

### **Vignette twenty-eight**

A young woman came in here; she'd been referred here by the hospital. She had recently attempted suicide, she'd overdosed, and she had been discharged from ED – so they hadn't admitted her. She had been discharged – CATT would have come and assessed her as they always do and then discharged her with a prescription and suggestions about where to go for this and that. That's not an unusual situation in this kind of job. But the thing that struck me about her coming here as opposed to going somewhere else is that this is what had happened. She was here for a long time, about an hour and a half, and the reason was because I had a strong sense that I wasn't hearing the whole story and I was really concerned that she'd tried to kill herself but nothing had changed. It had been a day or so previously and I was concerned that the hospital never gives information about how to look after yourself when you've overdosed. They discharge you but never say 'you've had thousands of Panadol, this is what you should do'. And people don't know how long they're going to feel sick for. So I was trying to find out where her support was – what her support networks were, what she had in place already. In the process of me doing that basic stuff and trying to find out where I was going to refer this young woman into the community where she was going to get the level of support she needs, then I began to realize she was lying, and she was hiding stuff and then it turned out that she had a previous history of mental health stuff which she had not wanted to say when she was in there because she didn't want to be admitted and she didn't want to go through the whole nine yards of hospital response. So she kept that to herself. As a result, they diagnosed her with something which was incorrect and had given her prescriptions for pills which would have been the wrong pills for her to take given what I found out about her history. So I was able to make some more to-the-point referrals as a result.