




Speech By
Aaron Harper

MEMBER FOR THURINGOWA

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MENTAL HEALTH BILL; MENTAL HEALTH (RECOVERY MODEL) BILL

 **Mr HARPER** (Thuringowa—ALP) (4.14 pm): I rise today to give my support to the government's Mental Health Bill. In saying that, I certainly recognise the Mental Health (Recovery Model) Bill, which is being debated cognately. I recognise the contribution the member for Caloundra made in the House this morning on the recovery bill. With respect to the member for Caloundra, I have to say that I do believe the government bill goes further in relation to addressing a broad range of issues in the area of mental health. I also congratulate the health minister, the member for Woodridge, for his vision in ensuring the area of mental health, and particularly the safety and welfare of the particular cohort of patients in the area of mental health, is paramount. It is, in effect, front and centre of this bill.

To my fellow members of the committee, both government and non-government members, and to you as chair, Madam Deputy Speaker Linard, I thank you. This is not an easy bill. With 921 clauses, it is a large body of work. The committee could not reach agreement, with non-government members voting for the LNP bill and government members voting for the government bill. We should also recognise the outstanding work of our secretariat at the time and the support staff in dealing with the bill before the House.

Mental health in Queensland and Australia is a very serious subject. It is imperative that politicians, health practitioners, allied health staff from various agencies and community support advocates put patient safety first and foremost. As legislators, I believe it is our job to ensure there are safeguards around mental health policy and provisions. That is why I have been very happy to be part of the Health and Ambulance Services Committee. We have all worked hard and contributed together in recent months to ensure all bases are covered when it comes to the serious issue of mental health.

In Queensland, an estimated 900,000 people have presented with some type of mental illness in their lifetime. That is one in four Queenslanders who will suffer from a type of mental illness, and that is why it is imperative we get the basics right. When we examine the content of this bill, we see it begins with the main objectives, which are to improve and maintain the health and wellbeing of persons with a mental illness who do not have the capacity to consent to treatment. It also enables persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of an alleged offence or to be unfit for trial. It is good to see that the objects of the bill can be achieved in a way that safeguards the rights of the persons, is least restrictive of a person's rights and liberties and, most importantly, promotes the recovery of a person with a mental illness and their ability to live in the community without the need for involuntary treatment or care.

Treatment authorities are made under the bill by authorised doctors, and there are criteria for making that treatment authority, which are, not surprisingly: the person has a mental illness, the person does not have the capacity to consent to be treated and there is a risk of imminent or serious harm to that person or others. I am pleased that this bill goes further when discussing the complex and challenging area of treating someone, particularly in the acute setting—and I have certainly had my fair

share of dealing with this cohort of patients during my 25 years with the Ambulance Service, with each of them presenting in a complex and challenging way of their own. I say that as in my previous role with the QAS I placed many a patient under what was then known as an emergency examination order, or an EEO, where the person was at risk of self-harm or harming others. It has been my experience, however, that some of those EEOs were placed on patients who may not strictly have had a diagnosed mental illness such as schizophrenia, bipolar, depression disorders or anxiety related illnesses. Many of those patients were, indeed, drug or alcohol affected. So they really required the appropriate treatment in the clinical setting and not in the acute mental health unit. This is where the new emergency examination authority, or EEA, which will be available for ambulance and police officers, will better place the patient in the right clinical health stream. That amendment will see those drug and alcohol affected individuals, perhaps with another illness or injury, appropriately placed under the Public Health Act 2005 as they do not, strictly speaking, fit under the Mental Health Act.

Authorised doctors and administrators of authorised mental health services have clear responsibilities under the bill for the treatment and care of patients. To better align with good clinical practice, this bill requires doctors to record the treatment and care to be provided to the patient. All reasonable steps must be taken to ensure the patient receives planned treatment and care. Importantly, this bill, the government bill, also strengthens the rights of family, carers and other support persons. Doctors must involve those people in decisions about the patient's treatment and care. We know that good, planned treatment and care and the involvement and support of the patient's family and support network can lead to better patient outcomes and a reduced length of stay on the patients' journey through the area of mental health.

One of the most important topics arising from the bill relates to mechanical restraint. After a very tragic and sad case that occurred in the Townsville Hospital, I do believe we have the balance right in relation to amending the bill, which provides that the use of mechanical restraint must be approved by the Chief Psychiatrist who also must provide direction in relation to the use of seclusion. There is now explicit criteria for the use of both seclusion and mechanical restraints which set clear time limits on their use.

Another topic of interest was in regard to the use of ECT, electrical conduction therapy, and non-ablative neurosurgical procedures. I believe, again, that we have the checks and balances right in terms of these procedures. The bill now provides that these procedures are regulated treatments. Importantly, they require the consent of the person or approval of the Mental Health Review Tribunal where the person is unable to consent or is a minor. Even better, in the case of minors, this bill goes further. It ensures that the Public Guardian is part of the process, ensuring they are in step with the treatment of minors and can report on it as necessary. This bill now places a greater emphasis on a less restrictive way. By that, I mean to treat a person, rather than involuntary treatment, as a means of reducing the effects on the rights and liberties of the person.

Finally, I would like to comment on the provision relating to the Mental Health Court. After reading the viewpoints of people who have been subject to the most serious of crimes and having read their concerns about the current arrangements, I would like to point out that this bill enables the Mental Health Court to impose a non-revoke period of up to 10 years—that is an increase from seven years—on a forensic order for the most serious, violent offences such as murder or rape and goes further in clause 124 to clarify the basis of the court's decision to refer the matter to the criminal court if the court is satisfied there is substantial dispute about whether the person committed the offence as charged by the Crown.

As I stated, this bill is enormous in terms of its content and I really would like to acknowledge the extensive work done by the Department of Health in relation to their work and research into the bill, bringing their expertise, amongst others, to the table for consideration and the extensive contribution they have made to the development of this bill. Finally, I acknowledge the chair again as well as my committee members and, importantly, the secretariat for the significant work and detail that has gone into the bill. I commend the government bill to the House.