THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON MENTAL HEALTH LEGISLATIVE MEASURES MET AT HENTY HOUSE, LAUNCESTON, ON 17 FEBRUARY 2009

Mr PHILLIP RUDZIEWICZ WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Ms Forrest) - If there is anything you want to discuss in private that you do not want to be part of the public record, just make that request either at the beginning or any time during your submission.

Mr RUDZIEWICZ - The only thing as far as suppression of information is concerned is if I happen to mention my son by name, although obviously people would probably know him if they know me, but at least if that name could be not put in. Call him 'the patient' or something like that instead.

CHAIR - If you happen to slip in his name then we will de-identify that.

Mr RUDZIEWICZ - Yes. I believe that you were given a copy, I did deliver it to Parliament, of the original version of my report but I do not know whether you have had sufficient time to actually read it because it is a fairly hefty thing.

CHAIR - Yes, we did.

Mr RUDZIEWICZ - It was however slightly rushed. Having written to the secretary for this committee they wrote back and said that any documentation would be held by the committee. Consequently I rushed it out before I could properly edit it and things like that, so it is not quite as good as it should be. However I do have a better version.

CHAIR - We do have a copy of it. It remains the property of the committee and once the committee reports it becomes a public document at that time.

Mr RUDZIEWICZ - It doesn't matter; it is public now anyway and that is why I rushed it out as it was. So it doesn't matter what you say; it is now out in the public domain and has been for months.

Mr DEAN - It is a well-prepared document in.

Mr RUDZIEWICZ - It is even better now. If you have read this you will realise that I am mightily annoyed with Mental Health Services, in particular. Having said that, my original annoyance was limited to points of accountability. I hope that comes across and I have tried to make sure it comes across even clearer in this version. One of the terms of reference concerns world's best practice. If anybody said that to me, after you read that, about Mental Health Services then I would be even more annoyed that they could bother saying it.

CHAIR - We are not talking about world's best practice in relation to Mental Health Services; it is about the framework that guides the legislation.

Mr RUDZIEWICZ - That is reflected, if you like, in the policies for Ward 1E for the problems that have been manifested and which we all know about. I am quite annoyed with the media about that. There are reports in the media or by Santangelo, the Health Complaints Commissioner and so on. I am annoyed that Ward 1E copped the flak for that when in fact I proved as far as I am concerned to anybody's satisfaction what the main problem was. Yes, they did some silly things but in comparison to the policies, procedures, documentation and poor leadership and management, that pales into insignificance. It was minor - some problems, a minor amount - but it was nothing compared to senior management's lack of policies and procedures.

The minister is obviously the ultimate person who is responsible to ensure that the delivery of these services is done properly. I could read it out and it goes through what they have to do as far as the service is concerned. It still comes down to the actual practice. You can't say, 'Here's the law and we don't care whether you actually practise that law'. This is what I am saying; it is coming from the effect of that, of not doing it, and this is what they haven't been doing. The law is okay, as far as I can see. The general tenor of what they should be doing is okay, as written; it is the application of that that is not right.

CHAIR - Why do you see that the application of the law is not right?

Mr RUDZIEWICZ - It is in the report. In all the examples I give they are not actually applying it. They either don't know it at the coalface or the direct management are not enforcing it and ensuring it is done. The policies and procedures have not been developed to conform to them. The ones that they have are not developed properly, or they just do not have them. An example of that, in practice is the transfer policy. I call it 'extraordinary rendition', which is what it is.

CHAIR - Are you talking about the interstate transfer policy?

Mr RUDZIEWICZ - No, transfer down from here to Tyenna when he was sent down there.

CHAIR - Right.

Mr RUDZIEWICZ - As I say, what happened is they didn't tell us, because they are not allowed to tell you about the extraordinary rendition either; they don't tell their families. He was drugged. I don't know what they do there but they probably do drug them up to make them calm. The only thing that he didn’t have was a hood over his head. He didn’t have any shoes, he didn't have any breakfast, he didn't have a shower, he was concerned. Nobody had, as far as I could see, told him where he was going. He was put into a car with two attendants, and you can imagine what they were like size-wise. I know he can be a difficult person to handle, especially when he is in a psychotic state, but that is the sort of thing that goes on.

