

## **EMERGENCY DEPARTMENTS — MENTAL HEALTH PRESENTATIONS**

### *Grievance*

**MS C.M. COLLINS (Hillarys)** [9.55 am]: My grievance today is to the Minister for Mental Health and relates to the capacity and capability of metropolitan emergency departments to respond to complex mental health presentations. I would first like to thank and acknowledge the minister's hard work and ongoing efforts in the health and mental health portfolio. Western Australians welcome the additional \$630 million allocated for hospital spending in the 2022–23 state budget.

My office was recently contacted by a local constituent who had to report to an emergency department after her teenage son was hit in the back of the neck by a surfboard whilst surfing. This injury caused some worrying symptoms, which required expert assessment to identify and treat in a short time frame. The family reported to Royal Perth Hospital's emergency department and was taken aback by how many waiting patients were presenting with mental health issues. A mental health presentation is obviously different from someone presenting with a cut arm or a broken bone; it can fundamentally alter the patient's experience of what is going on around them and exacerbate an already stressful situation. It requires significant knowledge and experience to handle appropriately, and with care.

Timely access to a mental health assessment is critical for everyone involved. In the stressful environment of an emergency department, it became clear that patients presenting with mental health issues create new challenges for staff in attempting to triage patients in a timely manner. The uncertainty and complexities around this field of health care can sometimes create worry and concern for patients waiting in an ED. My constituent looked around the room and worried about the continuity of care for many presenting patients with psychiatric concerns. Their son was kept in the proper restraints for a patient with a suspected spinal injury, which limited his ability to move his body and respond to what was going on around him. In an environment shared with sometimes frustrated and distressed mental health patients, this can be a confronting experience for a young person. We have a range of occupational groups in Western Australia that are highly qualified to provide care to a mental health patient, including specialist registered nurses, psychologists, social workers, psychiatrists or occupational therapists. There are opportunities to have these professionals meet their potential in a multidisciplinary team in an ED.

Luckily, the story has a happy ending. After a long night of waiting and assessments, the young man was cleared, with the medical team reporting he had not sustained a serious spinal injury. But his experience in the ED caused him to reach out to his local member of Parliament. I would like to ask the Minister for Health what is being done to ensure our emergency departments are equipped to handle presenting patients with complex mental health and psychiatric issues.

**MS A. SANDERSON (Morley — Minister for Mental Health)** [9.58 am]: I rise to respond to the grievance from the member for Hillarys. I thank her for bringing the grievance to the house. It is a good grievance. I thank her for her advocacy and work in her community of Hillarys. Mental health patients presenting in emergency departments, finding the appropriate pathway for those patients and also making it a sustainable work environment for the staff in those emergency departments is a significant issue that we have faced in the community for decades. Mental health is very important to me personally and to our young people especially. Certainly, the government is working diligently to improve access to mental health services in both the emergency setting and the acute setting. We have to have the right mix. We need the commonwealth to step up and provide better access to primary care for mental health. At the moment, the real paucity of access is to real primary care for mental health. We know that when individuals have good access to primary care for mental health, they are less likely to present in emergency departments. It is important that we see the commonwealth step up.

There are times when people are in acute crisis and they need to go to an emergency department. As minister, I receive weekly reports on mental health presentations in emergency departments and the average length of stay by those mental health patients. We are making real improvements in the length of stay. There are times of pressure when those stays are longer than we would want, but we are genuinely making improvements. It was a great initiative to get those ministerial reports. You cannot manage what you cannot measure. It puts a real focus on how long mental health patients are staying in emergency departments before health service providers move those patients into more appropriate support settings.

As the member rightly pointed out, emergency departments are not an appropriate place for people in acute crisis. To improve patient flow out of public hospital emergency departments, we have committed to infrastructure works to expand mental health emergency centres by 43 beds. These centres provide a calming and low-stimulus environment alongside emergency departments, but are not in the middle of a really busy ED. They allow for assessment by staff and referral to better pathways. Essentially, someone can stay in one of these emergency centres for up to 72 hours, and they can be stabilised and returned home or moved into a community setting or into an inpatient bed in an acute setting. Emergency departments also have what we call short-stay units that operate in a similar

way and behavioural assessment units, but we can always do with more. They tend to be individual rooms in an emergency department where people can be managed in a more quiet and calm situation.

The emergency centres that we have currently committed to are at Royal Perth Hospital and Sir Charles Gairdner Hospital. There are eight beds at RPH, six at Charlies and 10 at Joondalup Health Campus, and more are planned in Midland, Peel, Rockingham, Armadale, Geraldton and Bunbury. We also have safe haven cafes for after hours when other support services are closed. The cafes offer peer-based support for people who are experiencing mental health issues but do not need intensive clinical and medical support, but who may otherwise attend emergency departments. There are two of these cafes in Western Australia—one at Royal Perth Hospital and one at Kununurra Hospital.

As part of the peer support worker program, consumer and carer peer workers operate across Fiona Stanley Hospital's emergency department and inpatient wards to support individuals presenting with mental health and/or drug and alcohol issues. Peer support workers assist consumers and carers by providing support and advice on non-government organisations to develop a better understanding of the services available to them that they can link with.

There are a number of new initiatives to accommodate mental health patients in emergency departments and to help the flow of patients to address demand. The state government has commissioned infrastructure works for an additional 102 public mental health beds across the state. That is a huge uplift in the number of mental health inpatient beds. These works will also provide 20 community-based beds in a community care unit, an interim eight-bed youth mental health and alcohol and other drug and homelessness service, and an additional 32 step-up, step-down beds across the regions over the next four years.

We also recently opened the new transitional care unit operating in St James. We opened 20 beds last month. This unit is a step-down facility for people coming out of Bentley Health Service, Royal Perth Hospital and Armadale Health Service. We will open another 20 beds in the next few months. We open them in a staggered way to manage the flow of those patients. We will start to see real benefits from opening these beds by being able to provide opportunities for patients to flow through emergency departments rather than getting bottlenecked there.

As part of our emergency access response to deal with some of the bottlenecks in emergency departments, we are continuing with and expanding the active recovery pilot team, which provides evidence-based support for people who are recovering from drug and alcohol issues. If they are supported for the first 90 days, their chances of relapsing are significantly lower. We are establishing the immediate drug assistance coordination centre, youth mental health community treatment services and, importantly, the mental health co-response program. This is a co-response by the police and mental health clinicians whereby they share information and attend incidents together and can then divert individuals to more appropriate settings outside of emergency departments.

There is a lot of work going on in this space. I appreciate the member bringing the grievance and I am very glad that her constituent has recovered.