




Speech By
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MEMBER FOR MOGGILL

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MENTAL HEALTH BILL; MENTAL HEALTH (RECOVERY MODEL) BILL

 **Dr ROWAN** (Moggill—LNP) (4.27 pm): I rise to address the Mental Health Bill 2015 and the Mental Health (Recovery Model) Bill 2015. Both bills propose to repeal and replace the Mental Health Act 2000. It is very appropriate that this legislative review is done given the passage of time over the last 15 years and the importance of revisiting such significant legislation for patients, families, carers, health professionals, administrators, the legal fraternity and the broader community.

There is a shared jurisdictional responsibility in relation to mental health policy and the access to and availability of clinical and other support services, such as accommodation and education, for those in our community who are living with a mental health condition. As has been said earlier by a number of other members, measuring the prevalence of mental health disorders is very complex due to many factors and, in part, that can be due to differences in diagnostic criteria in relation to the *Diagnostic and Statistical Manual of Mental Disorders*, or the ICD-10 classification systems. Whilst the Commonwealth government takes a primary lead in national health policy and reform, our state jurisdiction of Queensland provides vitally needed public specialised mental health clinics and services as well as funding for not-for-profit and other non-government organisations. In Queensland our very own Mental Health Commission, led by Dr Lesley van Schoubroeck, is delivering community and system improvements through leadership, vision and enhanced cross-sectional organisational engagement and is delivering evidence based strategic plans. The establishment of Queensland's first independent Mental Health Commission is a great legacy of the former Newman LNP government here in Queensland.

I would also like to acknowledge the chair of the current Mental Health and Drug Advisory Council, Professor Harvey Whiteford, the deputy chair, Jan Kealton, and other members of the council. Having served as a member of the Queensland Mental Health and Drug Advisory Council prior to my election to this parliament, I am well aware of the knowledge, skills and expertise of those individuals who serve on the council and the terrific work done by various organisations in assisting those with mental health conditions, homelessness and/or alcohol or drug dependency disorders. Healthy communities are vital for individuals, their families, our economy and also general social wellbeing. For those living with a mental health condition, there must be active and meaningful participation within the system of which they are a part. This requires comprehensive consumer engagement at all levels. Strengthening communication provisions between treating or authorised doctors, patients and families is important, and I certainly support these proposed provisions.

We must always prioritise primary prevention, health promotion and early intervention in relation to mental health conditions. I certainly acknowledge the recent financial commitment by the health minister, the member for Woodridge, and the Palaszczuk government in relation to drought and mental health, including the \$2.9 million they allocated to the Tackling Adversity in Regional Drought and Disaster Communities through the Integrating Health Services Scheme; the \$600,000 for community based mental health projects; and the \$1.5 million budgetary allocation to support the Royal Flying

Doctors' Drought Wellbeing Service. Having worked as a medical superintendent with the right of private practice in communities such as Mungindi, Oakey and Biggenden, I know firsthand what this financial commitment will mean for many in rural and regional Queensland.

If I look back to when I first went to the community of Mungindi as a junior doctor last century, I was then 25 years of age. That was even before the current Mental Health Act 2000. The process of having to use the old forms 6 and 7 which existed at that stage, assessing patients, and the importance of having good, robust legislation which you could interpret with the utilisation of associated forms was a very important component of being able to work in those communities as a solo doctor fulfilling your obligations to those who may be impaired with various forms of mental illness.

I also take this opportunity to commend the federal coalition Turnbull government on their recently released National Ice Strategy. I was also pleased to see the launch of the Queensland Alcohol and Other Drugs Action Plan 2015-27 given the physical, psychological and social harms of alcohol, tobacco and other drugs. This plan is also a great legacy of the former LNP government.

Monitoring system performance and reporting transparently on outcomes and the interaction of mental health services with other parts of the health system, including emergency departments, perinatal units and the Queensland Ambulance Service, is also very important. This is vital for achieving excellence in patient outcomes, community confidence, quality assurance and maintaining professional accountability by the various health service providers in the delivery of high standards of clinical care.

In discharging my responsibilities as a member of the Health and Ambulance Services Committee of the 55th Queensland parliament, I make the following comments in relation to some of the draft elements of the proposed legislative reform.

I believe it is vitally important that the definitions and nomenclature of terminology used within the new act are clear and concise, given the often difficult operational implementation of new legislation in clinical settings. What I mean by that is for clinicians on the ground, the doctors and nurses, whether they are working in general practice or in hospitals in Brisbane or regional and rural Queensland, sometimes when new legislation comes in it can be a little bit tricky to understand which bits of forms need to be used and which bits of legislation need to be referred to in order to ensure absolute clarity of terminology. Ensuring that there is a robust education and implementation plan is also critically important.

We have heard a little bit today about ECT, and certainly as a doctor I would absolutely state that there is clinical efficacy for ECT in a number of clinical situations not just for adults but also in paediatric cases. From my clinical experience dealing with patients with catatonia or severe major depressive episodes, I can say that there can be a role for ECT in those particular cases. Whilst the committee, having accepted departmental and expert clinical advice, has recommended the prescribing of non-ablative neurosurgical procedures and other emerging technologies as a regulated treatment, there was concern raised through some submissions and testimony as to the role of these procedures, particularly in paediatric mental health conditions. The establishment of a neuroscience multidisciplinary advisory panel to provide advice on such procedures and emerging new technologies could be of significant clinical and governance benefit for Queensland, and I would certainly encourage the government to consider that. I would also make the comment that further efforts to align mental health and guardianship legislation should also occur.

In relation to balancing patient rights whilst also protecting community safety, it is my view that if there is to be a conflict between these two competing interests then community safety must be the paramount consideration. As such, GPS tracking devices or other newer technologies can potentially be appropriate for monitoring forensic patients; however, in my view there must be a clear, considered and transparent application and review of such tracking devices with respect to their use in specific psychiatric patient populations.

It is clear that both draft bills aim to enhance and protect the rights of patients, and this is to be applauded. Achieving bipartisan consensus on mental health policy and legislation is important for all Queenslanders. The members of the Health and Ambulance Services Committee have, through the majority of our recommendations in report No. 9, attempted to reach consensus in this important area of public health policy. As we have heard so far throughout the debate, I am sure that both the minister and the shadow minister will continue to clarify a number of outstanding matters in order for the Queensland parliament to make an informed decision and determine an appropriate outcome for mental health patients, carers, families and the community with respect to both bills.

I conclude by thanking my fellow Health and Ambulance Services Committee members, our technical scrutiny secretariat and committee staff for the due diligence they have shown in reviewing, evaluating and hopefully enhancing an improved mental health legislative framework for the people of Queensland and my constituents in the electorate of Moggill. I also want to thank and put on record my

appreciation to those who provided submissions to the committee and the various stakeholders for their input and views in this important area. As a well-respected former AMA president, my medical colleagues and I understand the importance of good mental health policy for patients and Queenslanders, so I look forward to a positive legislative outcome once a number of amendments have been considered in detail as part of this debate.

Significant governance, service and workforce challenges remain within the mental health sector; however, with strong mental health legislation, improvements for all patients can be made across Queensland. I conclude by saying that I am very proud to be part of the Health and Ambulance Services Committee in this parliament, given that the last time the mental health legislation in Queensland was reviewed was when the Mental Health Act 2000 came into being. At that time, 15 years ago, I was a psychiatric registrar working at the Prince Charles Hospital, so it seems a long time ago when that last occurred. I am very pleased to be part of a committee that has contributed to looking at enhancements and improvements not only for patients, but for carers, health professionals and the people of Queensland. I look forward to the outcome of this debate.