TRANSCRIPT

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Transcript: AMA President, Dr Danielle McMullen, Press Conference, Parliament House

Subject: Public hospital report card: mental health edition

DR DANIELLE McMULLEN: Good morning, I'm Dr Danielle McMullen, the President of the Australian Medical Association, and I'm joined by Dr Sarah Whitelaw, who's our emergency specialist representative, here today to launch the AMA's *Public hospital report card: mental health edition*.

This is the third time we've released this report card, and unfortunately, I have to tell you it's the worst year in terms of the access our patients with mental health needs have to our public hospitals. We're seeing more patients with mental health problems come into our emergency departments, and they're sicker than ever before, with 60 per cent of those people presenting through an emergency services vehicle.

This shows that these patients are severely unwell and do need to be in our emergency departments, but what we're also seeing is a cut to mental health beds. We've seen a real cut in the number of beds across Australia, and our worst per-patient, per-person capacity in mental health units as far as records go.

That maths does not add up, and shows that we are then leaving our sickest patients for longer than is necessary in our emergency departments. And we've now got unacceptable wait times for these patients where their emergency care has finished, and yet the average wait time for a mental health bed is now seven hours, and that's two hours longer than it was just a couple of years ago. One in 10 patients is now waiting 23 hours in a noisy, loud, crowded emergency department, waiting for that mental health bed.

As a GP, I know that these patients are some of the sickest in our system. Mental health problems are severe. They affect everyone in our community and their families and the communities around them, and we need to do better. We need all governments to stop putting this in the too-hard basket. We need them to invest in increasing the capacity of our mental health units — that's beds and the workforce needed to support them — and we need that investment in the community to keep as many people as healthy and out of hospital as we can. And that's investment in general practice, in psychiatry, and in those wraparound psychosocial supports for people with chronic and complex mental health problems. We need to do better and get this turned around so that Australians can get the mental healthcare when they need it and where they need it, and we can keep our community healthier.

Now, I'll hand over to Dr Whitelaw for her on-the-ground experience in emergency departments.

DR SARAH WHITELAW: Thanks, Dani. Even when you work in emergency mental healthcare every day and you see the reality, it is absolutely shocking to read a report like this.

Our mental healthcare beds in the public hospital system are at their lowest number on record. Our ED length of stay for these critically unwell patients is at its highest on record. On average, seven hours in a bright, crowded, noisy, loud emergency department is incredibly stressful for somebody who is frightened, who is anxious, who's thoughts are distressing them. And the idea that 10 per cent of these patients are waiting for

more than 23 hours in this environment is absolutely horrifying. Anyone who's worked in emergency mental healthcare over the last decade would remember when a patient staying in the emergency department who's finished their emergency care for more than a day was a relatively rare occurrence that required ministerial reporting. Now, it has become almost a day-to-day normality.

Emergency staff are absolutely excellent at managing mental healthcare emergencies. But when the emergency care is finished, these patients need an expert, safe, supported mental health treatment environment that can manage their ongoing, really complex needs, because they are getting sicker. We've seen the number of patients presenting with mental healthcare problems triaged as an emergency double from, more than double, in fact, from 2010 to now. More than 50 per cent of these patients are having to arrive in emergency departments via police, ambulance or helicopter retrieval services. They are truly coming as a last resort in a state that is absolutely critical. They need more intense emergency care, and they need it more urgently.

We are seeing an increase in mental health need at both extremes of age — in our paediatric population, but also in our aging population. The exponential rise of patients over 85 years old presenting with mental health-related conditions is a truly startling graph to look at in our report. We know that we've had a commitment for increased funding in the next National Health Reform Agreement, and we've had a commitment to a rise in the cap on funding growth. But we have a situation where we have the lowest public hospital mental health capacity on record.

We have a blowout in emergency department length of stay for these patients. We have increasing acuity and severity of our mental health needs of our population. We cannot wait. We need investment now. These patients and their families deserve better, the Australian community deserves better, and our healthcare system can do better. But we need the resourcing, the workforce and the capacity to do so. Thanks.

QUESTION: I suppose one question on emergency beds available, and you're saying that people are coming at their last resort, worst case scenario. Do you think that this is maybe a result of, you know, there was a push saying don't go to an emergency department unless you absolutely need to [indistinct] before? Do you think that that kind of messaging might have led to this a little bit?

SARAH WHITELAW: I think that's a terrific question, and we know that patients are trying not to come to the emergency department unless they think they have an emergency. And that's really pretty much always been the case — nobody wants to sit waiting in an emergency department. No one wants to bring their child to an emergency department unless they're really worried and they consider that they need emergency care.

What we want to make sure of is that we don't make people too frightened to come to emergency departments, and we truly can give excellent care to people who need emergency care. But the idea that we would, I guess, blame patients or blame people for coming to an emergency department when they think that they need to, is really not a message that we want to give to people.

So I think we need to support all parts of our healthcare system, and it is incredibly important that we support our general practitioners who deliver the bulk of our mental healthcare. They prevent deterioration in mental health illness, and they manage complex chronic mental health conditions. Absolutely, the whole of our mental healthcare network, in terms of government and non-government mental healthcare organisations — that entire community and primary care system needs support, but so does our emergency mental healthcare capacity, and our public hospital system mental healthcare capacity.

We have a whole spectrum of mental health needs, and it's incredibly important that we invest in that care from an evidence-based perspective.

