




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

Record of Proceedings, 28 February 2017

MENTAL HEALTH AMENDMENT BILL

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (4.12 pm), in reply: I am delighted to close the debate on the Mental Health Amendment Bill. Of all the debates that I have listened to in the parliament, for me, the contributions by the LNP members rate as some of the most insubstantial and, frankly, dishonest contributions that I have heard in any debate in Queensland. Speaker after speaker, in particular the member for Surfers Paradise, the member for Mudgeeraba and the member for Maroochydore, spoke about how the mental health system in Queensland was broken, how people were put at risk by this system. This is exactly the same system that they operated when they were in government. Not only did the members opposite operate the system, on two occasions—a single occasion in the life of the last parliament and on another occasion in this parliament—they brought a new bill into this parliament to continue the operation of that very system that they decry.

When the member for Southern Downs was the health minister, he brought a bill into the parliament. The executive processes of the state means that legislation introduced by the government is endorsed by the cabinet. That means that the member for Surfers Paradise as a cabinet minister, the member for Kawana as a cabinet minister, and the member for Mansfield as a cabinet minister all supported that process in relation to the Mental Health Review Tribunal—a process that they now call secretive, hurtful and destructive to people. Notwithstanding that, when the members opposite formed the opposition benches after the last election—for very good reason, it seems—the member for Caloundra brought in a private member's bill, presumably endorsed by the shadow cabinet, reflecting exactly the same system.

When the government introduced the Mental Health Amendment Bill, which will become the Mental Health Act 2017 on 5 March this year, it was substantively in the same terms, particularly in relation to the operation of the Mental Health Review Tribunal and the Mental Health Court. The members of the opposition supported that legislation at the second reading. They supported that legislation that they now decry. In the history of hypocritical speeches and actions in this parliament, of which there are many, and the hypocritical conduct of individuals, which are legion, the member for Surfers Paradise and his colleagues really take the cake.

Mr Crandon: Still waiting for an apology from you to the member for—

Mr DICK: I take that interjection from the member for Coomera. We are talking about mental health. The one apology that the people of Queensland are looking for is an apology from the member for Coomera and all of those other members opposite who formed government under Campbell Newman for the closure of the Barrett Adolescent Centre, against expert advice, which resulted in catastrophic consequences for individuals. The member for Coomera and all the other members opposite put the issue of the mental health system in the frame on this bill. That is the one apology that has never been forthcoming.

The only thing that the opposition has ever said about the closure of the Barrett Adolescent Centre, against expert advice, was the comment by the member for Surfers Paradise, who said that the commission of inquiry was a witch-hunt. I have met with the families affected by the closure of the Barrett Adolescent Centre and I can tell the parliament that they do not regard the inquiry as a witch-hunt. They regard it as a way to reframe mental health in Queensland, which is what we are trying to do through this legislation before the House and the amendments that I foreshadowed. It is to provide certainty for the families and the clinicians who are impacted by the conduct of the Mental Health Review Tribunal, including the conduct of the individual who was appointed without full qualification. We need to provide certainty to mental health patients, families, victims and clinicians.

I remind the parliament that the Mental Health Review Tribunal framework was introduced under the LNP in 2014 in its Mental Health Bill—exactly the same process that we are talking about here today. In 2015, the bill was again introduced by the member for Caloundra as a private member's bill and it was supported by the opposition in the second reading, when it formed part of the government's bill. It is not only nonsense to suggest that principle is at stake here; it is nonsense on stilts. The members opposite had consistently supported the Mental Health Review Tribunal framework. The LNP reappointed the member who was at issue and it reappointed the president of the Mental Health Review Tribunal. We have gone through a proper process.

In relation to the bill that the government introduced into the parliament, it was subjected to very extensive public consultation, including into the conduct and operation of the Mental Health Review Tribunal, which those members opposite now oppose. There was significant public engagement. We put the bill on the Get involved website. It was subject to open public comment and contribution. An exposure draft was released and nearly 100 submissions were received by the government. The bill was subject to full parliamentary examination through the committee process. Yet, from those members opposite we have not good public policy, but rank opportunism.

I want to address the issue of why the government has acted with speed to provide certainty. As soon as I became aware of this issue, legal advice was commissioned from the second legal officer of the state, the Solicitor-General. Given the complexity of this situation we received that advice as quickly as possible. All honourable members who sensibly approach these reforms know how complex this matter is. We have tried to avoid adding or extending any issues that arise from the uncertainty. The longer the issue is left unresolved in respect of the Mental Health Review Tribunal, and known to be unresolved, the greater the impact will be on individuals, including individuals suffering from mental illness, the community and clinicians.

