Australasian College
for Emergency Medicine

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

Submission to the National Stigma and Discrimination Reduction Strategy Draft Consultation (2023)

1. Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide comment on the National Stigma and Discrimination Reduction Strategy Draft (the Strategy). This is an important initiative to ensure people with mental health conditions or concerns are treated equally and can access the help they need safely and free from stigma or discrimination.

2. Background

2.1 About ACEM

ACEM is responsible for the training of emergency physicians and the advancement of professional standards, including the study, research and development of the science and practice of Emergency Medicine in Australia and Aotearoa New Zealand.

The practice of emergency medicine is concerned with the prevention, diagnosis, and management of acute and urgent aspects of illness and injury among patients of all ages, who present to emergency departments with a spectrum of undifferentiated physical and behavioural disorders.

As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to emergency departments (EDs).

A core function of ACEM is to set the standard for emergency medical care across Australia and Aotearoa New Zealand. People presenting to an ED needing mental health care have the right to timely access to appropriate care, regardless of the time of day, day of the week or where they live.

2.2 ACEM Initiatives to support stigma and discrimination reduction in mental health care

ACEM believes in the principle that all people living in Australia have the right to access timely and appropriate mental health care that is free from stigma and discrimination. The current mental health system is inadequate to support the number of people experiencing mental health crisis and discriminates against some of the most marginalised and vulnerable people seeking care.

In 2018, ACEM held a National Mental Health in Emergency Care Summit to consider the complex issues surrounding demand for emergency department services by people experiencing mental health concerns and psychological distress. Following the summit, ACEM commissioned the 'Nowhere Else to Go' report that draws on a range of data, international evidence, and other publications to examine the increasing demand for mental health care from EDs in Australia and the challenges of ensuring

timely and appropriate emergency care in the context of a fragmented, under-funded and under resourced mental health system. There is strong national and international evidence that EDs have become the first point of access for people needing mental health treatment and recovery support, even though these services are not designed or resourced to do this.

Our report assesses how an under resourced mental health system means many people cannot afford or find the support and treatment they need in the community, and stigma and lack of confidence in the system means many people delay presenting to services until the point of crisis. This means for many people their first time receiving mental health care is in a crisis setting, typically an ED, where they are likely to experience long wait times in a busy, often antitherapeutic environment.

Data and evidence from our report demonstrates the systemic discrimination against people that may not be able to afford or meet the criteria of programs or supports in community and are therefore unable to have their health needs and rights met. This clearly captures the chronic failure of government policy to enable mental health services to respond to community needs.

Fellows of the Australasian College of Emergency Medicine (FACEMs) witness the trends and system failures beyond EDs that result in people requiring emergency care. For example, frequently a lack of housing is a contributing factor to mental deterioration and reliance on emergency care and/or admission. Better health outcomes are possible when interventions are received before requiring emergency treatment, particularly for mental health concerns. ACEM works to highlight the leadership role of emergency physicians in improving the mental health system and seeks to influence key decision-makers to achieve equitable access to high-quality care, and patient centred emergency care that is free from stigma and discrimination. Mental health is a key priority for ACEM and FACEMs.

ACEM is concerned by the limitations of mental healthcare that can be provided in an ED due to excessively long wait times, access block, anti-therapeutic ED environments and lack of community services, that compromises the safety and quality of care for people experiencing mental distress. This submission will provide explanation on some of these issues in the context of emergency care and how they contribute to stigma and discrimination and offer recommendations for consideration to support implementation of the strategy.

ACEM has produced the following reports, which may be of interest when considering stigma and discrimination reduction in the context of seeking care in EDs:

- 'Nowhere Else to Go': Why Australia's Health System Results In People With Mental Illness Getting 'Stuck' in Emergency Departments (2020)
- Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions (2018)
- The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments (2018)
- Traumatology Talks, Black Wounds White Stitches (2020)

3. Summary of Recommendations

This submission provides rationale and context for the following recommendations to the Strategy:

1) Stigma and discrimination reduction must consider the role of EDs in providing emergency care as the first point of contact for mental health care and develop alternative models-of-care and services to ensure patients receive their definitive care as quickly as possible.
2) The Strategy should consider the impacts of long wait times in EDs on experiences of stigma and discrimination and provide actions to ameliorate those impacts.
3) The Strategy should consider actions and benefit of peer support supplements and/or alternatives to EDs for reducing stigma and discrimination, like Safe Haven Cafés.
4) The Strategy differentiates between circumstances where practices such as acute sedation may be medically required, as distinct from chemical restraint.
5) The Strategy considers limitations to appropriate medical care with the elimination of restrictive practices.

