

Improving acute mental health care for patients and doctors

The lack of acute mental health care in public health is of concern to doctors working in mental health services across Australia. It not only represents an unacceptable risk to patients but is also a safety risk to clinicians themselves. Mental Health care in Australia has been subject to a gamut of inquiries, reports and promises of reform which have not led to substantive change in acute service delivery. ASMOF calls for action now to protect our members and their patients.

Unacceptable shortages

One in five Australians experience mental illness in any year, representing almost five million people. The vast majority of mental health hospitalisations occur in our public system, but this system is ill equipped to fairly and compassionately manage current and projected demand for services.

Across Australia there is a dire shortage of mental health inpatient beds. The 2019 Productivity Commission Report into Mental Health has noted that in 2016–17 there were just 7,175 public sector specialised mental health hospital beds available in Australia.

These numbers are inadequate, and our current crisis is reflected in data from Emergency Departments across Australia, where acutely unwell patients are more frequently presenting.

'There is a chronic shortage of beds that would not tolerated in other areas of health.'

ASMOF
member



The most recent data shows that 4% of presentations to ED are mental health related, and that this number is increasing.^{i, ii} Despite representing only 4% of ED presentations, patients with mental health concerns represent 19% of patients waiting in EDs for inpatient beds, and 28% of those delayed from leaving the ED due to an inpatient bed not being available.ⁱⁱⁱ The data also reveals that patients presenting to ED with mental health concerns are the group most likely to wait more than 24 hours for admission to a mental health ward.^{iv}

Emergency Departments across Australia are inappropriate environments for people experiencing mental distress^v and we are failing to meet patient needs. In South Australia, grave concerns about care for patients in ED's have led the South Australian Salaried Medical Officers Association to seek assistance from the Australian Human Rights Commission.^{vi}

ASMOF acknowledge that mental health reform is underway, and that reducing demand for acute inpatient mental health beds by increasing appropriate community services is an essential undertaking.

It is fair to say that public mental health services are under-resourced and we need widespread improvements.

Efforts to increase community based and afterhours care are fundamental, but they must not come at the expense of urgent care for some of the most severely unwell. This chronic shortage would not be tolerated in other area of health service provision.

RECOMMENDATION:

- **Increase number of public mental health inpatient beds to meet local demand**

Workforce at severe risk of burnout

Whilst the physical health of doctors is better than average, they are at significantly higher risk of suicide than the general population.^{vii} Stress and burnout are recognised as high risk factors for depression and suicide. It also well recognised across public health policy that stress and fatigue has a demonstrable impact on patient care, increasing the risk of adverse patient outcomes.

The chronic under-resourcing of mental health care has led to doctors working in systems where they are prevented from delivering the care they want to, affecting doctors morale and satisfaction in their role. Many have sought assistance from ASMOF to address their unsafe hours and reduce their high levels of stress and fatigue. ASMOF believe some of our public health departments are potentially contravening internal policies on fatigue management, as well as their obligations under Section 19 of the *Work Health and Safety Act 2011* by putting the safety of our medical workforce, and the patients that they care for, at risk.

The particular risks facing our psychiatry members have also been exposed in recent high-profile media,^{viii} which has drawn attention to their poor working conditions. Psychiatrists who we desperately need in the public system are leaving for the private sector on a full time or part time basis, in order to have a more reasonable workload. This creates an event greater workload for those who remain full time in the public sector.

Our psychiatry workforce is facing a future undersupply^{ix} and improved working conditions are integral to the recruitment, retention and strengthening of our psychiatry workforce.

When our members in NSW were surveyed about what could be done to reduce stress and turnover in the mental health workforce, many members said that turnover would be improved by having more staff available and their workload reduced. Addressing unacceptable shortages in acute mental health care will undoubtedly improve retention and improve the safety of our members.

‘A large proportion of " burnout " appears to result from overwork and unrealistic workloads, poor work environments...

Juniors are left to deal with difficult cases and situations with little specialist supervision.

Specialists have little in the way of support networks or appropriate workplace frameworks to ensure longevity.



ASMOF member

“I work as a psychiatrist in a general hospital and a number of other specialities get “non clinical” periods as part of their job. This is never considered for us despite the high intensity nature of the clinical work that we do.’

ASMOF member



Psychiatrists working in the public sector are also desperately in need of a more balanced workload, as they are more likely to be taking on patients experiencing extreme mental distress, and they are frequently working through crises.

Furthermore, our members are often unable to take leave, due to the lack of appropriate alternative staffing arrangements. This includes their ability to take study leave, to the detriment of their profession, supervision and, ultimately, patient care.

RECOMMENDATIONS:

- **All Medical Officers have access to non-clinical time to benefit from professional development, teaching, quality improvement and research opportunities. Meaningful non-clinical time must be factored into the normal duties of our psychiatry workforce and articulated in formal agreements.**
- **All Medical Officers should have access to their leave and appropriate cover should be available for clinicians taking leave.**

ⁱ Australian Institute of Health and Welfare (2019) *Mental Health Services in brief 2019*, accessed at

<https://www.aihw.gov.au/getmedia/f7395726-55e6-4e0a-9c1c-01f3ab67c193/aihw-hse-228-in-brief.pdf.aspx?inline=true>

ⁱⁱ Productivity Commission (2019) *Mental Health Draft Report Vol 1*, accessed at <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-volume1.pdf>

ⁱⁱⁱ The Australian College of Emergency Medicine (2018) *The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments*, accessed at https://acem.org.au/getmedia/60763b10-1bf5-4fbc-a7e2-9fd58620d2cf/ACEM_report_41018

^{iv} Australian College of Emergency Medicine (2019) *Mental Health in the Emergency Department: Consensus Statement* <https://acem.org.au/getmedia/0309ba59-d37b-478b-b5c9-e96b272ff837/Consensus-Statement-110419>

^v The Australian College of Emergency Medicine (2018) *The Long Wait: An Analysis of Mental Health Presentations to Australian Emergency Departments*, accessed at https://acem.org.au/getmedia/60763b10-1bf5-4fbc-a7e2-9fd58620d2cf/ACEM_report_41018

^{vi} ABC News (2019) ‘SA Health referred to Australian Human Rights Commission over mental health treatment’, published May 28 2019, accessed at <https://www.abc.net.au/news/2019-05-28/sa-health-department-referred-to-human-rights-commission/11154726>

^{vii} Elliot, L., Tan, J., Norris, S. (2010), *The Mental Health of Doctors: a Systematic Literature Review*, Prepared by Health Technology Analysts Pty Ltd for beyondblue: the national depression initiative, accessed at <http://resources.beyondblue.org.au/prism/file?token=BL/0823>

^{viii} Sydney Morning Herald (2019) ‘Overburdened psychiatrists abandon ‘broken’ public system’, published May 29 2019, accessed at <https://www.smh.com.au/healthcare/overburdened-psychiatrists-abandon-broken-public-system-20190528-p51s3j.html>

^{ix} Department of Health (2016) *Australia’s Future Health Workforce – Psychiatry*, accessed at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/597F2D320AF16FD8CA257F7C0080667F/\\$File/AFHW%20Psychiatry%20Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/597F2D320AF16FD8CA257F7C0080667F/$File/AFHW%20Psychiatry%20Report.pdf)