

Mental health responses in emergency departments

Program management circular

Key message

Hospital emergency departments (EDs) are a key point of contact with the health system for people with mental health problems who require urgent medical and/or psychiatric care.

Area mental health services (AMHS) provide specialist mental health assessment and treatment in EDs, and support general ED staff in managing patients who have mental health problems. The State Government has provided specific funding to increase the availability of mental health clinicians at EDs.

In 2007, the Department of Human Services released the *Mental health care: framework for emergency department services*, which provides overall direction to health services for the delivery of emergency mental health care in Victoria's public hospital EDs. It is important that area mental health services, in collaboration with emergency departments, ensure that specialist mental health responses are consistent with the expectations articulated in the framework and support a coherent, integrated model of mental health care in EDs.

Purpose

To provide advice to area mental health services on the provision of mental health responses to emergency departments.

This program management circular supersedes all previous advice from the Department's Mental Health Branch about the use of specific Government funding for this purpose.

Background and context

The number of patients presenting to EDs with mental health problems has increased in recent years, consistent with the growth in general ED presentations. Reasons for the growth in mental health presentations to EDs include reduced access to general practitioners, increased community awareness of mental health issues, the prevalence of alcohol and drug abuse, and increased pressures on the mental health system.

Some mental health presentations to emergency departments involve people who are under the care of, or who require, specialist mental health services. Mental health presentations include people with depression and other mood disorders, anxiety conditions, behavioural disturbances associated with substance use, attempted suicide and other acts of deliberate self-harm, and reactions to personal crises. People with mental illness may also present with associated or unrelated physical problems.

The State Government has funded and supported a range of measures designed to improve emergency departments' responsiveness to patients who have mental health problems. In addition to increasing the specialist mental health presence in EDs, as discussed in the following section, initiatives have been implemented to:

- Improve care coordination for patients with mental health problems.
- Enhance the skills of ED staff in responding to mental health presentations.
- Improve the suitability of the physical ED environment for the assessment and management of people who are acutely mentally unwell or who have behavioural disturbances.
- Improve access to short stay beds, including designated mental health short stay beds.
- Provide additional acute and sub-acute mental health beds to limit avoidable mental health ED presentations and to allow faster disposition from EDs.
- Improve responses to drug and alcohol intoxicated patients presenting with behavioural disturbance and/or intent to self-harm.

Many health services have initiated improvements to their emergency care processes in order to reduce delays in obtaining mental health assessment, to provide faster access to inpatient beds, and to allow better discharge planning and management.

Funding for mental health clinicians in EDs

Funding increases to enhance the level of mental health support to emergency departments were provided in the 2005–06 and 2006–07 State budgets (an additional \$1.7 million in each year). The Government's 2007–08 budget provides a further \$2 million per annum across 15 health services.

This additional funding builds on a range of historical initiatives that have contributed to the provision of mental health care in emergency departments. Most of the funding has directly supplemented existing Enhanced Crisis Assessment and Treatment (ECAT) services, which were established in 1998. Under the ECAT initiative, area mental health services received funding to improve their response to ED presentations involving a suicide attempt or risk of suicide.

Key service requirements for ED clinician funding

Requirements for area mental health services' use of Government funding for mental health clinicians in EDs are as follows:

General

1. Together with existing funding for mental health responses in EDs,¹ area mental health services will use additional funding to provide experienced mental health clinicians in EDs, and if possible a 24 hour, seven day a week (24/7) commitment. Where a 24/7 mental health presence already exists, funding will be used to enhance the mental health response at peak periods. Where the level of demand does not justify a 24/7 mental health presence, the funding will be used to provide adequate coverage at peak periods and on-call availability of mental health clinicians at other times.
2. The mental health clinician will be a registered nurse (Division 1 or Division 3), psychologist, social worker, occupational therapist, medical officer, psychiatrist or other professional qualified to meet the responsibilities of 'mental health practitioners' outlined in the *Mental Health Act 1986*.²
3. Mental health clinicians will be physically located in or near the ED, and will be available to the ED at all times: it is not expected that these staff would normally be available to attend crises in the community while rostered on duty in the ED.
4. Recognising that not all people with mental health problems presenting to the ED will need to be referred to specialist mental health clinicians, the area mental health service is expected to have in place an agreed protocol with the ED about the types of presentations that should be referred to mental health clinicians, and referral processes. Referrals may include, but are not limited to people who:
 - are current clients of public specialist mental health services
 - exhibited disturbed behaviour brought in by police under section 10 of the Mental Health Act
 - are on an involuntary treatment order under the Mental Health Act
 - exhibited symptoms of disturbed behaviour possibly indicating a mental illness or disorder
 - have self-harmed or are suicidal
 - have complex psychosocial problems
 - have behavioural disturbances associated with misuse of alcohol or other drugs
 - experienced a personal or situational crisis that precipitated attendance at the ED
 - have co-morbid physical illness and mental disorder
 - exhibit drug and alcohol problems and concurrent mental disorders.

¹ From 1998, recurrent funding has been provided to all AMHS as part of the Enhanced Crisis Assessment and Treatment (ECAT) initiative. Other sources of funding for some services include the Statewide Emergency Program and the Consultation and Liaison (C&L) Psychiatry Program.