4. Demand for mental health care in emergency departments

ACEM's 2018 national survey of the prevalence of mental health access block collected snapshot data showing that, whilst mental health presentations in 2016/17 made up only 3.57%, these presentations made up 28.5% of access block. Access block refers to the situation where patients who have been admitted and need a hospital bed are delayed from leaving the ED for more than eight hours because of a lack of inpatient bed capacity. Research demonstrates that compared to patients waiting less than six hours for hospital admission, in-hospital mortality increases by 67% for patients waiting more than 12 hours for hospital admission[1].

EDs provide emergency care for patients with a full range of undifferentiated conditions, including mental health crises. However, few EDs in Australia are adequately resourced, in terms of space, dedicated mental health expertise and service pathways, to safely and therapeutically manage the high volume of patients with mental health-related conditions that present and may wait for an inpatient admission. Spending prolonged periods of time waiting to be moved to a mental health bed may exacerbate the problem that the patient presented with, adversely impacting on their care, health outcomes and experience. This is due to the noisy, bright and highly stimulating environment of an ED, with limited access to food and drinks and ability to rest and sleep.

Lengthy delays exacerbate stressors for all patients experiencing mental distress, but may be particularly damaging for the most vulnerable people, including children, people who may be homeless and Aboriginal and Torres Strait Islander people. These delays also increase the risk of violence and aggression in the ED. When violence and aggression occur, and safety responses are activated, this can result in a patient feeling mistreated and an overall poor experience of receiving care. It can also result in a sense of fear from other patients that can illicit stigmatising responses that are severely impactful to the harmony required for an ED to successfully function.

ACEM is concerned that these experiences compromise patient dignity and can lead to patients feeling stigmatised, due to long wait times for care in environments not suited to their needs. For the ED to function effectively, policy and funding need to be aligned to work with and manage these complexities to reduce patient experience for stigmatisation and discrimination, as well as promote patient safety.

[1] Australasian College of Emergency Medicine, *Position Statement: Access Block,* https://acem.org.au/getmedia/c0bf8984-56f3-4b78-8849-442feaca8ca6/S127_v01_Statement_Access_Block_Mar_14.aspx

Structural weaknesses in the Australian mental health system include insufficient funding, perversities in funding systems and priorities, financial and geographical barriers to services, services which are often not fit for purpose or not available at times of crisis, lack of staff with mental health expertise and a lack of emphasis on monitoring the outcomes of investments in mental health services. Failures in the broader health system, including gaps in service access and availability, mean that responsibilities are effectively diverted onto the ED which functions as an overflow valve for people requiring immediate help and treatment, particularly outside business hours.

ACEM agrees with the principle within the Strategy for:

> a mental health system that is free from stigma and discrimination provides time and space for people to tell their story, doesn't judge or make assumptions based on someone's diagnosis or background, and empowers people with personal lived experience to make choices about their own care (p. 31).

However, this can have limitations within an ED context due to the high-paced nature and role of emergency physicians to triage, assess, stabilise, and refer. While emergency physicians and their teams always aim to provide that level of time and care, they must consider the emergency care needs of all patients entering the ED, based on available resources. Thus, there are multiple constraints on what can be done in an ED.

Many people present to EDs for mental health care because they cannot find or afford care in the community. Regardless of whether people are experiencing mental illness for the first time, a crisis outside of business hours, or have a long-standing condition, the role of the ED is to assess, stabilise and refer the patient to definitive care. EDs are an anti-therapeutic environment to provide ongoing mental health care. ACEM is concerned about the appropriateness and timeliness of mental health care provided to people in Australian EDs, and these issues play a major role in peoples experiences of stigma and discrimination.

Recommendations:

1) Stigma and discrimination reduction must consider the role of EDs in providing emergency care at first point of contact for mental health care and develop alternative models-of-care and services, to ensure patients receive their definitive care as quickly as possible.
2) The Strategy should consider the impacts of long wait times in EDs on experiences of stigma and discrimination and provide actions to ameliorate those impacts.

