

~~Our commitment to the environment, renewable energy and creating jobs and investment in Queensland is rock solid. The Palaszczuk government is showing leadership in terms of tackling climate change and creating new jobs. We are leading the country towards a cleaner and better energy future.~~

~~Mr SPEAKER: There is one minute on the clock. I call the member for Glass House.~~

~~Electrical Trades Union~~

~~Mr POWELL: My question is to the Minister for Main Roads, Road Safety and Ports and Minister for Energy and Water Supply. Can the minister for energy advise whether he has sought the view of the Integrity Commissioner with regard to the appropriateness of both he and the chair of the energy related committee both having been members of the Electrical Trades Union?~~

~~Mr SPEAKER: I call the minister. There is one minute on the clock.~~

~~Mr BAILEY: Mr Speaker, I am happy to inform the House that, as a minister in the cabinet, yes, I did seek the advice of the Integrity Commissioner.~~

~~A government member: Table it!~~

~~Mr BAILEY: Unlike you, I am happy to table it today and not drag it out after months and months of campaigning and media pressure. The Integrity Commissioner said that there is no conflict of interest but that that could have been the perception which is a very broad statement so I took his advice and resigned my membership that day. As a member of cabinet, I think that is prudent. There is a direct line up~~

~~A government member interjected.~~

~~Mr BAILEY: It is not a crime to be a member of a union, but I do know that~~

~~(Time expired)~~

~~Mr SPEAKER: Order! Members, we will now move on to the introduction of private members' bills.~~

MENTAL HEALTH (RECOVERY MODEL) BILL

Introduction

 **Mr McARDLE** (Caloundra—LNP) (11.54 am): I present a bill for an act to provide for the treatment and care of people who have mental illnesses and for other purposes, and further to repeal the Mental Health Act 2000, and to amend this act, the Criminal Code, the Forensic Disability Act 2011, the Powers of Attorney Act 1998 and the Public Health Act 2005, and to make minor and consequential amendments of other acts as stated in schedule 4. I table the bill and explanatory notes and I nominate the Health and Ambulance Services Committee to consider the bill.

Tabled paper: Mental Health (Recovery Model) Bill 2015.

Tabled paper: Mental Health (Recovery Model) Bill 2015, explanatory notes.

This bill arises from a review of the Mental Health Act 2000, which was initiated by the Minister for Health in 2013 to improve the delivery of health services to the people of Queensland. The primary purpose of the Mental Health (Recovery Model) Bill 2015 is to improve and maintain the health and wellbeing of persons with a mental illness who do not have the capacity to consent to treatment or care. The bill also enables persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of an alleged offence or to be unfit for trial. Where required, the bill aims to protect the community if persons diverted from the criminal justice system may be at risk of harming others.

The objects are to be achieved in a way that safeguards the rights of persons and will only adversely effects the rights and liberties of a person with a mental illness if there is a no less restrictive way to protect the person's health and safety or to protect others. This bill will promote the recovery of a person with a mental illness and their ability to live in the community without the need for involuntary treatment or care.

The bill represents a major improvement to the legal framework that applies to persons with a mental illness as defined under the Mental Health Act 2000. These improvements can be grouped into six areas: strengthened support for patients; improved health service delivery; strengthened

community protection; a more transparent and fairer act; improved legal processes; and greater value in health services.

We on this side of the chamber value the importance of a recovery oriented service that is patient focused and which helps in the reduction of stigma. These are the hallmarks of this bill, of which I am very proud.

This bill addresses a number of key community concerns and strengthens community safety. This legislation deals with people with mental illnesses who have committed unlawful acts, and I believe it is important that the community is adequately protected from any future unlawful behaviour. The Mental Health Court will be able to set a non-revoke period for forensic orders of up to seven years for serious violent offences such as murder, rape and grievous bodily harm. This will give victims and the wider community greater certainty in the period after a forensic order is made.

Those members of the community who are victims of unlawful acts will receive information notices about a patient. These victims may apply to receive specific information about the person who committed the unlawful act, including when community treatment is authorised for the person. They will be given information on the reasons a patient is given community treatment to assist the victim to understand the considerations that have gone into such a decision. They will also receive updated notifications of changes to treatment plans or community orders.

The requirement to obtain a second psychiatric opinion to revoke a forensic order for a serious violent offence will be retained and further expanded to include offences such as grievous bodily harm.

We have made a number of changes in this bill that will allow Magistrates Courts to discharge persons charged with an alleged offence if the court considers that the person appears to have been of unsound mind at the time of the alleged offence or was unfit for trial. Magistrates Courts may also order that a person before the court be examined by an authorised doctor to decide if a treatment authority should be made for the person or to make recommendations about the person's treatment and care. These changes will assist in protecting the community from people who are declared under the Mental Health Act from committing further crime.