² To access the Act, go to www.legislation.vic.gov.au

5. Mental health clinicians located in the ED may provide the following services to people with an apparent mental health problem, as identified by an ED triage nurse, general nurse or medical officer:
 - psychiatric assessment
 - treatment, where appropriate
 - care planning and linkage to other services for follow-up after discharge from the ED
 - facilitation of transfers to short stay or mental health inpatient units, where required.
6. Mental health clinicians in EDs provide services to a broader group of people than the target group of the area mental health service. Appropriately referred ED patients will receive the services outlined in 5) above regardless of:
 - whether they are clients of public specialist mental health services or likely to require involvement with these services
 - their age or area of origin
 - whether they are intoxicated as a result of consuming alcohol or other drugs.³

Mental health assessment should not be delayed because the person has not been medically cleared.
7. Mental health clinicians will provide treatment and care consistent with the Mental Health Act, the National Standards for Mental Health Services (1996) and other relevant policies and legislation protecting the rights of people affected by mental disorders and/or mental health problems. Accordingly, treatment will be provided in the least restrictive and most supportive and respectful manner possible.
8. Mental health clinicians will seek to involve patients and carers, to the greatest extent possible, in the treatment and care planning process.
9. All assessments of mental health patients in the ED will be fully documented. The clinical record will include details of relevant history, investigations, assessment outcomes, treatment, responses to treatment, disposition/arrangements for transfer of care, and plans for post-discharge care (where applicable).

Contribution to overall model of mental health care in the ED

Assessment, treatment and care for people with mental health problems presenting to the emergency department is provided by a combination of general ED clinicians, mental health clinicians, and other health service staff (e.g. drug/alcohol workers, HARP-CDM funded support workers, care coordinators, social workers). The *Mental health care: framework for emergency department services* promotes a culture of shared responsibility for mental health patients in the ED, and integration of responses to these patients and their carers.

It is important that mental health positions in EDs optimally support the overall model of care for ED patients with mental health problems.

1. Area mental health services will work in partnership and collaboratively with emergency departments to ensure that mental health services provided to the ED promote:
 - ‘Whole-of-ED’ responsiveness to the needs of patients with mental health problems and their carers.
 - Communication, coordination and cooperation between different staff providing services to ED patients with mental health problems.
 - Efficient use of overall health service resources. Emergency departments and AMHS should work collaboratively to identify and eliminate any overlap or duplication in staff responsibilities, and any unnecessary processes.

³ See Chief Psychiatrist’s Guidelines, *Assessment of Intoxicated Persons – Policy Issue Number 2* (December 1999), available at www.health.vic.gov.au/mentalhealth/cpg

- Effective and rational use of the skills of staff from different disciplines (e.g. nursing, psychology, social work, medicine and psychiatry).
 - The timeliness of mental health assessment, treatment and discharge/transfer.
 - Compliance with accountability requirements, including key performance targets monitored by the Department of Human Services.
2. Policies and protocols (including escalation plans) for the management of mental health patients will be developed collaboratively between mental health providers and other relevant ED staff. These will clearly define the respective roles and responsibilities of mental health and general emergency department clinicians, and promote high quality, safe care.
 3. The mental health service will work collaboratively with the ED to ensure that there is timely and appropriate medical and psychiatrist input into the assessment, treatment and discharge/transfer of ED patients with mental health problems.
 4. The responsibilities of mental health clinicians, and their relationship with other ED roles, will be clearly defined and communicated to all relevant staff.
 5. Mental health clinicians working in the ED will develop and sustain effective working relationships with staff of the emergency department and related services.
 6. Mental health clinicians in the ED will:
 - Provide mental health consultation, support and advice to ED staff in relation to individual patients being managed within the ED.
 - Work with psychiatric consultation/liaison services in relation to ED patients with mental health problems who are admitted to non-mental health wards of the hospital.
 - Assist in developing the skills of ED staff in identifying, assessing and managing patients with mental health problems. This may occur through the delivery of specific training programs, the development of information resources, or through less formal information sharing activities.

Continuity of care

7. ED mental health clinicians should collaborate with other services within the area mental health service, particularly its community based triage and crisis assessment/treatment functions, mental health inpatients units, and psychiatric consultation/liaison services.
8. Linkages between these service elements will be supported through information technologies and protocols/ processes for transfer of client information. Mental health clinicians working in the ED will have access to the records of registered AMHS clients. The clinical record of the patient's assessment and treatment in the ED will be transferred to any AMHS records for the patient and/or any other relevant health service patient files.
9. ED mental health clinicians will develop linkages with:
 - Community based support services that can assist people after their discharge from emergency departments. These include general practitioners and other primary care providers, private mental health professionals, drug and alcohol services, sexual assault and family violence services, and agencies providing support for housing, employment or parenting concerns.
 - Providers of specialised services for particular age groups (e.g. children, adolescents, aged persons) or people with particular conditions (e.g. eating disorders, post-natal mental health problems).
 - Police and ambulance services.

About program management circulars

The information provide in this circular is intended as general information and not as legal advice. Mental health service management should ensure that policies and procedures are developed and implemented to enable staff to collect and use health information in accordance with relevant legislation.

If mental health staff have queries about individual cases or their obligations under the *Mental Health Act 1986* or the *Health Records Act 2001*, service providers should obtain independent legal advice.

10. Subject to the privacy and consent requirements of the *Health Records Act 2001* and Section 120A of the *Mental Health Act 1986*, relevant information about the patient's assessment and treatment in the ED may be communicated to external service providers and/or carers who will be involved in the patient's post-discharge care.

Accountability

11. Area mental health services will be able to demonstrate successful implementation of the additional funding for ED mental health clinicians and will, on request, provide the following information to the Department of Human Services and/or the health service:
 - number and type of mental health clinical staff employed
 - hours and level of mental health coverage in the ED
 - number and outcome of patient assessments in the ED
 - evidence of appropriate documentation of patient assessments and care plans
 - evidence of staff development activities and/or collaboration with general ED staff
 - evidence of protocols with ED staff regarding referral and management practices for patients with mental health problems.

Further information

Further information about mental health services in emergency departments can be obtained from Sue Brennan, telephone 03 9096 0459 or email sue.brennan@dhs.vic.gov.au.

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