Speech By

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MEMBER FOR GLASS HOUSE

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MENTAL HEALTH BILL; MENTAL HEALTH (RECOVERY MODEL) BILL

Mr POWELL (Glass House—LNP) (4.47 pm): I, too, rise to contribute to the debate this afternoon on the mental health bills. I commend the shadow minister in particular for his very detailed discourse on these bills. I will not repeat everything he contributed, but I do want to mention one of the aspects he picked up on because it was important to a constituent of mine, Mrs Kerry Larkman of Palmwoods. She was actually a submitter to the committee inquiry and I suspect, along with a number of others who provided written submissions to the committee, did so on one particular topic—that is, electroshock or psychosurgery being provided to minors in particular. I suspect that her submission—I have not actually seen what she did provide to the committee—was consistent with what she has provided my office on a number of occasions regarding some concerns being raised by the Citizens Commission on Human Rights. I will read from a summary that she provided me on one occasion. It states—

This week is Carer's week, and as a representative, I am researching huge challenges for us all. There appears to be a mountain of evidence to stop many bizarre and dreadful treatments for those who are in the 'system'. Please take note for the New Queensland Mental Health Bill under review.

It is all too slow.

Recently in London there was a Council for Evidence-Based Psychiatry. A brilliant day at Roehampton University, with many enlightened speakers.

…

Please can you find a way to have this important work shared with more people?

Dr Peter Breggin is the last speaker. He has been working in the field for many years and written 20 books. ECT is barbaric and brutal.

The World Health Organization states 'There are NO indications for the use of ECT on minors, and hence this should be prohibited through legislation.'

'Shock Treatment is not good for your brain.' In the book Toxic Psychiatry, Peter Breggin goes into detail and stories of those maimed and destroyed by this treatment.

In Qld, Medicare has funded nearly 10,000 electro shocks in Qld, a 49% increase since 2010.

It must be illegal for use for children, pregnant women and the elderly immediately.

She goes on to also talk about deep brain stimulation. As others have mentioned, I note that this appears to have been probably the most contentious part of the bills where even the expert advisers were at odds. I acknowledge that there were varying degrees of research supporting either side of the case. Indeed, there were varying approaches to how this should be tackled. I want to commend the committee. I have been reading through its response to these key issues in chapters 11 through to chapter 14 of the report, and if Mrs Larkman has not received a copy of the report I will be endeavouring to get one to her as soon as possible. The shadow minister the member for Caloundra talked through

elements of chapter 11 in terms of what is psychosurgery and also in chapter 12 as it relates to regulated treatments such as electroconvulsive therapy. I want to particularly pick up the work that the committee did in chapter 14, because that is where it does relate to this issue of treatment of minors. The committee report states—

The Bills prescribe principles for persons with a mental illness, which must be applied when administering the Bills. These include:

(l) Minors

to the greatest extent practicable, a minor receiving treatment and care must have the minor's best interests recognised and promoted, including, for example, by receiving treatment and care separately from adults if practicable and by having the minor's specific needs, wellbeing and safety recognised and protected.

…

During the first public briefing on the Government Bill the Department described this approach as follows:

The starting point is that if there is a supportive parent, a child under 18 needs treatment and the parent gives consent then they must be treated that way. That gives the family control over the situation.

The committee went on to comment—

The Committee acknowledges the focus both Bills place on providing appropriate treatment for younger people with a mental illness.

The Committee commends the inclusion of a specific principle for minors which requires persons acting under the Bills to recognise and promote a minor's best interests.

It then went on to explore this issue of ECT and, again, it looked at a range of inputs from various organisations and individuals and made another couple of comments. The report states—

The Committee notes the Department's advice that the use of ECT on minors under the current Act, which also requires approval by the Tribunal, is extremely rare and unlikely to be approved for younger adolescents.

The Committee also acknowledges the position statement issued by the Royal Australian and New Zealand College of Psychiatrists, which states that it is exceptionally rare for ECT to be used in children in the preadolescent age group and that where ECT is considered for a child or adolescent, the opinion of a child and adolescent psychiatrist should be sought.

The Committee supports these provisions in the Bills.

As I mentioned, there were a number of submissions on this aspect. The report states—

Mr Sheehy also stated that ECT is 'used very, very infrequently on persons under 18' and again emphasised the requirement for the Tribunal to 'consider and demonstrate that it is in the individual's best interests.' Dr Kingswell provided data during the second briefing on the Bill which supported Mr Sheehy's statements:

Under the current Act, the Mental Health Review Tribunal is required to approve all instances of ECT on persons who do not have the capacity to consent to treatment. During the last financial year, of 559 applications made to the ... Tribunal only four applications were made and approved by the tribunal in relation to minors: one person of 17 years of age; two of 16 years of age; and one of 15 years of age.

The AMAQ was not as confident about this aspect of ECT on minors and it expressed concerns about the adequacy of the evidence base. The report states—

I think ECT in children is a difficult issue. It is very much obviously age dependent and one of the things is actually establishing whether someone who is under-age actually has an adult type illness that is responsive to ECT. We know that much of the evidence in terms of the efficacy of ECT comes from the adult populations because that is where most people have done the trials. There is much less evidence in terms of its use in children. There is a general maxim that we should not be looking at children as small adults, that things that have been proven in adulthood do not necessarily work in children. We said that basically across-the-board in terms of our interventions.

As far as I am aware, the ECT evidence in adults, particularly in terms of RCT use, is pretty robust. It is much less so in children. Again, we see it as more an experimental rather than an established intervention with sufficient safeguards that it is only used in children who have adult type illnesses that will respond to ECT and, again, in the context of fully informed consent in terms of the state of the evidence and the possible adverse effects.

I think the AMAQ's advice is consistent with Kerry Larkman's concerns. There are a couple of other comments such as this one from the RANZCP about DBS, deep brain stimulation. The report states—

There is little clinical evidence worldwide of the use of DBS to treat children or adolescents for movement disorders or psychiatric disorders. It is rare for the DBS procedure to be used to treat children or adolescents with psychiatric disorders, and in Australia it is not currently used to treat children or adolescents with psychiatric disorders.

The committee also picked up that there are a number of different approaches being taken in a number of different jurisdictions, and again that was reflective of Mrs Larkman's concerns. Two Australian states have recently introduced mental health legislation which provide for the use of ECT on minors. The Victorian model provides that ECT can be performed on a young person subject to certain criteria, including an application to its tribunal. The Western Australian Mental Health Act 2014 prohibits ECT on a child under 14 years of age and requires the approval of a tribunal to use it on a

child between 14 and 18. The committee did weigh all this up, and again I will be referring Mrs Larkman to the committee's comments on pages 108 and 109 of the report, which state—

The Committee received significant evidence on regulated treatments during the inquiry. Some of this evidence was emotive, and at times contradictory. Stakeholders had particularly strong views on whether regulated treatments such as ECT and DBS should be available to minors. The issue of DBS and minors is discussed below.

The Committee understands that there are a range of safeguards in the Bills which must be met ... Broadly speaking, ECT may only be performed on a minor if the Tribunal has provided approval.

…

The Committee has diligently considered whether these safeguards are sufficient ...

The committee notes the concerns expressed by the AMAQ and also notes the advice of the department and Associate Professor Stathis that it is rarely used. The report continues—

The safeguards in these Bills 'rank amongst the most comprehensive in Australia' and to deny someone access to an effective treatment such as ECT solely on the basis of their age is discriminatory and a breach of their human rights.

I note the conclusion that the committee came to—that is the conclusion that we will be discussing today—but I would ask that both the government and the opposition continue to pursue this particular matter for those like Mrs Larkman who are concerned.