Speech by

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MEMBER FOR SURFERS PARADISE

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MENTAL HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mr LANGBROEK (Surfers Paradise—Lib) (2.30 pm): At the outset I wish to thank Dr Aaron Groves, who is the Director of Mental Health, ministerial staff and other department of health staff for the briefing on the Mental Health and Other Legislation Amendment Bill. I also want to thank Jasmine Griffiths and Georgina Tait for their assistance and research on this bill. I also welcome the minister back to parliament, as I know that he has been ill for the second time this year.

I rise today to speak about an issue that people do not often like to talk about—mental health, enigmatic illnesses which assault the mind and the spirit, diseases which represent one of the biggest challenges to Australia's health. This bill predominantly addresses legislative provisions surrounding mental health. The bill also contains clauses to amend seven acts pertaining to the Health portfolio. However, for the most part I wish to address my comments to the substantial amendments to the Mental Health Act 2006. Being Aussies, our tendency to sweep such sensitive issues under the rug is in many ways cultural. As kids we were often told that big people do not cry. Our sometimes awkward acknowledgement of emotion has led many to believe the extremes that humans can sometimes feel—profound sadness, anger and grief—are something to be ashamed of. Perhaps that is why we do not like talking about mental health. These have been and are socially stigmatised conditions which can affect so many of us.

No-one is resilient to afflictions of the mind and spirit. This year nearly one in five Australians has been plagued by mental illness. More than three million people quietly suffer insidious illnesses of the mind and almost three per cent of the population will experience acute mental illness. Mental health is the proverbial elephant in the room, evidenced by the fact that it has been largely ignored until recently in this state. This is evident when we index Queensland's investment in mental health against other states. After two reviews into the mental health system and a handful of heartbreaking cases, this state continues to underfund mental health and this maximises the impact that it has on our hospitals and community.

Mental health is certainly not a new phenomenon. In fact, one only has to look to some of the greatest songs and pieces of literature to realise that mental health has been a source of mystery for many decades, even centuries. Some of the most celebrated characters in literature—Hamlet and Macbeth among them—were arguably beset by mental illness. Certainly some of the most eminent pieces were born of brilliant yet troubled minds. The line between genius and insanity, they say, is a fine one. I remember as a teenager going to school at Sunnybank High and doing EN104 English literature at Queensland University.

Mr Robertson: You're a Sunnybank boy?

Mr LANGBROEK: I am a Sunnybank boy, Minister.

Mr Robertson: Welcome.

Mr LANGBROEK: Thank you. One of the novels that formed part of the English syllabus was the great novel published in the early 1950s by JD Salinger, *The Catcher in the Rye*. As one of the most celebrated and controversial novels of the 20th century, it told the story of Holden Caulfield, a deeply troubled boy battling with the excesses of adolescence—alienation, alcohol abuse and conflict among

them. Throughout the novel mental illness emerges as a subtle, competing discourse. Indeed, by modern diagnostic criteria, Holden may well have been suffering dysthymia, a mental illness. Today *The Catcher in the Rye* is still prescribed reading in many schools, along with Shakespearean plays about characters' cognitive dissonance and cerebral battles. My point is that mental illness, despite our inclination and this government's tendency to underestimate it, is very much present in our society. Shakespeare recognised the devastating and sometimes dangerous effect mental illness could have, yet those opposite have tended to relegate it to the backburner until recently when it comes to funding to improve services.

'Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.' This is the preamble to the constitution of the World Health Organisation, ratified in New York in June 1946. Again, we see the importance of mental health in the WHO definition of health. Several weeks ago I put out a press release foreshadowing mental health as the next major health crisis Queenslanders will face. This is because the Smart State has fewer beds and spends less per capita than other states. Our investment in mental health services is well below the national average. The Premier acknowledged as much in her comments of May this year when she admitted that Queensland's investment in mental health services was 20 per cent below the national average. Furthermore, she acknowledged that Queensland has one of the highest suicide rates in the country. Yet despite this, the then Treasurer and now Premier refused to invest much-needed funds in mental health to bring Queensland up to national standards. As a result, Queenslanders are suffering.

