Speech by

Jann Stuckey

MEMBER FOR CURRUMBIN

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mrs STUCKEY (Currumbin—Lib) (5.06 pm): I rise to contribute to the debate on the Health and Other Legislation Amendment Bill 2007. Although the scope of this bill is quite far reaching and extends to amending the Ambulance Service Act 1991, the Health Services Act 1991, the Tobacco and Other Smoking Products Act 1998 and the Mental Health Act 2000, I will focus primarily on the amendments it makes to the Mental Health Act 2000.

On 14 June 2006 the Minister for Health announced the endorsement by state cabinet of Mr Brendan Butler AM SC to conduct an independent review of the Mental Health Act. As stated in the explanatory notes, the main objective of the bill with regard to the Mental Health Act 2000 is to allow for the appointment of one or more additional judges to the Mental Health Court and to effect a number of recommendations from the final report of the review of the Mental Health Act 2000, promoting balance in the forensic mental health system. I note that during the term of this review portfolio responsibility for mental health policy and legislation was transferred from the Minister for Health to the minister for communities, seniors and youth. I now gather that this portfolio has been moved back to Health.

Having read the final report of the review of the Mental Health Act 2000, including its 106 recommendations, I must say that I am greatly disappointed with the handful of recommendations that the minister has put before us for consideration in this legislation. In effect, this bill implements a meagre 10 of the recommendations from the report, leaving 96 proposals submerged in the pages of the report failing to see the light of day. In my capacity as shadow minister for mental health policy, I was really looking forward to seeing a host of recommendations and initiatives that were highlighted in this report worthy of inclusion in this bill. I fully expected to be giving a speech commending the government on taking a proactive step for victims and their families. The Beattie government could have demonstrated that it was finally going to address some serious mental health issues. But, true to form, once again it has short-changed Queenslanders.

A costly report, gathered over a six-month period, and then we get 10 recommendations. That is really good bang for your buck, isn't it. I wonder how much each recommendation has cost the taxpayers. Goodness knows what poor Mr Butler is thinking—all that hard work only to receive a slap in the face from the minister and mention that the remainder will be considered in the 2007-08 budget. And what of the good people who put forward 85 written submissions in the belief that their contributions would receive genuine consideration? In addition, Mr Butler is said to have met with more than 80 individuals and groups throughout Queensland and was assisted by an independent expert reference group. My, he was thorough.

Even more disheartening for him was to see his review join the long list of other such exercises undertaken by this government where the majority of the ideas are shoved aside and forgotten. This report provided a golden opportunity to implement wider ranging reforms to our grossly underresourced and poorly managed mental health system. It is well documented that high percentages of men and women in our prisons suffer from mental illnesses that, in many cases, go completely untreated.

Over the past few years we have seen the decay of the public health system through a culture of bullying and neglect, and mental health is one area that has suffered even more greatly under this Labor government. Mental health has been rationed due to insufficient staffing levels and services, making access to care harder for patients to realise. When will this government wake up to the fact that mainstreaming of mental health does not work?

Early in April we heard another admission of failure by the government as it sought tenders from private hospitals for their surgeons to perform operations on public hospital patients. This is further proof that quite simply the Beattie government is not capable of managing our vitally important health system, but then again members opposite do not like doctors and nurses in the private sector. They are always knocking them. Doctor bashing is one of their favourite sports. If this Beattie government had not driven away 2,462 experienced doctors through bullying and low wages, patients would not be forced to suffer long delays for much-needed elective surgery and mental health patients would be able to get in to see a psychiatrist.

The purpose of the review of the Mental Health Act 2000 was to examine current legislative provisions and administrative arrangements that consider the interests of victims and their families, and assess whether those provisions need to be amended to further enable victims and their families to be involved in the decision-making process. The Mental Health Act 2000 commenced on 28 February 2002, replacing the Mental Health Act 1974. It gave victims of crime and their families a chance to supply information to both the Mental Health Court and the Mental Health Review Tribunal, and be notified of certain information about the patient.

In addition to this, the review also considered whether the Mental Health Act 2000 and associated arrangements achieved an appropriate balance between the responsibility of the state to strengthen the safety and protection of the community with the provision of rehabilitation opportunities for patients under a forensic order. Simply put, this act provides the legal framework for the involuntary treatment of people with mental illness. However, this particular review has focused on the 14 per cent or thereabouts of people charged with a criminal offence and placed on a forensic order that requires higher levels of monitoring than other involuntary patients. It is important to recognise the need to balance competing rights in these situations and to ensure forensic parents are accorded basic rights and treated with humanity and respect.

