



Speech By
Joseph Kelly

MEMBER FOR GREENSLOPES

Record of Proceedings, 14 October 2022

MENTAL HEALTH SELECT COMMITTEE

Report, Motion to Take Note

 **Mr KELLY** (Greenslopes—ALP) (3.02 pm): I move—

That the House take note of the Mental Health Select Committee Report No. 1, 57th Parliament, *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*, tabled on 6 June 2022.

It gives me great pleasure during Mental Health Week to talk to this report. It would be rare to find someone in our community who has not been impacted by mental health, alcohol and other drugs issues or suicidality. The impact on the individual can be enormous—frequently fatal—and the impacts on families and society cannot be underestimated.

I acknowledge all people with lived experience and thank those who participated in the inquiry for their significant contributions. People told us stories of stigmatisation, poor service, trauma, estrangement from families and loved ones, and not being listened to or believed. They spoke of the challenges of getting a job, maintaining relationship or maintaining a home. They spoke of the challenges of getting diagnosis or treatment. First Nations people told us of the importance of healing the scar at the core of our nation as a key action to dealing with intergenerational trauma. They also told us how important it is that they are involved in planning, delivering and evaluating services for their communities.

We met people with lived experiences, volunteers and health professionals. We spoke with community organisations, public servants and private sector organisations. They are delivering services in innovative ways and often with nowhere near enough funding. Our committee considered other reports and examined more recent phenomena such as the emerging role of people with lived experiences, ongoing efforts by Aboriginal and Torres Strait Islander peoples to achieve justice, the introduction of the NDIS, the impact of COVID-19, changing treatment modalities and workforce pressures. I believe that we have provided a way forward for current and future governments.

I first worked in a mental health unit when I was just 19 years of age. Thankfully much has changed since then, but much more needs to change. I am pleased to see the funding commitment in the recent budget and I am pleased to say that we have found a way to create a sustainable funding pool. We need to establish strong governance principles and make sure planning and commissioning of services involves a broad range of stakeholders, most importantly those people with lived experiences. With planning and decent funding, it should be possible to address the vast need across the spectrum of mental health services. Perinatal, child and youth mental health services are in particularly urgent need of improved service delivery and attention. We know that the vast majority of people develop mental health or AOD issues before the age of 25, so this is where prevention, diagnosis and early intervention need to be focused.

In addition to those just noted, the committee identified significant opportunities to improve mental health and wellbeing in Queensland: developing a wellness strategy; reducing stigma and encouraging help-seeking behaviour; development of workplace and small business prevention strategies; providing

employment and housing support; implementing more person centred case management; increasing specialised services including acute and rehabilitation services, early psychosis and eating disorder services and suicide prevention services; reforming the primary healthcare system; addressing the missing middle and particularly utilising community organisations; ensuring NDIS empowers individuals towards independence; improving and expanding crisis and emergency care systems; increasing services for people in the criminal justice system; and targeted consideration for at-risk populations including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, people with intellectual and developmental disabilities and the LGBTIQ+ communities. We need to develop a statewide trauma strategy and we need to dramatically expand our AOD services.

If unlimited resources existed to deliver services, our state would still face a major challenge delivering needed services due to workforce pressures. I welcome the government's Workforce Strategy, but mental health and AOD workforces have to be a key focus. It is simple to summarise the findings of the committee, but implementation will take courage, commitment, coordination, funding and ongoing efforts by governments and our community.

I would like to thank the Premier for initiating this inquiry and having the courage and leadership to tackle another major issue facing our society. I would also like to thank the secretariat, particularly Dr Amanda Beem, and the other committee members for their work, particularly the deputy chair, the member for Southport.

The Queensland Mental Health Commission often stated that across the spectrum of our system healthcare practitioners are working hard to help many people and there exists many pockets of excellence. We do start from a strong base but there is much to do. It is hoped that this report provides guidance and that we can move from pockets of excellence to a system of excellence.

The committee started and finished the inquiry listening to the voices of people with lived experience. While we heard stories of challenges, we also heard stories of hope and we heard their views on ways to fix things, do things better and empower people. It is hoped that this report demonstrates not only that we have listened to those people but also that we have made recommendations that will improve the lives of all Queenslanders. I commend the report to the House.