



Emergency Departments at a Tipping Point: The Critical Decline in Psychiatric Hospital Beds

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Mental health services reach the tipping point in Australian acute hospitals

The OECD warns about Australia's low psychiatric bed numbers

Medical Journal of Australia 2015; 203 (11): 432-434

Stephen Allison and Tarun Bastiampillai



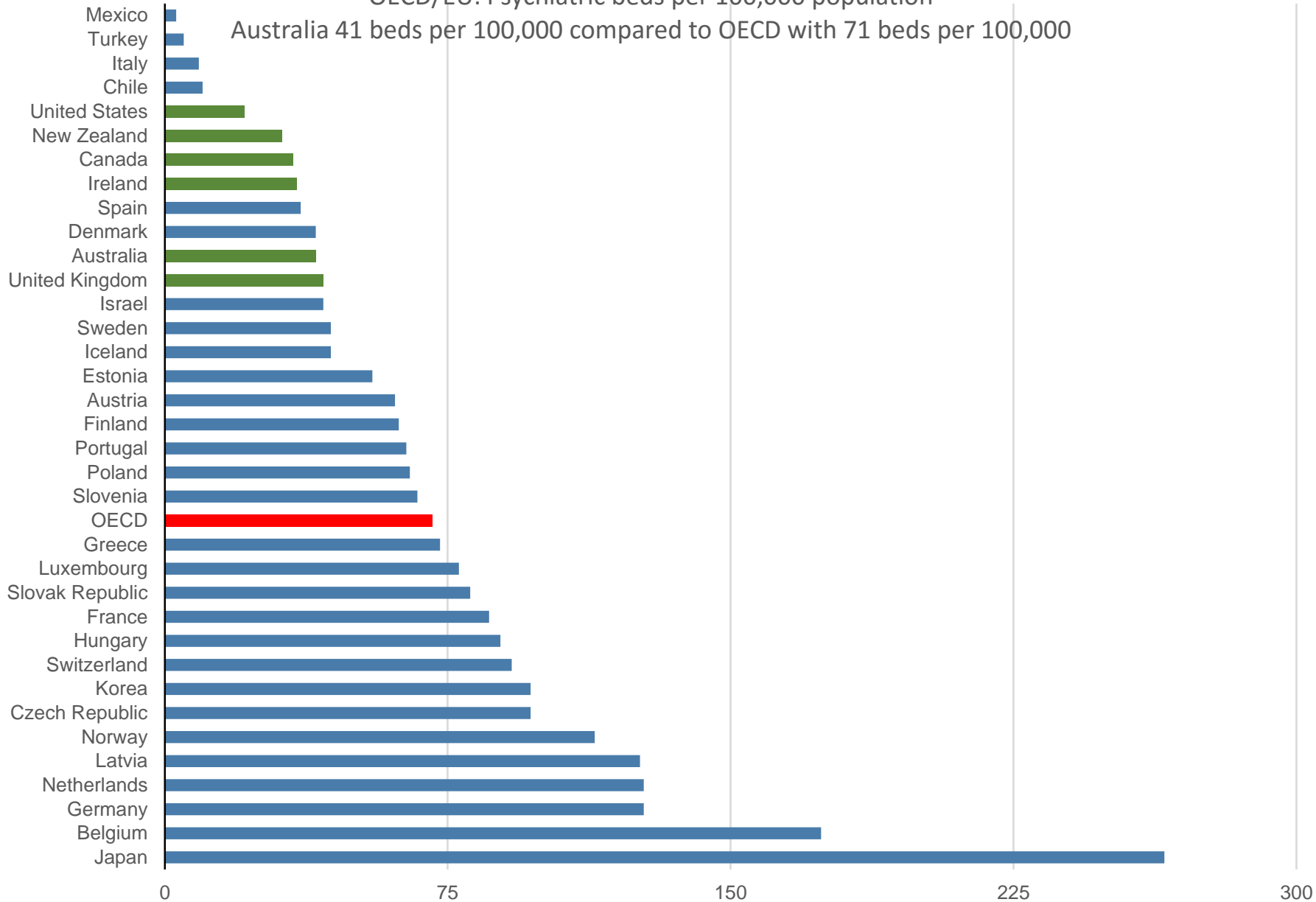
Australia at the forefront of mental health care innovation but should remain attentive to population needs, says OECD

Australia is leading the way in innovative approaches to delivering mental health services, including a decisive shift away from hospital care. Pioneering approaches caring for common conditions like depression mean that Australia's mental health system has much to offer other OECD countries, according to a new OECD report *Making Mental Health Count*. However, alongside innovative approaches, Australia should make sure that high-quality mental health care is accessible for the whole population.

Given Australia's low bed numbers, attention should be paid to ensuring that care coverage does not suffer. *Making Mental Health Count* does show that Australia has a large number of community services available for mental health care – e.g. crisis and home treatment, early intervention, and assertive outreach – but Australia should ensure that services are sufficient to meet population need. Without sufficient high-quality community care, and with low inpatient psychiatric bed numbers, patients with severe mental illness risk worsening symptoms, more stays in emergency settings, and more hospital readmissions. Australia should pay attention to getting the tricky balance of care provision right.