Despite this contextual background, the 10 recommendations that the government has chosen to include in the bill skate over many of the issues that the review was initially set up to investigate. A number of recent high-profile cases involving forensic patients eroded the public confidence and resulted in such a community outcry, which led to the authorisation of this review.

I note comments in this review regarding the recognition of the interests of victims of crime. The review states—

The Review is concerned that the present provisions do not go far enough in meeting legitimate needs of victims.

In view of these comments, it is highly objectionable that the government has chosen to ignore the recommendations that victims of crime be given access to information and support before, during and after Mental Health Court proceedings.

Recommendation 3.1 is the first recommendation to be included in this legislation and it falls under the section heading of 'Victims' rights, needs and interests.' It states—

That the provision stating how the purpose of the *Mental Health Act 2000* is to be achieved be amended to provide that community protection and the needs of victims be taken into account in decisions relating to forensic patients.

I am sure that members would agree that that is a very progressive and caring sounding statement, until one realises that the implementation of the centrepiece of this review, the victim support service, is completely ignored. By the omission of this cornerstone which is the hub of the review's recommendations, these words are meaningless propaganda meant to dupe the general public into thinking that the Beattie government is making community safety a priority. They are nothing more than Beattie spin.

Recommendations 3.2 to 3.12 relate to the establishment of a victim register to enable information to be given to victims about a classified patient. Recommendations 3.13 to 3.17 would put in place a statewide victim support service to be staffed by professional officers with knowledge and skills in forensic health. Adequate administrative staff would be employed to assist the professional officers. These are very sound recommendations, but none have been included.

Victim statements in the Mental Health Court referred to in recommendations 3.18, 3.19, 3.20, 3.22 and 3.23 have been included in the 10 recommendations from the minister. Reference to the term 'nonparty' will be deleted and the legislation will now refer to a statement about a victim or interested person and victim statements will now be taken into account by the Mental Health Court. Granted, this is a positive step but it is a small gain overall when one considers the minuscule number of recommendations contained in this legislation.

Recommendations 3.25 to 3.32 come under the section 'Support for victims in Mental Health Court proceedings', and recommendations 3.33 to 3.40 come under the section 'Information and support for

victims after a forensic order is made'. Both of those sections missed out on inclusion. Recommendations 3.41 to 3.43 are included. That section relates to victim statements in the Mental Health Review Tribunal and also deletes the term 'nonparty'. Recommendations 3.46 to 3.54, under the section heading 'Support for victims for Mental Health Review Tribunal matters', failed to make the grade as, like other recommendations, they rely on the implementation of the victim support service—the hub of the recommendations that I have spoken about.

Chapter 4 is headed 'The forensic mental health legal process' and covers the following sections 'Delays up until the Mental Health Court hearing' and 'Proceedings in the Mental Health Review Tribunal'. One would have thought that the government would have considered some of those recommendations a priority, especially where delays add to the torment that victims and families go through looking for some closure. These are not victims of petty squabbles. Rather, they are victims and families who have endured shocking trauma. Some have lost a loved one under indescribably tragic circumstances. The review states—

A major problem for victims is the delay in matters coming before the Mental Health Court.

However, the minister only saw fit to include recommendation 4.22, which states—

That the *Mental Health Act 2000* be amended to provide that the role of the Attorney-General in the Mental Health Review Tribunal is to represent the public interest.

The Mental Health Review Tribunal is purportedly an independent body. However, in practice many of the psychiatrists and community representatives who sit on the tribunal panel are Queensland Health employees. In addition to this, the tribunal panel only requires one psychiatric report when assessing a patient—that is, the one compiled by the patient's treating doctor who is also usually a Queensland Health employee. Given that most of the patients who come before the tribunal are Queensland Health patients, this situation calls into question the independence of the Mental Health Review Tribunal. The one critical recommendation from the review that addresses this situation has been left out of the bill.

Usually, three people form a Mental Health Review Tribunal hearing: a lawyer chair, a psychiatrist and a community representative. One suggestion as to why there are so many Queensland Health employees on the tribunal is because of the limited financial remuneration that is offered to medical members of these tribunals in comparison to fees paid by other Queensland agencies. There is a growing school of thought in the profession that panel psychiatrists on the tribunal should be independent of Queensland Health, as should the community representative. I do hope that the minister will take those concerns on board. Additionally, victims and their families deserve a place at the table, so to speak, in the Mental Health Court and at the mental health tribunal. Back in 2002 after the last review of the Queensland Forensic Mental Health Services, the government said that some of these issues were going to be addressed, yet Queensland is still waiting after the completion of another taxpayer funded report.

