



Private Mental Health Consumer Carer Network (Australia)

engage, empower, enable choice in private mental health

Survey of Network members who have had experience of being admitted to a public hospital as a private patient

October, 2015

Limitations

The findings of this survey have limitations because they represent the views of a small sample of participants. Therefore, these results should be considered in this light.

Background

Following a request from Private Mental Health Alliance health fund representatives, the Network undertook a brief survey over one week (20-27th January, 2015) to elicit some information from both consumers and carers about their experiences of admission to a public hospital as a private patient.

Private patients are significant users of public hospitals and contribute important revenue to them. King (2013) undertook an examination of the trends in public hospital use by private patients over the previous ten years, reporting that private patients' use of public hospitals had risen disproportionately compared to public patients (From 2005 to 2011, public patients in public hospitals increased by 16%, whilst over the same period private patients in public hospitals increased by 50%, an average increase of 8.5% per annum. By 2010-2011, 10.0% of all patients in public hospitals were private patients, compared to 7.8% in 2005-2006).

Methods

The survey was administered through Survey Monkey, with a link sent out to the Network's database of members via its electronic newsletter. Twenty-seven people entered the survey site. Of these, 25 people proceeded to answer survey questions, with some respondents being selective in which questions they responded to.

The survey consisted of 19 multiple choice questions, most also providing the opportunity for respondents to make further comments. The survey questions were determined via a series of consultations and agreed by the National Committee of the Private Mental Health Consumer Carer Network (Australia). A summary of the results are provided below.

Results

1. Are you a Network member? (n=25)

Yes	17
No	8

2. Where do you live? (n=25)

Metropolitan	19
Regional	6
Remote	0

3. Are you a Consumer or Carer? (n=25)

Consumer	13
Carer	12

4. Did you or the person you support choose to be admitted as a private patient? (n=25)

Yes	13
No	12

Respondents who chose to be admitted as a private patient hoped that that option would provide them with an advantage, such as shortening the waiting time for service or being able to be treated by their own psychiatrist. They perceived this choice as their right, as paying patients. However, they generally expressed dissatisfaction with the care provided, despite being private patients. One respondent perceived that they were given this option “Just to save the Government money”.

I was under the impression that I would have a better level of facilities. I was wrong. I was at XXX Hospital and all the rooms were private so there was no advantage in having private health cover. Also there were no TVs or phones in any of the rooms so there was no option of my having these extras either.

5. If you or the person you support were asked by the public hospital to be admitted as a private patient, did you/they feel pressured to do so? (n=21)

Yes	10
No	11

Of those respondents who answered ‘yes’ to this question, most perceived that they were either pressured into doing so, or were provided limited information or incorrect information upon which to make an informed choice. For some, there was no option offered.

It was very much "If you have private health insurance, it will help the hospital for you to be admitted as a private patient".

Not only was there pressure - once they realized we were covered, they insisted we move to private care.

They didn't really discuss it.

A man turned up in the unit and told me to sign papers.

No they wanted me to be admitted as a public patient because apparently there is less paperwork.

A man came to me with the papers and asked me to sign. The first time I asked about how this would effect future admissions to private hospitals and he said that it would not effect future admissions at all. The reason I ask this is because I had surgery a number of years ago in the public hospital and I had been asked to sign the forms in the ED and promised single room and not seeing the registrars only the surgeon and I got neither of these. I was in a room with 3 men and I only saw the registrar who caused many problems including a botched operation. Following this I had to have the surgery redone in a private hospital and the fund would not cover all costs because of their funding the first public hospital. I now get very nervous of signing for private patient in public hospitals.

Was asked if I had private insurance, and when I said yes, they said I would have to be admitted as a private patient. I explained I wanted to be admitted as a public patient, they then told me they didn't have any spare beds for public, but could if I went private.

6. Were you or the person you support, given any information by the public hospital to inform your decision? (n=22)

Yes	1
No	21

Almost all respondents reported that they were not provided with information to inform their choice to be treated as a public or private patient during their public hospital stay. Their further comments suggest that clear information was withheld from them, and they were not part of the decision-making process, despite potentially wishing to be involved.