OECD/EU: Psychiatric beds per 100,000 population

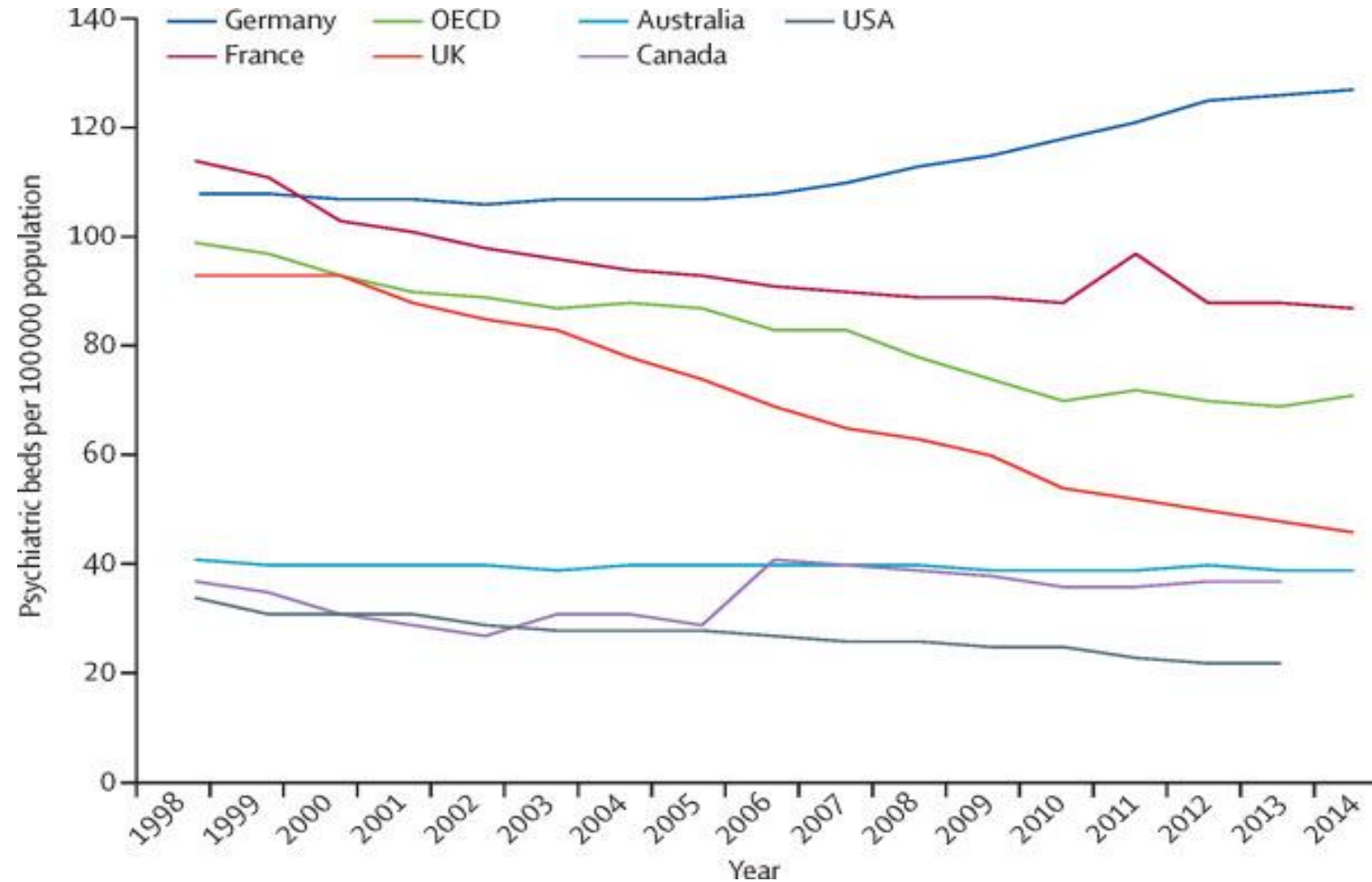
Australia 41 beds per 100,000 compared to OECD with 71 beds per 100,000

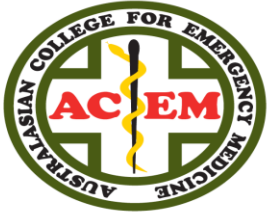


Psychiatric hospital beds: an Orwellian crisis

The Lancet, Volume 389, Issue 10067, 363

Peter Tyrer, Steve Sharfstein, Richard O' Reilly, Stephen Allison, and Tarun Bastiampillai.



