




Speech By
Charis Mullen

MEMBER FOR JORDAN

Record of Proceedings, 14 October 2022

MENTAL HEALTH SELECT COMMITTEE

Report, Motion to Take Note

 **Mrs MULLEN** (Jordan—ALP) (3.51 pm): I rise to make a contribution to the Mental Health Select Committee's report. At the outset I would like to acknowledge the work of the chair of the committee, the member for Greenslopes, as well as all of the committee members who contributed to the inquiry and final report.

This was a substantial inquiry, with 57 recommendations—a body of work that has considered all aspects of the mental health continuum and identified significant opportunities to improve mental health and wellbeing in Queensland. I am confident that our government recognises those opportunities but, as the chair indicated in his foreword, 'it will take courage, commitment, coordination, funding and ongoing efforts' by all governments and our communities. The committee received 164 submissions, highlighting the significant interest in the inquiry, as well as holding 15 public hearings in Brisbane and across Queensland to hear from submitters, stakeholder groups and members of the public.

In the short time that I have I wish to particularly focus on two matters in the report, and that is funding and addressing the 'missing middle', particularly utilising community organisations. Increasing funding and expenditure for mental health and alcohol and other drug services in Queensland is clearly an important outcome from the inquiry. Creating a dedicated funding stream for this was equally important.

The 2022-23 state budget saw a commitment of an additional \$1.64 billion over five years and a capital investment of \$28.5 million to improve our mental health and alcohol and other drug services for a range of initiatives to support suicide prevention and deliver additional beds. This is the biggest ever investment in mental health services in Queensland.

In order to deliver this funding, we must have a sustainable funding model which fulfils the committee's recommendation of a dedicated funding stream to address Queensland's underinvestment in mental health, and this is what we have done with our mental health levy. Treasury modelling indicates this levy will only apply to around one per cent of all Queensland businesses. By the end of the forward estimates, the mental health levy will generate \$425 million each year—a sustainable and ongoing source of funding to assist Queenslanders in need. In the statement of reservation, the opposition opposed this funding source but provided no real solution on funding beyond statements such as 'prioritising funding from existing sources' and 'taking appropriate steps to identify waste'.

Another key focus for the inquiry was around what is known as the 'missing middle'. It is an area I am particularly interested in seeing addressed as, like all members of parliament, it is something I see in my own electorate. The 'missing middle' refers to the proportion of the community experiencing moderate mental ill health for whom there is a lack of services in particular because the current system focuses on the mild and acute ends.

As Queensland Health explained—

The 'missing middle' is sort of designed as those people who are too sick just for their GP to handle but not sick enough to come into the publicly funded mental health service, except by crisis usually, to go on to ongoing treatment.

They went on to explain that that is not a great definition because—

...it talks about the patient's problems rather than the system's problems. Geography, your income, the availability of services and capacity-health literacy and so on-actually make a big difference to how big the gap is and where you fit.

I was very fortunate to have the opportunity to meet with representatives of the Queensland Alliance for Mental Health. I wish to thank them for their strong advocacy and their passion to see community health services restored to address the 'missing middle'. QAMH identified factors that it considered have contributed to the emergence of this 'missing middle' including a system which is designed around responding to crisis rather than actively supporting wellbeing or responding early in distress and a system which is notoriously difficult for the public to navigate due to service fragmentation and lack of integration within the system.

We also see high out-of-pocket costs associated with GP and psychologist visits, making it too costly for the vast majority of people. The mental health service gap faced by the 'missing middle' often means that people with mental ill health end up in crisis and attending an emergency department—which is a terrible outcome. I would like to see our government's record investment in mental health really address this issue—prioritise a level of care within the community rather than relying on that clinical end. I strongly believe this will make a difference in communities that I represent. I commend the report and once again thank the committee for their work on this very important inquiry.