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Significant hospital wait times a symptom of systemic failure

The national peak bodies for psychiatrists and emergency physicians have joined forces to call on the South Australian Government to find a systemic solution to the significant waiting periods experienced by people presenting to emergency departments across Adelaide.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and Australasian College for Emergency Medicine (ACEM) have welcomed the government's announcement of the CALHN Hospital Avoidance and Supported Discharge Service, but expressed their serious concerns that it will still not address the escalating issues around South Australia's overloaded emergency departments, especially in relation to people needing help with mental health issues.

Chair of the RANZCP South Australia Branch, Dr Paul Furst, explained that recent issues raised about the Royal Adelaide Hospital (RAH) emergency department, such as long waiting times and incidences of restraint, are symptomatic of larger structural issues within the State's mental health system.

'The RAH is where these issues with mental health presentations manifest most noticeably, but they exist right across the system, not only in South Australia, but across the country,' said Dr Furst.

'We need a big reset in mental health. It's not about reform, it's about re-build. The Australian mental health system needs an all-encompassing and comprehensive overhaul.

'Whilst diversion to the community seems good, community teams are already struggling to meet demand for the severely mentally ill, who will continue to go to emergency departments in need of a bed which won't be available.

We need to get real about funding mental health adequately. At this point in time, a major deficit is in inpatient beds. The crisis point is there, and it has a domino effect on broader hospital services and community mental health services.

The doctors, nurses and other staff within both our emergency departments and mental health units are highly competent, dedicated and interested in providing the best possible care to patients – and are becoming increasingly frustrated at not being able to do so, due to a lack of resources and appropriate patient flow pathways.

'We can no longer work effectively under the current system and it is fracturing valuable and important relationships, which can only end in disaster.'

The ACEM SA Faculty Chair Dr Mark Morphett, supported the RANZCP's call by emphasising the immediate need for funding and resourcing to be provided in order to avoid the crisis reaching a catastrophic level.

'The current situation being played out in Emergency Departments across Adelaide where Mental Health patients are forced to remain in an environment which is incredibly counter therapeutic for days has to stop,' said Dr Morphett.

'We will experience, or know someone closely who experiences mental illness throughout our lives – this is not a problem affecting someone else – this is a problem affecting all of us and governments and health administrators need to do better.

'Investment in bed capacity must occur urgently, allowing work to occur on models of care that are holistic, and strengthen resilience throughout the system – both in the inpatient and outpatient sphere. This will take resourcing, but the alternative is simply not acceptable.

We call on SA Health and the government to work with staff within both our Emergency Departments and Mental Health Units to identify and address the systemic issues causing these unacceptable delays, in a way which does not simply shift the burden away from one department to the other.

The ability to give adequate care to the ongoing number of mental health patients who come to EDs seeking assistance is paramount and should not be compromised.

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