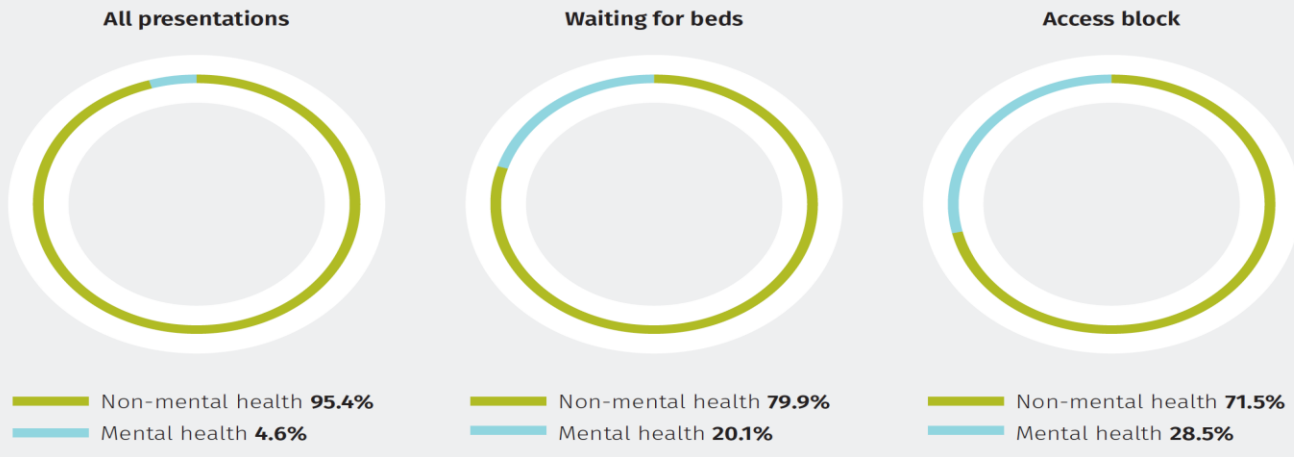


Waiting Times in the Emergency Department for People with Acute Mental and Behavioural Conditions

February 2018

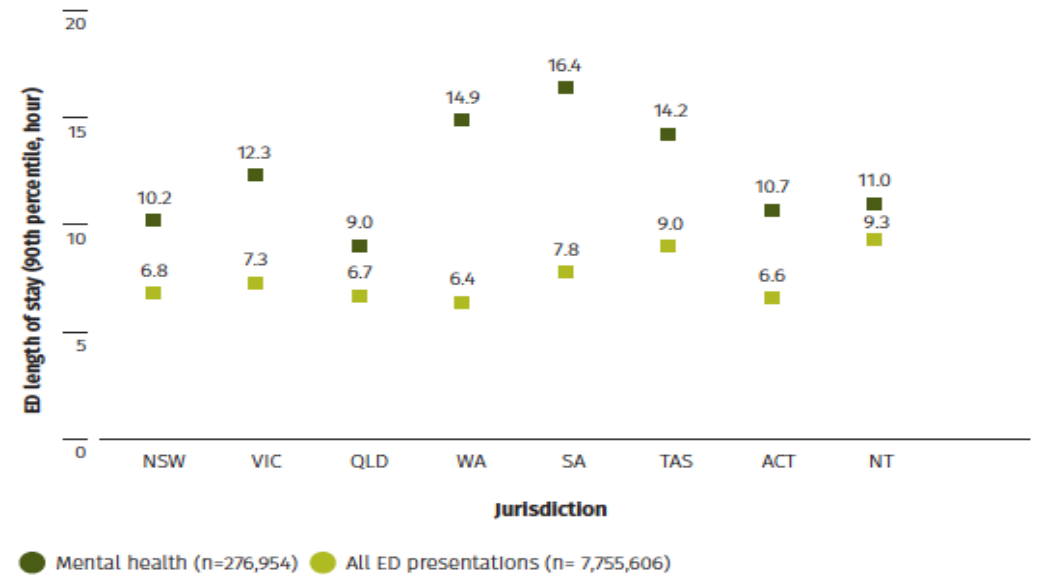
Table 4 Overall ED occupancy at 10:00 in Australian and New Zealand EDs