Mental health already represents a significant challenge to our health system, yet we now grudgingly see extra money for more beds and improvement of services. The inadequacy of Queensland's mental health system, to say the least, has been illustrated over the past few years. Under the current regime, arguably more people have been made victims of the system than those of the crimes perpetrated by mentally ill patients. We saw this with the very public case of Gold Coast girl Janaya Clarke—the impetus for the Butler review and central to this legislation. Years after her tragic death, her family were forced to repeatedly relive the nightmare because the system has up until now ignored the rights of victims. Brendan Butler SC was sought to set down recommendations on achieving an equitable balance between the competing rights of patients and victims. He submitted his final report in December 2006.

Members who were here may remember that the Butler review was the circuit-breaker in the controversy that erupted over the Beattie and now Bligh government's decision to allow a killer on to the streets to visit a coffee shop unsupervised only 300 metres from where he violently stabbed teenage girl Janaya Clarke in 1998. This was in my electorate of Surfers Paradise at Chevron Island. Under this government, psycho killer Claude John Gabriel was granted day release on 12 occasions between March and May last year with only his parents as chaperones—the same people who were charged and convicted of aiding him to flee the country to Europe to escape involuntary treatment.

It was only after the story broke in the *Gold Coast Bulletin* that the then Beattie government did anything about it. We know that negative publicity is what gets this government going. I note that there is a provision in this bill which prevents victims and interested persons from disclosing information to the media. This is similar to what happens in the health department at the moment, and I will speak about that later. So at the time, as is the case with many of these crises, a review was set up to investigate the mental health system and the glaring disparity between the rights of patients and the rights of victims. Brendan Butler made 106 recommendations to achieve a greater balance between the rights of patients and the rights of victims in the forensic mental health system and the Mental Health Act. In May this year 10 of these recommendations were codified but only after a lengthy wait.

When we were debating the Health and Other Legislation Amendment Bill earlier this year the Queensland coalition was critical of the fact that the legislation only gave effect to 10 of the total 106 recommendations of the final Butler report. We implored the health minister and the then Deputy Premier and Treasurer to implement all of Butler's recommendations as a matter of priority. Today I am pleased to say that our calls have been heeded, with this bill giving effect to a further 29 recommendations which require legislative response. I note too that the minister said at the time that that would be given consideration in the upcoming budget which was subsequent to that debate, and that has been delivered. These reforms will provide the foundation from which the remaining 67 recommendations can be realised at an administrative level.

I extend my gratitude to the health minister for his effort in ensuring that the Butler review did not become another piecemeal review. I would have liked him to take a similar proactive approach to effecting each of the recommendations of the Forster and Davies reports into Queensland's public health system. I am concerned that unless we do things like that we are going to have the health minister and the Premier continuing down the path of putting out spot fires—for example, what happened last week at Princess Alexandra Hospital—while insidious problems may still simmer beneath the surface of Queensland Health.

I now turn to the bill specifically. The bill predominantly seeks to add weight to the victim's side of the scale which is something that we in the Queensland coalition have been long awaiting. The Mental Health and Other Legislation Amendment Bill currently before the House will give effect to 29 of the

recommendations of the final report of the review of the Queensland Mental Health Act, *Promoting balance in the forensic mental health system*, by Brendan Butler AM SC. The Queensland coalition has always supported the implementation of all 109 Butler recommendations and we will be supporting this bill.

During his inquiry Butler heard that victims were largely ignored in the process and felt 'unacknowledged, unsupported, uninformed and unable to meaningfully contribute to the process'. Perhaps the primary recommendations of the Butler report were those contained in chapter 3 advocating the establishment of an information and support service for victims. This bill provides the legislative framework to establish such a service. Underpinning the service is the concept of restorative justice, giving victims the opportunity to seek greater input in the mental and criminal justice systems and greater access to reparation. Certainly Queensland's Public Advocate supports the incorporation of principles of therapeutic jurisprudence in mental health proceedings to ensure that victims are not further persecuted by the process. At section 3.13 of the final report into the review of the Queensland Mental Health Act, Butler recommended a statewide victim support service be established to provide information and support to victims of crime perpetrated by classified and forensic patients to assist victims in understanding and negotiating dealings with the Mental Health Court and the review tribunal, such as applying for information orders under the act.