We constantly asked questions

We were told it was just the done thing and that we should comply.

I wasn't in any fit state to understand any information that they may have tried to share with me. I think that because I had private health it was just assumed that I would be admitted under that.

Just told I needed to use it to get treated.

7. Who made the decision for you or the person you support, to be admitted to a public hospital? (n=22)

Who Decided	No.
Patient	4
Patient's family	1
Patient & family mutually	1
General Practitioner	3
Ambulance	1
Psychiatrist (3 as detained patients)	9
Mental Health Service	3
Total	22

Of 22 respondents, only 6 reported that either the person, or their family, or both, were involved in the decision to be admitted to a public hospital. For the remaining respondents, health care providers made this decision for them, with respondents' further comments suggesting that this was due to them deferring to and trusting health professionals' experience and knowledge.

This was the first time my daughter had become mentally unwell so her local GP made that decision and asked her husband to drive her to the nearest public mental health unit which was over 2 hours away. We as a family had had no experience of mental illness, a mental health unit or what to expect. It was a devastating experience.

That was the only option at the time that we were aware of. After much research & further investigation, we realised I was able to have private hospital options. Regional to remote location affected our choices.

8. Did you or the person you support, have an excess or gap payment on health insurance which had to be paid for the time you were in the public hospital? (n=22)

Yes	8
No	14

Almost two thirds of respondents reporting having to pay an excess or gap payment as part of their public hospital stay.

9. Did you or the person you support, have to personally pay for any blood tests or medications? (n=22)

Yes	8
No	14

More than one third of respondents had to pay for tests and/medications as part of their public hospital stay.

10. Were you or the person you support, treated any differently because of your status as a private patient? (n=22)

Yes	2
No	20

Almost all respondents reporting being treated as no different to public patients whilst in the public hospital as a private patient; the quality of care were perceived to be the same. Their further comments offer a range of reasons for this:

I did not even see my Consultant - saw the Registrar (I think she was a Registrar) only once during my stay.

Constantly reminded that you have to pay for tests etc

Didn't perceive so. He has never been able to be admitted into a private hospital anyway so have not gauge to go by. They have always said they are full or can't take him because he has psychotic illness and detained and would be receive better service in the public system because they are 'more qualified' to deal with people with schizophrenia.

I have spoken with the XXX Mental Health Director that, if they want people to sign on as a private patient in a public hospital, there needs to be some incentive to do this.

Don't really know as have never been able to go to a private hospital for treatment of mental illness, despite having full private cover.

11. Were you or the person you support, given a private room? (n=21)

Yes	9
No	12

12. Were you or the person you support, able to stay as long as you needed? (n=22)

Yes	11
No	11

Half of respondents reporting being able to stay in the public hospital as long as they needed, whereas, half reported that they were not; they were 'medicated and stabilised' then 'transferred to a private hospital as soon as I was stable enough to do so'.

Even though I was suicidal and taken to a major teaching hospital I was discharged within hours.

Apparently they needed the bed.

13. Were you or the person you support, able to see your/their own private psychiatrist or did you/they have to see the psychiatrist from the public hospital? (n=23)

Public Hospital Psychiatrist	23
Private Hospital Psychiatrist	0

All respondents reported that they saw the public hospital psychiatry during their public hospital stay. They were not able to see their own private psychiatrist during their admission. Although some were aware that their private psychiatrist was being kept 'in the picture' by the public psychiatrist handling their care, for many respondents, their own psychiatrist was 'excluded' and they found the experience 'confusing', 'fragmented' and a negative experience in which they were not included, not informed, and with 'no choice at all'.

I think they talked a couple of times with the private psychiatrist, but not sure if they just exchanged written information, or actually spoke to each other.

As this was the first time my daughter had become unwell mentally (6 years ago) she was admitted to the nearest public mental health unit. She was in the unit for 8 weeks so was seen by a number of psychiatrists, which we found to be confusing at the time.

My own psychiatrist was not allowed to be involved in my medical care despite her knowing me very well (I have been seeing her every 3 weeks for the past 9 years when I have been well).

