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

Stephan 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
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

<table>
<thead>
<tr>
<th>All presentations</th>
<th>Waiting for beds</th>
<th>Access block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-mental health</td>
<td>Mental health</td>
<td>95.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.6%</td>
</tr>
<tr>
<td>79.9%</td>
<td>20.1%</td>
<td></td>
</tr>
<tr>
<td>71.5%</td>
<td>28.5%</td>
<td></td>
</tr>
</tbody>
</table>

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

The figure shows the length of stay for mental health and all ED presentations in different jurisdictions. The data is represented by dots, with each dot indicating the length of stay for a specific jurisdiction.

The chart includes the following jurisdictions: NSW, VIC, QLD, WA, SA, TAS, ACT, NT.

Key:
- Mental health (n=276,956)
- All ED presentations (n=7,955,600)

Source: National non-admitted patients emergency department care database.

Note: ED mental health presentations included are those with a principal diagnosis falling within the ICD-10-AM codes F10-F99, or ICD-10-CM or SNOMED equivalent codes. Dots do not include presentations for which information was missing or not reported.
South Australian Case study
South Australia Public sector General Adult (18-64) specialised psychiatric beds per 100,000 population

- **Acute**
- **Non-acute**
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

- Specialised psychiatric units or wards in public acute hospitals
- Public psychiatric hospitals
- Community mental health care services
- Residential mental health services
- Grants to non-government organisations
- Other indirect expenditure

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

www.aihw.gov.au/mhsa
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, 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.
Thank You