

# PERFORMANCE AUDIT IN BRIEF

## Emergency Mental Health Services

NSW Department of Health

### About the audit

About one in five people will be affected at some stage by a mental health problem or illness.

Although most people can be treated in the community, at times some may require emergency treatment or admission to hospital for short-term intensive therapy. Timely access to these services is essential for appropriate patient care and to minimise the risk of harm to self or others.

Emergency mental health services are provided by the Department of Health and Area Health Services through community-based mental health teams and public hospitals (emergency departments and psychiatric units) in metropolitan and rural areas.

The report examines the adequacy of adult emergency mental health services in NSW from triage to assessment and whether patients face difficulties gaining access to an acute bed.

### Audit opinion

The report recognises and documents that much has been done over the last decade to improve access to, and the quality of emergency mental health services.

We believe increases in mental health funding, increases in the number of mental health beds and improvements in clinical practice have contributed significantly to better services.

However, developments in data collection and reporting have not always kept pace with service enhancements, making it difficult to quantify these improvements.

What we do know is that more mental health patients are presenting to emergency departments than ever before, these patients are often sicker and a greater number require admission.

The increase in demand for emergency mental health services has offset many (and perhaps all) of the gains from funding increases. The system is under considerable pressure, and patients can face lengthy delays before being admitted to a bed.

It is important that services work together to share resources at times of peak demand. Yet, there are times when the availability of mental health beds means that some patients face being transferred very long distances to access an acute mental health bed.

There is also evidence that some patients spend inappropriately long periods in emergency departments while awaiting acute mental health beds or are discharged from the emergency department prior to a bed becoming available.

We also consider the variation in the way Area Health Services provide access to after-hours services was not always the best for patients.

The central intake model provides a higher level of assurance that a patient will be treated according to need and will be appropriately followed up compared to the multiple entry point model where patients face a greater risk of falling through the cracks.



THE AUDIT OFFICE  
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## Further information

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Internet site: [www.audit.nsw.gov.au](http://www.audit.nsw.gov.au)

## Key findings

Over 200,000 people receive community mental health services each year with around 35,000 presenting to an emergency department.


The Department of Health introduced a systematic process for documenting mental health assessments in 2001. This has standardised practice ensuring consistent triage, assessment, management and recording of patient outcomes.

All Area Health Services have adopted common guidelines for mental health triage and since 1998 have been required to provide a 24 hour 1800 telephone number for mental health problems requiring urgent attention.

However, not all telephone services are the same. Although all conduct triage and provide advice or referrals, some Area Health Services have established sophisticated call centres that act as a central intake for all providers. The centralised intake model presents a number of advantages such as more complete data on service demand.

Performance standards have not been established for these telephone services such as: time to answer calls, the use of voicemail messaging or abandonment rates.

In emergency department settings, patients may undergo a medical assessment in a timely manner but may wait, sometimes overnight for a mental health assessment. This is often due to the limited availability of specialist mental health services after hours and on weekends especially in rural areas.



We found patients may also wait for very long periods in the emergency department before being admitted to a bed. In one rural hospital we visited we found that some mental health patients completed their intensive treatment in the emergency department without accessing a mental health bed.

Despite increases in acute mental health beds over the last three years, they remain well below the Department of Health target of 31 beds per 100,000 adults. In addition, resources are not equitably distributed across the state.

An emergency department is extremely busy. Mental health patients awaiting admission to a bed prevent others from accessing treatment. Mental health patients may also require one-on-one supervision redirecting nursing resources.

One of the main difficulties faced in determining the extent of problems with access to acute mental health beds is the absence of data on unmet need.

## Summary of recommendations

We made a series of recommendations to the Department of Health and Area Health Services designed to improve:

- service quality, consistency, and equity
- management of patient risk
- knowledge about service demand
- monitoring and reporting of performance.