We asked our GP to recommend a private Psychiatrist and he said he would be more than happy to do so and gave us three names. However the hospital said they were not part of the hospital and we had to take who we were given.

The sense was that the private psychiatrist didn't have direct access and the hospital doctor would eventually liaise with them. It did cause me some anxiety and concern that the treating team would then not have the full picture, which then made me feel like I needed to make sure I provided it.

14. Was your or the person you support, treatment or medication changed substantially by the hospital psychiatrist? (n=22)

Yes	9
No	13

Respondents reported a range of experiences, both positive and negative, with regard to treatment and medication changes during their stay within the public hospital. Some experienced no changes, some benefited from the changes made, while others reported being frustrated and concerned about the changes made, which appeared to complicate the person's care rather than help them.

From memory, not sure. I don't think so but ECT was suggested after medications seemed to be taking a long time to help in her recovery. From the first ECT treatment she began to improve.

During one admission, they changed it to a medication that clearly wasn't having any positive effect but they just kept giving it to him over several weeks. It wasn't until I started jumping up and down about him getting worse after 5 weeks and actually suggesting to them that they try another particular older medication that they did anything about it. If I hadn't have been there to insist, he'd have deteriorated even further and they would have likely interpreted it as a failure in him to respond due to his level of capacity to get better broadly rather than them needing to think harder about the medication combinations that were using. As the carer, I felt that this shouldn't have been my role, as they should have this expertise. Once the change was made and he started responding positively (fairly soon after) they didn't acknowledge that I had made the suggestion in the first place.

15. Was your or the person you support, diagnosis changed by the treating team in the public hospital? (n=23)

Yes	6
No	17

For approximately three quarters of respondents, their mental health diagnosis remained unchanged during their public hospital stay. Further comments suggest that, for those who did experience a change in their diagnosis, this was a negative experience.

Again as it was our first experience with her being unwell mentally and admitted to a unit she was given a postnatal depression and psychosis diagnosis. As she has had 3 reoccurring relapses she has been given other diagnosis

We were not given a diagnosis in spite of repeated requests. Nor were we given any sort of plan for the present or future.

I hadn't had a proper diagnosis before.

Given new diagnosis of BPD.

16. Was your or the person you support admission to the public hospital as an involuntary patient under the Mental Health Act? (n=22)

Yes	14
No	8

17. If you answered yes for yourself or the person you support, when this status was lifted, were you/they transferred to a private psychiatric hospital? (n=14)

Yes	4
No	10

For those respondents who had been admitted involuntarily to a public hospital, most remained in the public hospital once the legal order was lifted. This appeared to be because they wanted consistency or care during the admission and an available private bed either hadn't eventuated or took too long to become available. For some, they were transferred or discharged abruptly as soon as possible, because the 'public system required the bed'.

Kept at same hospital so as to not interfere with treatment.

It wasn't really discussed as an option. It seemed too late and he had settled into them providing the care at that stage, even though he stayed there for several more days/weeks. By then he was settled where he was because it had taken so long for a bed to become available and he was happy to remain where he was. There didn't seem to be any point in changing.

There was talk about moving however it never seemed to come to pass.

Discharged at MIDNIGHT with no way of getting home!!!

On this first occasion of becoming mentally unwell my daughter spent 8 weeks in the public mental health unit and upon being discharged was well enough to go home and go into the community mental health area and appointed a case worker and relevant help which we found frustrating as she would be seen by different psychiatrists who would fly in from Sydney on a rotation basis which meant we would have no continuity with just one person. The case manager certainly did their best to help us during this but the family decision was to upgrade to private health cover. Since that time (6 years ago) she has been seeing a psychiatrist privately and has been admitted another 3 times to a private mental health unit.

18. On discharge, were you or the person you support, provided with: (please mark all relevant yes answers) (n=15)

Respondents generally reported their discharge experience from the public hospital to be a negative one, with little consistency or coordination with their ongoing mental health care providers. Most were given no information and perceived that little to no information had been communicated to their private psychiatrist or GP. Some were aware of communication occurring. Overall, few were given a copy of a discharge plan, even fewer reported family being involved in this plan or receiving a copy, and information about medication was minimal for both the person and their family.