If anybody says to me that there is a transfer policy and that's what it entails, well if that's world's best practice then forget it. This is just awful. The other one that is particularly bad is the dual assessment policy and the link with the LGH. What a farce that is! It is not just with my lad. There are plenty of examples in there where this dual assessment policy has resulted in deaths.

Mr DEAN - You mean assessment by the hospital in that hospital system and then they are transferred across to mental health?

Mr RUDZIEWICZ - Yes. When I was going through that Santangelo report I was amazed; he was writing about me or us. How could he have picked on all the ones, or maybe I picked on them?

CHAIR - They represent systemic problems, then, if that's the case, if you can identify them and other people can too.

Mr RUDZIEWICZ - Yes, that's right, and I call them systemic. They come from poor leadership, management, documentation - whatever.

Mr DEAN - What you are saying and espousing is that the dual assessment situation should finish, that it should not be a part of the system. It should be an assessment by the mental health group when they come into the hospital system and that's it.

Mr RUDZIEWICZ - Yes. By the way, if you are looking for dual assessment it is under admissions.

Ward 1E copped all the blame but a lot of this is not down to Ward 1E. It's the other branches that are letting them down, including their management, but in practice it is the other branches that are doing it.

CHAIR - There have been suggestions about a separate area where people coming in with mental health disorders could be assessed. It may be near the A&E but it is separate to it. Would that address some of the issues?

Mr RUDZIEWICZ - You should be asking that of them: why the hell haven't they been able to sit down and think this through? We are paying this bunch of people, who are supposed to be professional, which annoys me, to do these things, to develop these policies and procedures. The higher up they go they are supposed to be doing that. They are supposed to sit down with what they have between their ears and their expensive education that they are supposed to apply to this and logic and sit there and say, 'This is not working so we'd better think about this and solve the issue. How do we do that?'. I don’t need to tell them.

CHAIR - No, but it is important to hear from people like you who have experienced the system.

Mr RUDZIEWICZ - Yes, but I am annoyed that I have to tell them their job.

CHAIR - What we want from you, though, is something that we can put up and say that this is what the people out there are experiencing. I am trying to get you to put on the record what you want so we can put it in a report.

Mr RUDZIEWICZ - There is so much of it. The reason I am being coy about it is not just the dual assessment thing. Where else do you want to go with it?

Mr WILKINSON - If a committee tasked with this did not take evidence there would be a hue and cry, 'What are you doing, you're not taking evidence, you're not listening to the community's problems'. Therefore what we have done is invite members of the public who have first-hand experience to come and tell us what those problems are and it is as a result of those experiences that we are better able to come down with recommendations. If we do not hear those problems we might as well go home now.

Mr RUDZIEWICZ - I hear what you are saying but I would hope that you are also hearing what I am saying. These people who are supposed to have been doing this have come up with that strategic plan, a beautiful document, but presented as if it came out of thin air. Somebody needs a good kick. That is where it starts.

I can tell you the details as far as the dual assessment part of it is concerned but that is only one of many. With dual assessments, I do not see why the LGH need to be involved with it. I concede that the staff of ACMHS, that is the community lot, say themselves that they do not wish to do it because they want the LGH people to gain experience in it. I am saying, what is up with these people? It is their job; it is their scope of practice, not the LGH's scope of practice, to be dealing with mental health patients. If it was then we may as well amalgamate properly the mental health services with the likes of the hospital. They are not amalgamated. They are two separately funded government lots. One has a certain scope of practice and the other has another, hence we end up with this dual assessment policy, which is a bit of a mess.

