Submission
No 154

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

Name: Name suppressed

Date Received: 3 October 2023

Partially
Confidential

My teenage daughter wants to end her life, and the medical system is failing her …

Early this month, my 16-year-old daughter Mariela* quietly announced at dinner that she planned to kill herself on Wednesday September 13.

Mariela had been suffering from non-epileptic seizures (NES) for two years post-COVID-19, with the original trigger believed to be a severe childhood trauma.

Many neurologists believe this adverse childhood event created a somatic “stress fracture”, which flared up with lockdown stress.

Australian neurologists have also expressed deep concern about a lingering wave of post-COVID functional neurological disease (FND) symptoms in teenage girls, including tics, stuttering, co-morbid depression/anxiety and NES seizures. My daughter’s seizures could last for as long as 20 minutes.

Otherwise healthy teenage girls (I personally know two) have been suddenly paralysed and 12 months later have not recovered.

A recent Monash university study found that patients with NES have an 800 per cent increased risk of premature death, largely through suicide, seizures and accidents.

Upon hearing my daughter utter those chilling words, I desperately attempted to bring forward an appointment with a private psychiatrist. Originally booked in July, it had been scheduled for September 20. The psychiatrist had sent me an initial charge of $620 for the first appointment and I had to secure the spot with a deposit.

I twice begged the receptionist to ask the doctor to call me. Instead, I was emailed the same instructions to present to hospital emergency or acute care. But we had already done this the previous day – twice.

On that previous morning, we’d been seen by our local public hospital community psychiatrist. He thought Mariela had “situational depression” and did not think she needed to be admitted. That was despite Mariela’s psychologist having requested, a night earlier, an urgent hospital admission.

As soon as the community psychiatrist left the room, Mariela told me she didn’t want to die in hospital and “preferred to die at home”. Later that afternoon, at home, she handed me a heartbreaking one-line letter, describing how she planned to end her life. The handwriting was miniscule. When I asked why, she replied: “Because I’m so ashamed, Mum. There’s just one thought and it won’t stop.”

I recontacted the hospital psychiatrist by email and he suggested, given this new information, that we present to another public hospital. (Our local hospital didn’t service adolescents.)

After a six-hour, overnight wait in Prince of Wales' emergency, we were told to go the Children's Hospital Randwick. This would have been our third hospital emergency department in two days – if we could get in. When I called its mental health unit, however, I was told it "had no beds".

Helpless, I called a private hospital. The reply: it was "not approved to deal with high-risk patients".

General practitioners are alarmed at this emerging crisis. They include Dr Andrew Leech, who writes in *News GP* of a "near-constant stream of GP referral rejection".

That is, when GPs refer young patients to psychiatrists, they are commonly sent away. Leech writes that psychiatrists cite reasons such as the patient being "too young", "too old" or that "the psychiatrist does not accept a referral for a patient with a history of suicide attempt, recent hospitalisation or who is at risk". It is putting vulnerable patients in an untenable situation, Leech says.

Another GP commenting on the story, Dr John Walton Dearing, referred a patient to a psychiatrist who would only see the patient if $830 was placed first into the practice account. "I regard this as an outrageous gouging of patients." He argued that psychiatry was now "only available for the well-heeled and the worried well who can afford these exorbitant fees whilst those in greatest need are left to struggle with their inner psychic turmoil."

And GP Kane Treble chimed in that: "Inpatient services declare the patient too low acuity for their services, outpatient services declare the patient too high. Where does this patient go?"

If GPs are furious that psychiatrists are "cherry-picking" the cases they prefer to take on what hope do we have as patients? What if a cardiologist refused to treat chest pain? Or a knee surgeon a severe fracture?

Or have specialists become so "sub-specialised" that they are simply refusing anything that's a little out of their scope?

Senior psychiatrist Angelo Virgona replied in his own open letter to GPs that he had sent highly suicidal patients to emergency and they had been turned away. He blames a system that lacks capacity, patchwork funding, fiscal neglect and a national shortfall of 125 psychiatrists by 2030.

Of the public hospital system, there are questions that demand urgent answers too.

Why are children or adolescents shunted to two or three hospitals in a day when they are very ill and sleep-deprived, further increasing risk of suicide?

Why is there such a dearth of adolescent facilities, given that thepeak age of onset for mental illness across the board is 14.5?

Why, when my daughter was finally admitted to RPA for two days, was she sent home with no discharge plan or medications?

Who is to blame? I don't know, but I do know my daughter deserves better.

She has gone through enough trauma in her short life and I am watching a beautiful, bright star fade before my eyes. I sit by her bed around the clock, wondering how and when medicine lost its moral compass and why our government is failing our teens so badly.

In the meantime, I thank the GPs, psychologist and the truly amazing Safe Haven Kogarah peer-support workers, who have lived experience of suicide, and have kept my daughter alive. So far.

* Name has been changed.

The author is a Sydney journalist and media consultant

Note since writing this there was a suicide attempt in an adult hospital that was not charted. A separate complaints has been sent to the hospital.