

Submission
No 505

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Name: Name suppressed
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Partially
Confidential

Mental health resources is a huge issue in rural areas.

We have been trying to access psychologists for the past year for my son and some waiting lists are over a year.

The same for psychiatrists. Most have their books closed. I have been trying for over 6 months to get a suitable Psychiatrist and have tried at least 25 all over NSW and sent many referrals only to be told books are closed or wait time is up to a year. This even applies to Telehealth.

This is not adequate, this is why there are so many suicides in rural/regional areas.

We have rang every help line and presented to hospital twice trying to get help only to be told by a large regional hospital where I work as an RN that we should just kick our son out of home. We understand when people are not asking for help but when they are and there is nowhere to help them it is devastating.

In our situation it is only that I have some medical and counselling knowledge and have got to the root cause of his undiagnosed problem and sought the correct medication from a local GP and psychiatrist as a start until will find a more specialist psychiatrist to treat him that he is still alive.

I definitely has been a very stressful few years in our lives and if we lived in Sydney there would have been many options initially.

I also work as an RN in the Medical Ward at Dubbo hospital.

It is always extremely busy, staffing in not adequate and even though management say they have the correct staffing ratios they have new staff who have not been educated or signed off on medication etc, so they cannot work to their full capacity putting extra pressure on other staff (not their fault at all).

There are always New grads which is great but very hard when you have a couple on the same shift with junior staff as well as using Assistants in nursing on the floor with a five patient load regularly.

AIN's are so useful but I t think that it is inappropriate to give them a patient load on an acute ward in a large regional hospital where the patients can be quite complicated and deteriorate quickly. It would be fantastic to use AINs as extras.

I recently worked with a trainee EN who had been at Tafe for 8 months and she was given a 5 patient load on the acute ward.... Not acceptable The pressure if something goes wrong for her and the In charge of the ward let alone the patients who have no idea that this person is not even qualified. I really believe that things are getting quite dangerous in regional and rural hospitals because they are just so busy all the time and there is not enough support for staff.

There is such a lot of pressure on the RN in charge when you have to watch all the new people and cover medications and monitor patients throughout a 30 bed ward.

Most shifts we do not get a break at all and recently have not even had time to get a drink of water. You come home mentally and physically exhausted.

Little things that may help would be staff wards appropriately with RN and EN's only and floating AINs.

Ward clerks for part of the evening shift and weekends as to answer the constant phone and facilitate a smooth admission and discharge process to free up beds quicker and avoid the hospital being constantly bed blocked. Presently the In Charge needs to do everything on the evening, night and weekend shifts and well as be on the floor and helping other staff.