



Speech by

Mike Horan

MEMBER FOR TOOWOOMBA SOUTH

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MENTAL HEALTH AND OTHER LEGISLATION AMENDMENT BILL

Mr HORAN (Toowoomba South—NPA) (3.39 pm): I am pleased to join our shadow minister in supporting the Mental Health and Other Legislation Amendment Bill. I think the improvements that have come about to mental health in recent decades have been simply outstanding, and both sides of politics have contributed to that. Probably one of the major improvements in Queensland was the introduction of the 10-year Mental Health Plan. Prior to that, Queensland had three major institutions, as they were called. There was one at Goodna, there was Baillie Henderson and there was Mosman Hall at Charters Towers. There were many thousands of people in those institutions, and some of them were older people. That system belonged to another era—a dark era when people did not know as much as they know now about mental health and proper mental health care.

There has been a three-pronged approach to the 10-year Mental Health Plan. The first is that most of the major hospitals now—hospitals of any size—have a mental health unit attached to them. For example, Toowoomba Hospital has a 57-bed unit. That is generally for a length of stay of around 10, 12 or 14 days. People are treated and then able to go home. Another is community mental health services, with teams that consist variously of psychiatrists, psychologists, mental health nurses, social workers and so forth, providing care in the community for those who require treatment, who are at home and who need assistance, support and confidence. Then of course there are still units—but very modern and up-to-date units—at Wolston Park, at Baillie Henderson, and at the Townsville Hospital and Mosman Hall in north Queensland. While at some stage there would have been 2,500 to 3,000 people at Baillie Henderson, it would now have in the order of approximately 160 people. Some of those would be high-security patients; others would be those who have a chronic illness and who require long-term care. We can see a dramatic change, despite the huge increase in population in Queensland over the past 20 years or so. We have seen a massive decrease in institutions. We now provide proper long-term care for those who are chronically or forensically ill, we have hospital units that provide medium-term care and we have community teams that provide care.

There are always calls for more staff. The provision of mental health is difficult. It is not always as clear-cut a science as other areas of medicine. A broken leg is a broken leg: you pin the bone together and put the plaster on and that is it. With mental illness there is often different stages and it is sometimes a little difficult to correctly diagnose. There may be two or three illnesses combined. There could also be other issues. Sadly, these days there are often other issues involving drugs which can impose or exacerbate the illness itself. I have always admired those people who provide professional care and assistance in the area of mental health. I find that they are people with great compassion and provide genuine professional care.

One thing that has been great for the profile of mental health is the campaign by the former Premier of Victoria Jeff Kennett, the beyondblue campaign. I was recently at an AFL match between Hawthorn and Sydney and Jeff Kennett, the President of Hawthorn Football Club, in his predinner speech spoke so well about the issue and referred to sport. A person like him who has charisma and some standing helps to raise the issue that we always talk about—the need to see mental health as an illness.

It might be that someone has a particular mental illness who requires a little amount of lithium each day or each week as treatment. That is no different from someone who needs insulin due to another gland

in the body not working properly and they need insulin to control their diabetes. If the gland that produces lithium is not doing that properly, that is a minor malfunction that just needs some treatment. Removing the stigma has been good. I think, generally speaking, in society today there is a far greater acceptance of it. It is just an illness like other illnesses, and it is in most cases treatable with the right sort of care. Also, mental health care often needs to be extended. It is not something that occurs for five or six days and then you are fixed and that is it. There is often a need for extended care and quite complex care in many cases.

The other issue beyondblue has been able to draw attention to is the fact that there are people out there who suffer depression and all they need is someone to talk to, someone to help them and to get them to care. There is the issue of men's health, particularly in rural areas where men are too proud to admit that the drought has nearly beaten them. The grinding poverty of no money, no income, no rain and cattle or stock dying eventually wears people down. I think organisations like beyondblue and the mental health units within Queensland Health are able to say to people that when things happen that are completely beyond their control there is nothing wrong with admitting that they have been beaten and there is a future and there are other ways to go; they just need some people to help them through that. If they still have their family and their health, they are millionaires really and they need to overcome these particular difficulties.

