



National Mental Health in the Emergency Department Summit 16 October 2018, Melbourne Communique

Australia's health system is failing to meet the needs of people who present to emergency departments needing urgent mental health care. Today, at the Australasian College for Emergency Medicine's Mental Health in the Emergency Department Summit, over 170 delegates, representing doctors, nurses, patient advocates and system managers, heard how presenting to an emergency department with a mental health crisis too often means a long, distressing wait for care. These long, uncertain waits in emergency departments increase the risks and undermine people's recovery and long term health and wellbeing.

The task of the Summit was to set the agenda for policy reform to improve the experiences of people with mental health conditions seeking help from emergency departments across Australia. Delegates at the Summit noted the data demonstrating the poor experiences of mental health patients and discussed the needs of these patients when they were in crisis. People with lived experience of seeking assistance spoke of crowding, noise, distress, long waiting times, and high use of restraint and seclusion. The delegates shared experiences of good models of care, innovations in service delivery and structures that addressed the core elements needed to improve emergency care for people in mental health crisis. Stories from emergency departments highlighted the importance of social support, of services being available when needed, and the beneficial impact of respectful, culturally appropriate and compassionate responses to people in mental health crisis. The Summit discussed options for where to invest – including in resources, people, culture and support - both inside and outside of the emergency department.

The Summit delegates agreed on seven key principles:

- 1) All Australians have the right to access timely and appropriate mental health care that is free from stigma and discrimination. Current arrangements are inadequate to support people experiencing mental health crises and discriminate against some of the most marginalised and vulnerable people.
- 2) Alternatives to emergency departments may be appropriate for many people who currently present in crisis; these alternatives should be explored, resourced and evaluated for their impact.
- 3) The emergency department should be a place that is safe and supportive for all, not a place that people want to escape from. Long, uncertain waits are unacceptable.
- 4) Mental health care, regardless of the setting, should be respectful, patient centred and recovery oriented; the use of seclusion and restraint should be eliminated or at the very least, minimised.
- 5) No one should stay longer than 24 hours in an emergency department, particularly those most vulnerable members of the community.
- 6) More work needs to be done to build and sustain a functioning, integrated, mental health system that supports the prevention, early intervention and better management of mental health crises. There is not enough capacity in either hospitals or the community.
- 7) People living with mental health conditions, their advocates, health care providers and governments have an important role to play in addressing this crisis.

Delegates at the Summit agreed that collective action was urgently required to improve the care of people suffering mental health crisis across Australia, including within emergency departments. The Australasian College for Emergency Medicine was tasked with taking today's discussion and data and working with key people and organisations to develop a Consensus Statement that has recommendations and actions to improve the care of people experiencing mental health crises.

The Summit agreed that the current situation was unacceptable and that all delegates commit to do better.

Dr Simon Judkins, President