

Management of Mental Health beds in a general hospital environment – Mental Health Justice Health Alcohol and Drug Service (MHJHADS)

Background

Current controls for increased inpatient mental health bed demand is to utilise general hospital beds on wards 7B and 4A, which are regularly exhausted for extended periods of time. Concurrently, there is significant demand for inpatient mental health beds for patients, resulting in minimal to no capacity for direct admissions which results in a situation where access to inpatient mental health beds is predominantly via the ED. This results in sustained increased ED presentations and results in consumers experiencing extended length of stay.

In November 2020, the average length of stay for consumers requiring a mental health admission was 15.57 hours. In the same reporting period, 25% of a people who presented to the ED with a mental health flag waited more than 24hours with the longest length of stay being 52.01 hours. Unfortunately, this is a common scenario.

The risk of inability to adequately surge inpatient capacity for patients admitted for mental health management is a cause of significant bed block and extended length of stay in the ED for these people. Extended ED length of stay results in significant negative impacts on patient healthcare and experience, including increased risk of self-harm, agitation, mental state deterioration, increased use of physical and chemical restraint, absconding, and COVID-19 exposure.

This compounds risk for any patient requiring access to acute emergency care as the compounding effect of sustained occupied ED beds results in reduced ability to care for other patients in the acute areas of the ED.

There are also significant negative impacts on staff because of extended patient length of stay in the ED, including but not limited to, occupational violence and resource allocation issues. This is particularly compounded after hours for Mental Health clinicians and Medical Officers who are required to manage the demands and risks associated with assessing new patients in the ED as well as ongoing care for bed booked patients, in addition to other territory wide inpatient responsibilities. This compounding demand on staff results in significant stress, burnout and wellbeing and satisfaction.

The use of Mental Health surge beds is one tool to create additional capacity for those working in the ED environment as well as more timely access to specialist Mental Health care for our consumers.



Proposal

It is proposed that:

1. the Guidance document 'Management of mental health beds in a general hospital environment' is endorsed to support the ongoing management and clinical governance of Mental Health inpatient surge beds.
2. the location for mental health surge beds is to be in the current Emergency Medicine Unit within the ED (Emergency Department) footprint in substitution for other previously used location such as 7B and 4A.

Consultation

The consultation period for this proposal will be from Friday 22 January 2021 until COB Friday 5 February 2021. Feedback is welcomed and will inform the final decision.

If it is decided to progress as outlined, it is anticipated that the new arrangements will be in place as of Monday 8 February 2021.

Please provide your feedback to Karen Grace, Executive Director, MHJHADS via email to CHS.EDMHJHADS@act.gov.au or you can contact Brittany Kent on 5124 1577 to arrange a time to discuss the proposal.