016 This bill also strengthens the role of the Mental Health Review Tribunal. The tribunal continues under the bill with obligations of oversight for treatment authorities, forensic orders, court treatment orders, the fitness for trial of particular persons and the imposition of monitoring conditions that involve a tracking device. The Mental Health Review Tribunal also hears applications for examination authorities, which authorise the involuntary examination of a person; the approval of regulated treatments such as electroconvulsive therapy and non-ablative neurosurgery; and the transfer of forensic patients and patients on court treatment orders into and out of Queensland.

In relation to improved health service delivery, this bill will remove the uncertainty in the current act about where treatment and care can be provided. The bill will allow treatment and care to be provided in any place that is clinically suitable. The restrictions on the use of audiovisual technology in the current act will be removed to allow for the increased use of telehealth in the care of patients with mental illnesses.

The bill strongly supports recovery orientation for patients with a mental illness. This is achieved through a number of matters such as requiring that patients on treatment authorities be treated in the community unless the patient must be admitted to an inpatient unit to meet the patient's treatment and care needs; enabling the Mental Health Review Tribunal to 'step down' a patient on a forensic order to a court treatment order or treatment authority when it is appropriate to do so; enabling treatment to be provided at any clinically suitable place in the community; removing barriers to interstate transfers which can assist a patient's recovery; strengthening the use of advanced health directives, which gives a person greater control over their future health care; empowering a person to appoint a nominated support person to support the person during the acute phase of an illness; and ensuring equal rights at law of persons with a mental illness.

This bill is the result of 18 months of consultation and over 200 submissions. It received widespread support. The Queensland Mental Health Commissioner, Dr Lesley van Schoubroeck, in a media release of 27 November 2014 said that the bill 'provides stronger protections for patients, increased transparency and accountability, and the inclusion of least restrictive practices in the objects and principles of the bill'. The same release further stated—

'The Bill also allows for families, carers and nominated support persons to receive relevant information, which will help address the frustration experienced when they have been excluded from the care and support of their loved ones because of privacy issues,' the Commissioner said.

Dr van Schoubroeck said the replacement of justice examination orders with examination authorities overseen by the Mental Health Tribunal was welcome.

This bill has been in the public arena now for a number of weeks and there are some comments I would like to make in relation to comments made by the current health minister on the bill he is proposing. With incredible audacity, the minister made the comment in his release of only last weekend that the bill prepared by the former health minister and this bill now put back into the House was 'rushed into parliament without proper preparation or consultation'. The consultation period on the bill now before the House under the LNP government commenced in May 2013. The bill was introduced into the House in November 2014. There was a period of some 18 months during which this bill was dealt with by the various bodies, which had the right to express their opinion. In fact, there were 100 submissions during the original consultation and 120 submissions on the draft bill. So over 18 months some 220 submissions were received by the then health minister by way of consultation.

However, the current health minister in his release of Friday states that consultation on the bill he is proposing will run for two months—May to June 2015. We know why that is. It is because we can have a cognate debate in this House and the government can then try to use its supposed numbers to overturn the bill that is currently before the House. This statement by the health minister is a sham. Eighteen months consultation as opposed to two months consultation is completely ridiculous.

Secondly, the minister stated that the bill was brought into parliament without proper preparation and that it contained technical errors. It is unbelievable that the same people who advised the then health minister, Lawrence Springborg, over 18 months made such a botch of the job that the health minister is relying on the same people to get it right. It is simply ludicrous to suggest that over 18 months those people made such a shambles but the health minister is now relying upon the same people! That is another sham statement by the health minister that goes to show that he is not concerned with bipartisan support or bipartisan effort; he is concerned about winning in the chamber for his own purposes.

Thirdly, the health minister refers to 'technical errors'. Strictly speaking, technical errors are minor in nature. They could have been debated during consideration of the clauses. They could have been amended at the second reading stage or during consideration of the clauses. This could have been a true bipartisan bill if the health minister had stood up and said, 'It is a fundamentally good bill. There are some technical problems but I will work with the opposition to resolve them.' But no. So bipartisanship exists only when the health minister dictates the terms. The technical issues that could have been resolved when considering the clauses will not be resolved because the health minister wants to grandstand in relation to the terms of his own bill.

Fourthly, the health minister made some comment about a 'bureaucrat' having the right to impose a GPS monitoring device. The bureaucrat he is referring to is in fact the Chief Psychiatrist of this state. The senior psychiatrist appointed by the government is the bureaucrat referred to by the health minister.

