

# CASE STUDY I

# HOSPITAL AVOIDANCE PROGRAM

Helen\* is 26 years of age and lives at home with her mother. She works part time and also does one day of volunteer work. Helen was diagnosed with bi-polar disorder by the community psychiatrist, who she has been seeing since she was in her early twenties. Helen usually sees her psychiatrist regularly, and her mother goes with her to the appointments.

Helen can be non-compliant with her medication and this can result in her becoming either very depressed and refusing to get out of bed and go to work, or she becomes very excited and chaotic, as well as spending money on things she cannot afford. This can cause Helen and her mother to get into arguments. Helen's mother worries about leaving Helen by herself when she is not well, even though Helen is relatively independent.

## Under current system

- Helen and her mother have been able to get the support and treatment they need from Helen's psychiatrist and the Community Mental Health team.
- However, at times Helen needs to be seen more frequently than what the team is able to provide in order to stop her from deteriorating.
- Helen has at times been admitted into the Royal Hobart Hospital's Mental Health Unit and found this very overwhelming.

## In a new integrated mental health system:

- Helen will be able to access a full range of care from the Hospital Avoidance Program 24 hours a day, in a setting that knows her personal situation well.
- This would include the ability to be seen more frequently by either the Crisis Assessment and Treatment Team or the Hospital in the Home Team.
- Helen could also be seen outside of usual hours, and her mother could get the support she needs to provide care for Helen.
- If Helen's mental illness escalated, she would be able to go to the Safe Haven at the Peacock Centre and be supported by either peer workers or clinical staff, with the ability to remain there overnight if required rather than needing to go to the RHH.
- Once Helen has improved, the Hospital Avoidance Program would liaise with both her General Practitioner and her psychiatrist so that she can be followed up at her usual level of frequency.

*\*the story and any names in this case study are fictional and only being used to illustrate the differences between systems.*