Where a patient is patently not medically ill - and they are in the hospital grounds anyway; they might be mentally ill but they are not medically ill - they are not needing medical attention. In most instances the staff of the mental health services are trained as medical people initially and then they have gone on and had another veneer, if you like, of mental health put on top in order to be working there, so they should be reasonably, not entirely but reasonably, well equipped to make some sort of a medical call, 'Yes, that person's okay to come here'. We need not bother waiting for a doctor. If I were a medical doctor in A&E, and we know the problems that A&E have been having of late, and I have all these people who are bleeding - and I don't care why they are bleeding or whatever - and I have a mental health patient and he is twitching and doing things like that, my triage would be that I am not bothering with him. I have more urgent things to be doing than attending to him, but he cannot go anywhere until I have seen him and then someone from mental health has to come and assess him. That is crazy and you do not need to be a brain to have logically thought that one out. Who was supposed to have sat there and thought about that sort of thing, but obviously did not? It is not the doctors or the nurses that need the kick in the butt for that, it is the leadership that did not do it, did not think about it, did not put it down as a policy - what have they been doing? That is right, that is just an example.

Mr WILKINSON - So that is one area.

Mr RUDZIEWICZ - Yes, just that one and this is silly.

CHAIR - A lot of your recommendations relate to the service delivery of Mental Health Services and make a reference to Santangelo's report, which I have certainly read and I know Ivan probably has too.

Mr DEAN - I certainly have.

CHAIR - That is really focusing on a particular ward with particular issues and makes recommendations about a service. So can we talk about -

Mr RUDZIEWICZ - You see, you asked me for a specific example, I gave the specific example, now you are saying you want me to go to a general one. My general one -

CHAIR - No, let me finish.

Mr RUDZIEWICZ - We still come back to these people need a good kick up the butt and need to develop proper policy procedures, not just for Ward 1E, for the whole service.

CHAIR - What I want to talk about with you though is the fact that the Mental Health Act does not apply to everyone with mental health illness; it only applies to a small section of the community that need treatment in an involuntary sense, basically, and it also has a section there that talks about the Wilfred Lopes Centre, the forensic mental health service.

So what I want to hear from you is whether you think the legislation adequately meets the human rights issues of the person who has the illness, as well as assist their families and those caring for them. You have described yourself in a carer's role. Do you think it meets your needs as well as the medical profession's, or do we need to look at a different model to help meet all the needs of all these people?

Mr RUDZIEWICZ - One of the other things that has annoyed me, you are a professional person and you are supposed to know certain things and you obviously need to develop things. We do not need to go to the UK, the States or anywhere else to have a look. The problems are not over there, the problems are here, the intelligence is also here, as is the information. We employ people at a big expense to sit there and deal with these, not to go off overseas and find some inappropriate model to apply to the problems that are here.

The solutions to the problems in New York, London or wherever else cannot be applied here. They are specific here. You do not need to go over there to look for and at models because the Internet will give you this information. It is the intelligence of the people here that we are employing and who should apply them to the situation that is here. That is my whole thrust of all of this. The examples that I give, and what I say in this one here is from the effect to the cause. This is what my reports are talking about.

The effects are what has happened to my thumb, in particular, other examples of different people from the ward to the area, to the State part of it. As I say, 'the State is responsible for the safe and effective delivery' - I do not think it is in that version - it may not be.

Mr DEAN - No.

Mr WILKINSON - I do not want to cut you short but I understand what you are saying - because we are, to a certain degree, time restricted - you are saying the problems are here, therefore it is the people here that should be -

Mr RUDZIEWICZ - The law is here too. Listen, I would like this to go on record because you have mentioned the law and this is here. The Health Complaints Commissioner states, 'The State is responsible for safe and effective delivery of health services in a manner that best serves the needs of the community' - not just specific things here - 'this includes statewide planning encompassing the most effective model of care, prudent allocation of adequate resources, an effective organisational structure and the development and implementation of policies and procedures likely to attain service goals consistent with the National Mental Health Plan and National Standards for Mental Health.'. That is already there. It needs to be applied.

