland mental health policy in 1993, the Queensland mental health plan in 1994 and the 10-year mental health strategy for Queensland in 1996 reflected the key policy directions established in the national mental health strategy and established the framework for reform of mental health services in Queensland. The current Act is also not consistent with the national mental health statement of rights and responsibilities, the United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, and the model mental health legislation. In March 1991, the national mental health statement of rights and responsibilities was adopted by all Australian Health Ministers. The statement makes a commitment to ensure that people with mental illness and mental health problems have the same rights to dignity and respect as do other Australians. It also points to the need to balance the rights and responsibilities of all concerned—patients, carers and service providers—with the rights of the community in general.

In 1991, the Australian Government made a commitment to implement the United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care—the so-called United Nations principles. The principles provide a standard for the protection of the rights of people with mental illness with which legislative schemes in all Australian States and Territories must conform. As part of the national mental health plan, all States and Territories undertook to develop legislation consistent with the UN principles. The Commonwealth Government, with the agreement of the Australian Health Ministers advisory council working group on mental health policy, endorsed model clauses for mental health legislation that incorporate the UN principles and the national mental health statement of rights and responsibilities. In 1995, the model mental health legislation was released.

A number of State and national inquiries into mental health services have also highlighted the deficiencies in the current Act that must be addressed in the new legislation. In 1993, the Human Rights and Equal Opportunity Commission Report on the Rights of People with Mental Illness—the Burdekin report—highlighted the fact that reforms have brought improvements in the quality of life and service provision for people in general health services but have not been applied to people being treated for mental illness.

In 1991, the recommendations of the Report of the Commission of Inquiry into the Psychiatric Unit at Townsville General Hospital—that is the Carter inquiry into Ward 10B—drew attention to the specific inadequacies in the current legislation. Particular areas of concern were the authorisation of treatment and the use of force in administering non-consensual treatment. Such latter practices were clearly at odds with the UN principles and required that any new legislation must enshrine the rights of all people with mental illness to the following: to the best of available treatment and care, provided in the least restrictive environment and with the least intrusive means appropriate to their needs and the protection of others; to be treated with humanity and respect and protected from exploitation and abuse; and to live, work and receive treatment as far as possible in the community in which they live. Therefore, the Mental Health Bill ensures that those rights and the general principles set out in the Bill are consistent with the Commonwealth's model mental health legislation and the UN principles.

The landmark nature of the Queensland Mental Health Bill has been acknowledged by international experts of the stature of Dr Harvey Whiteford, who is responsible for mental health in the Health, Nutrition and Population sector of the World Bank. In his position in the World Bank, Dr Whiteford works closely with the World Health Organisation and national Governments on the development of country-level mental health policies and their implementation. He is a professor of psychiatry at the University of Queensland and has academic appointments at the Harvard Medical School in Boston and the Institute of Psychiatry in London.

After a study of the Queensland Mental Health Bill, Dr Harvey Whiteford indicated that he considered it to be an example of international best practice that strikes a balance between protecting the rights of individuals and ensuring that those individuals needing mental health care receive that care whilst protecting the rights of the community. In a letter to the Director-General, Dr Rob Stable, Dr Whiteford stated the following—

"I commend the Queensland Government in producing this draft Bill, which clearly reflects the model mental health legislation developed by the Commonwealth and the international principles for the treatment and care of individuals with mental illness, developed by the United Nations."

I congratulate the Minister on her commitment to bringing this piece of excellent modern legislation to the House and I commend the efforts of the very many officers of Queensland Health who have over so many years dedicated themselves to making the Mental Health Bill a reality. I commend the Bill to the House.
