Hospital use of the Mental Health Emergency Care—Rural Access Program

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Aims: The aim is to examine the use of Mental Health Emergency Care (MHEC) by hospital emergency departments throughout western NSW.

Method: A descriptive analysis of routinely collected data reporting MHEC service activity for hospital contacts from its introduction in 2008 to 2011.

Relevance: Access to mental health care, including care for patients in crisis, is limited by geographic isolation and workforce shortages. Without specialist assessment and support, clinical decisions made by generalist staff result in the inappropriate transfer of some patients out of community to a mental health inpatient unit (MHIPU) and for others a delay in diagnosis and/or referral to appropriate care.

MHEC is pioneering the way for emergency telepsychiatry by providing 24-hour access to mental health specialists and offering timely information, emergency telephone triage, and video assessment via telehealth technology when local specialist care is not available.

Results: While MHEC can be accessed by providers and lay people alike, hospital use alone doubled in four years (from 30% in 2008 to almost 60% of all calls by 2011), while other providers and lay users have stabilised or declined. Hospital use increased in both communities without established inpatient mental health services as well as those with a MHIPU.

Hospital staff called the MHEC service for patients of all ages though most were 25–44 years old or younger (74%) and included Indigenous (18%) and non-Indigenous persons (51%, not specified—31%). Most patients were classified as urgent by the MHEC team (68%) and the majority presentation was threatened or actual harm or suicide (55%). After a MHEC service, most patients were managed locally (75%) as either an inpatient in the local hospital or as an outpatient with community care and the transfer of patients to a MHIPU has decreased over the study period.

Conclusion: The MHEC service has been successfully adopted by rural and remote hospitals for the management of mental health emergencies. Early indications are that the service may result in fewer patients being transferred out of community for ongoing care.