Answer Choices	Responses
Discharge plan	42.86% 3
Was your carer or supporter involved in discussion of your discharge plan	42.86% 3
Discharge letter to your private psychiatrist	42.86% 3
Discharge letter to your GP	57.14% 4
Recovery plan	14.29% 1
Was your carer or supporter involved in discussion of your recovery plan	14.29% 1
Was your carer or supporter contacted with information on your discharge	28.57% 2
A supply of medication/s	71.43% 5
Information on your medications	14.29% 1
Was your carer or supporter provided with information about discharge medication	42.86% 3
An appointment to see your private psychiatrist	14.29% 1
Total Respondents: 15	

None of the above!!! I was very disappointed.

We expected to have all of the above discussed with us but this did not occur.

The conversation with me was extremely brief though. I assume the GP had received a letter but could only verify this some time later when he saw his GP routinely and it came up coincidentally in that conversation with the GP.

Left high and dry without any follow up prescription for the medications they prescribed.

Was basically told they were going to discharge me; didn't even see any Dr's.

19. Are there any other comments you wish to make?

Respondents made a broad range of further comments, many which related to the quality of their experiences while in the public hospital. Their comments suggest that there was no advantage being a private patient in the public hospital systems; and that there were likely to be several disadvantages.

As a supporter and carer of my daughter and her family over the past 6 years our journey has been one of finding out and researching her diagnosis, what help is available in the community. Over that time, it has been hard to access this and we were often sent from one place to another and one person to another. I feel the mental health system has improved over the past couple of years with more funding becoming available and information easier to find although we still have a long way to go. As a family, we have learned a lot about resources locally however I feel it can take time to access this. Being in a small country town, facilities and resources are limited and we have long distances to travel in order to get the help needed which has proven to be costly. As a supportive family, each time my daughter became unwell and was admitted to both public and private units we have packed up and moved the family to be closer to her during her stay. We are more fortunate than others to be able to do this financially.

I had come into the unit from the ER. Whilst in the unit, I asked for a referral to a private psychiatrist. This was never arranged. After discharge, I organised an appointment with a private psychiatrist myself. The admission was quite traumatic.

I requested for a private room because of my other medical problems; allergy related but I they refused to organise one for me. I found the ward was very noisy most of the time; the patients were very rowdy which nursing staff should have intervened but instead, they were all sitting in the office chatting to each other all the time. I also found it difficult to talk to medical and nursing and allied health staff; when I approach them in an attempt to discuss my concerns, they usually say that they are busy and walk off.

There was no advantage in being a private patient and the disadvantage was having only the hospital psychiatrist available.

After discharge, we applied for our brother to be admitted to a private hospital under the care of a private psychiatrist. Chalk and cheese analogy comes to mind. We felt we were treated as humans rather than simpletons and were part of the decision-making process rather than just being told what to do. Never will we admit one of ours to a public facility again. My brother is out of hospital and receiving out-patient care under the private psychiatrist. We are free to ask questions and if the psychiatrist does not know immediately he finds out and tells us. Our brother is very happy with this care - can email the private psychiatrist whenever necessary.

There is no information for rights of private patients in public hospitals. A brochure would be good.

I was so unwell. I had no power of self-agency. I was too sick to ask questions. The length of my stay at the public hospital was traumatic. I was robbed and had many possessions stolen.

Yes discharging a patient taken to hospital by the police should not be discharged within hours late at night alone with no way of getting home as purse not taken with me. Appalling. I later went to a private clinic for several weeks had meds changed and it was so much better. I struggle to pay my health insurance as I am on the aged pension and as well pay \$5000 in rent pa

The community acute team care coordinator would encourage me to be admitted voluntarily but as soon as I got there the psychiatrist would put me under the Mental Health Act to prevent me leaving.