But we look after our entire population. And we've got people that absolutely need better access to mental healthcare in the community. But we also have people who are incredibly unwell. We have hundreds of thousands of these patients who need emergency care, who need acute hospital mental healthcare treatment. And the idea that we would be decreasing that capacity in the face of increasing need, just doesn't add up.

DANIELLE McMULLEN: I think what I might say on that is just we've got patients coming to emergency departments when they are having a mental health emergency and that is entirely appropriate. And our emergency departments are providing excellent emergency mental healthcare. But what the system needs to do is invest in primary care to prevent that severity of illness and in mental health in-patient care, so that those patients, when their emergency care is finished, have a bed to go to, to get the comprehensive mental healthcare that they need.

QUESTION: Sorry, I came a bit late, couple minutes of late, maybe missed this question. But what proportion of ED in-patients who are suffering mental ill health are there because of failures elsewhere, a lack of crisis accommodation or early prevention, for example?

SARAH WHITELAW: Again, I think that's a terrific question, and there is no doubt that all of those social determinants of health in terms of housing, particularly addiction medicine and rehabilitation services, need to be invested in when we look at the whole care of a person or the person's whole healthcare needs.

Do they have an influence on mental health and the severity of mental healthcare problems? Absolutely. What we're seeing in emergency departments is people who are acutely unwell. The patients that need admission to mental healthcare units absolutely need to be there and they need to have their emergency care. But when that emergency care is finished, waiting in the emergency department because there is no bed to go to is almost the worst thing that you can do to these patients and their families, in terms of treating their complex mental healthcare needs.

So yes, we need to invest in all of the other parts of the system, as Dani has said. Not only our community and our primary mental healthcare systems, but also, all of those other, what we call social determinants of health, and that will have an impact on our mental health as a nation, on people developing mental health problems and the severity and acuity. But we will always have a patient group that will potentially get to extremis and need that emergency care and that in-patient treatment. And the idea that we can decrease that capacity in the way that we have and not have massive impact on these patients and their families just does not make sense.

QUESTION: So who are you blaming here? Is it a bit like the NDIS where the establishment of the NDIS saw states and territories retreating from their own programs?

DANIELLE McMULLEN: So mental healthcare is complex and it will take the efforts of all levels of government to stop putting this in the too hard basket. So we have seen a real cut in beds, and that is the responsibility of state and territory governments who have reduced bed capacity in their public hospitals. But some of those other investments to improve the care of people with mental health problems are Commonwealth-led, for example, investments in general practice. So we really do need all levels of government to take this seriously, see what a state we're in and where we're headed, and make sure they're working together to act now,

improve our capacity and improve our ability to wrap around these vulnerable patients and provide them the care they need going forward.

SARAH WHITELAW: And I think that cuts to the heart of it. We need to stop the blame game. The idea that this is ...

QUESTION: [Interrupts] It's unavoidable, isn't it?

SARAH WHITELAW: ... this is one group of our government system or of our mental healthcare system, that it's the fault of one group that if we just fix that one aspect, everything else will fall into place is, I think, what's got us into some of the trouble that we're in at the moment.

We have to stop blaming other parts of the system and shifting that blame around and work together at all levels of government, across all government and non-government mental healthcare organisations and look at this from an evidence-based perspective in delivering all of the care that a person needs, rather than putting them in little boxes that are funded by the states, the territories or the federal government or should be dealt with in one specific part of the system. The blame game gets us nowhere.

QUESTION: Just one final question. The impact on health workers is raised in the report. Can you speak to your experience in the hospitals at the moment?

SARAH WHITELAW: Absolutely. You know, our main concern is for our patients and their families. But the impact on staff having to apologise day after day to patients who are often curled in the corner of their rooms, who we know and they know need to be in a safe, supported, expert mental healthcare treatment environment, who instead are in a brightly lit, loud, stressful, overcrowded, noisy emergency department is incredibly difficult.

That concept that we could and should be giving better care, but we're not, is incredibly difficult for staff to deal with. It contributes significantly to high levels of burnout, and it does raise the risk of occupational violence.

We have seen that time and time again, and the burden on emergency staff who are there to provide the best-absolute best care that they can to these patients, but then sit in frustration with the patients when that emergency care is finished and there is no bed for these patients to be moved into is really significant.

DANIELLE McMULLEN: I would just say the one piece of good news in the report card is that we have seen improvements in the follow up of patients after a discharge, improvements in the timeliness and number of patients that are seen after they've been sent home.

And I think that does show the willingness and capacity and importance of community mental health, and particularly general practice to look after people with mental health needs and the value of investing in general practice and community mental health to make sure not only can we look after people after they've been discharged from an admission, but also before they get there.

At the moment, it's really difficult to refer patients into public health mental health teams, and I say that as a GP who sees many patients with mental health problems and it's really difficult to get them the care they need in public. But we are there, ready and willing to help, and just need those system level supports to help us do our job in looking after patients.

SARAH WHITELAW: I think all parts of the system recognise that we need to be doing this better, and that investment and that recognition of how important community, particularly follow up care and the improvements that we've seen in- outlined in the report in terms of follow up when patients are discharged within a week, we know that prevents relapses in significant mental illness.

We know that it prevents readmission. So it's good for the patients, but it's also good for the system. It's a really smart investment. And if we don't continue to make investments in all parts of our mental healthcare system like that, it's going to cost us all more in the long run. But that is a great example of the absolute importance of community care and integrating that hospital and community care together, rather than looking at it as separate parts of the system.

DANIELLE McMULLEN: Thanks everyone.

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