

## Acute Health Services in Tasmania

From: Karalyn Anne Hingston

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My submission is focussed on mental health services and my own experience with the public health system earlier this year. This submission addresses the following terms of reference:

'2' Factors impacting on the capacity of each hospital to meet the current and projected demand in the provision of acute health services.

'4' The level of engagement with the private sector in the delivery of acute health services.

'5' The impact, extent of and factors contributing to adverse patient outcomes in the delivery of acute health services.

In February of this year (2017), I developed a reaction to a prescription medicine I had been taking for nearly 12 months, called plaquenil. This reaction caused me to become extremely photosensitive (sensitive to all light). From February until the end April, I deteriorated at home, spending approximately the last 3 weeks in April, in rooms so dark that you could barely read a book.

Given that I had always been an anxious person (although at that point I did not recognise this) and having previously suffered from depression, my mental health deteriorated rapidly. This was further exacerbated when my steroid dose was significantly increased to try and assist with the photosensitivity (a common side-effect of steroids can be depression).

At this point in time I had a team of medical professionals treating me, these were:

1. A Rheumatologist – who had prescribed the palquenil.
2. A Dermatologist
3. An Endocrinologist
4. My GP

The week before Easter I became suicidal, I was physically exhausted and mentally spent. Thankfully I have a very loving and supportive partner, who I expressed my thoughts to. He started coming home during the day and texting me regularly. The week after Easter he took leave from work to be with me at all times as I believed / intended to end my life if I was left alone.

Throughout the above period I was in frequent contact with medical professionals 1 & 4. I also had one Skype appointment with medical professional 3. I openly expressed to all of them that I was either suicidal or that I was having very dark thoughts. My recollection is that none of these expressed any real solutions / pathways forward, aside from telling me I needed to contact my Gp. I should add that in my mind at that time, my situation and physical and mental distress was all because of the reaction to the plaquenil. When in fact it was partly that and partly because I was having a mental breakdown.

On Anzac Day, after a night where I was physically and mentally very distressed and agitated, I wanted to and intended to end my life. I could see no answers, I'd told every medical professional treating me and they had no answers or suggestions. In my mind I planned several options as to how I would do it and refused to tell anyone.

This highlights a severe problem in our health system; whilst everyone was caring they seemed more interested in passing it on to another medical practitioner rather than addressing it themselves. They had a person 'screaming' for help and didn't respond with any real answers. On-going, continual training must occur for all in the sector on mental health.

My cousin and her husband are both medical specialists in Hobart and it happened that he sent me a general text during Anzac Day. It should be noted that her younger brother (my younger cousin) committed suicide a few years earlier after a long battle with his mental health. Due to this I had been reluctant to contact them, to seek their help. However, the text message was an opening to start a discussion and I told him how I was and that I couldn't seem to get help. He then provided me with critical information and assessment. I clearly needed help and I needed professional assessment. He gave us the Mental Health Services Hotline and explained how it worked. My rheumatologist had arranged an appointment with a dermatologist on the Thursday of that week and he (my cousin's husband) said that I must attend this and that he (the Dermatologist) will probably arrange for me to be admitted to a private mental health facility. This terrified me as I envisaged every stereotype possible of such a facility in past decades. I spoke to my cousin about it who explained to me what such a facility was really like – this was critical information. She also explained that there was a very good private facility in Launceston – Calvary Clinic at the St. Lukes campus.

Two points from this, aside from my cousin and her husband, we and no family or friend that I have subsequently spoken to knew about either the Mental Health Services Hotline or the private facility in Launceston. Why aren't both of these advertised, particularly the Mental Health Services Hotline? People need to know about it, they need to know where they can get help from. And, education to the public needs to occur on what these facilities are actually like, so that they're not too scared to attend them.

The next challenge was to stay alive from the 25<sup>th</sup> until the 27<sup>th</sup> of April, which is when my appointment with the Dermatologist was. It was hard, but I managed and attended the appointment with my partner. By this stage I was struggling to put sentences together and my partner thankfully explained the situation. Dermatologically there was nothing to do. We had both been very frank about my mental health and he could see how I was. My partner asked him several times if he could refer me to the Calvary Clinic and he advised that he couldn't. Anybody with a provider number can do a referral.

The dermatologist then rang the head of Accident and Emergency at the Launceston General Hospital and advised my situation. It was agreed that my partner would take me there. Upon arrival they advised that they were expecting me and we were told that there was bed block and that it would most likely be many hours until someone could see me. At this point in time my partner often had his arm around me, which I needed as I was thinking of running out onto the street in front of a car. I just had to find mental peace. My partner was not aware of these thoughts. We stayed at A&E for an hour and during this time my partner spoke with the staff several times. He asked if they could refer me to Calvary Clinic and we were advised some Doctors at the LGH could, some couldn't. We were advised that the best thing we could do was to find a Dr who could refer me. I should note the word referral wasn't used but that a 'form', the name of which I can't remember, needed to be completed and that only some Drs could complete it. This was incorrect information, there was no form to be completed, and all that was needed was a referral, which anybody with a provider number could complete.

My partner then spent time trying to locate somebody to complete this 'form'. He rang the medical centre that I attend and queried it. Because they had not heard of it they advised they couldn't help. In an ideal world, given they knew my state, they should have investigated options. Similar to the training mentioned earlier, training for all administration staff must be more thorough and include accounts from people who have been through 'the system' so that they have a better understanding. This could have cost me my life.

Given a specialist had rung the head of A&E at the LGH and explained the seriousness of my situation, why were we told that we could wait many hours before seeing anyone? Why is it that someone on the brink of committing suicide is not as 'serious' as someone with severe chest pains, who I am sure would have been seen sooner.

After an hour in A&E at the LGH, I advised my partner that he had to get me out of there; I was becoming very agitated and distressed. We left and with very few options my partner rang my cousin for guidance. My cousin was not in her office but rang her receptionist and dictated a referral for the Calvary Clinic, asking them to urgently review me. My cousin called me, I could barely speak, and she explained what would happen and then asked me if I'd be ok for that evening, as I would not be admitted most likely until the 28<sup>th</sup> (the next day), I recall saying "I don't know". My cousin contacted her colleague who wrote a prescription for Alepam, which is used in the short term treatment for anxiety. We returned home from Launceston that afternoon. Both that night and the following morning, medical professionals 4, 2 & 1 all rang to see how I was and what my situation was. Whilst none of them seemed able to help, they were all caring.

Early on the morning of the 28<sup>th</sup> we received a phone call from the Calvary Clinic, asking if we could be there at 1:30pm that day. This call saved my life as I had decided I was not going to see the weekend out. At that point in time I had poor function, could see no future, and was very depressed and distraught. I was admitted and the staff were incredible.

Calvary Clinic is a 13 bed facility and all of the time I was a patient they were less than half full. We have a public system that can't cope and at that time a private facility with capacity.

I was a patient at Calvary Clinic for 18 nights and the care I received was not only of the highest standard but it changed my life. In fact it not only changed my life, it saved it. What was the worst situation of my life was actually the best thing to have happened, as I am now a much more relaxed, happier healthy person. I have a second chance at life, which I am very grateful for.

I am alive today in spite of the public health system. I'm alive because of a really supportive partner who fought hard for me and because of a cousin and her husband who are both medical professionals, who love me and who knew the system. Many people don't have supportive partners and even less have medical professionals in their family. It should not be so hard to get help.

Yours sincerely,



Karalyn Anne Hingston