Significantly, the bill creates a new chapter 7A in the act pertaining to classified patient information orders and forensic patient information orders. Classified patients are persons who are transferred from court or custody to an authorised mental health service—that is, a service declared by the Director of Mental Health—under the Mental Health Act. A forensic patient is a person subject to a forensic order made by the Mental Health Court where the court is satisfied the person was of unsound mind at the time of the offence and/or they are unfit for trial. The establishment of these two categories for information disclosure gives victims the right to access certain information about a classified or forensic patient to give them more knowledge and power over the process.

These amendments will allow the Director of Mental Health, who I have already acknowledged here today, Dr Aaron Groves, who briefed me on the bill with the other staff, to issue information orders to victims, immediate family members of deceased victims and the parents and/or guardians of child victims. In addition, the Mental Health Review Tribunal will be able to issue forensic patient information orders to people deemed to have sufficient personal interest in that case.

The new section 318C stipulates information that may be received in an information order. Under the bill, victims and sufficiently interested persons may obtain information regarding the patient's classification about whether limited community treatment has been approved for the patient in addition to any conditions of the treatment relevant to the safety of the victim; about whether the patient is absent without approval where it is relevant to the victim; and when the patient ceases to be a classified patient, the reason for the cessation and the date from which it applies, among other limited information.

An information order will not, under subsection (2), contain information about the patient's mental illness or treatment plan. In his second reading speech the health minister stated the purpose of providing classified and forensic information orders is to ensure that victims feel empowered in the forensic mental health system which has not previously been the case. Butler noted the findings of the Mental Health Review Tribunal survey in its 2002-03 annual report in which victims stated they felt dissatisfied with the information they received, the information did not meet their needs to feel safe in the community, they felt unsupported through the process and, significantly, they saw the process itself as a retraumatisation every time information was sought via a notification order. Contrast this with feedback from patients subject to a notification order who said they felt personally unaffected by it. This illustrates the tendency of the system to favour the rights of patients, using it as a convenient mechanism to deny the rights of victims.

I note that under division 2 of the bill information order applications must be accompanied by a declaration stating that the applicant will not disclose the contents of the order for public dissemination. While I appreciate there is no monetary or criminal penalty imposed for a breach of such declaration, the Mental Health Act does contain provisions that make it an offence to publish information disclosed under a current notification order. This is an interesting point as it offers insight into the mechanism of gagging any dissent to a system. I speak about this in light of what has happened today with the Robert John Fardon case. While there is merit in safeguarding the rights of patients and discouraging frivolous and vexatious disclosure of information for public dissemination, if it were not for the *Gold Coast Bulletin* breaking the story on its front page the Butler review would never have been established. Robyn Clarke, the mother of Janaya Clarke, risked being fined and jailed by going to the media with classified information about Claude Gabriel. In fact, she received a distressing letter from health department bureaucrats to that effect, informing her that if she persisted in publishing information she would be prosecuted. I remember that being discussed in this place at the time.

This woman's bravery in the face of bureaucracy and refusal to appease an unjust system revealed the serious flaws in the system, particularly when it comes to the rights of victims in the mental health

system. As I said, when it comes to the case of Robert John Fardon it begs the question of why this government does not bring in laws to stop media notification of the whereabouts of released sex offenders. I put to members that there would be an outcry if the government did so.

While it is fair to refuse patient information orders on the basis that it would represent an unacceptable risk of harm to the health and safety of either the patient or the victim, orders should not be revoked on the basis of publication. I do not think many people would argue that the first port of call for complaints is the very department that is the source of the grievance. The majority of victims do not have a Sue Lappeman, Peter Gleeson, Janelle Miles or Hannah Davies on speed dial when they believe something is wrong with the system. But from the government's reaction to media coverage, perhaps the health system would be in a much better state if that were the case.

It is fair to say that people will first and foremost try to resolve the problem at the root cause—that is, victims or sufficiently interested persons who feel unfairly persecuted by the system will always try to resolve the matter by working with the system rather than against it. Only as a last resort when they feel justice is not being done will people subject themselves to public scrutiny via a front page splash.

