



Speech by

Liz Cunningham

MEMBER FOR GLADSTONE

Hansard Wednesday, 31 October 2007

MENTAL HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mrs CUNNINGHAM (Gladstone—Ind) (4.28 pm): I rise to support the legislation before the House. I add to the comments by previous speakers concerning the importance of mental health support in our communities and our sympathy for families who are affected by mental health, victims of crime, family members with loved ones with mental health problems and patients who are seeking support from mental health services in our community.

Like many electorates, my electorate is crying out for better mental health support. Over a period of time one of the more regular issues arising is family members, particularly parents, contacting my office requesting the hospitalisation of their loved one rather than just having their loved one medicated and released. We do not have a secure mental health facility in Gladstone. The closest residential type facility is in Rockhampton. That is very dislocating for a family if they have somebody who is a resident in that facility. The hospital at Gladstone does not have a secure ward. These family members would just like to see their loved ones overseen by a medical practitioner until they became more balanced.

The member for Burnett referred to some very confronting incidents in relation to young men and women particularly who do not see the light at the end of the tunnel in terms of their health and their hope and do themselves sufficient harm to kill themselves. I cannot think of anything more disabling to family members—to the loved ones who are left behind—than all the what ifs that those loved ones must ask themselves. They are left to confront the issue themselves and come to terms with the fact that the person whom they loved so much just felt that there was no other avenue for them. As a community we need to work tirelessly towards giving hope to these people—particularly young people but all people—who have mental health challenges.

In my community there are quite a number of organisations whose core business is to provide support to mental health patients. There are also many other allied groups that provide peripheral support to mental health patients, whether that is in terms of teaching them to care for themselves by developing life skills or support in other areas of health that contribute to the stabilisation of their mental health problems. Whilst I am not going to put a long list of those organisations on the record, I would like to extend my sincere thanks to everybody in my electorate who supports people with mental health issues and those who love these people who have mental health issues.

The police, the Queensland Ambulance Service and the nursing staff at the hospital are the front-line people who, along with family support, usually have to answer the call when a chronic episode occurs. They are the ones who also need support. Mental health workers, the police, ambulance officers and nurses need peer support to help them cope with the trauma they experience in managing and dealing with patients who have a mental health problem and who are episodic at times. Mental health issues have huge impacts in often unseen ways. I think that needs to be recognised.

I again put on the record the request of my community for a secure facility at the Gladstone Hospital. The feedback that I have received from my community is that, although they accept that the secure facility at Rockhampton Hospital has psychiatrists and psychologists on the staff, a starting point for the Gladstone region would be a secured area where people, particularly those who have gone off their medications,

could be housed and accommodated safely while they are remedicated and returned to a situation where their mental health problem is under control.

It is often the case in my electorate that I hear of young men and women in particular, but older ones as well, who, because of the manner in which their mental health problem is demonstrated, feel well and healed while they are on their medication. So they take themselves off their medication and their condition deteriorates until they have an episode. I know of one young man—and he is not alone in this situation—who was arrested on criminal charges, but his actions were predicated by his mental illness. He had no recollection of what he had done. That had an incredible impact on his family. He had charges to answer in the courts, albeit he was supported by mental health workers and others—and well supported. However, if those people could stay at a facility at Gladstone Hospital where they could still have regular daily contact with their family members who love and support them, where they could be under medical supervision by a doctor and where they could have contact with a psychologist or psychiatrist based in Rockhampton either through electronic means or a visit when it was needed, it would certainly go a long way towards giving parents and loved ones peace of mind and also it would provide a better medical outcome for these people. So many people—and they are not all young people—are released because we have no facility close by. Their condition is not deemed to be serious enough for them to be taken to the Rockhampton Hospital and they therefore struggle to regain an equilibrium, and that should not necessarily occur.

In my mind there is an overlap between Child Safety and mental health services, particularly for children who are not yet 17 or 18 years of age. Theoretically they are still under the care of the Department of Child Safety. Their behaviours are perhaps linked intrinsically to their family background or their lack of family background. There is a lot of crossover between the Department of Child Safety, mental health services and police. Those agencies are intrinsically linked and work together quite closely. I know of a recent example in my electorate of a young person whose behaviour has been affected significantly by his upbringing. He is operating well below his age in terms of his mental health. But he appears to be falling through the cracks in terms of receiving support. If this young man is not properly supported he will be at significant risk of developing mental health problems when he is an adult. That is why there have been calls in my electorate for a child and youth councillor. We have councillors at the Roseberry community centre, but that centre caters for teenagers. We have nothing for children aged from three to about 12. That is where early intervention should occur. If the problems that those children are experiencing could be dealt with at that early stage, it could avoid a lot of health problems that might manifest themselves when they are older and which would be a significant burden.

I am not standing here saying in any way, shape or form that mental health issues are easy issues to address. There is no magic bullet that will solve the problem. There is no injection or tablet that you can give everybody. For many people, mental health issues are dealt with privately. That in itself can have its own negative repercussions. It can be a burden to a family because it could cause post-traumatic stress. That family could take it upon themselves to not hide their concerns and their experiences but protect the ill person by not allowing people outside the family unit know about the incidents. That has repercussions for any children in the family and for any partners. So I am not standing here saying that there is an easy fix. I am saying quite the opposite. It is a complicated and gut-wrenching issue. But the more that we can do to support families and to support loved ones, the more that we can do to support the victims of crimes that are perpetrated by people with mental health problems—albeit at times those people do not realise what they are doing—and the more we will stem the longer term consequences not only for the individual but also for the community. The support, the care and the compassion that we demonstrate will be a mark of who we are as a community. I support the bill.