Further, the College welcomes data collection and evaluation mechanisms regarding priority actions to address stigma and discrimination at a foundational level (item 1.e). This would help support development and implementation of resourced initiatives to adapt care provided in EDs to an alternative setting. This would lead to an improved, coordinated and national approach to improve systemic issues that lead to stigma and discrimination in the ED, e.g., long wait-times, access block, or lack of access to inpatient or community services. It would also help to reinforce that EDs are often not the best place for a person in mental health crisis and other services beyond the ED need to be made available at all times.

5. Lived Experience and Peer Workforce

ACEM supports the Strategy's actions to increase lived-experience leadership and a peer workforce in roles and sectors where they have not traditionally had a peer presence. Peer workers in EDs have

been utilised and demonstrate a benefit to patients, in particular, those that experience long wait times and who can access psychological support and intervention from a trained peer worker in lieu of direct medical treatment in the ED.

ACEM suggests the Strategy include actions to develop or adapt existing models-of-care for supplements and alternatives to EDs for mental health and psychological distress presentations, like Safe Haven Café's, that are peer worker led and provide warm, caring, and respectful non-clinical environments for people who need connection or de-escalating from a non-acute episode.

The implementation of Safe Have Café's provides the mental health system with an additional responsive resource tailored to non-acute needs, and available when access to other community-based services is not available. Analysis of data from April 2018 to June 2019 of the Safe Haven Café pilot at the St Vincent's Hospital, Melbourne delivered estimated savings of more than $30,000 per annum by diverting people from the ED to a high quality, alternative model of care[2].

Recommendation:

3) The Strategy should consider actions and benefit of peer support supplements and alternatives to EDs for reducing stigma and discrimination, like Safe Haven Cafés.

6. Restrictive practices

ACEM supports the reduction of restrictive practices and acknowledges the potential harm to people subjected to restrictive practices. The principles highlighted in the Strategy are necessary for a nation-wide reduction in stigma and discrimination, however, the Strategy lacks detail and nuance on the use of specific practices at critical times being medically necessary for treatment. For example, acute sedation may be required in emergency situations to allow for life-saving care to be provided when a person's behaviour is affected by trauma to the head, and to maintain the safety of everyone in the ED.

Further, in EDs, alongside patient experience there must be balance with the duty of care to staff, other patients and family members/carers. Staff also have a responsibility to keep people safe during assessment and treatment, as well as ensuring the safety of other staff, other patients, and their families/carers. The decision to employ restrictive practices is a balance of that duty of care with the human rights of the individual.

ACEM advocates that the use of restrictive practices (sedation and restraint) in EDs should be minimised, and articulated by clear clinical governance frameworks, standardised documentation tools and clear reporting pathways that allow for system improvement recommendations to be progressed to the relevant governance level. Further, audits of restrictive practices in the ED should be conducted to identify and monitor the impact on patient outcomes and the relationship to the availability and accessibility of acute or community-based services and support.

ACEM's statement of the use of restrictive practices in emergency departments details the standard of care that must be met for any restrictive practice.

Recommendations:

4) The Strategy differentiates between circumstances where practices such as acute sedation may be medically required, as distinct from chemical restraint.

5) The Strategy considers limitations to appropriate medical care with the elimination of restrictive practices.

[2] https://www.safercare.vic.gov.au/sites/default/files/2020-12/PROJECT%20SUMMARY%20Safe%20Haven%20Cafe.docx

7. Conclusion

ACEM believes that all people living in Australia have the right to access timely mental healthcare. A key component of stigma and discrimination reduction in mental health care is a system that is appropriately resourced and equipped to deliver timely and responsive care. The National Stigma and Discrimination Strategy is a promising opportunity to build on mental health system reforms and promote consumer safety, respect, and equity.

EDs should be safe spaces for people seeking acute mental health care.The Strategy proposes many actions that will strengthen the mental health and social welfare system that can help reduce the number of mental health presentations to Eds, that could be better addressed and treated in more suitable settings. It is critical that, to reduce the incidence or risk of stigma or discrimination, the issue of long wait times and admission delays must be addressed, and the mental health system must be able to provide alternative points of access prior to emergency.

Thank you again for the opportunity to provide this submission. If you require any further information about any of the above issues, or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 423 251 383).

Yours sincerely,

Dr Simon Judkins
Chair, Mental Health Working Group