It was not my choice to make this matter public through the *Courier-Mail*. I received a media inquiry to my office. I responded by being honest and transparent about what we are doing and we have moved quickly to act to remove uncertainty because uncertainty is a problem, particularly for people living with mental illness. I took the opportunity to brief the member for Surfers Paradise after I had spoken to the *Courier-Mail*. I acted in good faith in briefing the member for Surfers Paradise. I explained it to him in words to the effect of, 'There could be blame that could be apportioned in this: to the Newman government that reappointed the tribunal member, to previous Labor governments that appointed her, but', I said to him, 'there could be responsibility that would be discharged by members of this House to address this problem.' For my courtesy I have been slapped in the face by the member for Surfers Paradise. It was only on my interjection that the member for Surfers Paradise was willing to disclose to the House that he was briefed on this bill. He would not have said that otherwise; he would have left the record incomplete.

On the substantive bill, particularly the admissibility of statements, this was an initiative that emerged from the legal profession and the Chief Magistrate. It was not an initiative of the government. The member for Mansfield, the member for Mudgeeraba and the member for Surfers Paradise claimed that the bill was flawed, that there were 50 amendments that needed to come into the House. A plain and simple reading of the explanatory notes on the first page—not even taxing the members opposite to have to turn the page—makes clear the reason this came before the House in relation to the implementation process for a very complex and important piece of legislation. On the front page of the explanatory notes it states—

All of the agencies that now make up the CLS steering committee had an opportunity to comment on the Draft Bill which was publicly released by the Government. However, none of these agencies raised these concerns prior to its enactment—

that is, concerns in relation to the amending bill prior to the enactment of the substantive bill. It continues—

The Government has agreed to act on the recommendation of the CLS steering committee and make the proposed amendments. The Government has agreed to this in line with the written advice from the Chief Magistrate on behalf of the members of the CLS steering committee.

That is the source of the amendments that come before the parliament. Mental health works best when it is bipartisan. The actions of the opposition are unprincipled, opportunistic and irresponsible. The member for Surfers Paradise advised that the LNP does not intend to support this bill and I am greatly disappointed by this. For a moment can we dissect the politics behind the position of the LNP. The consequence of the LNP's decision not to support this bill or the amendments proposed to be moved in consideration in detail will mean the new Mental Health Act 2016 does not operate as intended and it will create legal uncertainty about the effect of the Mental Health Review Tribunal's decisions which has broad implications not just for the tribunal but for the clinicians who acted on the advice of the tribunal, for the patients and for those in the community affected by the tribunal's work.

The member for Surfers Paradise and those members opposite are attacking me and the Labor government, but sometimes, particularly when it comes to mental health, public interest and public benefit should trump political interest. I do take objection to the suggestion by those members opposite that families do not matter, that victims are not supported. We are very mindful of supporting patients, victims of crime and clinicians in this process. We are open to discussing the best way of delivering sensible and appropriate support to each of these groups. As I previously indicated, resolving issues around the Mental Health Review Tribunal is important to protect our clinicians. A decision to not support this amendment puts at risk our mental health doctors, our mental health nurses and other clinicians. There is a balance that can be reached. This issue was not of my making, nor was it of the making of the former government, but as responsible legislators we have a duty to step up and provide appropriate responses to these important issues.

I have met Sonia Anderson. I have heard her speak passionately about domestic violence. I am happy to meet with her again to discuss any issues arising out of this bill if that is her will. We do support victims. We have a very robust process in place to support victims of individuals who act unlawfully because of mental illness. The Queensland Health Victim Support Service is a free statewide service. We provide specialised counselling, support and information to victims of crime through this service when the offender has been assessed as having a mental illness or intellectual disability. The Queensland Health Victim Support Service has offices in Brisbane and Townsville and provides outreach throughout Queensland. Services are delivered by experienced social workers and psychologists who can assist individuals to access entitlements and help support recovery. Assistance can be provided face-to-face, by telephone or by email. Early support for people who are victims of violent crimes helps individuals to more effectively cope with the offence and improves long-term wellbeing. Help is available at any stage after any offence and for as long as is needed, and that support will be provided to anyone who feels impacted by the decisions that are before the parliament for rectification in this bill and in the amendments I intend to move. I would encourage individuals to contact the Queensland Health Victim Support Service for any support and assistance they might need.

