Speech by

Mrs D. PRATT

MEMBER FOR NANANGO

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DUAL DIAGNOSIS

Mrs PRATT (Nanango—Ind) (7.01 p.m.): I rise to speak to the House about the substance abuse condition of dual diagnosis, which is a combination of a serious mental illness and problematic substance misuse. There are many levels of dependency, ranging from reliance on tobacco and caffeine through to medication, alcohol and illicit drugs. These addictions usually start as a form of coping with mental or emotional pain. In most cases, the person is hooked before recognising the fact that they are deeply addicted. The public needs to be aware that most victims feel that they are not worth saving once they reach that stage and are full of guilt and lacking in self-esteem. Medication alone is not enough to help these people. They need specialised, ongoing care by trained and understanding people.

There is a poor history of identification and assessment of this difficult clinical group. DD affects all areas of health, family and community services, welfare, education, criminal justice, Treasury and social security. Despite several attempts, such as needle exchange services, counsellors, health services and youth workers, we can find no current form of treatment available to these people to beat their addiction. Researchers have been trying to get treatment programs in place for DD sufferers since 1993. There has not been enough input by the government into treatment for mental illness. It is estimated that mental disorders in Australia rank third after cancer and heart disease. I ask that we look at reviewing the process that we now have in use.

It is the flow-on of abuse by drugs such as alcohol that the World Health Organisation estimates accounts for 20 per cent of disease in our society. Yet we spend only five per cent of the total Health budget on mental health. I suggest that the government consider a specifically designed residential program, which would need to be staffed by caring and understanding people who are dedicated to helping their patients. In Queensland there are no such avenues for help that meet the huge number of people affected, but with such a large amount of money spent on alternative programs that are not working, not only could the government invest more wisely in treatment but it could also make savings in the Health budget that could be spent in other areas.

Ideally, full supervision, including dispensing medication, organising visits from psychiatrists, GPs, case managers and counsellors at specific locations would be a good start. If that assistance were backed up by motivating patients with meetings and daily activities—compared to the many bandaid programs that we offer today—it would mean the end of many social problems. The flow-on effect from this would be of enormous help to families and friends who suffer from having siblings and other family members struggling to come to grips with frightening addictions that are destroying their lives. There are no socioeconomic barriers for DD. Nearly every family or person in this state knows someone who has been affected by DD. I ask the minister to look seriously at this dilemma that is affecting so many lives—the addicted and their families.