



# Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia  
+61 3 9320 0444 | [admin@acem.org.au](mailto:admin@acem.org.au) | ABN 76 009 090 715

19 February 2021

Mr Aneill Kamath  
Assistant Director Program Development and Mental Health Coordinator  
Western Victoria Primary Health Network (WVPHN)

Via email: [Aneill.Kamath@westvicphn.com.au](mailto:Aneill.Kamath@westvicphn.com.au)

Dear Mr Kamath,

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to contribute to the design and development of the new Adult Mental Health Centre (the Centre) in Corio, Victoria. ACEM is the peak body for emergency medicine in Australia and New Zealand and is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine.

ACEM has long advocated for a health system that offers safe, timely, expert and therapeutic care, regardless of people being physically or mentally unwell. Emergency departments (EDs) are often considered the 'canary in the coal mine' in identifying healthcare system failures and play a vital role in addressing the needs of people who have nowhere else to go due to the lack of more appropriate mental healthcare options, particularly out-of-hours. Our members working across Victoria have reported, and our [data](#) confirms, increasing numbers of patients are presenting to EDs seeking help for mental health crises and face unacceptably long waits for definitive psychiatric care or transfer.

EDs are unavoidably noisy stimulating environments where the lights are on 24-hours a day as they are designed for the initial assessment and stabilisation of all patients regardless of their condition. It is not a low stimulus environment conducive to rest, nor is it designed to calmly hold people for hours. Prolonged exposure to this environment is particularly harmful to patients presenting in mental health crisis (compared to patients with other conditions).

ACEM is therefore very supportive of the intended function of the planned Corio Centre to fill existing gaps in community mental health services and provide a more appropriate and therapeutic option in a safe and welcoming environment. To ensure that the Centre can fulfil its primary aim to support people experiencing psychological distress in the community, it will need to integrate effectively within the existing service system. ACEM therefore recommends:

- The Centre must operate after-hours, all days of the week. ACEM data clearly demonstrates that ED demand for mental healthcare peaks after-hours, yet most community services are open from 9am-5pm, Monday to Friday. A highly responsive and accessible service is needed to prevent under-utilisation of the planned Centre, with minimal effect on ED mental health attendances.
- Formal relationships must be established with local EDs and other service providers to reduce duplication, fragmentation and confusion for consumers attempting to navigate the complex array of existing mental health service providers. As one of the Centre's goals is to reduce ED presentations, collaborating with EDs will be essential to avoid further complicating service provision complexity.
- Memorandums of Understanding (MOUs) should be developed between local EDs & the Centre to agree on referral cohorts and clearly define urgent ED care versus crisis care provided by the Centre. This will be increasingly relevant following the completion of the planned Barwon Health ED Mental Health Crisis Hub in late 2021.

- Clear referral pathways and processes should be developed for the Centre to refer people to mental health inpatient services without needing to go via ED, with options for ambulance services and the ED to refer patients to the Centre who do not require urgent ED care. The Centre could also provide an option for patients discharged overnight from the ED to access follow-up support.
- Robust information collection and data linkage across service providers, such as of patient histories, previous presentations and existing management plans, will help improve the integration and efficiency of care provided to people accessing the Centre.
- A clear approach should be developed for people who experience suicidality as a chronic phenomenon. It is the experience of ACEM's members that many other health services automatically refer patients to ED as soon as a patient reports any suicidal thoughts, irrespective of context. This can significantly increase psychological distress in the affected consumer and creates an enormous strain on the ED setting. The high stimulus environment of the busy ED is not the most appropriate environment to assess patients where suicidality is a daily occurrence, unless there is evidence of a new stressor or trigger, indicating a need for emergent assessment.
- Integrated models of care must be a core part of the Centre's function. Many people who present to EDs seeking urgent mental healthcare often require acute or chronic physical health issues to be addressed, so this is also likely to be the case for the Centre. In particular, people who experience mental health issues may also experience problems with alcohol and other drugs, so access to addiction medicine specialists and collaboration with drug & alcohol community services is important.
- Dual-diagnosis programs and trauma-informed care aimed at improving distress tolerance and deliberate self-harm triggers should be included in services offered by the Centre.
- Centre staffing profile should ensure that staff have the skills and experience necessary to feel confident to provide crisis care and not direct people to the ED when unnecessary. A skillset similar to that of experienced mental health clinicians working in the ED would be highly beneficial.
- Monitoring and evaluation processes should be developed to measure the extent to which the Centre is:
  - Effective in diverting from EDs;
  - Reducing ED presentations;
  - Integrating with the existing mental health service system in Geelong; and
  - Providing a genuine alternative to the ED.

Thank you again for the opportunity to help shape the Corio Adult Mental Health Centre. A number of our members attended the service provider co-design workshop so we look forward to hearing the outcome of these sessions.

If you require any further information about the recommendations outlined above, please do not hesitate to contact Nicola Ballenden, Executive Director ACEM Policy and Strategic Partnerships ([Nicola.Ballenden@acem.org.au](mailto:Nicola.Ballenden@acem.org.au); +61 3 9320 0479).

Yours sincerely



**Dr Mya Cubitt**  
Victoria Faculty Chair, ACEM

cc: [meetingplace@westvicphn.com.au](mailto:meetingplace@westvicphn.com.au)