I will deal firstly with the technical and clarifying amendments to the Mental Health Act. The Mental Health Act will commence on 5 March 2017, whether the opposition supports that or not. What the members opposite are doing is knowingly accepting the consequences of having minor and technical issues not rectified before the bill commences next week. I turn to the amendments proposed to be moved in consideration in detail, where the consequences of the opposition's approach are even more serious. If the LNP is successful in blocking these amendments proposed, members opposite will be responsible for leaving the state government open to unknown liability by choosing not to support the urgent solution put forward today. That will have broad-reaching ramifications for those impacted.

The member for Surfers Paradise has suggested that there is a direct causal relationship between the decisions of the tribunal and the behaviour of patients in the community. This conclusion is simply wrong. I will repeat for the benefit of those members opposite, as I said in the parliament this morning during my ministerial statement, that 98 per cent of decisions were made consistently with decisions of the tribunal generally. It is not appropriate to start with the assumption that all decisions were flawed or even that decisions of the tribunal have led to adverse outcomes in the community. This framework was originally proposed, as I have said, by the LNP and introduced as a bill by this government. The opposition has consistently supported the framework contained in the Mental Health Act and to say that the system is broken is outrageous hypocrisy.

I want to address this issue of individuals being treated within time limits as set out in the substantive amending bill. The requirement for a person only to be detained for six hours in a health service facility with the possibility of extension to 12 hours is a safeguard for the person. I am reiterating what I said at the start of this debate because it appears to have been lost on all of those members opposite. The same time periods apply for examination orders made by magistrates and emergency examination authorities made under the Public Health Act 2005. The availability of suitable clinicians will not be an issue as a doctor or authorised mental health practitioner will be actioning the examination authority in the first place. An examination authority enables a doctor or authorised mental health

practitioner to enter a place, such as a person's home, to examine a person without the person's consent. Police may assist in that process, as I have said. Examination authorities are a last resort where there are serious concerns about a person's health and wellbeing and it has not been possible for the person to be examined with consent. An authorised mental health service will be very much engaged in the process leading up to the making of an examination authority and in many cases will have made the application to the Mental Health Review Tribunal. As such, clinicians in the service will be involved in planning for the actioning of an examination authority.

In many instances, the examination will be completed straightaway in the person's home. This may result in the person agreeing to voluntary treatment, a recommendation for assessment being made for the person or no further clinical action being taken. In some cases, the doctor or authorised mental health practitioner may form the view that the examination of the person would be better undertaken in a public sector health service facility—for example, if the doctor or authorised mental health practitioner is unable to make a clinical decision at the time. The person will then be transported to a public sector health service facility. As a doctor or authorised mental health practitioner initiated the action of the examination authority in the first place, they will be available to make further examinations in a public sector health service facility.

In conclusion, I note that a number of members opposite, including the member for Mansfield and the member for Mudgeeraba, said that the Palaszczuk Labor government should invest in mental health like the LNP government did. They said it without any reticence at all. They said it without thinking twice. They said it without any concern at all. However, the record shows that the Newman LNP government did not invest in mental health. Reports from the Productivity Commission show that, with the now opposition leader holding the purse strings as treasurer, Queensland's spending on mental health fell to the lowest amount in Australia on a per capita basis. The Productivity Commission has reported that Queensland's expenditure for 2013-14 was \$209.62 per person, below the national average of \$210.37 per person. In 2013-14, Queensland also had the lowest number of FTE staff employed in a specialist mental health service per 100,000 of population. Queensland's results of 107.3 full-time equivalent workers per 100,000 of population was again below the national average, but that was not the first time the LNP cut mental health.

The *Report on government services* released in 2015 showed that expenditure on mental health services fell by \$45.4 million in 2012-13 in the Leader of the Opposition's first full year as treasurer. In nominal terms, the cut that was made was the single largest cut to mental health expenditure ever recorded by any state or territory government. It is also the first time that Queensland has ever recorded a reduction in expenditure on mental health services in both nominal and inflation adjusted terms. If the LNP want to be serious about a debate on mental health, they should start by taking account for their actions in government.

These are important reforms contained in a substantive amending bill and also in the amendments. It is important that they be passed by the parliament. I seek the support of all members of this House for the amending bill and for the amendments I foreshadow.