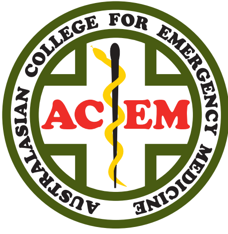

Australasian College
for Emergency Medicine

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Report
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Mental Health Service Use: A New Zealand Context

Background

The Australasian College for Emergency Medicine (ACEM, the College) is the not-for-profit organisation in New Zealand and Australia responsible for training emergency physicians and advancing professional standards in emergency medicine. As the peak bi-national professional organisation for emergency medicine, the College has a vital interest in ensuring that the highest standards of medical care are maintained for all patients seeking help from emergency departments (EDs) across New Zealand and Australia, including patients requiring acute mental health care.

In Aotearoa New Zealand, according to the *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* (2018) 50–80% of the population will experience a mental illness and/or problem with addiction at some point in their lifetime.[1] Between 2010 and 2017, there has been a steady increase in the number of people accessing specialist mental health and addiction services in New Zealand, which can be attributed to a multitude of factors including an increasing population, improvements to data collection, access to services, and referral pathways, as well as increased incidence and awareness.[2]

Like other Organisation for Economic Cooperation and Development countries, mental illness is inequitably distributed among certain population groups within New Zealand, including Māori, Pacific peoples, people with disability, people who identify as lesbian, gay, bisexual, transgender or intersex, and refugees.[2] Numerous risk factors are also associated with mental illness, such as unemployment and underemployment; poverty; lack of access to safe and affordable housing; experiences of abuse or neglect; family violence; experiences of trauma; social isolation; and for Māori, a loss of connection to culture and deprivation.[1]

Through the Ministry of Health's Office of the Director of Mental Health and Addiction Services, reporting of mental health and addiction service use is undertaken annually, providing a detailed picture of service use. Anecdotally, ACEM's emergency physicians in New Zealand report noticeably and significantly increasing numbers of patients attending EDs for mental health related reasons, however reporting and data availability on acute mental health care for people attending emergency departments in New Zealand is lacking.

This report presents an analysis of the data relating to the usage of mental health and addiction services in New Zealand, and utilises data from the Programme for the Integration of Mental Health Data database from the Ministry of Health. This report also presents data obtained from ACEM's Prevalence of Mental Health Access Block Study, conducted over a 7-day period in 2017 and in 2018 in EDs across New Zealand (and Australia).

Summary of Key Findings

- The number and percentage of people presenting to participating New Zealand EDs for mental health related reasons, increased significantly between the 2017 and 2018 study periods, 3.7% of all presentations in 2017 to 7.4% in 2018.
- People experiencing mental health crises experienced a significant increase in ED waiting times between December 2017 and October 2018.
- The proportion of mental health presentations who had an ED length of stay of eight or more hours while waiting for an inpatient bed increased between the 2017 and 2018 study periods, from 4.5% to 27.5%.
- There has been a steady annual increase in the number of people accessing mental health and addiction specialist services across New Zealand.
- A slightly higher proportion of males (52.3%) than females (47.7%) utilise mental health and addiction specialist services.
- Māori are over represented in the population of those accessing mental health and addiction services at 27.7%, compared with their proportion in the general population, at 15.4%.
- There is a lack of data on people presenting to New Zealand EDs for mental health related reasons.

Method

Publicly available data from the Programme for the Integration of Mental Health Data (PRIMHD) national database was sourced from the Ministry of Health.[3] Data was obtained for the financial years 2009-10 to 2015-16, the latest dataset available. Data items presented in this report include the total number of people who accessed specialist mental health and addiction services between 2009-10 to 2015-16, as well as the number of people who accessed services during 2015-16, by sex, age group and Māori ethnicity. The proportion of the total New Zealand population and the proportion of the Māori population who accessed services between 2009-10 to 2015-16 was also assessed. Population data was sourced from Stats NZ Tatauranga Aotearoa.[4]

Data from the two iterations of ACEM's Prevalence of Mental Health Access Block Study (POMAB), conducted over a 7-day period in December 2017 and in October 2018, was analysed for the participating New Zealand EDs. Six EDs participated in the 2017 iteration and five participated in the 2018 iteration. Eligible EDs included adult and mixed (adult and paediatric) EDs and excludes paediatric EDs. Participating EDs provided prospectively or retrospectively the total number of ED presentations, mental health presentations, admissions from the ED, mental health admissions from the ED, and mental health admissions from the ED who were experiencing access block, during the 7-day period. Access block is the situation when patients who are to be admitted to a hospital inpatient unit are delayed from leaving the ED due to lack of capacity[5], and is based on patients having a total ED length of stay of greater than eight hours.[6] Aggregated data from the participating EDs for each year are presented.

