



Speech by

Fiona Simpson

MEMBER FOR MAROOCHYDORE

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HEALTH LEGISLATION AMENDMENT BILL

Miss SIMPSON (Maroochydore—NPA) (3.42 pm): In rising to speak to this bill, I note that it contains some significant provisions relating to the issue of confidentiality. This is a matter that a number of other members have referred to already. It has been a great difficulty for members of the public when a loved one has been admitted to hospital. Those people have experienced difficulties in gaining access to what may be regarded as fairly non-controversial information. Owing to the confidentiality provisions, sometimes it has been very awkward for them to find out whether their loved ones have even been admitted or, if they have been admitted, whether or not they have been discharged. There are complicating factors when those patients are mental health patients. I certainly acknowledge that the amendments that the minister has before the parliament are an improvement on the previous legislation. However, I reserve my judgment as to how they will work in operation because I also believe that there is a culture that has to be challenged.

Some health professionals do not like to involve family members in people's all-round health care. That may not be the majority of health professionals, but when we are dealing with issues such as mental illness, which is such a complex and often distressing issue, people find that when someone is at a psychotic stage of their illness, they may be very aggressive about not having family contact. The difficulty is that often it is the family members who have hung in there and who are the only ones who really have an ongoing contact with that person and a real desire to ensure that that person's best interests are met through access to appropriate health services.

What happens if that mental health patient is admitted to a hospital and is also potentially suicidal? What happens if the system falls down—that person is discharged, no family members are notified—and that person is back on the street and still potentially suicidal and the family members have been left out of the loop? The unfortunate truth is that that happens all too often. That raises the issues of continuity of care and accountability. When confidentiality provisions—allegedly for the patient's sake—are invoked that in fact protect health professionals and not the patient, then there is a real problem.

I really believe that there needs to be a total review of the mental health system. I support the shadow health minister's call for that to happen. There is a desperate need for an open and accountable review of mental health services in this state—an independent review to examine why so many people find it so hard to get access to health services. Confidentiality is an issue that has been abused when family members have tried to follow up on their loved one's care, but there are also many other issues that need attention.

Only recently we heard the story of Cornelia Rau, which exposed one of those flaws in the mental health system in Queensland—where people who are mentally ill cannot even get into a mental health institution or receive appropriate treatment. Obviously, her case hit the headlines, but there are many other cases of that occurring. Sometimes people will be admitted to mental health treatment and then, owing to the pressure on those facilities, discharged before they are truly well. But even for those who may be ready for discharge, there is a need for another level of care to provide true continuity of that person's treatment. That issue must be included in a review of the mental health system, because for some people not only the hospital but also the legal system are merely revolving doors as often their condition brings them into

conflict with other members of the community. They may not necessarily commit violent crime. Often these people pose more of a threat to themselves by running through traffic or they cause fear and concern to people because of their behaviour during an acute mental episode. The problem is that there are really very few mental health services other than the acute level services for these people. The fact is that there is not continuity of care. People are discharged without any planning being made for follow-up care. That is damnable in this day and age. People who need treatment are offered only band-aid solutions. Too many of them end up with a more severe mental health illness because of this lack of continuity of care.

Previously in this parliament I have raised the issue of the problem of the early discharge of patients with other illnesses. But in relation to mental health patients, I know of at least two who were suicidal and who were discharged early. Within 24 hours of leaving Queensland Health facilities they took their lives. Where is the reporting of those incidents? We do not have accountability in the mental health system that ensures that there is some follow-up treatment. That did not occur in the mental health facility to ensure that real changes were made to stop such incidents happening again. These tragedies need to stop. In this day and age, when there is such a high incidence of mental illness and its prevalence is growing, our systems are failing people who are often very vulnerable. I believe that that needs urgent and serious attention.

Recently I raised the issue of cancer services, and I will raise this issue again. I know of a woman who was diagnosed with cancer only after it took her weeks to get an appointment. It was another six weeks to nine weeks before she was able to undergo an urgently needed operation to address her breast cancer. The surgery was conducted beyond the acceptable time frame, but the time that it took her to even get a diagnosis before she went to the surgeon was unacceptably long. I am most concerned that the cancer treatment wait times—not only surgery and follow-up treatment but also the early diagnosis times—are blowing out. The longer those time frames are for people to get an appropriate diagnosis, the worse their opportunity is to receive a successful outcome with treatment. We do know that some areas are worse than others, but early diagnosis is critical. We know that breast cancer services for women in this state desperately need to be boosted, but this problem also affects other areas of health services.

This morning I heard the health minister talking about how Queensland allegedly has the best waiting times for surgery. There are a lot of things that never even get onto the published waiting times. One thing is the time it takes for people to get an appointment—the waiting list to get on the waiting list. There are a lot of other early diagnostic procedures that people need in order to be assessed to gain access to the surgery list. Colonoscopies are a classic example. Waiting times for that procedure do not appear in the surgery on time figures because it is not surgery but a diagnostic procedure. That means the problem is being covered up. It means that the time frames are seriously blowing out and people are not getting access to appropriate treatment in a timely way because of a delay in diagnosis and diagnostic procedures are not part of the reporting methodology. That is just not good enough. Neither are the figures relating to other specialist appointments.

There are flaws in the system, even though the government talks about delivering a world-class system. I respect those staff who do their best to deliver excellent services, but the way the system delivers those services is often dysfunctional, meaning that people are striving hard in their own areas but are finding that even they cannot get access to information in other parts of the health service. How many of the surgery on time booking services for surgery are actually allowed to find out the waiting times for access to specialist outpatient patients? There is no formal system that connects these two processes, and it is quite deliberate. It is a case of treating different areas of the organisation like mushrooms—keeping them in the dark—so they cannot leak the information. The tragedy with that is that the system is not improved and what can be done to improve health is not done. There are always opportunities for improvement. It is time that appropriate reporting measures were put in place in these other areas of the health service so that people do have a health service—

Madam DEPUTY SPEAKER (Ms Jarratt): Order! Member for Maroochydore, I have given you quite a bit of latitude on the subject of relevance, but I would ask you now to bring your speech back to matters contained in the bill.

Miss SIMPSON: Access to information is highly relevant. On the one hand we have a bill that talks about confidentiality and the guidelines under which information is going to be made available, but on the other we have health professionals who cannot get access to information. That is because of the way the system is organised. They either deliberately do not collate that information or they do not share it across other areas of the service. One cannot improve a health service unless one has access to appropriate information. This cloak and dagger approach of Queensland Health and its culture of bullying—it actually tries to threaten people who do question and who do raise constructive criticisms about how to improve things—need to be changed. That culture beats people down and sees them leave the system. On the one hand it is about involving the patients and their families in their health services. On the other hand it is about listening to the health professionals and ensuring they have access to a system that does not leave them so frustrated that they give up and get out.

In closing, I reiterate my call for a total review of mental health services in this state to ensure that those who are truly disempowered have access to appropriate and timely services and that there is accountability in services. Too many people have died. Information relating to how many people have died within a short time of leaving mental health facilities in this state is not collated. I have asked for that information. That information is not collated. That is not good enough. That is not going to save lives. It is about time that system was put in place, because there are real problems when mentally ill people who are suicidal are being let out of hospital and are then taking their lives because of the poor systems in place.