Australasian College
for Emergency Medicine

Communiqué

7 June 2019

Mental Health in Aotearoa New Zealand Emergency Department Summit

The investment in mental health and wellbeing signalled in the 2019 Budget provides momentum that can be harnessed to better meet the needs of people who present to Emergency Departments needing urgent mental health support.

Today, at the Australasian College for Emergency Medicine's Mental Health in the Emergency Department Summit, over 80 delegates, representing doctors, nurses, patient advocates and system managers, heard how presenting to an Emergency Department with a mental health crisis too often means a long, distressing wait for care. These long, uncertain waits in Emergency Departments increase the risks and undermine people's recovery and long term health and wellbeing.

The task of the Summit has been to ensure that the Government's response to the Government Inquiry into Mental Health and Addiction, especially the Wellbeing Budget, is on track to improve the experiences of people with mental health conditions seeking help from Emergency Departments across New Zealand.

Frontline staff in Emergency Departments have a unique perspective to contribute, and even with additional funding committed to prevention and community support signalled by the Government, Emergency Departments will continue to have a core role in supporting people in distress. Emergency Departments need to be designed and resourced to enable respectful, culturally appropriate and compassionate responses to people in mental health crisis.

Delegates at the Summit noted the data demonstrating the poor experiences of mental health patients and discussed the needs of these patients when they were in crisis. People with lived experience of seeking assistance spoke of crowding, noise, distress, long waiting times, high use of restraint and seclusion, and services that were not suitable or accessible for Māori and minority populations.

The delegates shared experiences of good models of care, innovations in service delivery and structures that addressed the core elements needed to improve emergency care for people in mental health crisis. The Summit discussed options for where to invest – including in resources, people, culture and support – both inside and outside of the Emergency Department.

The Summit delegates agreed on nine key principles.

1 All New Zealanders have the right to access timely and appropriate mental health care that is mana-enhancing, and free from stigma and discrimination. Current arrangements are inadequate to support people needing acute mental health treatment; they discriminate against some of the most marginalised and vulnerable people, are not culturally appropriate for many who seek support, and are often not inclusive of families and whānau.

2 Māori are overrepresented in our mental health statistics, and our current services often do not meet the needs of Māori. The recent report from the second stage of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575) calls on the Government to embed the principles of Te Tiriti o Waitangi to address widening inequitable health outcomes. Māori need to have more input into how the system is set up to meet their needs, which includes broader conversations about the types of support offered to Māori and how it is governed, funded, designed, and delivered.

continued over page

Australasian College for Emergency Medicine

Communiqué

7 June 2019

Mental Health in Aotearoa New Zealand Emergency Department Summit

3 Alternatives to Emergency Departments may be appropriate for many people who currently present in crisis; these alternatives should be explored, resourced and evaluated for their impact. Relying on Police to act as first responders without training, support, beds, and infrastructure is not appropriate for individuals in distress and alternatives need to be put in place.

4 The Emergency Department should be a place that is safe and supportive for all, including staff working in the department. Emergency Departments should be designed, resourced and operated to provide people in crisis with a safe space where they can be seen within a reasonable timeframe, not a place that people want to escape from. Long, uncertain waits are unacceptable.

The design of the workforce, including appropriately trained and sufficient ED staff, as well as a dedicated mental health workforce, is fundamental to achieving the goal of safe and supportive Emergency Departments.

5 Mental health care, regardless of the setting, should be respectful, patient centred, culturally appropriate, and recovery oriented; the use of seclusion and restraint should be eliminated or at the very least, minimised. Care for people who present with mental health and substance misuse issues, regardless of the setting, should be respectful, and centred around the patient and their whānau.

6 People living with mental health and substance misuse issues, their advocates, whānau, health care providers and governments have an important role to play in addressing this crisis through the greater use of co-design processes at all stages, as well as ensuring those with lived experience are represented at all levels of the system from leadership and governance levels down.

7 The Australasian College for Emergency Medicine fully supports SSED (Shorter Stays in ED) or the existing six-hour measure for ED stays, whether admitted or discharged, medical, surgical or psychiatric. However, there was unanimous agreement at the summit that stays in ED of over 24 hours for any reason, even if short stay units are used, were completely unacceptable. No one should stay longer than 24 hours in an Emergency Department without receiving the support they need, including appropriate admission or discharge, particularly those most vulnerable members of the community.

8 More work needs to be done to build and sustain a functioning, integrated, mental health system that supports the prevention, early intervention and better management of mental health crises. We mirror the call from the Health Minister for all District Health Boards to consider equity within their own districts and the health needs of their Māori population. DHBs must meet their obligations under Te Tiriti o Waitangi as described in the *Public Health and Disability Act 2000* to achieve positive health outcomes for all groups across New Zealand. There is not enough capacity in either hospitals or the community, and often there is nowhere for people to go after they have been seen at the ED.

9 We need better data, evidence, and reporting on mental health prevalence, services provided, and outcomes to provide accountability. Without better information, we do not have the information required to ensure the changes signalled in the Wellbeing budget are targeted in the right places, whether they have been effective, and we have no ability to hold ourselves and the Government to account on our progress.

continued over page

Australasian College
for Emergency Medicine

Communiqué

7 June 2019

Mental Health in Aotearoa New Zealand Emergency Department Summit

Building on the momentum created by the Wellbeing budget, delegates at the Summit agreed that collective action was urgently required to improve the care of people suffering mental health crises across New Zealand, including within Emergency Departments. The Australasian College for Emergency Medicine was tasked with taking today's discussion and data and working with key people and organisations to develop a Communique that has recommendations and actions to improve the care of people experiencing mental health crises.

The Summit agreed that the current situation was unacceptable and that all delegates commit to do better.

Further information

Leanne Shuttleworth
+64 4 471 2334
leanne.shuttleworth@acem.org.au

acem.org.au/MHED