I suffered PND & postpartum psychosis & being admitted to the public system I believe made my condition worse. I was exposed to added stress & trauma; also the separation from my child made things extremely hard. It's only now that I have experienced both public & private hospitals that I truly do believe that our public system lets a lot of consumers down. In the public system I felt like & at times was treated like a drug induced patient with mental health problems rather than being seen as an extremely unwell new mother in need of great care.

Discussion

The results of the current survey suggest that the experiences of private patients in public hospitals are mixed and inconsistent. They do not appear to experience any specific treatment and care benefits that would be expected from their status as private paying patients.

Information available for patients about their rights stresses that electing to be treated as either a public or private patient is a choice (see for example WA Department of Health, 2015). However, our survey results suggest that people are not able to exercise that choice, either because the choice is made for them, they are not aware of the choice being made, or because they are pressured into making a choice and are not informed of their right to choose.

There may be a number of drivers for this situation. King (2013), for example, in his examination of trends over a 10 year period, concluded that, “the public hospital drive to increase the number of private patients is a direct result of the capped Commonwealth and State funding arrangements that have been in place for the last decade. The Commonwealth provides block funding which is capped and the States, also with limited budgets, provide the public hospitals with capped expenditure budgets. Recognising that additional uncapped revenue can be obtained from private patients the State governments then encourage the public hospitals to maximise the number of private patients they can attract each year” (p.2). This situation is highly profitable for public hospitals. In addition, encouraging patients to elect to be treated as private patients also benefits doctors financially because they can bill these patients directly. With the change from Commonwealth Block funding to Activity Based Funding (ABF) in July 2014, with the Commonwealth contribution for public and private patients dependent on the patient’s Diagnosis Related Group (DRG), it was hoped that some of these concerns would be rectified. However, our results suggest that a range of problems continue to arise for these patients. King (2013) further warns that, “If the States all move to ABF funding arrangements for their public hospitals and pass on the Commonwealth DRG level private patient discount, then it is expected that public hospitals will respond by being more selective in their private patient recruitment practices, focusing on those DRGs which bring in the most lucrative returns” (p.5). More recently, tightened criteria by some private health insurers with regard to psychiatric patients admitted to private hospitals is likely to exacerbate the situation in public hospitals.

Ultimately, the quality of care for psychiatric patients appears to be under threat within both public and private health care systems.

References

King, D. (2013) Private Patients in Public Hospitals. Sponsored by the Australian Health Service Alliance & Australian Centre for Health Research, April, 2013. <https://www.ahsa.com.au/web/freestylar/files/Private%20Patients%20in%20Public%20Hospitals%20May%202013.pdf>

Royal Australian and New Zealand College of Psychiatrists (2015) Statement from RANZCP President re Medibank Private and Calvary Health. 17 August 2015. <https://www.ranzcp.org/News-policy/News/Statement-from-RANZCP-President-re-Medibank-Privat.aspx>

Western Australian Department of Health (2015) The right to choose a public or private hospital. http://healthywa.wa.gov.au/Healthy-WA/Articles/U_Z/WAPPHC-Right-to-public-v-private

Appendix 1: Complete Qualitative Results

4. Did you or the person you support choose to be admitted as a private patient?

I was under the impression that I would have a better level of facilities. I was wrong. I was at XXX Hospital and all the rooms were private so there was no advantage in having private health cover. Also there were no TVs or phones in any of the rooms so there was no option of my having these extras either.

5. If you or the person you support were asked by the public hospital to be admitted as a private patient, did you/they feel pressured to do so?

