

CARLY ELLIOTT — DEATH — MENTAL HEALTH SERVICES

Statement

HON LJILJANNA RAVLICH (East Metropolitan) [6.30 pm]: I rise again tonight in relation to 20-year-old Carly Elliott to put on the public record my concern about how the WA mental health system failed her. Carly Elliott died by way of suicide on 31 March 2011. Nothing that we do or say here will bring Carly back, but we need to know what happened to Carly Elliott at the Alma Street clinic and why the Alma Street clinic at Fremantle Hospital has also failed other patients. It is astonishing, given the death of Carly Elliott, that the Minister for Mental Health stood in this place yesterday and told the house that at no time had Carly not received appropriate care. How can this be, given that Carly Elliott is now deceased? The minister also said that Carly's primary caregiver in respect of the services she received was a general practitioner, and his involvement was substantial. The point is that Carly's primary caregiver was in fact a general practitioner and not a specialist. If anything, he is a medical generalist. By and large, a GP is not somebody who generally holds qualifications in psychiatry. Therefore, I think the minister has demonstrated a lack of understanding about the importance of having specialist psychiatry services provided to people with complex mental health issues.

I also put on the public record that I have got concerns about GPs dispensing medication to mental health patients with complex mental health issues. It would be interesting to find out what medications were being prescribed by the GP for Carly Elliott's treatment and who had oversight of this. We know there is a shortage of psychiatrists, social workers and mental health nurses. This was confirmed again yesterday, with the tabling of the 2010–11 annual report of the Council of Official Visitors. Mental health consumers are complaining that they are not able to access specialist mental health services. Carly Elliott was certainly not able to access these specialist services either. In fact she hardly got any access to any services at all. She paid the ultimate price; having taken her life. We know that this minister is trying to wean mental health patients off specialist services and have more services provided in the community.

Hon Helen Morton: Do you think psychiatrists work in the community?

Hon LJILJANNA RAVLICH: The minister can have her say.

I believe that this cost-cutting policy decision can be measured in terms of the loss of human life. There have been four deaths alone related to the Alma Street clinic this year. These are the ones that we know about. In Carly's six-month involvement at Fremantle Hospital and the Alma Street clinic, she received the following: a one hour face-to-face assessment in six months and one community emergency response team home visit on 1 March 2011. The minister wants us to believe that during that 10 to 15-minute visit by CERT officers they had given Carly Elliott a full mental health assessment and suicide risk assessment. Clearly, Carly never had a full mental health assessment or suicide-risk assessment, because we know that these cannot be done in 10 to 15 minutes, and they certainly cannot be done by community emergency response team officers who are not fully qualified psychiatrists.

I asked some fairly straightforward questions today about why, despite the urgent referral by Carly's general practitioner to Alma Street on 29 October 2010 due to Carly's severe depression, anxiety and suicidal ideation, an appointment was not made available to her until two weeks later on 15 November. The minister advised that, five hours after receiving the GP's referral, Alma Street Centre triage made contact with Carly by phone. Carly reassured the triage officer in regard to her safety, and Carly stated that her doctor wanted her to see a psychiatrist so that she, the GP, would have a better understanding of her symptoms and how to treat her. Carly accepted the triage officer's advice regarding the time frame expected for her first appointment.

It beggars belief that the triage officer just accepts the word of a very, very sick patient about her own safety.

Hon Helen Morton: She's not an involuntary patient.

Hon LJILJANNA RAVLICH: I know she is not an involuntary patient.

Hon Helen Morton: You can't force her to come in.

Hon LJILJANNA RAVLICH: But, minister, this is a 20-year-old girl —

Hon Helen Morton interjected.

The PRESIDENT: Order!

Hon LJILJANNA RAVLICH: Mr President, this is a 20-year-old patient who was originally brought in to the emergency department at Fremantle Hospital on 20 September 2010 by police and ambulance officers. She was aggressive and had mentioned that she had previously attempted suicide and had been assessed at triage. It was found that she was suicidal, irrational and refusing to answer questions. She saw the nurse, and she was supposed to see the psychiatrist, but she shot through. Nobody bothered to find out where she had gone or what happened to her. Nobody had bothered to call the police to see where Carly Elliott disappeared to.

I have to say to the minister that I have had a look at the information that has been provided to me by the parents of Carly Elliott, and there are huge gaps in the support that was given to Carly Elliott. Today the minister made the point that, in terms of contact with Carly, she had regular phone contact from 29 October 2010 until 3 March 2011, and on each occasion she gave reassurances regarding her own safety. Triage staff tried to contact Carly on the fourth, the fifth and the sixteenth. That is wrong. On the fourth, Carly in fact phoned them, and then they phoned back on the fifth. I do not know where the minister is getting her information from. Then the minister goes on to say that they also had contact on 16 November. There are so many inconsistencies —

Hon Helen Morton: On your part.

Hon LJILJANNA RAVLICH: No, no. There are many inconsistencies about the way the treatment was in fact not given to Carly Elliott that the minister would have to ask herself some questions. Tell me, minister, how it is that a CERT team can do a full psychiatric assessment and a suicide risk assessment within 10 to 15 minutes? Can the minister just answer me that one question? Just the one?

Hon Helen Morton: Where did you get 10 to 15 minutes from? Because I —

Hon LJILJANNA RAVLICH: From her parents, and they would know better than the minister.

Hon Helen Morton: Exactly, so you'd better just check the medical record.

Hon LJILJANNA RAVLICH: This is a very, very serious issue. If the minister does not think that four lives lost this year through contact with Fremantle Hospital's Alma Street clinic is a serious issue, then I ask her to think again. Some of these people had a very long life ahead of them; they were young people. The minister should be the first one who is concerned about finding out what happened about the admissions, the treatment and the discharge of these four people.

Hon Helen Morton: And what have I done to do that? You know what I've done, because —

Hon LJILJANNA RAVLICH: The minister has not done anything.

Hon Helen Morton: I have done something and you know it!

Hon LJILJANNA RAVLICH: She is having a departmental internal inquiry. Minister, that is not good enough.