Mr Robertson: What about the role of Bob Bennett, the National Party candidate?

Mr LANGBROEK: Many members in this House would know—

Mr Robertson: We might return to that later.

Mr LANGBROEK: I will be happy to hear the minister's response then. People contact us as members of parliament about issues when they believe that they have been unfairly dealt with. Many will say—because members will ask them—that they do not want media exposure about their stories. Most of us as genuine members of parliament really want to get the issue solved. Obviously, as in this case, as a matter of last resort people will sometimes opt for media exposure. In this case, Robyn Clarke felt compelled to speak out to stop the craziness of the system as she saw it. Under this bill, victims and families are still gagged and Janaya's mum continues to be critical of the government's policy on victims speaking out.

If the Premier and health minister are really committed to improving the system then they should listen more to the people who are affected by their George Street decisions. If they did so, they may not have to commission expensive reviews during crisis management to point out the problems that many already knew existed.

One of the problems with the system which this bill fails to address is the process by which victims and sufficiently interested persons are forced to make fresh submissions to the Mental Health Review Tribunal when a patient or their carer applies for a limited community treatment order. Every time Claude John Gabriel and his parents applied for a limited community treatment order Janaya's parents were forced to relive their heartbreaking nightmare by making formal submissions to the review tribunal as to why Gabriel should continue to be locked up. Legally, Gabriel is free to make new applications every month. In the six months to June last year, Robyn Clarke made five submissions. In an interview with the *Gold Coast Bulletin*—which may have landed her in jail, I hasten to add—Robyn said she has never been able to grieve for her little girl with having to fight not only with Gabriel but with the system. She said—

They live in an ivory tower and they have no idea the pain the system causes.

A simple way this could be overcome would be allowing a victim's advocate to sit on the Mental Health Review Tribunal to make representations on behalf of victims. This was one of the submissions made to the Butler review by leading psychiatrist, Executive Director of the Gold Coast Institute of Mental Health and President of the Gold Coast Medical Association, Dr Philip Morris. According to Dr Morris's submission—

This person would have the role to sensitively get the views of the victim or family and bring these perspectives to a tribunal hearing, thereby removing the need for victims to make repeated formal written submissions and reducing the potential for re-dramatisation.

He makes a good point, because while victims or sufficiently interested persons are not required to make a submission to the tribunal reviewing a forensic order, many feel compelled to do so.

While the Victim Support Service will assist greatly in preparation of these submissions, there certainly is an opportunity here to ease the pain and lighten the load for the people suffering. It is important that these people have a voice in the mental health system and in the review process because, apart from the moral duty that we have to ensure natural justice for victims, section 288(3) of the Mental Health Act requires that community views and safety are paramount in the court's deliberation in making forensic orders. Similarly, the Penalties and Sentences Act 1992 stipulates that community protection is one of the court's guiding principles in sentencing—that is, at section 9(1)(e). Victims are not only advocates for their own rights and safety but those of the wider public as well. Their views need to be heard but in a way that is least traumatising for victims.

I also note the bill creates a new category of forensic patient. Patients who have been charged with murder, attempted murder, manslaughter, rape, assault with intent to rape or dangerous driving causing

death will be classified as persons of special notification pursuant to Butler recommendations 6.1 to 6.5. I note that this was a recommendation of the Mullen-Chettleburgh review which came out in 2002. Butler reiterated the Mullen-Chettleburgh recommendation to introduce an additional category of forensic order to differentiate patients who are serious violent offenders from patients who have committed non-violent offences. According to Butler, the purpose of the additional category is to ensure that more intensive treatment and risk management processes are in place for individuals who have committed serious violent offences.

There is a common misconception in the community that people suffering mental illnesses have a heightened propensity for violence. While some persons suffering mental illness may demonstrate violent behaviour, this is certainly not indicative of all mental health patients. In fact, of the 2,817 patients on involuntary treatment orders as at 1 December 2006, only 99 were persons of special notification; 461 patients were on forensic orders by direction of the Mental Health Court. The renowned mental health charity SANE Australia actually submits that people receiving treatment for mental illness are no more violent or dangerous than the general population. The primary risk mentally ill patients pose is actually to themselves rather than other members of the community.

