

An online long distance psychological support service says Newcastle Mental Health Team didn't back them up when a client was suicidal

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Health



 At a distance: Kerry Howard, founder of Rural Help, says government changes allowing rural people to access Medicare-supported online mental health services will be for nought without localised support.

THE founder of a long distance psychological support service says a "gaping hole" in mental health services in the Hunter is leaving vulnerable people at risk of falling through the cracks.

Psychologist and trauma specialist, Kerry Howard, said the government changes that gave people in rural, regional and remote areas access to Medicare-supported online mental health services were "fantastic".

But they would be "for nought" if the localised mental health services were "just not there" to back them up.

Ms Howard, who founded the online psychological support service Rural Help, said one of their psychologists had contacted the Newcastle Mental Health Team for assistance with a suicidal client.

But she said the local service had "closed the case" after a 10-minute phone call with the client.

"They basically said, 'We know he is suicidal, but there is not much we can do'," Ms Howard said.

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Kerry Howard, founder of Rural Help

"They said that he had 'chronic' suicidal ideation, but because it was not 'acute', they thought he would benefit most from ongoing psychological support.

"They washed their hands of it, and essentially said to keep treating him online, when he was actually at a major risk point.

"We can keep seeing him online, but how do we effectively manage that from a distance when we don't even have a case coordinator allocated to him?"

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Ms Howard said she was hoping to meet with the NSW Health Minister to highlight the problems they had encountered.

She said as health practitioners, they had expectations and obligations to ensure their clients did not fall through the cracks.

"And yet, gaping holes in the service provisions in varying areas mean they do," she said. "When I worked in the Department of Health and Ageing a decade ago, we talked about having policies in place that meant there was 'no wrong door' to access therapy.

"There shouldn't be any wrong door to having your mental health treated, and treated in a way that is effective. But we are still banging our heads against a brick wall in this case, because suicide prevention programs this client probably should have been referred to won't take him because he doesn't quite fit their very narrow criteria. It's extremely frustrating."

Ms Howard said the Newcastle Mental Health Team was aware of this client's complex physical and mental health issues.

"Arguably, if you had anyone else in that situation, you would have to put them into hospital," she said.

"One of the issues it raises for us is that if he ends up taking his own life, it's the psychologist who ends up in the coroner's court, having the full responsibility for it.

"As a service provider, my biggest fear is that the psychologists are going to turn around and say, 'It is just too risky if we can't get the services on the ground to back us up when we ring them and say there is a problem.'

"So the government is saying, 'We want you to treat people online'.

"The psychologists are saying, 'It's too risky if there is not good, localised support, but we'll try it anyway'.

"We try it anyway, and the localised support services are just not there. Or if they are, they are not backing us up. The thing that frustrates me is that this is in the Hunter Region, which, in the past 10 years, has had a lot of government money thrown at it for suicide intervention post-attempt.

"The changes to Medicare are fantastic, but there is a bunch of problems that haven't been addressed yet."

The *Newcastle Herald* understands the Rural Help client has since been transferred to Hunter Primary Care services, following media inquiries to Hunter New England Health.

Leanne Johnson, the general manager of Hunter New England Mental Health Service, said they were unable to comment on specific cases without the patient's consent, which they did not have "in this instance".

She said referrals to the Greater Newcastle Acute Care Team were accepted via the Mental Health Line - 1800 011 511 - from within the service network, as well as external mental health providers.

The Acute Care Team was established in September 2017 and is a specialist, multi-disciplinary, mobile team that provides assessment, treatment and transfer of care to other services where clinically required. It was not a crisis response team.

"In an emergency situation, our advice would always be to contact 000 or present to the nearest emergency department."

Ms Johnson said the team aimed to provide the least restrictive care within the community, based on the needs of the client.

That could include directly treating the patient, or referring them to other mental health services.

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"If the client's needs are not best met by our services, we will connect them with non-tertiary services such as Lifeline, Suicide Call Back Line, Primary Health Networks and local community-managed organisations such as Partners in Recovery," she said.

The team received about 60 new referrals per week.

Ms Johnson said the clinical team meets three times a day to review and triage referrals and determine the most appropriate treatment path for clients. It had accepted around 4,200 clients since its inception.

Lifeline: 13 11 14

Ms Howard said Rural Help provided its psychologists, who work from different cities in Australia, with detailed background information about the mental health services in the areas they covered.

"In the back end, they have access to all of this information so that if something needs to be escalated, they know exactly what numbers to call or which services to contact in that area," she said.

"In this case, the psychologist did that, but the service on the other end of the line didn't do their bit.

"This is all fairly new, and there are bound to be broken links at first, but these are problems that need to be addressed for the digital age."

Ms Howard said NSW Health needed a "no wrong door" policy for mental health, so that, regardless of how people enter the system, they can access treatment and support.