Submission

No 97

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Name: Ms Alexandra Rivers

Submission to Legislative Council Joint Select Committee on the Royal North Shore Hospital

Alexandra Rivers

Please accept this private submission to assist the Select Committee in its enquiry into the running of the Royal North Shore Hospital. I was concerned that the Cummins Unit, that section of the hospital which provides care for people with a mental illness, might be overlooked and omitted from your scrutiny during the investigation, despite the mental health wards experiencing the same types of difficulties as the rest of the hospital. I note that there is no specific mention of mental health in the guidelines for the Select Committee hence this hasty submission.

I am a carer of a person with a mental illness, a member of the Schizophrenia Fellowship of NSW, and in touch with many other carers and people who use the Cummins Unit.

People who use the unit are full of praise for the quality and dedication of the staff in the Cummins unit, especially the Director Dr Teffler, and admire how they cope under very difficult circumstances and enormous pressures. However there is serious concern about the adequacy of the hospital provisions for their mentally ill patients, and the way this impacts upon the ability of the unit staff to provide for the mental health needs of their community.

Some of the issues which have been mentioned by users of the unit are:

1)

Overcrowding

There are single and double rooms in the unit. Because demand is so high, extra beds have been added to the rooms so some rooms now have 4 beds in them. This places a extra strain on the staff and the patients. Many patients have to remain there for a long time after they could theoretically be discharged, there being no community residences or support services to enable their safe discharge. Often a seriously ill person lucky enough to still have family support has to be temporarily discharged home to enable emergency admissions. This places great strain on the person and their family, and can place all at risk. It also makes considerable extra strain on the staff who are faced with the difficult decisions, and have to try and find a way to squeeze in new patients, or find hospital beds somewhere else. The unit is not large enough to cater for the mental health needs of its community.

Additionally, with shortfalls in mental health beds across the whole of NSW, the unit has to respond to emergency needs for admissions from other hospitals or health areas.

2)

Understaffing

The unit does not always have its full complement of staff, both medical and non-medical. This affects patient care and services, including the ability to admit patients, and the provision of counseling, therapy, recreation, discharge planning and other support. There was no occupational therapist for long period of time, which effected patient well being and recovery. Another example is staff being forced to use non-nursing staff to collect medications from the pharmacy. It might be to the hospital's

benefit if in these days of computers and other technological improvements, they could design an improved method of the requisitioning and delivery of patient's daily medications to wards.

3)

Food

Carers and patients complain that the support offered Cummins Unit patients by the Hospital Kitchen is abysmal. Despite massive weight gain being a known side effect of many psychiatric medications, the kitchen will not supply special or modified diets, or even ensure that the regular diet is medically appropriate for psychiatric patients. I am sure this refusal to provide medically appropriate diets is not so in other sections of the hospital. There is apparently an insistence by the kitchen that only food which can be sterilized will be provided, so salads and other fresh food are not provided. The food is very unhealthy for people eating such a diet for some time, and confounds staff attempts to help patients manage their weight gain. They are unable to implement the recommendations of healthy eating education in the unit. This compounds the patients' general health issues such as obesity and diabetes. Placing mental health units in general hospital was supposed to improve their general health outcomes

Allegedly the kitchen is also experiencing extreme budgetary constraints. This is the reason given for the kitchens refusing to provide eggs for patient breakfasts in the weekend. The wonderful staff member responsible for food service in the unit thus supplies eggs for the weekend out of his own pocket. Patients also complain that the food they receive appears to be 'left-overs'. This might seem a relatively petty complaint, but when people are hospitalized for along periods of time, it becomes a serious issue effecting their quality of life and their healthy recovery.

4)

Underfunding of the unit

Users of the unit complain that none of the recent increases to mental health funding from both the federal and staff governments has actually resulted in increased funding to the unit to enable service improvement. It is alleged that any such money has been used in the beaureaucracy rather than for the patients

5)

Cleaning

Users allege that the unit becomes extremely dirty and untidy and that cleaning of the rooms and courtyard is neglected.

6)

Admission Procedures

People with mental health issues are admitted through general emergency admissions, not a specialized mental health admissions section. Money delegated for mental health care can thus be used to augment emergency ward funding as they share a common service. Many people with a mental illness find that they cannot progress through the triarge system, and some leave the area rather than continue waiting. This means they do not receive the treatment they need, and they continue to be at risk of suicide and other self harm, or of harming others. Others disturb others waiting for treatment, and this often brings them into contact with security staff or police, and requires staff to deal with behaviour issues. Police who have transported people they suspect may be mentally ill often have to wait for hours with a mentally ill person, as do ambulances. Admission procedures for people with a mental health issue need to be modified so that both those who come in the custody of police, and those who come alone or in ambulances or with family or friends can be assessed and treated

quickly and safely. Perhaps an emergency admissions area needs to be provided in the Cummins Unit, and patients presenting to the general emergency admissions area with a mental health issue sent there immediately to wait under the observation of experienced staff until they can be properly assessed and treated as necessary.

7)

Provision of integrated community support services.

The lack of residential and other support services means that many patients must remain in the unit long after they could have been discharged. There are almost no supported residential placements available, so staff have nowhere to discharge patients. Many people are no longer in an acute stage of illness but continue to need high support. This includes those with a mental illness only, and those with dual diagnoses such as accompanying drug and or alcohol addictions, those with physical health impairments, and those with cognitive impairments from intellectual disabilities or dementia. Many elderly homeless persons cannot be discharged because they have nowhere to go. Neither the Department of Community Services or the Department of Disability Health and Aged Care and seems able to plan and integrate their services to assist the hospital staff regarding these specialised groups of people.

8)

Disappearance of patients' personal goods

Patients report theft of clothing, personal care items, recreational devices, food and drink, and money while resident in the unit. This imposes serious financial hardship on some patients as they have to try and replace stolen items. Many cannot. Many no longer take in anything on admission but minimal old clothing because anything of any value disappears. This effects the quality of their hospitalization. Designing protocols for mitigating such losses seem problematic because of the nature of the patient difficulties, so loss of personal goods continues to be an area of distress for patients. Protocols for the investigation of such thefts or misplaced goods are also an issue, as is the opportunity for any recompense or replacement.

Thank you for accepting this submission. I hope that the points I raise indicate that there are systemic failures in the delivery of quality inpatient health care to people with a mental illness at Royal North Shore Hospital, despite the efforts of a dedicated staff. I hope that the parameters for investigation of other sections of the hospital are used by you to assess the provision of mental health services by the hospital.

Alexandra Rivers