

Minister for Health and Ageing Hon Tony Abbott  
Premier Hon. Peter Beattie  
Minister for Police and Corrective Services Hon Ms Judy Spence  
Minister for Health Hon Gordon Nuttall  
Health Rights Commission David Kerslake Commissioner  
CMC Dr Paul Mazerolle  
Media

We wish to draw your attention to a situation which we have come to believe is very common. In this case the Mental Health Services were reined against the young man and his family. The end result could have well been a murder suicide. Accurate initial assessment is vital in any service as illustrated on page 3 Courier Mail today (14 April. Death Turns Focus on Hospitals.)

#### Our Recommendations

1. Qld Health do an independent assessment of the young man away from the culture of Logan Hospital, which is to downplay the seriousness of suicide/mental illness.
2. Urgent review of current clinical assessment of possible admissions before more lives are lost.
3. An apology to the family from the Director of Psychiatry of Logan Hospital.
4. Personal accountability of Clinicians who refuse to update their skills and thereby cause loss of life.  
In this case the very practices of the Psychiatric Profession was to push the patient closer towards suicide and murder suicide.
5. The concerns of the family and the patient must be paramount.
6. Public safety must be paramount. In this case the assessing clinicians completely and totally ignored the wider public safety concerns to the patient to his family and to the wider public.

#### Brief History and Outline.

Prior to being contacted by this family White Wreath had been in correspondence with the Director of Psychiatry of Logan Hospital over similar if not identical situations. We offered practical advise in terms of a direct presentation to Clinical Staff at Logan, the Director of Psychiatry intimated that their suicide assessment policy was the best.

#### Summary.

In this case the police had three involvements with the young man, the hospital three presentations. Therefore no money whatsoever was saved by refusing him admission.

He is aged 20 male, family history of mental illness. By definition he is in the highest risk group of suicide.

He showed both suicidal and homicidal tendencies and confirms what we have said in our Suicide Recommendations to Qld Health particularly 1a, 1b, 2, 3, 7, & 8 (Recommendations sent out Feb 2004)

These recommendations are based on international best practice

The young man and his family has given us permission in writing to represent their case and they have told us that they are prepared to speak out in public.

We realise it is easy to blame government and politicians but infact in this case and the case on page 3 Courier Mail 14 April it is the initial assessment that was cursory and superficial and we note also that medical associations are moving to blame the government, the government can not be present at every admission.

The following is the history of the young man outlined by him and his family to me last night.

First presentation Saturday 20 March - waited in emergency approx 4-5 hours. Finally assessed by Psychiatrist for 30 minutes. Psychiatrist rang father at 11pm and asked him to bring pushbike. Dad refused saying my son is suicidal he needs to remain. The patient said he was suicidal and said he needed to remain. Doctor called taxi to take patient home. Taxi driver dropped patient off 10-15 klm away from home. Doctor gave patient Largactil, Valium and other medication, which almost put him to sleep (even though the doctor said there was nothing wrong with the patient) Patient ended up sleeping in a bus shelter.

Following Day 21 March patient became angry and agitated presented himself at Jacaranda Police Station (Logan) saying I'm not well I want to kill myself and others. Police took him to Logan Hospital (their response was more appropriate than the hospital response) Patient again waited 4-5 hrs assessed in 10-20 minutes sent to Pindari Salvation Army Hostel, there overnight.

Father received a letter from sons GP requesting the patient be fully assessed. Doctor assessed patient as being schizophrenic.

Saturday the 3 April parents out - patient took a knife to brother who was 17. Two other brothers ran to next-door neighbours - neighbours called police. Police came. Family arrived home same time police arrived. Police took patient to hospital. Family also tried to get patient admitted to P.A Hospital but told that he was not in their catchment area.

What other life threatening condition would a patient be refused hospital admission?

Remember his presenting History.

Young male suicidal self - presenting (see point 2 of our recommendations Internationally self presentations is regarded as psychiatric emergency) said that he was hearing voices and seeing things. Car stalled he lifted up the bonnet and saw a severed arm. He saw dead bodies in the back seat of his car.

Most importantly this mans concerns were backed up by his entire family yet their concerns were treated with contempt.

There have been 5-6 cases on A Current Affair Channel 9 featuring very similar cases where families and patients concerns were downplayed.

We know of 5-6 cases over the past few months.

We don't wish to target Logan but we do wish to ensure that all Psychiatric Services including Logan lift their game to prevent further deaths.

We point out that there has been a number of murders, police shootings/deaths in custody as a result of the initial assessment services not listening to the patient, patient's family and the police attempting in good faith to get help for the patient.

Yours sincerely

Fanita Clark  
President