Australian



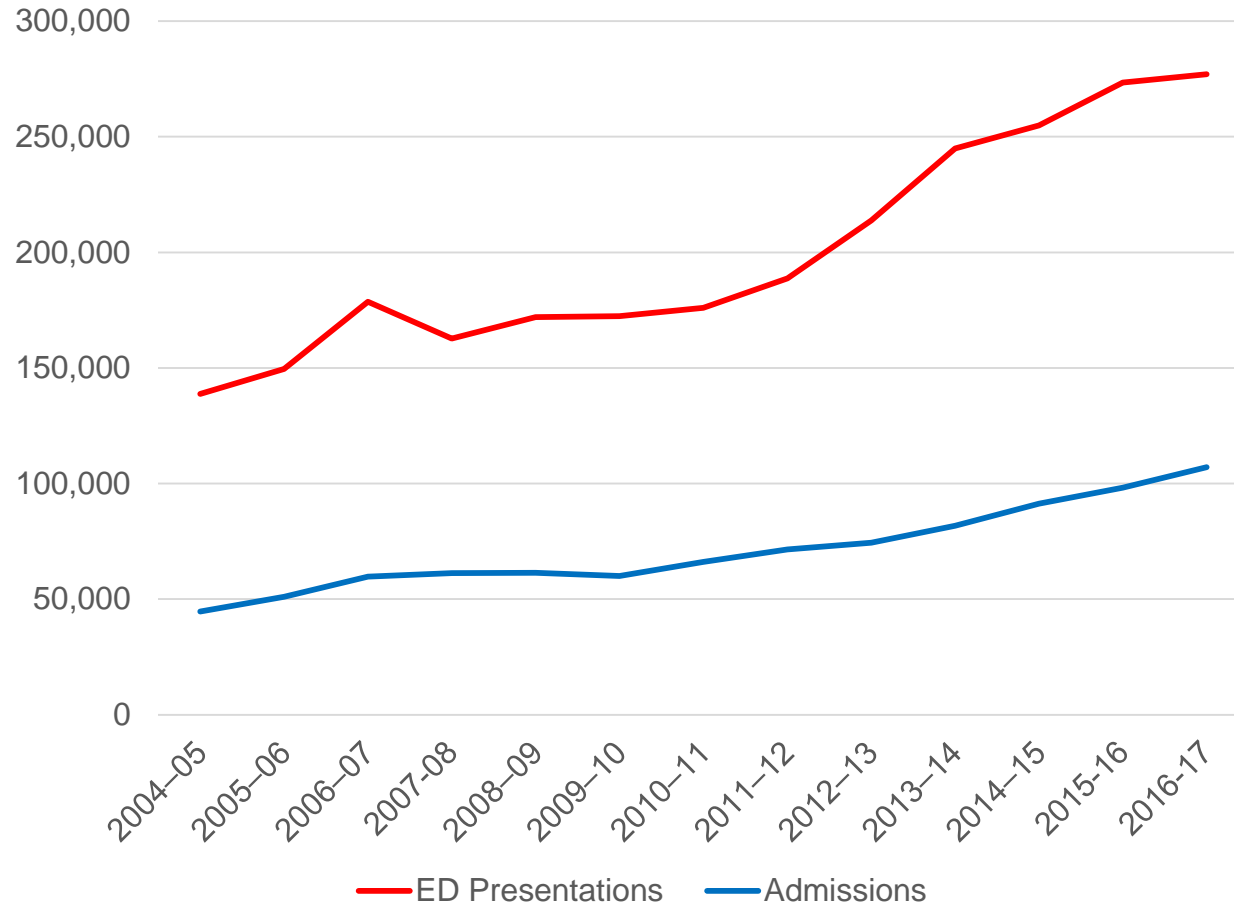
The difference between the 90th percentile length of stay (hours) for mental health presentations and all ED presentations is graphically represented in **Figure 5**.

Figure 5 ED length of stay (90th percentile/hours) for mental health and all ED presentations, by jurisdiction, 2016/17



Source: National Non-admitted Patient Emergency Department Care Database.
Note: ED mental health presentations included are those with a principal diagnosis falling within the ICD-10 AM codes F00-F99, or ICD-9-CM or SNOMED equivalent codes. Total does not include presentations for which information was missing or not reported.

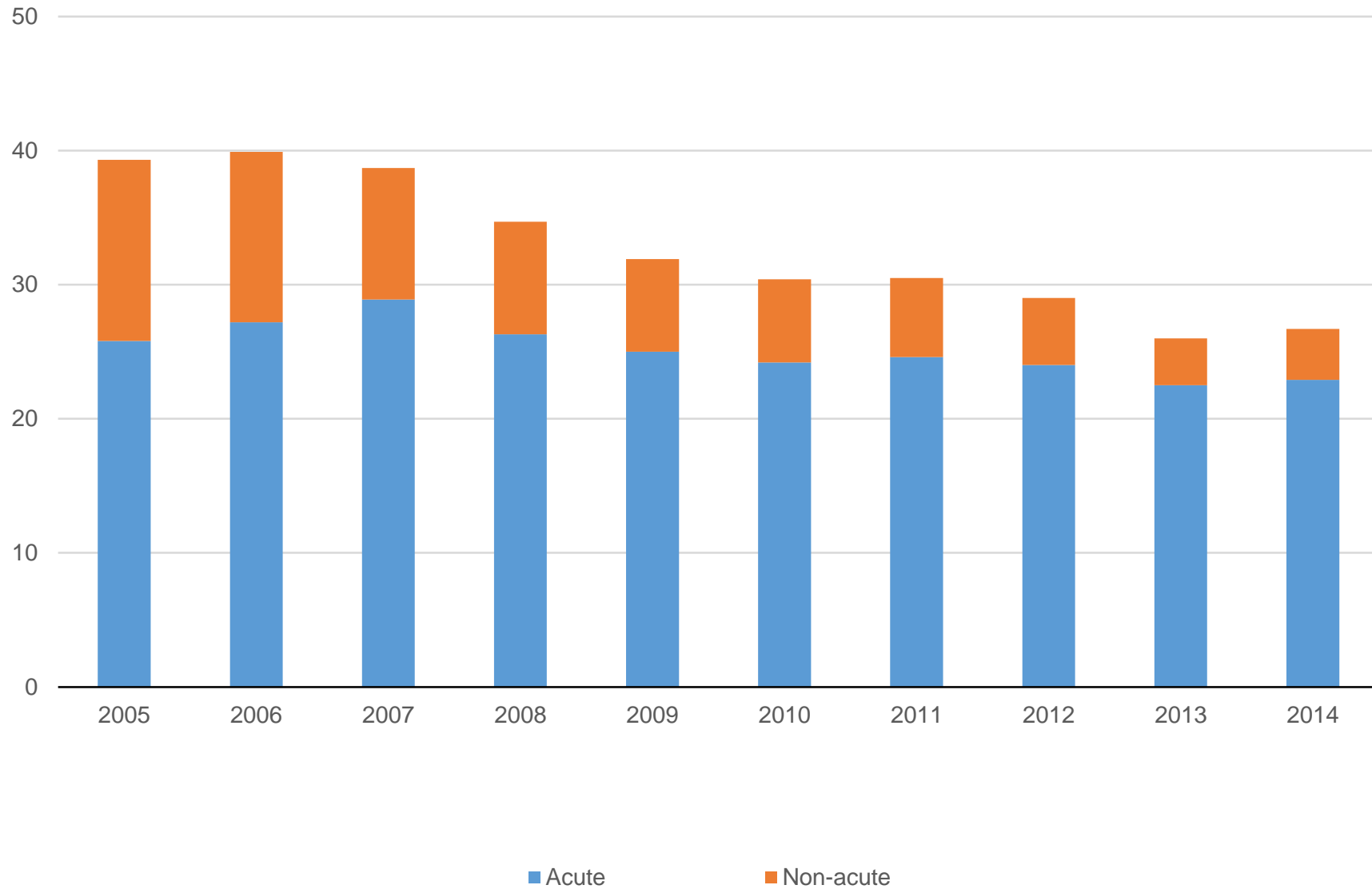
AIHW - Australian Emergency Department Mental Health Presentations and Admissions