Mr Nicholls: He does not trust him.

Mr McARDLE: That means that he does not trust him. The minister does not trust the Chief Psychiatrist—the man most qualified in the public health system to determine whether or not a person should have a GPS monitoring device attached to them. Section 217 of the bill proposed by the LNP makes it quite clear that he has the authority to do so but under strict guidelines and under very strict conditions. Not only that, section 459 states quite clearly that the application of the decision by the Chief Psychiatrist must be reviewed within 21 days. It is far from a bureaucrat; it is the Chief Psychiatrist then being reviewed by the relevant tribunal within 21 days to assess whether or not the determination by the Chief Psychiatrist was valid.

The health minister can stand in this House and in front of the cameras as much as he likes, but the bill he is preparing is a sham. He is cutting and pasting the essence of the bill prepared by the then LNP government to try to grandstand for his own glory in his future challenge—at some point in time down the track—for the leadership of the ALP. There is no doubt about that. The sad thing is that it is the people of Queensland who will be worse off for his actions.

First Reading

Mr McARDLE (Caloundra—LNP) (12.08 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to the Health and Ambulance Services Committee

Mr DEPUTY SPEAKER (Mr Furner): Order! In accordance with standing order 131, the bill is now referred to the Health and Ambulance Services Committee.

~~MATTERS OF PUBLIC INTEREST~~

~~Member for Cook~~

 **Mr SPRINGBORG** (~~Southern Downs—LNP~~) (~~Leader of the Opposition~~) (12.08 pm): I join with the Premier in passing on the concerns, thoughts and support of the opposition for those people affected only a few days ago by the very horrific weather events which had a major toll on human life in the northern outskirts of Brisbane and running up towards Glass House. I think it is fair to say that many Queenslanders were very disturbed and very touched by the reality of that—a reality which, fortunately, we do not see often but which is very profound and has a major impact when it does happen. I have spoken to the LNP member for Glass House about the impact on his community, with the loss of life of people associated with his community. We hope that people will be able to get back to some semblance of normalcy as soon as they possibly can as a consequence of this very severe weather event.

017 Similarly, we saw the great tragedy unfold in Nepal, and it is still unfolding. Many thousands of people have lost their lives, many more have been injured and many more will be left homeless for a long time. The outpouring of compassion and support from throughout the world gives great encouragement as to human dignity at times such as these. Tragedies such as these provide us with an opportunity to reflect on how good our competent emergency services are at responding to such calls because they have been put in place well. We can always call upon more resources in particular circumstances of course, but we organise and pre-plan for disasters in our state and our country compared to what happens in other places when the entire international community has to be involved. Nevertheless, we in Queensland send our thoughts and prayers to those people.

Today in the parliament I was most intrigued to listen to the Premier and many government ministers give suboptimal answers to quite concise and well-proposed questions. What we are seeing from this government is that it is morphing into a caricature of itself. It talks about integrity, talks about ethics, talks about openness and talks about accountability. However, when it comes to acting all of these things out and making sure that it practices what it preaches, it certainly is not doing that and I will give some examples. When I asked the Premier a question as to whether she still has the same view when it comes to the honourable member for Cook and having him support her government as she did a little over a year ago in this parliament with regard to the former member for Redcliffe, she was not prepared to be consistent and say that she had the same view today with regard to the member for Cook as she had with regard to the former member for Redcliffe 18 months ago. What we are seeing is a government that is prepared to walk away from those basic standards of accountability which it proffered only a few months ago when in opposition. Today it had a chance to stand up and give proper account for why it has walked away from those particular standards of ethical conduct and consistency which it proffered around the state only 18 months or so ago.

It is also very clear that we have a Premier and a government that only act when caught out. We need to go back to the last sitting day prior to this one—that is, the Friday morning at the end of March when this parliament had its only real sitting day since the ceremonial processes two or three days before that. The Premier was asked in this place if she had confidence in the member for Cook after certain issues arose in the media that day. The Premier stood up in this place and said that the member for Cook had given a full, frank and proper explanation of matters relating to his own particular affairs—whether they be the nonlodgement of tax returns or the non-payment of child support—and conveniently brushed over the fact that she had in her possession for some two weeks information regarding serious allegations around domestic violence. However, within eight hours the Premier was referring those matters to the police, not because anything substantially changed and not because there was any new information that came into the possession of the Premier in those intervening eight hours from when she answered her first question as Premier in this parliament and when she referred the matters to the police but because her position became untenable—that is, that