- *Sorry not sure of this. My daughter and her husband would have this information.*
- *It was very much "If you have private health insurance, it will help the hospital for you to be admitted as a private patient".*
- *He just wanted to be well.*
- *Not only was there pressure - once they realized we were covered they insisted we move to private care.*
- *They didn't really discuss it.*
- *A man turned up in the unit and told me to sign papers.*
- *No they wanted me to be admitted as a public patient because apparently there is less paperwork.*
- *A man came to me with the papers and asked me to sign. The first time I asked about how this would effect future admissions to private hospitals and he said that it would not effect future admissions at all. The reason I ask this is because I had surgery a number of years ago in the public hospital and I had been asked to sign the forms in the ED and promised single room and not seeing the registrars only the surgeon and I got neither of these. I was in a room with 3 men and I only saw the registrar who caused many problems including a botched operation. Following this I had to have the surgery redone in a private hospital and the fund would not cover all costs because of their funding the first public hospital. I now get very nervous of signing for private patient in public hospitals.*
- *Was asked if I had private insurance, and when I said yes, they said I would have to be admitted as a private patient. I explained I wanted to be admitted as a public patient, they then told me they didn't have any spare beds for public, but could if I went private.*
- *You're already paying so why not*

6. Were you or the person you support, given any information by the public hospital to inform your decision?

- *Sorry as above*
- *We constantly asked questions.*
- *We were told it was just the done thing and that we should comply.*
- *Not relevant*
- *I wasn't in any fit state to understand any information that they may have tried to share with me. I think that because I had private health it was just assumed that I would be admitted under that.*
- *Just told I needed to use it to get treated.*

7. Who made the decision for you or the person you support, to be admitted to a public hospital?

- *Me*
- *This was the first time my daughter had become mentally unwell so her local GP made that decision and asked her husband to drive her to the nearest public mental health unit which was over 2 hours away. We as a family had had no experience of mental illness, a mental health unit or what to expect. It was a devastating experience.*
- *Myself*
- *The ambulance*
- *Mutual decision between the patient and carers (patient's parents)*
- *Family doctor*
- *The patient*
- *It was the location we were in at the time.*
- *Our General Practitioner*
- *Psychiatrist under mental health act*
- *Doctor*
- *Community Acute Team*
- *Psychiatrist*
- *Not relevant*
- *My son in law decided.*

- *I was admitted to a PECC (Psychiatric Emergency Care Centre) by the Community Acute Team before being admitted to the private hospital.*
- *That was the only option at the time that we were aware of. After much research & further investigation we realised I was able to have private hospital options. regional to remote location affected our choices.*
- *I did*
- *Involuntary admission (ie. Schedule do)*
- *Treating psychiatrist as I was an involuntary patient.*
- *Doctor*
- *Psychiatrist*

9. Did you or the person you support, have to personally pay for any blood tests or medications?

- *Unsure answers for questions 8 and 9. My daughter and her husband would have that information.*
- *Sorry can't remember some details.*
- *Several hundreds of dollars for blood tests and even more for MRIs.*
- *Medications.*

10. Were you or the person you support, treated any differently because of your status as a private patient?

- *Can't help agreeing with this.*
- *Constantly reminded that you have to pay for tests etc.*
- *I did not even see my Consultant - saw the Registrar (I think she was a Registrar) only once during my stay.*
- *Didn't perceive so. He has never been able to be admitted into a private hospital anyway so have not gauge to go by. They have always said they are full or can't take him because he has psychotic illness and detained and would be receive better service in the public system because they are 'more qualified' to deal with people with schizophrenia.*
- *I have spoken with the LHD Mental Health Director that, if they want people to sign on as a private patient in a public hospital, there needs to be some incentive to do this.*
- *Not relevant.*
- *Don't really know as have never been able to go to a private hospital for treatment of mental illness, despite having full private cover.*

12. Were you or the person you support, able to stay as long as you needed?

- *Medicated and stabilised*
- *They said we should only be admitted for a short stay and we had to visit at times suitable for the ward. We did not argue with this.*
- *I was transferred to a private hospital as soon as I was stable enough to do so.*
- *Even though I was suicidal and taken to a major teaching hospital I was discharged within hours.*
- *Apparently they needed the bed.*
- *When I was considered stable enough to transfer to the private hospital and they had a bed available I moved.*

13. Were you or the person you support, able to see your/their own private psychiatrist or did you/they have to see the psychiatrist from the public hospital?