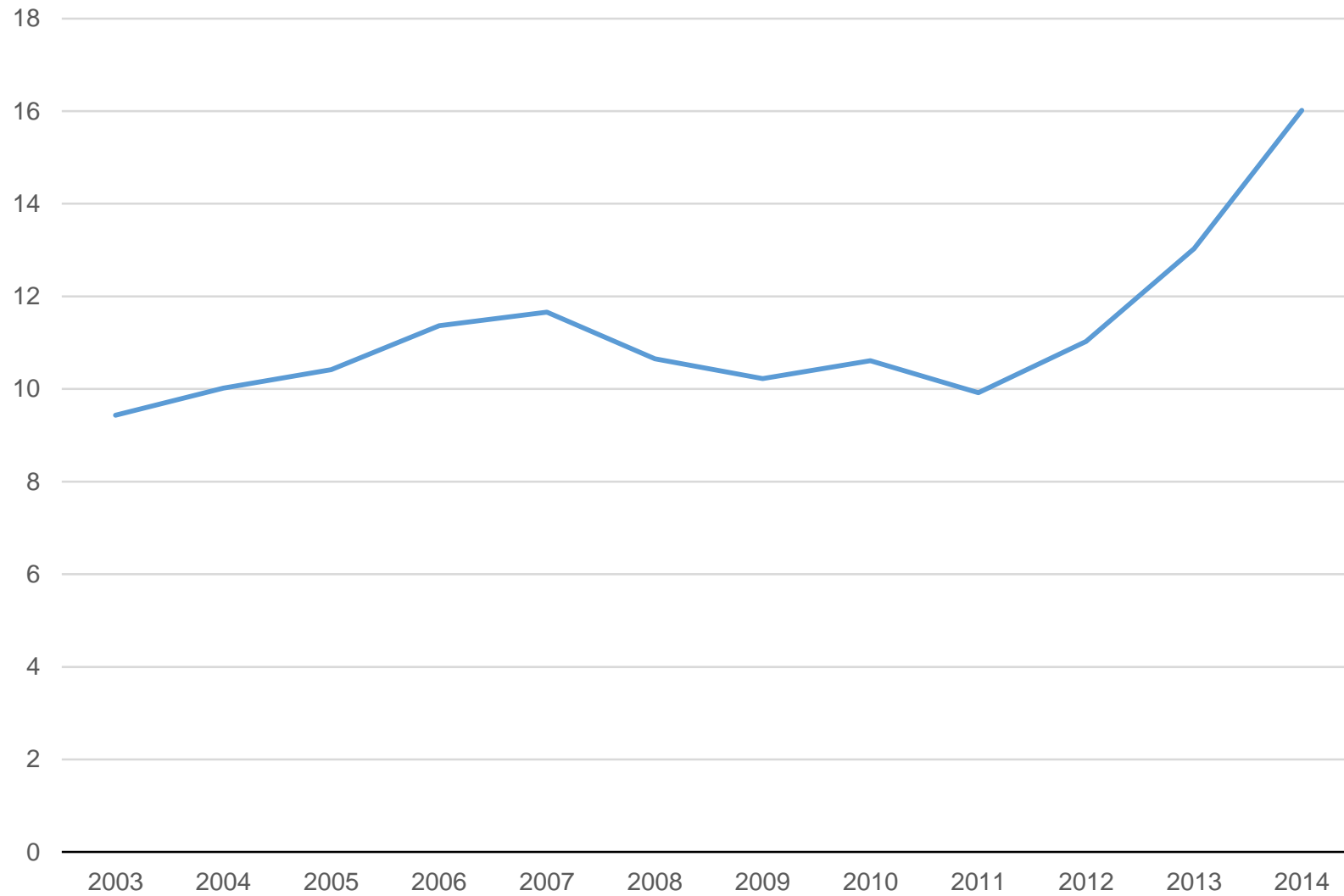
South Australian Case study



South Australia Public sector General Adult (18-64) specialised psychiatric beds per 100,000 population