There is one organisation in Toowoomba which I have supported for a number of years and which I think very highly of called the Toowoomba Clubhouse. It has been a great institution where people can go and feel they belong, and that is important. Everybody needs to belong to a club of some sort and feel that they belong there and enjoy walking in the door. They provide support to each other. They provide training. Many people have been able to undertake courses and get back to work. Mental illness strikes people of all dimensions and from all parts of the spectrum. The Clubhouse itself has been great. It is part of what I refer to as the extended care that needs to be provided for mental health. I think organisations like that are always worthwhile supporting. Queensland Health and the Commonwealth government have supported it. I think it does produce very good results.

On the weekend I was at a restaurant with my wife and a young woman came up to me to say hello. I was very touched by it as she was one of the extended family of the mental health team who were killed in a plane crash in Toowoomba a few years ago. She was the wife of one of the doctors who was killed in that crash that occurred as the plane took off from Toowoomba airport. They were going out as a team to the western part of the state to provide care. There were various professionals on that plane. It was an absolute tragedy. It rocked the hospital, it rocked the mental health unit and it rocked, of course, all the families of those people. One of them, Alan Duckett, was a mental health nurse. He was just a wonderful guy in the way he was so committed and dedicated to helping people. I was quite touched that this woman came up to say hello and thank me for some of the sympathies that were extended at the time.

That brought to my mind the dedication that these professionals show in going out to these western areas and the difficulties and the extra risks they face because of the distances, the time and having to travel by air and so forth. I think my colleague the member for Gregory spoke about the special needs of people in those areas. There are some special needs. I advocate on behalf of those people who do not have the quick and ready access to the services that they need that many of us who live in regional cities or capital cities have access to. They rely on a team coming out now and again. They are a long way away from help, from assistance. So anything that can be done to build up those particular teams so that they can provide that service—as well as anything that can be done to provide good support to the teams themselves, because they do have to go away from home to provide that care—would be welcome.

I have spoken before in the parliament—the minister is well aware of this—about the mental health unit at the Toowoomba Hospital. I am not going to go over those issues. I think there has been an effort to try to overcome the difficulties of the lack of specialists in particular. I have spoken about that quite strongly in the parliament before. Adolescent mental health is an important issue. It is so important to ensure that adolescents get the right care. There has been ongoing difficulty in getting specialist services in that unit to provide that care.

We have just had a recent case of a 13-year-old girl who had to be kept in the adult ward, at times I understand in a dark and secure room, to provide her with security. That is not the way that it should be in a modern mental health service. I acknowledge the difficulty of trying to get specialist staff to come out to places such as Toowoomba. I do not think it would be too big a difficulty getting them to come to Toowoomba. Perhaps it goes back to the question of whether are we getting enough people in these particular specialties through the colleges themselves so that we can have enough staff to go around all of the acute mental health services that we have in the regional and larger city hospitals.

Mr Reeves interjected.

Mr HORAN: I hear an interjection over there. I know when I was health minister I put on a forum in the parliament and out of that forum we got an additional 38 specialist places in a number of different specialties. That has to be done on an ongoing basis to identify where these shortages are and to make sure that we have enough people to service them. There have been a number of extensions made to

existing hospitals, new hospitals built in growth areas and an expansion of the actual specialist services that are provided at regional hospitals.

I would urge the minister to assist the staff and family who are quite concerned about this issue. I do not think any of us in this parliament want to see a young 13-year-old girl with an illness who needs treatment in an adult ward. We need to provide proper, professional, modern mental health care and that is not the right way to provide that treatment. I call on the minister to continue to do everything that he can possibly do to get that specialist position in place.

Toowoomba is a regional city and we do draw people—particularly in relation to mental health services—from all over central Queensland, the Burnett, the Lockyer and even Northern New South Wales. People gravitate to a regional city such as Toowoomba because they still see it as the country, not as a capital city. They are moving towards where they think there may be assistance and services. We have to make sure that those particular services are there.

I have talked generally about mental health, but I do hope that this bill can address those issues which were the genesis of the bill—the forensic patients out on community leave and the appalling effect that it has on the families of victims. Something in the order of 26 of the issues that Brendan Butler brought up in his report have been addressed in these amendments. Not all of them have been addressed yet. It is probably fair to say that it is a work in progress. This certainly shows that it is reaching a particular stage. It is important to have consideration for those victims of crimes and their families. The particular incident that happened on the Gold Coast was appalling. I hope that this legislation and the support that we have provided in the House assists those people who work in mental health to provide compassionate and professional care. I hope it assists those people who have suffered from mental illness or the tragic effects of forensic mental health and their families to come to grips with what has occurred.