This lack of understanding in the community is not helped by the fact that the system has largely ignored the rights and interests of victims and the wider public in dealing with classified and forensic patients. Butler submitted—

Members of the public are entitled to expect that where mentally ill persons have committed criminal offences, particularly serious violent offences, the system will take the necessary steps to ensure treatment of the person has full regard to the need for public safety in managing the risk of reoffending.

Sadly, the case of Janaya Clarke illustrates that the health minister's department has not had sufficient regard for victims in the past, which only reinforces erroneous stereotypes about mental health patients and erodes public confidence in the system.

I note that the Mullen-Chettleburgh recommendation to establish the persons of special notification category was made in 2002. Had that been done then, Robyn Clarke might not have had to constantly watch over her shoulder in case her daughter's murderer was sitting across from her in a coffee shop a few hundred metres from where he committed his heinous crime.

The bill's establishment of the PSN category will add safeguards against violent patients. Under these amendments, the Mental Health Act 2000 mandates the Director of Mental Health to provide policies and practice guidelines for the treatment and care of forensic patients. As Butler stated, clinical practice standards and guidelines can play an important part in reducing risk. I am happy to support any measure which will reduce the risk of harm to victims, the community and patients themselves.

The bill also seeks to amend the Mental Health Act 2000 to streamline the mental health legal processes. In the final report of the review of the Queensland Mental Health Act 2000, Butler identified glaring inadequacies in the legal systems pertaining to mental health patients. Considerable delays in reporting, referrals and hearings have adversely affected both patients and victims of crime. As a guide, where an offence has been committed by a person whose mental capacity is under question, the matter is referred to the Director of Mental Health. A psychiatric report should be provided within 21 days of referral to the director. Butler found that in the majority of cases the statutory time frame is not being met. During 2005-06 only 21 per cent of reports were being provided to the Director of Mental Health within this time frame. As a result, matters cannot be referred to either the Mental Health Court or the Attorney-General for further action within the two-week statutory time frame.

While not expressly giving effect to the recommendations in chapter 4 which address the legal processes pertaining to mental health patients, ostensibly the bill will provide the legal framework for the implementation of the remaining 67 non-legislative recommendations of the Butler report such as 4.1, which is facilitating the establishment of a process to ensure compliance with statutory time frames, and 4.2, which is requiring the Director of Mental Health to inform administrators of delays as well as providing audit outcomes on the timeliness of reporting.

The bill also seeks to amend the Mental Health Act 2000 to further streamline the forensic legal process by devolving the role of the Attorney-General in determining the continuation or discontinuation of criminal proceedings involving involuntary patients who have committed offences to the Director of Public Prosecutions. In practice, the Attorney-General seeks the advice of the DPP in making determinations regarding cases. Amending the act to implement recommendations 4.6 and 4.7 of the Butler review will take out the middleman which will hopefully expedite the whole process.

As I mentioned, in many cases there is a lengthy delay in cases coming before the Mental Health Court. In his submission to the Butler review, the Director of Mental Health revealed the problem with delays. He said—

The Mental Health Court's capacity to hear references in a timely way is an issue of significant concern and adversely impacts on the defendant, the victim and the mental health service sector.

Classified patients are waiting up to 18 months before their cases are able to be heard by the Mental Health Court, which in 2005-06 sat only 58 days. While a significant number of cases were heard within this time, many more cases are still waiting to be heard.

In addition to the legislative amendments required to improve the efficiency of the mental health legal system, including conferring power on the Director of Mental Health to directly refer serious indictable offences to the DPP in some circumstances, Mr Butler called for a greater investment in legal and administrative processes. He recommended that additional court time and more resources be provided to the Mental Health Court to boost the efficiency of the system. These measures will ensure that cases are progressed faster, thus minimising the adverse effect on patients and victims.

As the Minister for Health stated in his second reading speech, enacting the remaining legislative recommendations of the Butler review contained in this bill will pave the way for the complete implementation of Butler's recommendations. Any change to the current system represents a marked improvement in the system. The shortcomings in services provided to victims of crime in Queensland have long been acknowledged, along with the inadequacies in risk management systems for forensic patients in Queensland. Many of these changes are only being made now after the Mullen-Chettleburgh review, the *Report of the Queensland review of fatal mental health sentinel events* and now the Butler report.