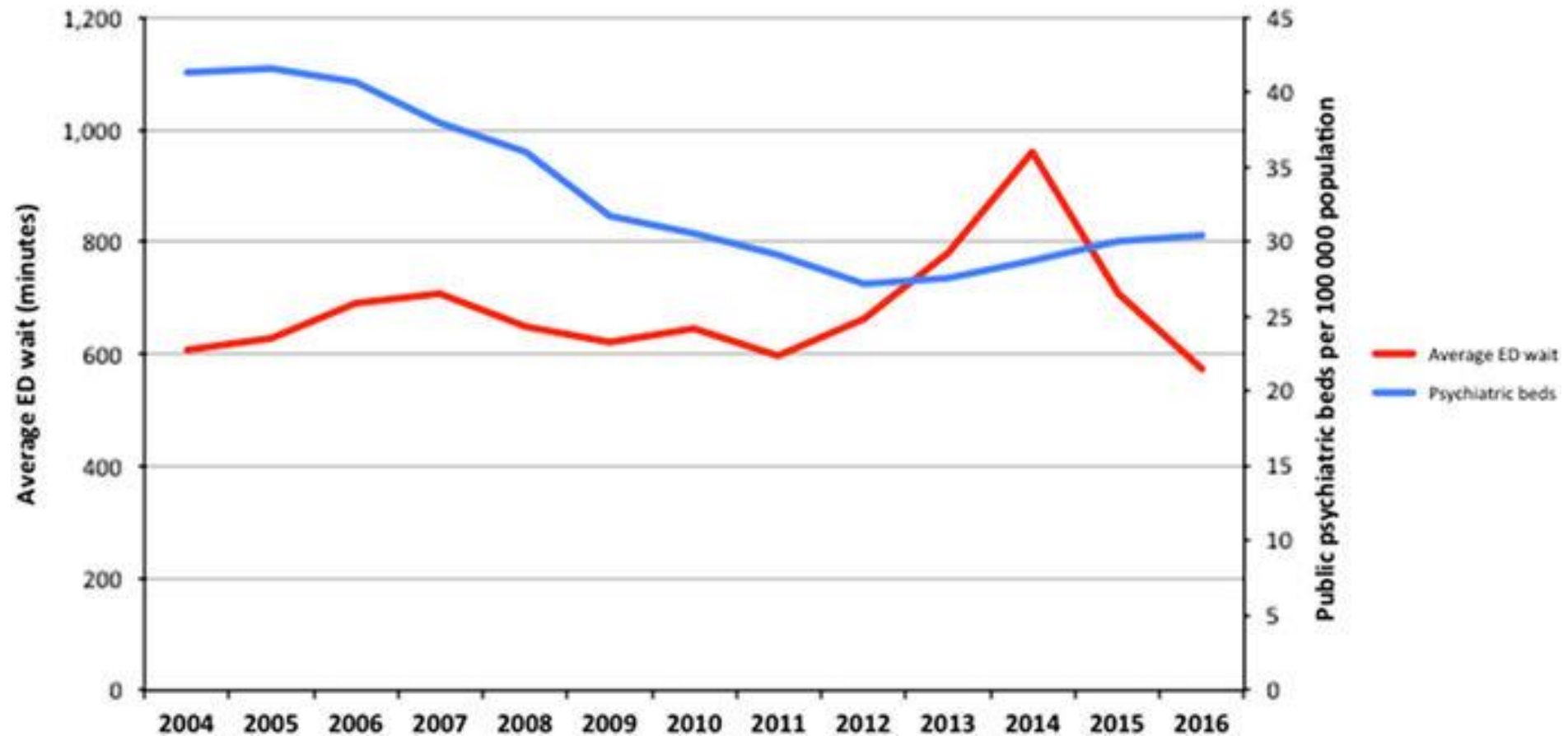
South Australian Mental Health (excluding drug/alcohol) ED
Average Visit Time
Major Metropolitan Hospitals



