




Speech By
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MEMBER FOR MAIWAR

Record of Proceedings, 27 October 2022

MENTAL HEALTH SELECT COMMITTEE

Report, Motion to Take Note

 **Mr BERKMAN** (Maiwar—Grn) (3.17 pm): I rise to make a contribution on the Mental Health Select Committee's report and to add to what has been said already by my colleague, the member for South Brisbane. I would firstly like to acknowledge the work of all of the committee members and the secretariat in supporting them. I would especially thank all of those witnesses who came forward to share their experience with the select committee in what was a really important inquiry.

Since the report, and even since the last time we debated it here, it has been revealed that UN inspectors for the subcommittee on the prevention of torture were in fact refused entry to mental health facilities in Queensland, forcing them to cut short their OPCAT compliance visit. I want to put the question quite broadly: how are we expected to have faith in Queensland's mental healthcare system while this kind of thing is happening? The committee heard directly from witnesses who expressed their concerns about the provision of these kinds of mental health facilities, particularly on issues like the availability of acute and subacute beds. Now we are hearing UN officials criticise the Queensland government for obstructing their visit and breaching our obligations under OPCAT.

The government's response to this, I have to say, is really quite shambolic and a bit suspicious. We heard the Premier yesterday, I think it was, saying that there are legislative reasons, and the health minister responded similarly. I am not the only person scratching my head and working hard to try to understand that response. As I understand it, there is only one section in the Mental Health Act that allows the government to refuse access—that is, section 408—and that only applies where they are satisfied the visit would 'adversely affect the patient's treatment and care'. An explanation of how that was the case would also need to be expressed in writing to the UN. I am completely unclear on how an anti-torture inspection could have that outcome, and we still have not seen any justification or explanation from the government on this.

The government have now, as I understand it, indicated they will introduce OPCAT legislation that will address this. Again, we are left asking: why now? We signed OPCAT in 2009 and it was ratified in 2017. We knew well in advance of these visits that they were going to happen. If this legislation is designed to protect patient wellbeing, why does it need to be changed? I suppose the unspoken question here is: what is the government hiding in these wards that they could not even get it together to prepare themselves for an inspection with months notice, and what are they now scrambling to cover up? The damage to our international reputation has been done and I am concerned that this also undermines Queenslanders' trust in our mental health system and this government's willingness and ability to uphold their human rights.

I want to turn to one other missed opportunity that comes from this inquiry, and that is improving our response to drug misuse. The new alcohol and other drugs strategy for Queensland that was released only a couple of weeks ago includes some really good things. I am specifically interested in the focus on expanding harm reduction, but this has been recommended time and again. When and

how will it be implemented? Diversion is fine, and I welcome the recommendations from the Mental Health Commissioner about additional diversion programs, but it is still rooted in a fundamentally punitive response in the criminalisation of drug use.

The ACT has decriminalised personal drug use. We are now three years on from the Queensland Productivity Commission's recommendations to legalise cannabis and MDMA in Queensland, and we are still locking up Queenslanders for using drugs. There is a quote from the Mental Health Commissioner's report from the Achieving Balance strategy which says—

There is clear evidence that law enforcement responses, particularly incarceration, are less effective and more expensive than alcohol and other drug treatment. Rates of alcohol and other drug use are disproportionately high among people who have had contact with the criminal justice system.

The bottom line here is that drug use is a health and mental health issue; it is not a criminal issue and it is high time the government responded to it as such. There is a wealth of evidence that criminalising drug users further stigmatises them and pushes them away from supports and further into harm and addiction. We desperately need to look at reallocating the budget away from law enforcement around our response to drugs. Currently, I understand that something like two-thirds of our spending goes on enforcement. We need to put that money into treatment and harm reduction measures instead.