

HOUSE OF ASSEMBLY

WEDNESDAY 04TH APRIL 2012

MENTAL HEALTH (INPATIENT) AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 3 April 2012.)

Mr PEDERICK (Hammond) (12:02): I wish to continue my remarks on this bill, having run out of time yesterday. The legislated onus is entirely upon the inpatient. Section 34 (clause 5 of the bill) states:

(3) If granted a leave of absence, the involuntary inpatient is required to comply with the conditions of the leave of absence.

The government has indicated that the staff's responsibility is covered under 'professional conduct', which does not require legislation. Further the bill's new section 34A(2) also states:

(2) Treatment centre staff may take measures for the confinement of the patient, and exercise powers (including the power to use reasonable force), as reasonably required—

(a) for carrying the inpatient treatment order applying to the patient into effect and ensuring compliance with this act; and

(b) for the maintenance of order and security at the centre or the prevention of harm or nuisance to others.

The shadow minister has indicated that he believes there is no compulsion on treatment centre staff to take any measures if an involuntary patient has left a treatment centre without a leave of absence or has breached their leave of absence conditions. In some cases this may have public safety implications for the inpatient and/or the broader public.

The consent for ECT on minors, clause 6, alters the parameters in which a patient under 16 years of age can be prescribed electroconvulsive therapy. This new amendment enables consent to be given by the parent or guardian or, failing this, by the Guardianship Board.

In summarising my few comments, the house will need to strike a balance between the interests of mental health patients and the interests of public safety. The bill reinforces the long-standing practice of allowing patients 'detained involuntarily' but rebadges these patients as 'involuntary inpatients'. In the interests of destigmatising mental health, and on the basis of professional advice, we will support that measure.

The bill would be improved if it included an obligation on treatment centre staff to act as soon as practicable to notify police when a leave of absence, or conditions attached to it, have been breached so that the police can act appropriately. This would minimise any risk of misunderstanding by staff about their mandated requirement to act in such cases, and an amendment would also mandate the reporting of such events in the public interest. I note that the member for Waite will be moving amendments.

Mr Hamilton-Smith interjecting:

Mr PEDERICK: No, he will not be, he has now indicated that he will not be. Thank you, member for Waite. Regarding mental health and when it gets to these issues of where people have to be held in detention, either voluntarily or involuntarily, I want to talk about where funding has been pulled from various organisations, not just in my electorate but across the state. I note the One Voice Network, which has membership extending from Mount Gambier, Mannum, Berri, Auburn, Wallaroo and Yorketown, right through to Port Augusta. For the past two years, Country Health SA Mental Health has funded the One Voice Network to pay a coordinator for 15 hours per week to run each member centre, and I note that funding has ceased as at the end of March.

One area I am really concerned about is the funding that has been axed from Our Wellbeing Place in Murray Bridge. Ann-Marie Garrett used to be the coordinator of Our Wellbeing Place and when the funding was terminated she decided that her time with the Public Service was over and she has retired. I note that there are 7,500 people who access Our Wellbeing Place in Murray Bridge each year, no longer will they be greeted by a coordinator as she has left the program. The direct mental health programs which have been put in place are out on a limb, so to speak.

According to outgoing coordinator Ann-Marie Garrett, since it opened in 2006, the centre has had a mental health focus and fulfilled a vital role in the community by giving isolated, lonely or sick people a place to connect. I note that in 2009, the centre won a Dr Margaret Tobin award for excellence in mental health. The youth in the community have headspace, and Our Wellbeing Place is focused on adult needs. Two adults who had mental health issues joined the art group and went on to university to do a degree in art. One comment from the art group was, 'If we had more classes like this we would need less medication'.

Mrs Garrett indicated that she was shocked to find that funding for her position had been axed, as without a coordinator, as I indicated earlier, the centre could not continue in its current capacity. So, the future of the centre is up in the air. It was set out to have a centre that was open to everyone and where there would be no discrimination, but with no-one driving that what can be done to continue what has been started?

I am disappointed that the funding has stopped. I note that the government is keen to get NGOs involved, but I think the Labor government has missed the ball here. A little bit of funding would help alleviate the mental health needs of thousands of people throughout the state and my electorate in making sure that they had their needs met before (potentially) there might be an issue with these people having to be detained, either voluntarily or involuntarily.

My hope, now that the government has taken its eye off the ball, is that NGOs will pick up these positions and keep up the vital services in this area, not just in my electorate but across the state, for the health needs of the community.