SENATE SELECT COMMITTEE ON MENTAL HEALTH

Public Hearing – Wednesday 6th July 2005

QUESTION ON NOTICE (Dr. Georgina Ann Phillips, p.8, Proof Hansard)

Accurate information on mental health presentations to the ED is notoriously difficult to obtain, and will vary between health services and regions, depending on demographic factors, as well as how these presentations are handled at triage and the methods used to define a primarily 'psychiatric' presentation. All patients who present to the ED will go through an initial triage process, performed by an experienced nurse. From there, if the problem is perceived to be primarily a mental health problem, the patient may be referred directly to the Psychiatric Triage clinician and not require the attention of an ED doctor (although quite often still require some input from ED nursing staff). Alternatively, the patient may require simultaneous care from both medical and mental health staff, or may not come to the attention of psychiatric clinicians until their acute medical issues are sorted and stabilised.

Recent data collection from my hospital has allowed the following observations to be made:

- Using very narrow definitions of what constitutes a mental health presentation to the ED (based on a limited range of ICD 10 diagnoses on discharge), approximately 3% of all ED presentations are considered primarily because of a mental health issue. (Data based on a recent 11 month mental health project at SVH)

- Using ED database information, based on triage and medical diagnoses, the incidence of mental health and behavioural presentations to the ED range from 5-9.6%, depending on the narrowness of the definitions used (5% psych only, 9.6% including behavioural and psychosocial diagnoses). Using real numbers, this ranges from approximately 140-270 patients per month, or 4.5 – 9 patients per day. (Also, 1.2% stayed for longer than 12hrs in the ED).

- From a Psychiatric Triage perspective, around 5% of all ED presentations are seen by the Psychiatric triage worker per month (around 140-145 patients), with an average of 4.5 patients per day. The average amount of time spent by Mental Health services in caring for / sorting the patient was 2hrs 51mins, and the average total time of the patient in the ED was 5hrs 22min (with approximately 69% discharged under 4hrs). Of these patients, just over half required some form of medical assessment and intervention, in addition to the psychiatric triage input.

- With regard to security incidents in the ED relating to extreme, uncontrollable or aggressive behaviour in patients (where a "Code Grey" is called), the incidence is around 2% per month (or 1-2 patients per day). Of these, approximately 70-80% will result in the use of physical and / or chemical

restraint. Not all of these incidents are because of mental health problems, and includes behavioural disturbance from other causes (such as drug and / or alcohol intoxication, delirium and other anti-social behaviour).

It is important to note that this data is only very rough, and derived from a combination of sources both in the ED and Mental Health departments, mostly collected for Quality Assurance purposes, and not over long periods of time. Without real-time tracking of patients and incidents, it is virtually impossible to get an accurate idea of the complexities of what constitutes a 'mental health presentation', and we can only estimate rather roughly what is actually happening, using fairly narrow definitions of primary psychiatric problems.

Nevertheless, it becomes clear from these small observations, that the care of those with mental and behavioural disturbance represents a significant contribution to the workload of the ED.