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The Mental Health Challenge

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MR MORRIS (Mornington) (12:31): I must admit just listening to the member for Thomastown's assessment of the opposition's response, it sounded more like it was an assessment that was predetermined rather than of what I actually heard from the member for Ferntree Gully.

In fact, as the member for Ferntree Gully made it clear, the Opposition is not opposing this bill at all.

The bill before the house is about facilitating provisional payments for mental health claims in the workplace. Workplace safety is a critical issue, and I think everyone in this house would agree on that point. If we have differences, they are generally about the best way to achieve a safe workplace and are not about the principle at all.

This bill is intended to tackle a significant workplace safety issue: mental health. But mental health is not only a significant workplace safety issue, it is a significant community issue and of course a significant community safety issue as well. So while this bill picks up some part of it, it needs to be addressed in all forms.

As the member for Ferntree Gully identified, the bill does have some shortcomings. He has foreshadowed some amendments that are intended to improve the bill, but as a general principle the need to address mental health challenges in the workplace is not in dispute. Let me make that clear: it is not in dispute.

To a certain extent the bill actually reflects the position the ALP took to the 2018 election. Their platform from that year, on page 17, talks about exploring 'provisional payments on claim lodgement to ensure workers receive an income while their claim is progressed'. But of course that was not just about mental health injuries. It is not a complete acquittal, what we have before us in terms of this bill, and I think it is reasonable to ask: why is it not a complete acquittal?

Perhaps the minister, while no longer in this house due to the change in arrangements, may be able to advise when the rest of those planned reforms are likely to be made available.

Part 2 of the bill outlines a provisional payments scheme, which will be inserted in the principal act. Part 3 proposes some complementary amendments to the Accident Compensation Act 1985, which is of course an important part of this regime. Part 4 proposes changes to a number of acts with regard to personal injury compensation for

volunteers.

I do want to take the opportunity to recognise those volunteers, and particularly our frontline volunteers. It has been a hell of a year—a hell of an 18 months—for them, and I think it is fair to say that it would be very, very difficult and probably impossible to provide the sort of comprehensive emergency management services in particular that are absolutely essential to this state without the enormous contribution we get from volunteers.

But it is not just about frontline services, it is about services more broadly. One of the acts to be updated in part 4 is the Juries Act 2000, and that of course is another critical service which can only be provided by members of the public. So it is important that not only are they protected from out-of-pocket expenses and so on but, if there is a risk of injury, they are appropriately protected.

There is not a significant level of detail in this bill beyond the design of the scheme itself, but it is also not a bill that requires you to dive into the minutiae.

It is a discussion largely about principles, and where there is divergence, as I mentioned, the member for Ferntree Gully has proposed some amendments to those provisions.

Mental health issues generally are, in my view, one of the greatest challenges of the 21st century. For whatever reason—and I certainly do not consider myself qualified to expound at length on the cause—it is a great challenge. It is generally not seen as an existential challenge in the way that climate change is rightly seen or the pandemic has rightly been seen, but it is a potential threat.

Is it an existential threat? Not yet, but if we do not do something about it, if we do not address it, if we continue to treat the symptoms and not the causes, if we do not get those growing numbers under control, then it is going to be a problem. We will have a serious problem.

It is now generally accepted that mental health problems are illnesses; they are illnesses capable of being treated and they are being treated in a much more effective way.

We have come a long way as a society, and we have come a long way when it comes to treatment, but certainly when it comes to treatment we have a long, long way to go. We simply do not have the capacity as a society to manage the issue on the scale that is required, and we certainly do not have the capacity or even apparently the plans to manage the issue on the scale that is going to be required in the future if we do not get it under control.

When you think about physical health, yes, treatment measures—the manner in which we treat physical health problems—have developed enormously. Particularly post-World War II there have been some incredible strides forward.

But some and probably most of the significant change in recent years at least has occurred because of preventative health measures. Many, many more people understand that if they look after themselves a little bit better, if they get a bit of exercise, if they do not have quite so many drinks at night, if they do not eat quite as many fatty foods and they select their diet more discriminately, then they can have a big impact on their general health. But unfortunately we have not seen that sort of progress when it comes to mental health.

Now, I am sure every member of the house is aware to a greater or lesser extent of the

impact of the pandemic on mental health, particularly during the lockdown period and the immediate aftermath of the lockdown period. It is an impact which—I am not qualified to measure it but according to the professionals—is way beyond the capacity of the public mental health system to manage.

To a large extent that impact arose directly from measures taken to prevent the spread of disease. Now, I do not intend to relitigate the efficacy of those measures in this debate. That is a question we are talking about in many other forums, but in the context of this bill I do not intend to relitigate it. But I think in the context of this bill it is worth asking the question: could we have done better from a mental health perspective? And I think the answer is undoubtedly yes. We could have done a lot better from a mental health perspective.

Now, just looking at the WorkSafe Victoria annual report for 2020, it indicates there that claims for mental injury grew to 14.3 per cent of new claims in 2019–20, up from 14 per cent in 2018–19 and 12.6 per cent in 2017–18, which does not sound like a particularly high growth trajectory. But if you look at the overall numbers and you look at the trend across the century so far, it has come from almost nowhere. Now, some of that is because these injuries may not have been recognised as such at the time, but it is growth and it is significant growth.

I think there are some significant issues there.

In the last 40 years we have seen enormous improvement and enormous change in the way things are built, the way they are moved, the way they are handled, the way they are maintained—driven by improvements in workplace safety. We are not seeing those sorts of changes in terms of mental health injuries.

The number of physical injuries that have been prevented, the reduction in the loss of life and the reduction in the impact of permanent incapacitating injury have been tremendous. We are not doing the same thing in terms of mental health. We need to rethink that approach.

This is a good start, but we need to be doing more on the prevention side as well.