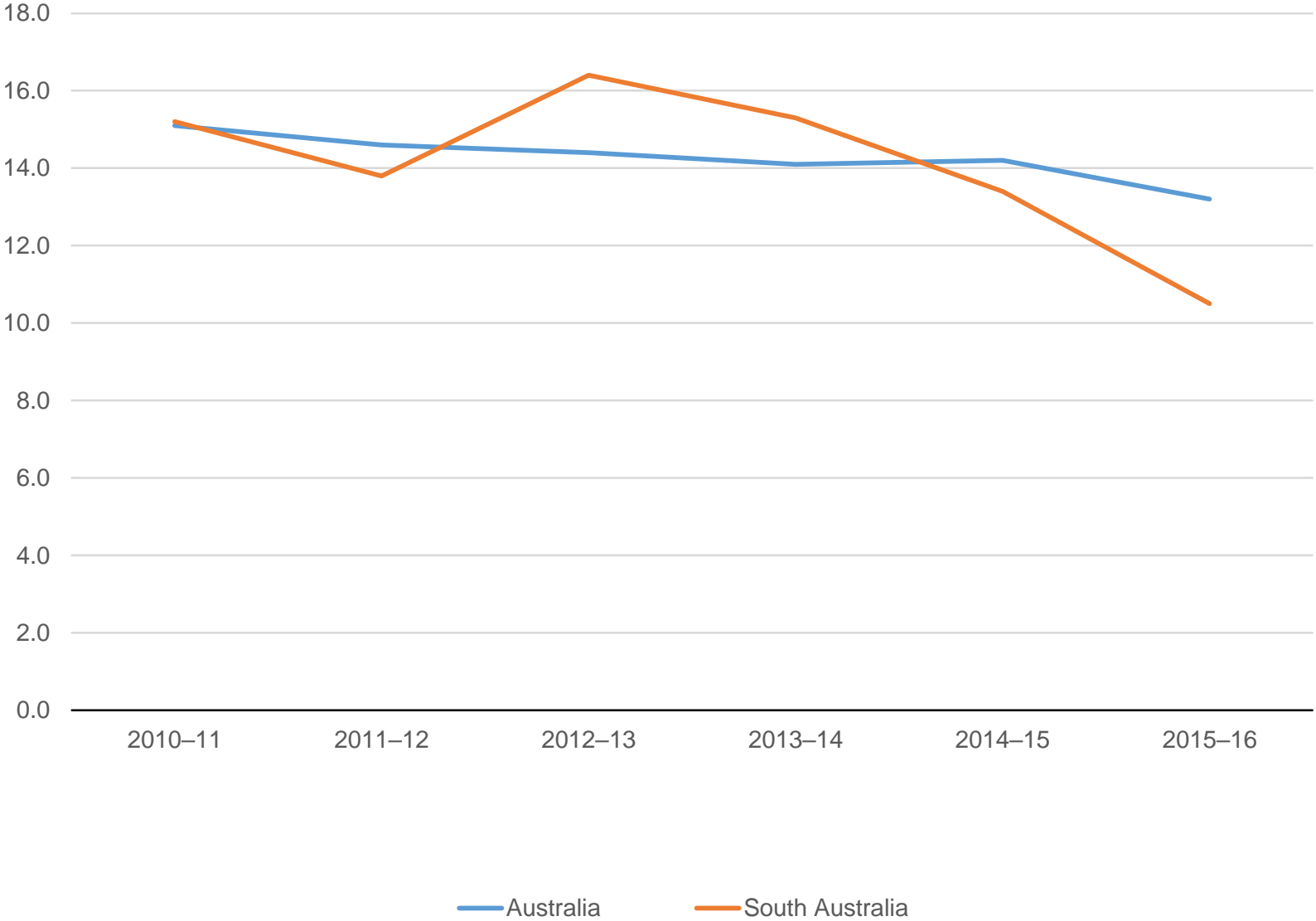
South Australian policy response to ED crisis

- 24 hour Ministerial ED mental health target and intensive monitoring
- Clinical/ Psychiatry executive leadership and governance reform
- Data driven strategy and policy
- Cease closure of acute bed substitution with subacute residential beds
- 50 Extra General adult acute psychiatry beds
- Investment in Short-stay psychiatry units (ALOS 1.5 days) co-located with ED
- 10 Extra forensic beds
- Improve efficiency of specialist psychiatry inpatient units and reduce ALOS

SA Public Sector Psychiatric bed numbers and ED wait times
When should governments increase the supply of psychiatric beds?
Molecular Psychiatry April 2018 Volume 23, pages 796–800
Steve Allison, Tarun Bastiampillai et al



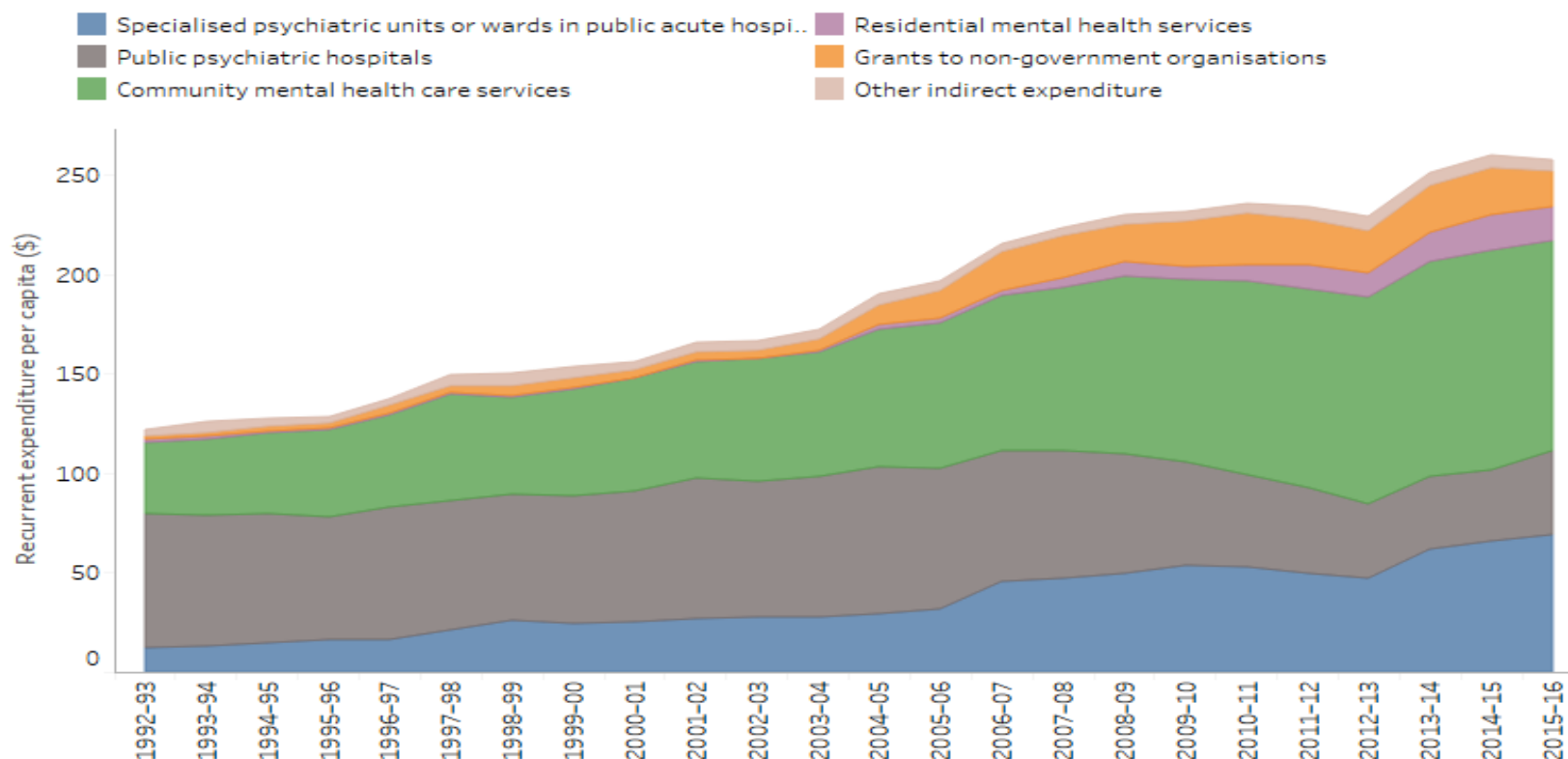
Average length of acute inpatient stay South Australia compared with Australia



