

MENTAL HEALTH BILL – 18 February 2009

Mr PEDERICK (Hammond) (19:30): I rise this evening to speak briefly to this bill which seeks to make provision for the treatment, care and rehabilitation of persons with serious mental illness with the goal of bringing about their recovery as far as is possible; to confer powers to make orders for community treatment, or detention and treatment, of such persons where required; to provide protections of the freedom and legal rights of mentally ill persons; to repeal the Mental Health Act 1993; and for other purposes.

The bill was first introduced to the parliament on 4 June 2008. The chief purpose of the Mental Health Act is to manage the process of detention and treatment, voluntary and involuntary. The revision of the Mental Health Act 1993 is intended to implement the recommendations of Ian Bidmeade's 2005 report entitled 'Paving the way'. This report proposed a number of changes to modernise the legislation and improve responses to people with mental illness.

The recommendations of this report are strongly supported by stakeholder groups and organisations. Many changes have occurred since the draft consultation bill was released in September 2007 and some stakeholders are concerned that the spirit of Ian Bidmeade's report is not fully implemented in this final bill.

The focus of the bill is the use of powers to treat people with serious mental illness against their will and provides for the checks, balances and protections for the transparent and accountable exercise of those powers. This bill is designed to provide a framework for providing the essential care and treatment while protecting the rights of the minority of people who are unwilling to accept treatment, even though they may be placing their own safety and that of others at risk. Key changes to the 1993 act made by this bill are:

- the treatment of juveniles will be the same as adults for some conditions;
- the introduction of audiovisual conferencing for medical examination, and I note this is mostly for rural and regional consumers, and it will be vitally important in a seat like mine which stretches out to the Victorian border, up to Swan Reach on the river and then down towards Clayton in the south;
- level 1 community treatment orders to be invoked by an authorised medical officer, as well as the Guardianship Board;
- to decrease the amount of South Australia Police time in dealing with incidents relating to mental illness by empowering mental health workers and ambulance officers to order the assessment of an individual;
- treatment plans are to be more specific—for example, specifying which treatment is compulsory and which is voluntary;
- the timeframes of treatment orders are to be made at more appropriate times, instead of people having treatment at 12am, for example; and
- a new position is to be created of chief psychiatrist, with monitoring and review powers.

The Liberal Party is supporting the bill, although we will be moving some amendments. We are very concerned that only 23 beds are now allocated for rural and remote beds at Glenside and that the Select Committee into the Proposed Sale and Redevelopment of the Glenside Hospital Site has recommended in its final report that the number of beds be doubled to 46. I think the government really needs to listen to the select committee and to the needs of people in the country.

That is something that did not happen when the government initially brought out its so-called Country Health Care Plan. The government needs to take note that people in the country need as much or, in fact, because of the distances travelled by people, more access to care than people living in the city. People should not be denied decent access to care just because of where they live, especially in the mental health sector.

Today, I headed down to see the opening of the potable pipeline for Narrung and Meningie residents and there is some happiness that that has happened in the area. However, the mental health issues for a lot of those people over the last couple of years have been astounding. I compliment the doctors, the counsellors and the ministers in that area who, as far as I know, have got the area through without one suicide. I commend the volunteers, neighbours, whoever saw someone who looked as though they were at risk.

I recall hearing a story where a neighbour saw a person out in their paddock just wandering around looking lost, and they went over and talked to them and got them through it. This is why we need adequate mental health care for those who live in the bush because too often the Labor government has forgotten about them. A third of the population lives outside Gepps Cross and Glen Osmond, and sometimes I wonder if its voice is heard.

We have certainly had lot of issues in the last couple of years with dry seasons and exceptional circumstances over almost all the state except for the Lower South-East, and people are doing it pretty tough. I do note that there are extra counsellors out in the community, but we have to make sure that people's mental health needs are well looked after.

There are the pressures of drought, and I also note that river communities all the way along the river in South Australia are under a lot of stress. Irrigators at Berri or Renmark are spending hundreds of thousands, if not millions, on buying more water, and irrigators on the Lower Lakes and areas like Langhorne Creek and Narrung have not been able to access water for irrigation for a couple of seasons now. It has been damn tough for them all, and they certainly need the support.

Even though the construction of the proposed prison expansion at Mobilong has been deferred, the government's plan is to replace James Nash House with a facility there. I think the government really needs to have a good look at whether or not that is appropriate and whether or not it can get the staff down there for that facility because there is certainly not room in the current medical facilities around Murray Bridge to cater for an influx of mental health patients, let alone people with extra physical needs.

The government really needs to listen, see what is going on and make it attractive for people to live in rural areas, to stay there and work, study and learn the skills, or make it attractive for people to come out there. I think a rural electorate is a great place to be, to live and work, and a great place to grow up, but I do understand that, if you have lived in the city all your life, it can be like hitting a brick wall. I know what it was like for me when I came to school in Adelaide for one year.

Mr Pengilly interjecting:

Mr PEDERICK: I don't think so! I wondered what the heck I had got into. In conclusion, we need to make sure that the mental health needs of everyone in this state are catered for and not just those of the people of Adelaide. We need to make sure that there are enough beds for rural and remote people and that their health needs, especially in the mental health area, are met in a dignified way. I commend the bill.