Last year Queensland signed up to the National Action Plan on Mental Health 2006-2011. It was agreed at the annual Council of Australian Governments meeting that a collaborative approach between the Commonwealth, the states and government and non-government sectors be established to prevent people from falling through the gaps. As part of the agreement, the states were required to draft an individual implementation plan on mental health. A comparative analysis between Queensland and its neighbour states illustrates the serious shortfall in mental health services in this state. The agreement states that the Queensland Labor government will spend $366.2 million over five years to improve mental health services. Contrasted with a $472.4 million program in Victoria and a $938.9 million program in New South Wales, the Smart State certainly pales in comparison.

Of the money Queensland will spend on mental health, $6.9 million will be spent on the promotion, prevention and early intervention of mental illness compared to Victoria's $80.4 million investment and New South Wales's $102.2 million investment. These figures really illustrate the problem. The health minister is more concerned with pouring money into quick-fix cures than preventing disease and illness from the outset. Butler supported the view that effective treatment is the preferred strategy for violence prevention in the case of people with mental illness. He said—

The treatment of active symptoms of mental illness and the management of other vulnerabilities associated with the active illness, such as substance misuse, social dislocation and personality deterioration, provides the best way of ensuring violent behaviour does not recur.

Integral to this is the investment in early intervention and prevention initiatives, community based services and non-government organisations dedicated to mental health. I acknowledge that there has been an increased focus on those latter measures, but at the moment the health minister focuses on hospital based mental health services at the expense of community based services. It is well documented that acute hospital based mental health services are the least productive parts of mental health service delivery. While it is absolutely vital Queensland continues to invest in mental health beds, of which we have a gross shortage in this state, we need to start spending in areas where people can access services before they end up in hospital wards. By the time someone requires an acute bed, their illness has progressed too far.

Despite the recent announcement of an extra $528 million in mental health funding, Queensland's suicide rate is well above national levels and mental health spending is only at 80 per cent of the national level. Queensland has fewer mental health beds than most other states. As a result, patients seeking help are often denied treatment and this, sadly, can sometimes have tragic consequences. I recently travelled to Mackay, where I learned of a young man undergoing involuntary treatment under the Mental Health Act 2000. Despite his desperation in seeking treatment for a degenerative mental illness, he was denied treatment at Mackay Base Hospital because staff simply did not have the beds to admit him. In a town of almost 100,000 people there are only four dedicated mental health beds in Mackay. None of these are adolescent beds. He was later charged with his girlfriend's murder—something their families feared would happen if he did not receive treatment.

On the Gold Coast we have seen several cases where confrontations between police and mental health patients have ended tragically. In the case of James Henry Jacobs, the son of Jan and Leigh Kealton, he died in a police stand-off after he was refused treatment at the Gold Coast Hospital. The member for Burleigh is all too familiar with how a shortage of services and treatment options can affect patients and their families. I have an immense amount of respect for the honourable member for Burleigh for the fight that she has taken into her party room and what she has lobbied for in this parliament. I hope that her colleagues hear her cries and make a real commitment to not only improving the systems but also boosting services available to patients. A good place to start is meeting the national average for mental health spending.

I thought it was interesting to note in the Queensland government response to the final report of the review of the Queensland Mental Health Act 2000 that Queensland will actually spend less next financial year than this year's investment. I table a copy of that.

Tabled paper: Document extracted from 'Queensland Government Response to the Final Report—Review of the Queensland Mental Health Act 2000', October 2007

That is quite significant—$13.015 million in 2007-08 down to under $13 million in 2008-09. We only have to look at the Health Action Plan report card, which was tabled yesterday by the health minister, at figure 11 on page 10. It demonstrates that in the three financial years to 2002-03 the Howard government actually had a higher rate of funding increase to the Queensland state government in addition to bankrolling Medicare, the Pharmaceutical Benefits Scheme and aged-care facilities. We can see on the graph where Queensland picked up its act. Coincidentally, it occurred in 2005-06 only after the Jayant Patel saga was uncovered.