There are other things there, there is actually the law as far as it is written in most States, it may be interpreted slightly differently. I think that was in there from Professor - whatever her name was - from South Australia, about the getting of people and making sure they don't harm themselves or others, and that's the job of the mental health people themselves. That's the law, it's already there, we don't need any more. It needs to be applied, that's all.

CHAIR - So what I'm hearing you say is that the law is fine as it stands, it just needs to be applied.

Mr RUDZIEWICZ - It just needs to be applied, and somebody needs to be there because obviously they haven't been doing it, certainly since deinstitutionalisation. I am certainly not advocating that we go back to that, by the way.

Mr WILKINSON - There should be more step-down position -

Mr RUDZIEWICZ - It needs to be applied properly, somebody needs to be there with a bigger stick, or whatever, and better oversight, and making sure that these are actually being done.

Mr MARTIN - Really what you're saying is there's a lack of resources, there are not enough services.

Mr RUDZIEWICZ - No, I'm afraid -

Mr MARTIN - That's a big part of the problem.

Mr RUDZIEWICZ - No, I can't go along with that either. No, because it's not lack of resources. Again, in this particular version it is clearer, I hope than in this one, as far as the resources for the thing are concerned, you have 26 facilities throughout the State for Mental Health Services, with 1 500 staff members spread throughout the State. They only have 5 700 active clients, I think it is - these are not my figures, by the way, - to deal with. They had last year - and this is out of the annual report - $78 million to do what they're supposed to be doing. They also had the $45 million plus an extra $10.7 million to implement the Santangelo Health Complaints Commissioner's report recommendations. So how much more do they need? I don't know, it doesn't seem to be that. That's what I'm getting at.

You asked whether I thought it was an issue of resources. I don't actually think it's the resources. From what I have just sort of outlined there, they've got pretty much -

Mr MARTIN - Are you saying the resources are not being allocated right?

Mr RUDZIEWICZ - That's right, they're not being allocated right, they're not being used right.

Mr DEAN - Poor practices and poor management is what you're saying.

Mr RUDZIEWICZ - That's the one, yes.

CHAIR - We are nearly out of time, I am sorry. Did you want to summarise, just give us an overview, a brief summary of what you think the major challenges are and what we should be focusing on?

Mr RUDZIEWICZ - Basically, I think the minister, somebody, whoever, needs to actually get in there and make these things happen. Put the things that they say from the top and onward through the bottom, although they need to be consulted with these people at the bottom, the things that are there, and make it plain to everybody that it needs to be done. The minister might get in the secretary or the CEO and say, 'What have you done about this? Let's have a look, and I want a summary of a report of where you're up to when you're applying all this'.

So the CEO or secretary or whatever it is, goes to the next level and says, 'You'd better start producing some of these documents because somebody's on my neck and wants me to prove that I've been doing them or that we've been doing them'. Somebody further down the line will say, 'Are you putting this into practice? Well here, you'd better read that and get your head around that so you can put it into practice. If you don't put it into practice, we'll make sure that something's going to happen about it'. That needs to be coordinated and these people need to do what they're supposed to be doing. The stuff, as far as I am concerned, is already here, which was another, if you like, revelation. I was sort of going, 'Oh, this can't be right. What are they doing? Maybe they just don't understand. Maybe nobody has thought about it' and when I found this I thought, 'What's this, they've got everything. They've been given more, nearly $60 million more to do it'.

Mr WILKINSON - They would be arguing, Phillip, that they are doing the right thing. That is what they would be arguing. They are not pretending to do the wrong thing or wanting to do the wrong thing so that is -

Evidence Taken In Camera.

Mr RUDZIEWICZ - I actually think that David Roberts, the secretary, is trying to do the best that he can and certainly it is better than what it was anyway.

Similarly with the CEO of Mental Health Services. I think that there are improvements happening and things are happening - I am keeping an eye up there, that is for sure and I will continue to do so. But this sort of thing is not going to happen again as far as I am concerned and this is where I will come off the record again -