Interactive EXP.1: Recurrent expenditure per capita (\$) on specialised mental health services, constant prices, by states and territories, 1992-93 to 2015-16

Choose a state or territory
South Australia

Choose a mental health service type
All



Sources: Australian Government Department of Health, National Survey of Mental Health Services Database (1992-93 to 2004-05); National Mental Health Establishments Database (2005-06 onwards); Table EXP.4

Conclusions

- **Australia is significantly below OECD average for psychiatric beds – 41 psychiatric beds per 100,000 compared to the OECD average of 71 psychiatric beds per 100,000**
- **Minimal number of psychiatric beds required – 50 public sector psychiatric beds per 100,000 – Australia is currently at 30 public sector beds per 100,000.**
- Australia experiencing significant ED boarding at 30 public sector and 11 private sector beds per 100,000 despite significant investments in primary and community mental health care since 2000.
- South Australia had major ED boarding problems reaching a tipping point when it reduced public sector beds from the Australian average of 30 psychiatric beds per 100,000 to 27 psychiatric beds per 100,000.
- South Australia only case example documenting the specific benefits of increasing acute public sector psychiatry beds (12% increase) for ED access block in the peer reviewed literature.
- Long-term non-acute care is a particularly complex area of healthcare policy –we need more long-term non-acute psychiatric beds.
- Why are there such big differences between Western Europe and Anglosphere countries?
- **Better collection and monitoring of trend Nationwide ED mental health data for visit times – discharge and admission stream, 24 hour ED stays**

Relevant Publications

- Allison S, Bastiampillai T. Mental health services reach the tipping point in Australian acute hospitals. *Med J Aust*. 2015 Dec; 203(11):432-434.
- Allison S, Bastiampillai T, Licinio J, Fuller D, Bidargaddi N, Sharfstein S. When should governments increase the supply of psychiatric beds? *Molecular Psychiatry* 2018 April;23(4): 796-800.
- Tyrer P, Sharfstein S, O'Reilly R, Allison S, Bastiampillai T. Psychiatric hospital beds: an Orwellian crisis. *Lancet* 2017 Jan; 389.
- Benjamin R, McArthur M, Judd F, Auchincloss S, Bastiampillai T, Allison S. Intense pressure on the Royal Hobart Hospital after psychiatric bed cuts. *Aust N Z J Psychiatry* 2018 52(5): 494-495.
- Allison S, Bastiampillai T, Castle D. Victoria's low availability of public psychiatric beds and the impact on patients, carers and staff. *Aust N Z J Psychiatry* 2018 52(1):91-92.
- Allison S, Bastiampillai T, Goldney R. Acute versus sub-acute care beds: should Australia invest in community beds at the expense of hospital beds? *Aust N Z J Psychiatry*. 2014 Oct;48(10):952-954.
- Bastiampillai T, Sharfstein S, Allison S. Increase in US suicide rates and the critical decline in psychiatric beds. *JAMA* 2016;316(24):2591-2592.
- Allison S, Bastiampillai T, Fuller DA. Mass incarceration and severe mental illness in the USA. *Lancet*. 2017 Jul; 390:25.
- Bastiampillai T, Allison S, O'Reilly R, Licinio J, Sharfstein S. Can deinstitutionalization contribute to exclusion. *Lancet* 2018 Jun; 391.



Thank You