All of the recommendations in remaining chapters 5, 6 and 7 have been ignored. They fall under the important headings of 'Intellectual disability and the forensic process', 'Managing risk'—which, I might add, was what prompted this review in the first place and led the public to believe there would be a review of practices within limited community treatment—and 'Community awareness'. Comments regarding managing risk for violent offenders indicate that the review considered it essential to strengthen these safeguards and supports amendment of the Mental Health Act 2002 to strengthen policy and practice guidelines for forensic patients generally and persons of special notification.

Those who contributed to this review must feel frustrated at the glaring omissions. Moreover, this government is clearly indicating that it wants to limit the involvement of victims and their families in the decision-making process. The government said in response to recommendations in the 2002 Mullen-Chettleburgh report that a more positive attitude to victims will be fostered within the mental health services. Here in 2007 the government has denied victims a statewide victim support service. The Premier and the Minister for Health gave a commitment that training in relation to risk management would be provided to mental health services staff across the state, but here in 2007 all the recommendations regarding risk management have been left out of the Health and Other Legislation Amendment Bill.

This is yet another example of the government making promises but continuing to deliver very little, slowly drip-feeding Queenslanders between elections. I issue a word of caution though: even intravenous drips need to be set at a certain speed in order to administer the correct amount of nutrients or medication to keep people alive.

I wish to congratulate Mr Butler and all who contributed to this review. I found their recommendations to be in the best interests of community safety, striking an appropriate balance between the rights of patients and victims. This review was undertaken at considerable cost, with time and input from a host of groups and individuals who put forward submissions and suggestions in good faith. They like me have every reason to be underwhelmed with the mere 10 recommendations included in this bill. Indeed, 96 recommendations have been ignored at this stage and the government has an obligation to ensure that the majority of these are not only considered in the 2007-08 budget but granted funding so that they can be implemented. The general public deserves to feel more secure, and so do patients. These amendments as they stand offer little comfort or confidence to victims and their families.

I would like to briefly mention now the Tobacco and Other Smoking Products Act, which I have to say bears an uncanny resemblance to the private member's bill brought into the House by the honourable member for Surfers Paradise. When the honourable member presented his bill, the government found reasons to reject it, but now it has a bill of its own. One would think government members could at least give a little bit of credit to the honourable member for Surfers Paradise for his foresight in this matter.

In banning the display of ice pipes, the government states that it aims to address the harm caused by the illicit drug crystal methamphetamine, or ice. The minister proudly proclaims that these provisions demonstrate his government's commitment to the war against dangerous drugs. I find his comments profound, as this same minister opens up needle supply facilities without full support programs or any monitoring at the drop of a hat if he believes there is a need in the area. The minister would not listen to the Palm Beach action group which put forward a very sensible, considered submission. The residents of Palm Beach have felt that the department has treated them with contempt.

We are learning very quickly that ice is a dangerous drug and can be injected as well as smoked. Its availability and its cheap price make it attractive, especially to the young. The community around me is genuinely worried about the needle and syringe program near one of our largest schools that contains nearly 2,000 students. Students are being offered strawberry ice within the vicinity of the school. It is pinked-up to make it more sexy and appealing to our young. Ice has infiltrated our society to such a degree that when university students register for their classes they are actually handed an ice facts sheet. It is a coloured brochure telling them that ice is a term used to describe a very harmful form of the drug methamphetamine and goes on to describe some of the symptoms that people can experience.

We have read much in the *Courier-Mail* about the effects of ice. An article in the *Courier-Mail* in April this year said that it took handcuffs, three police officers, some police shields, capsicum spray and a police dog to detain a man high on ice who went on a rampage west of Brisbane. Other articles about ice-frenzied patients trying to jump out of hospital windows are common in our papers. Hospitals have been forced to install special treatment rooms with reinforced walls and foam furniture to stop drug-crazed ice addicts from violence, self-harm and destruction.

The cost to society is phenomenal. We all must continue to do everything we can to clamp down on the distribution and usage of this terrible drug and to educate against illegal drug use. That means a review of the needle and syringe program here in Queensland to make sure we help as many people as we can who are addicted to drugs to get off the habit and resume a life in society that lets them fulfil their potential. With those comments, I commend the bill to the House.