- *As this was the first time my daughter had become unwell mentally (6years ago) she was admitted to the nearest public mental health unit. She was in the unit for 8weeks so was seen by a number of psychiatrists, which we found to be confusing at the time.*
- *My own psychiatrist was not allowed to be involved in my medical care despite her knowing me very well (I have been seeing her every 3 weeks for the past 9 years when I have been well).*
- *Both in the picture*
- *We asked our GP to recommend a private Psychiatrist and he said he would be more than happy to do so and gave us three names. However the hospital said they were not part of the hospital and we had to take who we were given.*
- *The sense was that the private psychiatrist didn't have direct access and the hospital doctor would eventually liaise with them. It did cause me some anxiety and concern that the treating team would then not have the full picture, which then made me feel like I needed to make sure I provided it.*
- *Sometimes 2 or 3 registrars*
- *Not relevant*
- *Definitely no choice at all*
- *Sometimes 2 or 3 different registrars*

- *I think they talked a couple of times with the private psychiatrist, but not sure if they just exchanged written information, or actually spoke to each other.*
- *Seeing public psychiatrist in community*

14. Was your or the person you support, treatment or medication changed substantially by the hospital psychiatrist?

- *From memory, not sure. I don't think so but ECT was suggested after medications seemed to be taking a long time to help in her recovery. From the first ECT treatment she began to improve.*
- *Less was tried.*
- *Due to the non-compliance of current medications.*
- *My brother was on the same medication from beginning to end.*
- *During one admission, they changed it to a medication that clearly wasn't having any positive effect but they just kept giving it to him over several weeks. It wasn't until I started jumping up and down about him getting worse after 5 weeks and actually suggesting to them that they try another particular older medication that they did anything about it. If I hadn't have been there to insist, he'd have deteriorated even further and they would have likely interpreted it as a failure in him to respond due to his level of capacity to get better broadly rather than them needing to think harder about the medication combinations that were using. As the carer, I felt that this shouldn't have been my role as they should have this expertise. Once the change was made and he started responding positively (fairly soon after) they didn't acknowledge that I had made the suggestion in the first place.*
- *Some increase, not substantial*
- *Not relevant*
- *The public system has NO continuity of care*
- *I hadn't been treated correctly by my GP.*

15. Was your or the person you support, diagnosis changed by the treating team in the public hospital?

- *Again as it was our first experience with her being unwell mentally and admitted to a unit she was given a postnatal depression and psychosis diagnosis. As she has had 3 reoccurring relapses she has been given other diagnosis*
- *Trials took place*
- *We were not given a diagnosis in spite of repeated requests. Nor were we given any sort of plan for the present or future.*
- *Not relevant*
- *I hadn't had a proper diagnosis before.*
- *Given new diagnosis of BPD*

17. If you answered yes for yourself or the person you support, when this status was lifted, were you/they transferred to a private psychiatric hospital?

- *On this first occasion of becoming mentally unwell my daughter spent 8 weeks in the public mental health unit and upon being discharged was well enough to go home and go into the community mental health area and appointed a case worker and relevant help which we found frustrating as she would be seen by different psychiatrists who would fly in from Sydney on a rotation basis which meant we would have no continuity with just one person. The case manager certainly did their best to help us during this but the family decision was to upgrade to private health cover. Since that time (6years ago) she has been seeing a psychiatrist privately and has been admitted another 3 times to a private mental health unit.*
- *Public system required the bed*
- *Am too unsure to be precise*
- *Does not apply*
- *By then he was settled where he was because it had taken so long for a bed to become available and he was happy to remain where he was. There didn't seem to be any point in changing.*
- *Discharged at MIDNIGHT, with no way of getting home. !!!*
- *There was talk about moving however it never seemed to come to pass*
- *Kept at same hospital so as to not interfere with treatment.*
- *It wasn't really discussed as an option. It seemed to late and he had settled into them providing the care at that stage, even though he stayed there for several more days/weeks.*