The Premier and the health minister keep telling us about their record investment in health, but what they fail to mention is that their government starved the health system of resources for years before pouring comparatively massive amounts of money into the department to create the image that they are working towards fixing the system. While we could always do with more money in health, Queensland Health's woes are not so much a result of the budget but rather a by-product of bad management. My concern about the health minister's response to the Butler review was its undertaking to develop statewide policy and practice guidelines. It is vital that any such scheme is adaptable to the individual needs of hospitals and mental health facilities. I am concerned that we have the best clinical outcomes for all patients and that greater discretion in clinical decision making is integral to ensuring that Queenslanders receive the best possible services.

I truly believe that if we do not take action on mental health it will be tomorrow's health crisis. I acknowledge that the health minister, in taking heed of Brendan Butler's advice, is taking one step in the right direction. While it is important to ensure we have the statutory and administrative frameworks upon which to build the system, it is vital that we have enough beds and staff on the front line to help patients in their time of need. I call upon the Premier, the Treasurer and the health minister to boost Queensland's mental health funding and bring it up to national standards. Queensland's soaring suicide rate is an indictment on the system which is supposed to prevent such tragedies. In order to reduce the number of lives devastated by mental illness and decrease the instances of involuntary treatment orders made under the Mental Health Act, we need to take a holistic approach to the care and treatment of society's most vulnerable members.

In terms of the bill, it is imperative that we strike a balance between the rights of patients and the rights of victims. On that note, it is important to remember that the victims are not just those wronged by the patient. They include the families and friends of the patients as well as the victims. In researching the bill, I came across a poignant blog by the father of a schizophrenic patient, a young man named Sam. Reading about his son's experience gave me a different perspective of mental health and how it affects people who may be associated with mental health patients. Sam's battle is shared by his father, who struggles every day to understand the insidious nature of the illness. Reading from his journal, Sam's father illustrates his helplessness in treating his son. He says, 'When he is depressed and has troubling thoughts cannabis gives him respite, a break from those problems. But it also opens a window into all the exciting psychotic thoughts that we keep hoping can be kept in the past.' I am hopeful these amendments will go some of the way in offering respite for victims, patients and their loved ones.

In the time that I have left, I want to note the amendments to other health legislation. The bill seeks to amend the Food Act 2006 to ensure the food safety program and supervisor requirements apply to not only new food businesses applying for licences from February next year but also existing businesses. The Health Services Act will be amended to allow the minister to appoint up to two additional members to a health community council provided the minister is satisfied that the expansion of membership will substantially improve the council's capacity to perform its functions. There are other minor technical amendments included in the bill, one of which requires the quality assurance committees to give specified information to the chief executive instead of the Chief Health Officer.

The bill also seeks to amend section 270(1) of the Medical Practitioners Registration Act to provide that a medical practitioner registered interstate who is required to perform an autopsy in Queensland at the direction of the coroner, pursuant to section 19 of the Coroners Act 2003, is taken to be registered in the category of registration corresponding to the interstate registration. I note the minister's comments that the deemed registration will only be for the purpose of conducting the autopsy, ensuring sufficiently qualified persons are able to be sourced quickly as is often required.

The Nursing Act 1992 will also be amended to confer reserve power on the minister to give the Queensland Nursing Council a direction in the public interest except in exclusionary matters pertaining to registration or employment, disciplinary action and the suspension or cancellation of registration or enrolment. I note for the record that concerns have been expressed to me regarding these Big Brother

provisions. However, without any substantive reason to oppose the amendments, the Queensland coalition will be supporting them.

The Public Health Act 2005, the Tobacco and Other Smoking Products Act 1998 and the Health Quality and Complaints Commission Act 2006 will also be amended to incorporate consequential amendments. These amendments represent minor administrative changes to ensure the proficient enforcement of health legislation. Once again, I want to acknowledge the staff who provided insight into this bill and thank them for their time and effort. I want to thank the various stakeholders who provided me with feedback on their bill. With their endorsement, on behalf of the Queensland coalition, I commend the bill to the House.