

Auditor General Report into Emergency Mental Health Services

Released May 26 2005 this report examines provision of emergency mental health services and makes recommendations on areas for improvement.

In 2003-04 there were 24,000 acute admissions representing an 11% increase over the last three years. The report details current problems with access to acute care services particularly after hours; long waiting times in emergency departments for assessment and treatment; poor and inconsistent quality of Area Health call centres and an acute bed rate of 22 per 100,000 which falls below the target of 31 per 100,000 . Criticism was also made that distribution of the acute services was inequitable across the state. The report supported the development of the distinct mental health units within emergency departments (PECs) currently in operation in two hospitals and funded in the 2005-06 NSW Budget for establishment in a further 7 hospitals across NSW.

MHCC Submission

**RJ Sendt
Auditor General
NSW Audit Office
GPO Box 12
SYDNEY NSW 2001**

Dear Sir,

Re: Report into Emergency Mental Health Services

MHCC is the NSW state peak body for non-governmental organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of over 140 NGOs in the formation of policy, and acts as a liaison between the government and non-government sectors. Our member organisations specialise in the provision of rehabilitation services and support for people with a disability due to mental illness

Our interest in responding to the report is to two-fold. Firstly we would like to commend your Department on directing your focus to the provision of emergency mental health care in NSW and secondly provide some feedback to several aspects of the report from our perspective.

The recommendations made in the report have a focus on ensuring people are able to access emergency care when they need it and that systems are developed which ensure the response from acute services is monitored for clear outcomes which meet consumer and carer needs. MHCC supports the report recommendations.

The report is useful as it informs on the direction emergency mental health care via the establishment of Psychiatric Emergency Centres (PECs) (as units attached to generalist emergency departments) is developing. There has long been concern that admission of people with mental health problems via mainstream or generalist emergency departments was ill conceived. Specialist units adequately staffed and well linked to specialist acute care or crisis teams is supported as a sensible solution to the current situation in which people experience lengthy waiting times, inconsistent access to mental health specialist staff and patchy follow-up.

MHCC understands that the Auditor General's Report into Emergency Mental Health Services was not intended to look at the mental health system in its entirety, however, the nature of service delivery in mental health care means that it is difficult to focus on only one aspect of the system without raising the impact of and implications of changes across the spectrum of care. The report details increases in admission to emergency departments in recent years but fails to explore or raise possible reasons for this increase. Prevention of mental illness, including relapse prevention requires much more emphasis in the NSW mental health system. Without adequate rehabilitation and disability support services the need for acute crisis care increases as people endlessly revolve through the system resulting in an ever increasing need for acute beds and services.

It is our view that the report would have benefited from more emphasis on the function and interrelationship of the crisis teams with the PECs. The role of the crisis teams is noticeably lacking in terms of any real focus. Such a focus would have helped to complete the acute care / emergency response picture. The acute care teams have struggled to gain the confidence of the community. Their ability to provide a reliable and proficient service has been questioned by many consumers and carers who have been unable to access care when needed via the crisis teams. The relationship between the acute care teams and the other aspects of the mental health system (including police and ambulance, case management, acute care units, the non-government sector and consumer and carer advocates) is integral to success of an improved emergency mental health response. MHCC believes further examination of these relationships would have enhanced the breadth of the report findings and recommendations.

Generally the report reads well but at times the language used is laden with unfriendly management terminology such as 'service block' for example, when referring to the problems people have in receiving timely and appropriate care.

Finally, MHCC would like to make the recommendation that the Audit Office of NSW conduct an audit of non acute mental health care to compliment the audit on emergency mental health services. We would envisage the audit to include non acute inpatient care, community outreach/ case management services and the delivery of rehabilitation and support via the non government sector. Currently NSW is unable to demonstrate clear processes and frameworks designed to meet the needs of people with mental health problems and disorders living in the community. Review by the Audit Office

may assist in identifying where the system is failing and make recommendations for improved response.

If you would like further feedback please do not hesitate to contact me.

Yours Sincerely

Jenna Bateman
Executive Officer