“I Do Not Know Anything about Your Hospitalization”: The Need for Triage at Psychiatric Hospitals

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Introduction

I was working as an assistant professor at the working group on Philanthropy at the Vrije Universiteit in Amsterdam, active in foreign politics, and advisor for an endowment on microcredits, when I got suspicious in 2005. This led to forced hospitalization for 6 months in 2009, a short stay in solitary and the diagnosis “schizophrenia.” My husband divorced from me, I hardly saw my son, I quit my job and felt lonely. I also suffered heavily from the side effects of the medicines. In the second phase of my psychoses, I was in (forced) hospitalization for 4 months and had a short stay in solitary that followed in October 2013 till the beginning of February 2014. My diagnosis was changed. I have a vulnerability for psychoses and mania. In a previous article, “Mum you will get better” for *Schizophrenia Bulletin*, I elaborated upon what helped me deal with it.

In this article, I stress the need for good triage at mental health hospitals. It is based on my experiences with my mental health hospital in the Netherlands. I realize the drawbacks of having experiences with one hospital only. Nevertheless, I hope that I can help fellow patients and psychiatrists by sharing my experiences.

My Experiences with Triage at My Psychiatric Hospital

Usually, the experiences with the receptionists of my psychiatric hospital were fine. However, two incidents alarmed me, which I elaborate upon below.

Case 1

In July 2016, I had lowered my medication. During the night I had the idea that I wanted to make love to people to contribute to a more peaceful world. They were primarily politicians. I could not sleep and e-mailed this quite embarrassing story to my psychiatrist. This was very different from my first psychoses because then, I was

completely locked up in myself and did not say anything to anyone. I had started to trust my psychiatrist and knew that I should reach out to her.

When I emailed my imaginary love affairs to her in the middle of the night, I looked at a news website. I saw that a truck drove into a group of people in France, Nice, killing 84 people. I felt as if I was responsible for that attack that was claimed by ISIS. Nevertheless, I did not feel tears well up in my eyes. I was afraid that I started to lose my emotions and had become a monster. (My psychiatrist of the hospital department mentioned that the loss of feeling did not belong to my personality, but was caused by the mania. I was happy that he shared his knowledge with me. I was not a monster. We agreed upon to higher the dose of my mood stabilizer. I recovered soon and stayed for 6 days in the hospital.) In addition, I had read that the Dutch minister of Internal Affairs suffered from heart disease. I felt that I had contributed to his illness because he is responsible for the secret service and I had unraveled the system of the secret service via my psychoses, although I did not know exactly what was real and what was not. Coincidentally, I had been in the manifesto committee of the Dutch Labour Party with him for the 2006 national Dutch elections.

The next day I felt horrible because I felt that I was responsible for the horrible attack in Nice, despite the fact that I was at that time in my bed at home in the Netherlands. As in earlier psychoses, I had the feeling that the secret service was tapping my phone.

I contacted my psychiatrist, and she said that she understood my suffering and that if I wanted I could be taken into voluntary hospitalization. I thought about it for a while. There were voices in my head—one of a Dutch psychiatrist I deeply trust—saying that I was suffering so much and that I had a burden on my shoulders that normal persons could not bear. The voices suggested to me that it might be better to be hospitalized. Therefore, I called the telephonist of my mental health hospital.

She said to me something like: “I do not know anything about your hospitalization.” I mentioned that I had agreed with my psychiatrist that I could be taken into voluntary hospitalization when I wanted to. She continued to say that she did not know anything about my hospitalization. I felt ill and desperate. Making phone calls is an impossible thing to do for me when I am ill, as they exhaust me enormously. When I am ill, I am afraid that the secret service will tap my phone and that I will get exposed to radiation from the phone. It made it even worse that in this situation, I had to my very best to convince someone about something that I already agreed upon with my psychiatrist. I do not remember how I ended up in the hospital, but I think that my sister finally arranged my hospitalization.

Case 2

Recently, I wanted to go to Israel to participate in public peace negotiations at Rabin Square in Tel Aviv. People from Israel and Palestinian territories were invited. My family and my ex-husband did not like the idea that I would go abroad because they knew that I had been very ill. Nevertheless, two of my friends encouraged me. They mentioned that it is normal for family to be anxious, but that I should not let my life ruled by fear and that I am a grown-up woman who knows when she is ill. I agreed with them. I was also looking for freedom, so I decided to go.

I wanted to prepare myself well. Therefore, I called the mental health hospital to ask for enough medicines. The telephonist mentioned that my psychiatrist was on holiday and that I should contact her when she was back, which would be on Monday. I replied to her that this was too short in advance because I would leave Wednesday morning. The telephonist insisted that I had to wait for my own psychiatrist to return. Finally, I said to the telephonist that my psychiatrist had mentioned to me that I could always contact her deputies and I insisted to talk to them. She tried to connect me with one of them during office hours. However, the deputy psychiatrist did not pick up the phone. I called another time during office hours, but again she did not pick up the phone. In the afternoon I called again, and this time the telephonist emailed the deputy, but I never received a call. I called

again just before the end of the working day, but the two deputy psychiatrists had already gone home.

Giving Feedback to My Psychiatric Hospital and the Reaction

I was frustrated about these two cases. Coincidentally, I had recently called the general practitioner for an issue with my 11-year old son. The doctor's assistant asked me lots of questions if I had measured his temperature and so on. It occurred to me that general practitioners and somatic hospitals have triage protocols.

Therefore, I emailed my psychiatric hospital to ask about their triage protocols. I mentioned that I had the feeling that they did not have them and that telephonists just did their best to do what they thought was reasonable. They lack medical knowledge however. When my own psychiatrist came back, she mentioned that the telephonists are administrative assistants. On the one hand, this confirmed my experiences with them, on the other hand, I was very surprised to find out that there were indeed no triage protocols at my mental health care hospital. I had also emailed the director of my mental health care hospital. Luckily, she appreciated my feedback, and she mentioned that she would discuss it in the meeting with the heads of the departments.

For those who are interested: my visit to Israel was a success. It was very interesting to attend the public peace negotiations, to visit the Church of Nativity with a Palestinian peace activist in Bethlehem and to meet a peace activist in Jerusalem and walk the Via Dolorosa. I could combine my peace work with my love for God, meet people searching for peace as well and enjoy wonderful surroundings.

Conclusion

Although this article is based only on my experiences with my own mental health hospital in the Netherlands, I stress the need for triage at mental health care hospitals. Suffering from a psychiatric illness is not different from suffering from a somatic illness, and therefore there should not be any difference in triage. Telephonists of psychiatric hospitals should possess medical knowledge.