18. On discharge, were you or the person you support, provided with: (please mark all relevant yes answers)

- *None of the above - hopeless*

- My daughter was given a mental health plan and referred to the local community mental health team at the time.
- NOTHING WAS ORGANISED
- No to everything
- Unsure of discharge letter and supply of medications (minimal quantity)
- None of the above!!! I was very disappointed.
- He died in hospital.
- We expected to have all of the above discussed with us but this did not occur.
- The conversation with me was extremely brief though. I assume the GP had received a letter but could only verify this some time later when he saw his GP routinely and it came up coincidentally in that conversation with the GP.
- None of above as I was going to the private hospital
- Left high and dry without any follow up prescription for the medications they prescribed.
- Not relevant
- None of the above. Saw a psych nurse and then psychiatrist. He said go home at midnight with no money sent out into the night.
- I received none of the above as I was being transferred to the private hospital
- Was basically told they were going to discharge me, didn't even see any Dr's.
- Discharge letter sent to Clinic and Psychiatrist phoned

19. Are there any other comments you wish to make?

- As a supporter and carer of my daughter and her family over the past 6 years our journey as been one of finding out and researching her diagnosis, what help is available in the community. Over that time it has been hard to access this and we were often sent from one place to another and one person to another. I feel the mental health system has improved over the past couple of years with more funding becoming available and information easier to find although we still have a long way to go. As a family we have learned a lot about resources locally however I feel it can take time to access this. Being in a small country town, facilities and resources are limited and we have long distances to travel in order to get the help needed which has proven to be costly. As a supportive family each time my daughter became unwell and was admitted to both public and private units we have packed up and moved the family to be closer to her during her stay. We are more fortunate than others to be able to do this financially.
- I had come into the unit from the ER. Whilst in the unit, I asked for a referral to a private psychiatrist. This was never arranged. after discharge, I organised an appointment with a private psychiatrist myself. The admission was quite traumatic.
- Most of the answers in Q18 should be ticked with a YES but unfortunately my experience indicates these areas have been sadly inadequate in the past
- I requested for a private room because of my other medical problems; allergy related but I they refused to organise one me. I found the ward was very noisy most of the time; the patients were very rowdy which nursing staff should have intervened but instead, they were all sitting in the office chatting to each other all the time. I also found it difficult to talk to medical and nursing and allied health staff; when I approach them in an attempt to discuss my concerns, they usually say that they are busy and walk off.
- Sorry not to be more useful.
- There was no advantage in being a private patient and the disadvantage was having only the hospital psychiatrist available.
- Patient stabilised but readmitted 2 days later.
- After discharge we applied for our brother to be admitted to a private hospital under the care of a private psychiatrist. Chalk and cheese analogy comes to mind. We felt we were treated as humans rather than simpletons and wererepart of the decision - making process rather than just being told what to do. Never will we admit one of ours to a public facility again. My brother is out of hospital and receiving out-patient care under the provate psychiatrist. We are free to ask questions and if the psychiatrist does not know immediately he finds out andtells us. Our brother is very happy with this care - can email the private psychiatrist whenever necessary.
- There is no information for rights of private patients in public hospitals. A brochure would be good.
- I was so unwell. I had no power of self-agency. I was too sick to ask questions. The length of my stay at the public hospital was traumatic. I was robbed and had many possession stolen.
- Why not include in the next survey. Does not apply to me or words to that affect.
- Yes discharging a patient taken to hospital by the police should not be discharged within hours late at night alone with no way of getting home as purse not taken with me. Appalling. I later went to a private clinic for several weeks had meds changed and it was so much better. I struggle to pay my health insurance as I am on the aged pension and as well pay \$5000 in rent pa
- The community acute team care coordinator would encourage me to be admitted voluntary but as soon as I got there the psychiatrist would put me under the Mental Health Act to prevent me leaving.

- *I suffered PND & postpartum psychosis & being admitted to the public system I believe made my condition worse. I was exposed to added stress & trauma; also the separation from my child made things extremely hard. It's only now that I have experienced both public & private hospitals that I truly do believe that our public system lets a lot of consumers down. In the public system I felt like & at times was treated like a drug induced patient with mental health problems rather than being seen as a extremely unwell new mother in need of great care.*
- *Not sure why Q 18 has capacity to answer only one of the options. Discharge letter to private psychiatrist and GP was provided to them, and appt to see private psychiatrist.*