Use of MHEC-RAP by hospital emergency departments

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The aim is to examine the use of the Mental Health Emergency Care-Rural Access Program (MHEC-RAP) by hospital emergency departments (EDs) in rural and remote communities throughout western NSW.

EDs are common providers of emergency mental health care. Access to specialist mental health care, including care for patients in crisis, is limited by geographic isolation and workforce shortages yet access to specialist expertise can effect appropriate and timely care as well as improve patient outcomes. Without specialist assessment and support, clinical decisions may result in the inappropriate transfer of some patients out of their community to a Mental Health InPatient Unit (MHIPU) and for others a delay in diagnosis and/or referral to appropriate care.

MHEC-RAP aims to improve access to and support from emergency mental health care specialists for providers and patients in rural and remote regions of western NSW where specialist care is limited.

This presentation reports on the analysis of routinely collected data from the program’s introduction in 2008 to 2011. Key findings include:

- MHEC-RAP is well established and being used
- use by EDs has doubled in four years making them the major user of MHEC-RAP
- the rate of ED use based on population size is greater in more remote communities
- and there are fewer referrals to MHIPUs when the service includes a video assessment.

MHEC-RAP has been well adopted by rural and remote EDs for the management and care of mental health emergencies. MHEC-RAP is well situated to provide timely and appropriate emergency mental health care when none is available locally. There is still room for development and growth; allowing more effective use of the program and its specialist team.