Compared with Australia, proportionately fewer patients with mental illness in New Zealand are admitted to inpatient beds. The POMAB survey tool was designed to measure access block for mental health presentations waiting for an inpatient bed, and thus may not have accurately captured the large number of mental health patients who waited in the ED for eight or more hours for their assessment to be complete (including setting up community support and follow-up) before being discharged.

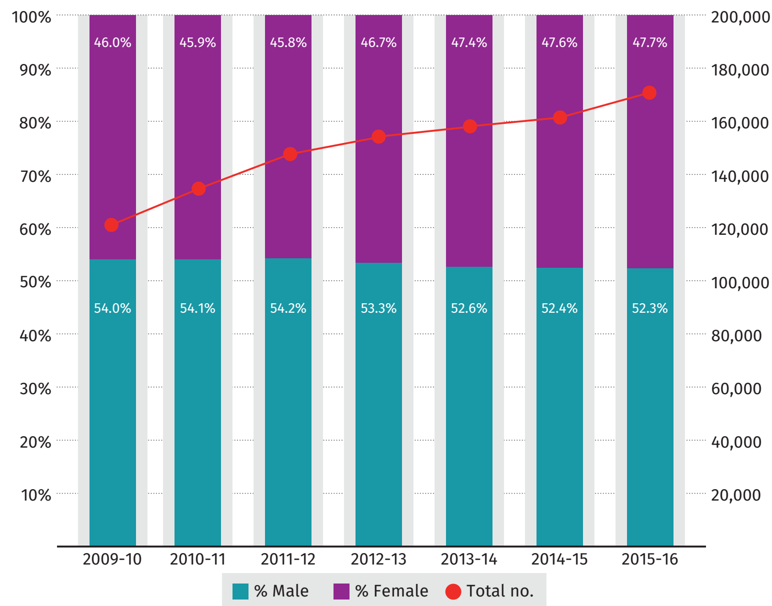
The small number of participating EDs in the Prevalence of Mental Health Access Block Study also limits the generalisability of the data to all New Zealand EDs.

Findings

1. Use of mental health and addiction specialist services (PRIMHD)

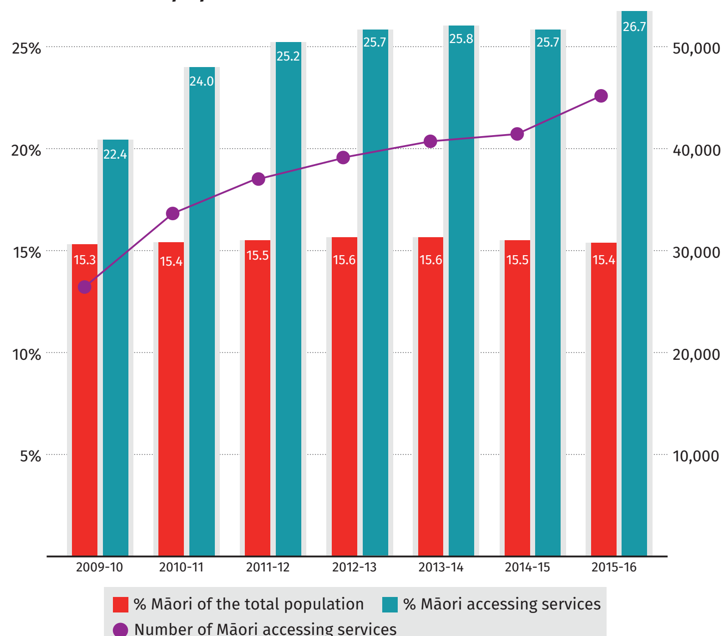
There has been a steady increase in the number of people accessing specialist mental health and addiction services over the last few years, with 171,033 people accessing services in 2015-16, an increase of 42% since 2009-10 (Figure 1). There has been a slight increase in the percentage of females accessing services since 2009-10, with 47.7% of females accessing services in 2015-16.

Figure 1. Total number of people accessing specialist mental health and addiction services, and the percentage of males and females accessing services, between 2009-10 to 2015-16.



The number of Māori accessing specialist mental health and addiction services has also increased from 26,949 in 2009-10 to 45,726 in 2015-16, an increase of 70% (Figure 2). Figure 2 also presents the percentage of Māori who accessed mental health and addiction services and the percentage of Māori in the total New Zealand population. From this it is clear that Māori are over-represented in those accessing services, at 26.7%, compared with their proportion in the general population, at 15.4%.

Figure 2. The number and percentage of Māori accessing specialist mental health and addiction services, and the percentage of Māori in the total New Zealand population.



