




Speech By
Dr Christian Rowan

MEMBER FOR MOGGILL

Record of Proceedings, 14 October 2022

MENTAL HEALTH SELECT COMMITTEE

Report, Motion to Take Note

 **Dr ROWAN** (Moggill—LNP) (3.27 pm): I rise to address the Mental Health Select Committee report. On 2 December 2021, the Queensland parliament agreed to a motion to establish the Mental Health Select Committee to undertake an inquiry and report on opportunities to improve mental health outcomes for Queenslanders. The Mental Health Select Committee members were then appointed. As the state member for Moggill, it was a privilege to be appointed to the committee. I acknowledge all other members of the committee: the chair, the member for Greenslopes; the deputy chair, the member for Southport; as well as the member for Whitsunday, the member for Traeger, the member for Pumicestone, the member for South Brisbane, the member for Macalister and the member for Rockhampton. I also acknowledge the committee secretariat led by Dr Amanda Beem. A very significant aspect of the Mental Health Select Committee was the varying range of professional and personal lived experiences and unique perspectives that the appointed parliamentarians brought to the inquiry.

On 15 December 2021, the Mental Health Select Committee invited stakeholders and Queenslanders to make written submissions to the committee. In total, 164 submissions were received. I take this opportunity to really thank all of those who submitted to the committee and those who attended individual committee hearing sessions. Their input was invaluable, whether it came from those with lived experience or, alternatively, expert professionals whose advice was provided. Many consumers and stakeholders provided important insights. They came from various hospital and health services, youth and First Nations organisations, not-for-profit and community groups, older persons' mental health services, alcohol and drug sector organisations and mental health service providers as well as those providing perinatal and infant mental health services.

There are a number of points I wanted to specifically highlight, but certainly all the recommendations are vitally important and absolutely deserve careful consideration and implementation by the Queensland government. I know that the Queensland government has given that commitment. Certainly, there are a number of matters related to health workforce, whether that be related to psychiatrists, addiction medicine specialists, psychologists, allied health staff, and nurse practitioners. It is certainly my view that more needs to be done in terms of having dedicated conjoint medical registrar training positions: those completing a fellowship of the Australasian Chapter of Addiction Medicine of the Royal Australasian College of Physicians or, alternatively, those undertaking training with the faculty of addiction psychiatry within the Royal Australian and New Zealand College of Psychiatrists.

There needs to be collaboration between public and private sector providers but also, importantly, mental healthcare regional plans with respect to workforce and collaboration among hospital and health services and primary healthcare networks. We need enhanced strategies to include carers and the voices of those with a lived experience in both the design of mental health services but also to be included in service delivery reform. A whole-of-government trauma strategy must be implemented. As

a specialist physician in addiction medicine, a former president of the Australian Medical Association and having previously served on the Queensland Mental Health and Drug Advisory Council with the Queensland Mental Health Commission, I strongly believe that in order to deliver this strategy and many other recommendations Queensland does require a dedicated ministerial portfolio for mental health with such a portfolio residing with either the Premier or Deputy Premier or, alternatively, the Treasurer.

With the Queensland government having determined a funding strategy to implement these recommendations, perhaps the Treasurer, the member for Woodridge, could take on such an important responsibility to really collaborate and coordinate funded solutions with cabinet colleagues across various portfolios and departments, because many of these matters pertain not only to health but to education, child safety, law enforcement, corrections and other related areas. If there were not a dedicated portfolio, then perhaps a dedicated cabinet subcommittee because this ongoing work that needs to be implemented over the years ahead is very important. It does need a dedicated, collaborative and coordinated approach between various ministers and departments.

Alcohol and drug services are in need of urgent attention, particularly as they pertain to funded alcohol, tobacco and other drug services. I certainly do acknowledge the statement today of the Minister for Health. There are a range of harm minimisation programs and other interventions either actively implemented or under consideration which need to be funded and appropriately evaluated.

I encourage the state government to also consider re-establishing direct clinical advisory support services for clinicians similar to what existed previously via the medicines regulation and quality unit prior to QScript being implemented.

In conclusion, I want to say to all Queenslanders who participated and followed this inquiry: your voices have been heard. This was an important inquiry. I encourage all parliamentarians to support the implementation of this landmark inquiry and report. It provides a once-in-a-generation opportunity.