

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

**TRANSCRIPT OF EVIDENCE
TAKEN AT CARNARVON
FRIDAY, 29 AUGUST 2014**

SESSION FOUR

Members

Hon Liz Behjat (Chairman)
Hon Darren West (Deputy Chairman)
Hon Nigel Hallett
Hon Jacqui Boydell
Hon Amber-Jade Sanderson

Hearing commenced at 2.19 pm**Ms TARYN DUNCAN****Team Leader, Midwest Community Drug Service Team, sworn and examined:**

The CHAIRMAN: Hello, Taryn. I know I am sounding a bit like a broken record, but we have to do this for each person so, if you could, please take either the oath or the affirmation.

[Witness took the oath.]

The CHAIRMAN: You would have signed a document entitled “Information for Witnesses”. Have you read and understood that document?

Ms Duncan: I have.

The CHAIRMAN: These proceedings are being recorded by Hansard and a transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record and please be aware of the microphone and try to speak into it. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today’s proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Taryn, we do not have a written submission from the group that you are representing, so if you could perhaps just give us your experiences with regard to the PAT scheme.

Ms Duncan: I am simply here to advocate on behalf of particularly my Aboriginal clients. We have a difficulty. PATS covers our clients to go to detoxification at the Next Step unit in East Perth, given that it is a health department arrangement. For the most part, we can get them down there. Detox is only for about a week, and then they have to be transferred to a 12-week rehabilitation program. If the rehabilitation program is in Perth or in Geraldton, we have no issues; the PATS people—or the scheme—will kindly get them back after three months from Perth. They will get them to Geraldton, and then they will get them from Geraldton back to Carnarvon. Where we have an issue is our Aboriginal clients prefer to go—and it is more appropriate for them to go—to Milliya Rumurra in Broome. That is a 13-week, actually, residential program. But it is deemed that PATS is only from here to Perth, and back to Carnarvon, not up to Broome. So for the most part I have been able to get them back here, and then we have to rely on other government or non-government services to help facilitate a bus fare up to Broome, which is quite a long journey—longer than from here to Perth.

They run a danger, and Next Step in Perth, the detoxification unit, would rather they go directly from Perth to Broome, because there is a chance that anywhere along that big, long bus trip and when they lodge back into Carnarvon they could get disrupted and perhaps relapse. So we really have to put lots of people around them, like we do meet them off the bus and we do take care of them until we know that they are back on the bus. But I have come across an instance where an elderly Aboriginal man was not engaged in any other services. It is primarily DCP that foots the bill for the bus fare from here up to Broome and back, because primarily they are dealing with the parents, and Milliya Rumurra does take in children, so it is quite a good service for Aboriginal clients to go to. But in this instance, this fellow had no other services to help him out and we

certainly do not have any funding to help him out or access to funding. So I ended up lodging an exceptional circumstances added to the PAT scheme at Carnarvon Hospital, which was declined, explaining that it was not appropriate for him to go anywhere else but the Milliya Rumurra program in Broome. I have the letter that I wrote to them but I do not have a response back because it was just a matter of someone walking down the corridor and saying, “No; sorry”.

The CHAIRMAN: How long ago was that?

Ms Duncan: That was March 2013, and I have been wondering all this time what I could do about it.

The CHAIRMAN: What happened to him?

Ms Duncan: Well, I had to go cap in hand to our non-government agency for family support services at Lotteries House, and Julie Nelson, the CEO, kindly footed the bill, and I have the bill here.

The CHAIRMAN: How much was the bill?

Ms Duncan: It was \$608, I think. So luckily in his particular case we were able to—and he had complications. He had heart trouble and he ended up in Royal Perth Hospital for a week. So it was not a week’s stay at the detox centre. It ended up being two weeks. So Julie was on board. As soon as I rang her, she just rang Carnarvon Travel and they got the ticket directly from Perth to Broome.

The CHAIRMAN: So after the initial detox he went straight to Broome to Milliya Rumurra and he completed the program there?

Ms Duncan: Absolutely.

The CHAIRMAN: How is he today?

Ms Duncan: Pretty good.

The CHAIRMAN: Fantastic! Exactly what we like to hear. That is really good. How many people are you dealing with in a year that need rehab?

Ms Duncan: Very rare. I mean, to get someone to make the decision to actually go off to rehab is a biggie and it takes a lot of time and counselling, and some people just do not end up making that decision. So I, on an average personally, would see about 120 people a year and our service is about 240, and really we are only talking about perhaps two or three that specifically would need to go to Milliya Rumurra.

The CHAIRMAN: And the ones that you have in the past sent to Milliya Rumurra, have there been good outcomes for those people?

Ms Duncan: There have. The literature says that they might need to go three or four times before it sticks. I would say over the last eight years it is sort of 50–50 whether they have remained abstaining. If they go into Milliya Rumurra, that is the goal—to give up drinking completely.

The CHAIRMAN: Is Milliya Rumurra only alcohol detox or substance abuse detox as well?

Ms Duncan: Milliya Rumurra is not a detoxification unit. That is why they need to go to —

The CHAIRMAN: Sorry—not detox; it is rehab.

Ms Duncan: Yes. It is any drug.

Hon JACQUI BOYDELL: So I think, Taryn, that what you are all getting at and what we heard certainly from the evidence from the Aboriginal Medical Service is the lack of understanding in the system of cultural needs for Indigenous people in particular. We have heard that in other evidence, particularly in Kalgoorlie, where you have traditional people who do not speak English as a first language, and my colleague Hon Liz Behjat was getting at that earlier, where it is medically recognised that you might need a carer but not culturally recognised that you might need a carer.

I think that has been really good feedback that we have had in these public hearings—that there is a lack of understanding of that. I think with the issue around how many people have been successful in staying clean or sober, or whatever it is, the PAT system is there to support regional people to have access to health care, so if you were in the metro area, no-one would be keeping tabs on how much you were costing the state—I am sure the medical service would be, but you would be able to access those services. So this is us not making a judgment call on how many times you have got to go to Broome. It is actually allowing you the opportunity to go to Broome if you need it.

Ms Duncan: Normally we do not come up with this particular instance because primarily it can be deemed that an Aboriginal person would not require to go to Perth in the first instance for detoxification, because the nature and the pattern of their use suggests that they can detox themselves; they are not in medical danger of withdrawal. But in his particular case, it was imperative that he went to Perth. So this is why I have never really come across it until sort of seven years into my work, because normally we do get them from here directly to Broome. But again, it is via someone else footing the bus ticket. I just thought it was a little silly that we were able to get them to Perth —

The CHAIRMAN: In that direction but not in the other direction.

Ms Duncan: — but the system would not allow him to go. And PATS does not cover going to rehabilitation. It is not recognised as a needs specialisation. So sometimes we need to—I have sent people to Next Step in Perth, even when they did not need to go, just so we could access the PAT system. I should not have said that!

The CHAIRMAN: You are the second person who has said, I should not have said that on the record today! So it is good that you are saying it, because otherwise we would not know.

Ms Duncan: I am always getting in trouble, so that is okay!

Hon JACQUI BOYDELL: I actually think that is a good thing that that has been shared previously with us in the committee, because it highlights the lengths that agencies and WACHS are having to go to to support their patients, because the system is not supporting them, and that is the issue.

Ms Duncan: And that is costing—it is causing an expense somewhere else.

Hon JACQUI BOYDELL: Yes, of course.

The CHAIRMAN: Are there any other questions for Taryn? If not, thank you very much. That is another piece in the jigsaw as well, an interesting one.

Hearing concluded at 2.30 pm