Note: Population data sourced from Stats NZ

2. Use of emergency departments for mental health related reasons (POMAB Study)

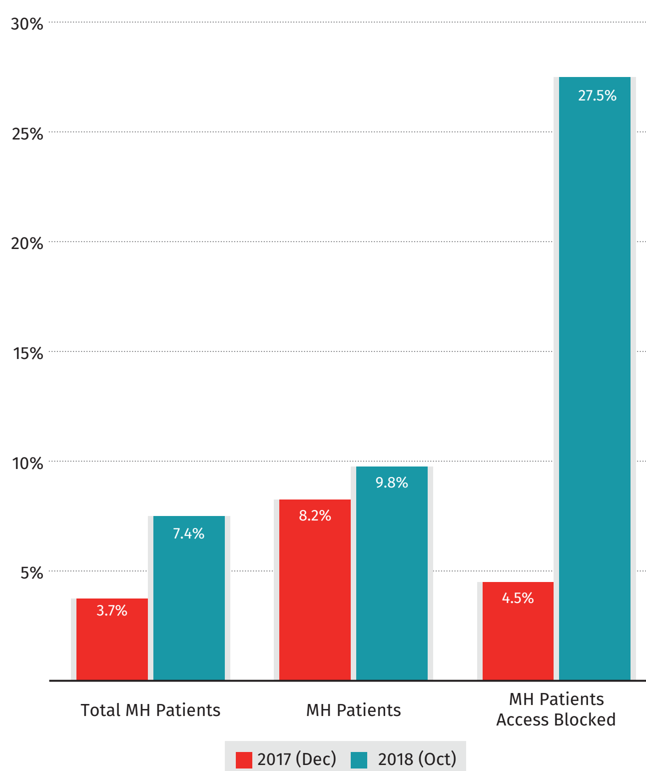
In New Zealand a total of six EDs participated in 2017 and five in 2018, a participation rate of 38% and 31% respectively. Despite one less ED participating in the 2018 study period, the number of people presenting to EDs for mental health related reasons was significantly higher in 2018 (409) compared with 2017 (269) (Table 1). The percentage of people presenting to New Zealand EDs for mental health related reasons was also higher in 2018 (7.4%) than in 2017 (3.7%), an increase of 100% (Figure 3).

Table 1. The total number of ED presentations and mental health related ED presentations during a 7-day period for participating New Zealand EDs, in 2017 and 2018.

Study Period	Participating EDs	Total ED Presentations	Mental Health related ED Presentations
2017-Dec	6	7195	269
2018-Oct	5	5546	409

Of the 409 mental health presentations during the 7-day period in 2018, 9.8% (40) were admitted, with 27.5% (11) experiencing access block, while waiting to be admitted to an inpatient bed (Figure 1).

Figure 3. The proportion of mental health related ED presentations, and the proportion of those who were admitted and who experienced access block during a 7-day period for participating New Zealand EDs, in 2017 (December) and 20v18 (October). (MH= Mental health)



Recommendations

ACEM recognises that improving care for people who present to emergency departments in a state of mental health crisis needs to be a collaborative effort between stakeholders. For this reason the College is hosting a Mental Health Summit in Wellington in early June with the goal of developing a consensus around the policy and resources required to address these issues. However it is clear that:

- New Zealand has a paucity of national, publicly available data sets which makes it difficult to set national benchmarks and hold DHBs accountable for ED presentation numbers and waiting times, particularly for vulnerable populations. A new independent health data strategy should be developed and implemented as part of the Labour Government's Well-being Budget proposed for May 2019.

- Many people presenting to the ED might be more appropriately cared for in the community. Service models that provide timely access to expert, early, intensive and multi-disciplinary care in a culturally safe environment need to be explored to relieve reliance on EDs. These service models must include family violence, homelessness and drug and alcohol services in planning.

- Appropriate models of care for the timely management of mental health presentations need to be developed for EDs, with regular audits of restrictive practices.

- New models of care need to be developed in collaboration with people with lived experience and their advocates at the centre of design, and in consultation with key stakeholders, to improve the experience of people who present to EDs with a mental health crisis.

- All DHBs need to ensure that EDs can respond in a culturally safe and responsive manner and provide a culturally safe environment for Māori and Pasifika populations who are over-represented in people who present to EDs in a mental health crisis[7].

- The New Zealand Government should adopt a maximum 12 hour length of stay in the ED, by providing accessible, appropriate and resourced facilities to allow for ongoing care beyond the ED, with mandatory notification and review of all cases embedded in the key performance indicators of hospital and DHB CEOs.

- All 24 hour waits in an ED should be reported to the Health Minister routinely, alongside any CEO interventions and mechanisms for incident review.

References

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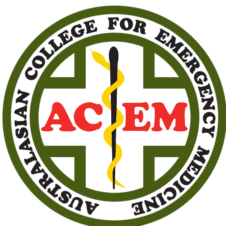

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