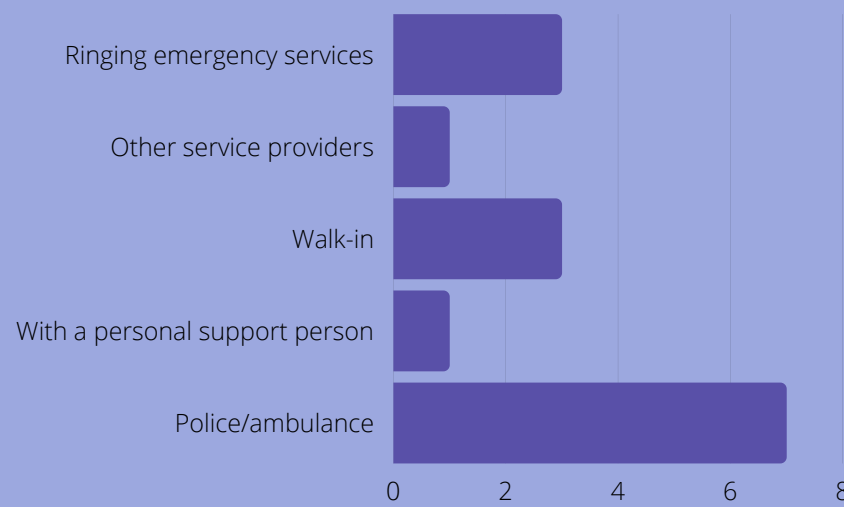
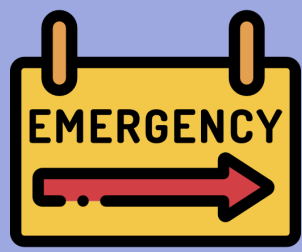


CONSUMER SURVEY: EMERGENCY DEPARTMENT

1 HOW DID YOU ACCESS THE EMERGENCY DEPARTMENT?



2 WHAT WOULD BE HELPFUL IN THE EMERGENCY DEPARTMENT?



3 HOW DID YOU FEEL THROUGHOUT AT THE EMERGENCY DEPARTMENT?



Main themes
 The mental health state of mind at the time: Exhausted, disconnected, irate
 Failed attempt: Embarrassed

- Positives**
- All staff were supportive, caring & understanding
 - Helped to talk to someone

- Challenges**
- Felt judged
 - Poor communication: including lack of follow-up, let know what was going on.
 - Lack of discharge care: discharged in the middle of the night without checking support
 - Lack of consistency of MH workers



- Stronger emotions are connected with my mental state at the time
- ED was quite distressing as I went over what I went through to get to the point I had mixed with the aftertaste of trying to kill myself which left me really disconnected and exhausted and just wanting to lie down and go to sleep. Although being there made me feel like I was finally able to reach out for help and after talking to the on-duty psych I started to feel a lot better and felt very supported by the hospital being very respectful of me being a transwoman.
- I felt judged
- It's a really hard time when you want to die and can't make it happen. I felt as if I didn't try hard enough in my attempt and was embarrassed I couldn't get it right. It seemed to me as if even my attempt was a failure and I would do better next time, and in another way.
- I was very confused and distressed when I came into ED. I had taken an overdose of medication and was transported by ambulance. I had tried contacting CATT prior to attempting suicide, who directed me to my General Practitioner, despite disclosing suicidal thoughts. No one in ED communicated what was going on. I had several nurses see to me (no consistency), once tried to take my blood and missed my vein, which was very distressing. I was then discharged in the middle of the night, no one checked to make sure I was being collected (I lied) and there was no follow up from ED
- I had a clear risk management plan agreed w my GP and attendance at an ED (Stv's was my closest) was part of my strategy to remain alive if possible. I attended ED but was prepared to flee ED if I was subject to treatment and/or abuse that threatened my life and/or safety.

4 WHAT WOULD MAKE YOUR EXPERIENCE IN ED FEEL SAFE AND SUPPORTIVE?

Main themes
 Staff in general to respect clients as an individual Staff consistency and clear communication about what was going on, waiting times.
 Attributes shown: compassion, respectful and sensitivity

- Peer worker to**
- Explain process
 - Act as a conduit between service provisions and at discharge



ED ideals calm, quiet and confidential space, with a buzzer close by if you need to get help.

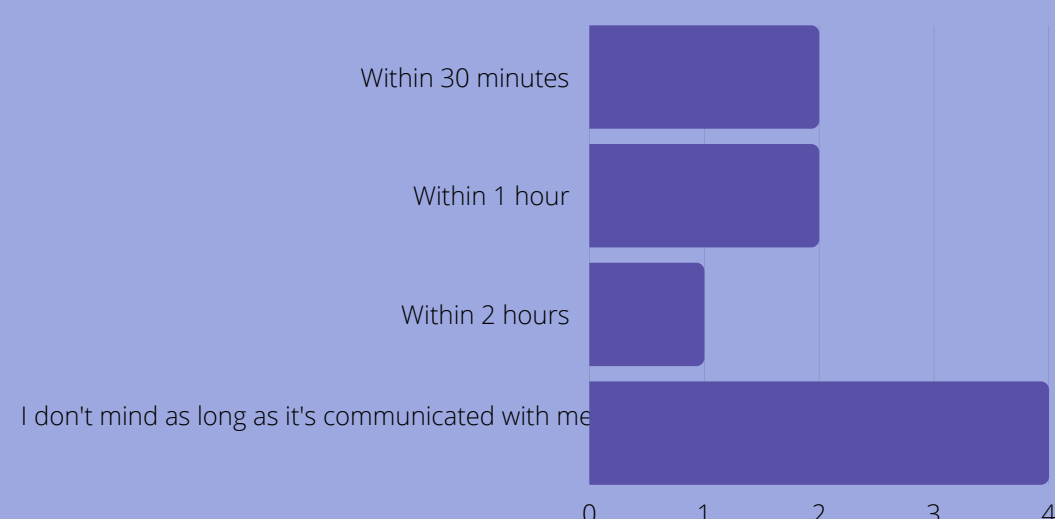
Having a support person (peer worker preferably) to act as a conduit for care and support after discharge would enhance and make the attendance at ED safer, therapeutic, trusted and more accountable

It just needs to be a quiet place as agitation needs a calming environment.

Maybe some more mental health info available like pamphlets and material available to read

I felt safe and supported, however a peer support worker to explain the process of what would be happening in ED when I arrived would have been helpful.

5 WHAT IS A REASONABLE WAITING TIME TO BE SEEN BY MEDICAL STAFF AFTER SPEAKING WITH THE TRIAGE?



6 ANYTHING ELSE?

- Just hearing the words 'The Hope team is coming to see you' made such a difference to me. When you have no Hope and Hope is coming to you.
- Do you think the emergency department is understaffed?

