



Speech by

John-Paul Langbroek

MEMBER FOR SURFERS PARADISE

Hansard Friday, 6 June 2008

MENTAL HEALTH

Mr LANGBROEK (Surfers Paradise—Lib) (6.42 pm): This evening I rise to speak about an issue that I have raised in this House before, and that is Queensland's mental health crisis. I want to deal with two issues. The first issue is mental health funding and the second issue is measuring outcomes. If the mental health system is going to be accountable, it needs to demonstrate in a clear way that the main measures of mental illness are improving, because otherwise we are seeing tragic outcomes in the community due to systemic problems and often treatment options, doctors are telling us, are determined by budget, not clinical need.

There have been submissions from the Queensland Alliance and also Dr Philip Morris—a consultant psychiatrist, the Gold Coast AMA President and a former director of mental health at the Gold Coast Hospital from 1997 to 2002. The priority in mental health funding is to increase community based services. The overwhelming majority of resources are allocated to hospital care. This is highly ineffective and unsustainable. The solution is that obviously resources are required in the community to prevent people from reaching crisis and further resources are required for accommodation. We need to decrease reliance on expensive acute services, reduce crises in the community and unclog hospital beds. This is nominated by many mental health workers as a real problem.

Australia spends less on mental health than most other OECD nations and Queensland spends less per capita on mental health than any other Australian state. An increase in mental health spending in 2007-08 brought Queensland's per capita funding up to 80 per cent of the national average. Also in 2007-08 the money allocated to community mental health services had risen from two per cent of the mental health budget to nearly six per cent, but most of these funds have yet to be allocated. Funding that was announced in the October 2005 mini-budget for sector industry development has yet to be allocated—that is, nearly three years ago. The Queensland Alliance believes that there is a critical need for a long-term strategic plan which encompasses public, private and community sectors to achieve a better mental health system.

The second aspect that I want to speak about is measuring outcomes. There is a very good reason we need to measure outcomes, just as we do in the public hospital performance report. I refer to answer to question on notice No. 741 that I received this week about the number of people who have died as mental health service patients throughout Queensland. From January 2007 to April 2008 there were 43 deaths of consumers of mental health services: 24 were of people who were receiving treatment from community mental health services; eight deaths were of inpatients; seven deaths were of inpatients who had absconded prior to death, which is of great concern and should be to all of us in the community; and four deaths were of inpatients who were on approved leave from the inpatient services at the time of death. Of the 43 deaths outlined, 34 were suspected suicides, three were deaths following incidents of seclusion and/or restraint, one death was of natural causes and five deaths were of uncertain cause. We need to keep publishing these figures and to see the outcomes, as I said, of public hospital performance reports so that we can see that the expenditure is working; otherwise, we will keep pouring money into these black holes. That is why Dr Morris thinks that we should consider publishing the number of mentally ill people who are shot or injured by police, because that is a reflection of their care.