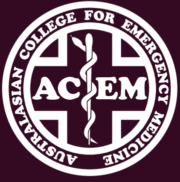

Australasian College for Emergency Medicine

Building an integrated and sustainable mental health system
Commissioned Report

Why do people who need mental health support get stuck in emergency departments?

In October 2018, over 170 delegates attended ACEM's Australian Summit on Mental Health Care in the Emergency Department. Delegates shared examples of good practice, innovative models of care and the urgent need for reforms to improve emergency care for people in mental health crisis.

Following the summit, ACEM commissioned the Mitchell Institute for Education and Health Policy to conduct an analysis from an emergency department perspective of why Australia's health system is failing to meet the urgent needs of people presenting to emergency departments for mental health care.

Our members working in emergency departments across Australia consistently report, and our data confirms, that people presenting for emergency mental health care routinely experience unacceptable and dangerously long waits for inpatient beds or definitive psychiatric care.

Emergency departments are often considered the 'canary in the coal mine' in identifying failures in the health system and play a vital role in addressing the needs of people who have nowhere else to go due to the lack of alternate and more appropriate mental healthcare options, particularly out-of-hours. The current system is highly fragmented and unsustainable.

While there is much that can be done to improve the experiences of people who present to emergency departments seeking care, it is also essential that wider system responses are improved. More needs to be done in the community to avoid the types of crises that precipitate a visit to the emergency department, and more appropriate, timely treatment options are needed to minimise the time that people seeking mental health care wait in the emergency department.

ACEM is now calling for all Australian governments to act urgently to improve this situation. Emergency physicians want to work in a system that offers people safe, timely, expert and therapeutic care, regardless of whether they are physically or mentally unwell or distressed. Amidst the new and complex mental health challenges predicted to rise during and after the COVID-19 pandemic, action is needed now more than ever to build and sustain a functioning, integrated mental health system across the whole spectrum of care.

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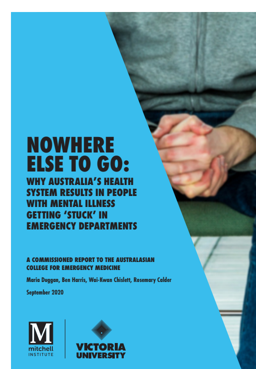
About us:

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all our communities through our committed and expert members.

Read the full report:



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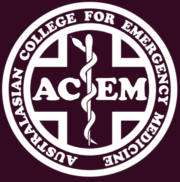

Australasian College for Emergency Medicine

Building an integrated and sustainable mental health system
Recommendations

1. Ensure adequacy of services to meet need

- State and territory governments should undertake strategic needs assessments to ensure the number of inpatient mental health beds is in line with international best practice evidence and standards.
- Additional funding and resources must also be provided for non-hospital alternatives depending on local needs. These include step-up/step-down services, short stay units, and hospital in the home.

2. Improve funding and service models to provide better outcomes

- The National Cabinet Health Reform Committee and health ministers should support and encourage innovative mental health funding arrangements for ongoing and sustained mental health care
- State and territory governments should explore innovative diversion or alternative care models in communities with high levels of mental health patient presentations to emergency departments, with all government-funded mental health services required to operate as flexible after-hours services as a condition of receiving funding.
- Emergency department resourcing should include mental health expertise in staffing, provide ongoing mental health education, training and professional support for all staff, develop new workforce models including peer workers, and apply emergency department design principles that create low stimulus, reassuring environments for people in mental health crisis
- All jursidictions should implement a centralised follow-up service within 24 hours of discharge to offer advice on available mental health services, check on referrals or other appropriate actions.

3. Establish effective services coordination and accountability

- Primary Health Networks should have an explicit goal of preventing avoidable mental health emergency presentations in their catchment areas and form area mental health service steering bodies with Local Hospital Networks to align, coordinate and monitor care pathways for all people requiring continuing mental health services.
- Area mental health service steering bodies should be held accountable to both Commonwealth and State and Territory governments: LHNs to monitor and report on excessive (>12 and 24 hours) stays in EDs, restrictive practices and walk outs. PHNs to monitor and report on primary care provision both pre and post an acute presentation or hospital admission for all people requiring continuing mental health services.
- The Commonwealth should establish a robust mechanism for monitoring system performance against the National Standards for Mental Health Services established by the Australian Commission on Safety and Quality in Health Care.

4. Ensure best practice emergency mental health care and treatment

- Health departments should adopt a maximum 12-hour length of stay (LOS) in the ED, with mandatory notification and review of all cases embedded in key performance indicators of public hospital CEOs.
- All episodes of a 24-hour LOS should be reported to the relevant Health Minister, alongside CEO interventions and mechanisms for incident review.
- Use of restrictive practices in EDs should be governed by clear clinical governance frameworks, standardised documentation tools and clear reporting pathways.
- Audits of restrictive practices should be conducted to identify and monitor the impact on patient outcomes and the relationship with the availability and accessibility of acute or community-based services and support.

5. Ensure adequacy of rural mental health services and health workforce capacity

- Future iterations of the National Mental Health Plan should be accompanied by a fully funded rural mental health strategy that addresses the severe inequities in access to safe, culturally appropriate and evidence-based treatment and care experienced by people with mental health needs in these areas.
- Increase investment in rural mental health workforce development, including staff capabilities, skill mix and role diversification, in order to deliver the goals of an effective, best practice, comprehensive mental health services system.