



**Greater Western
Area Health Service
Mental Health
Emergency Care
Rural Access Project**

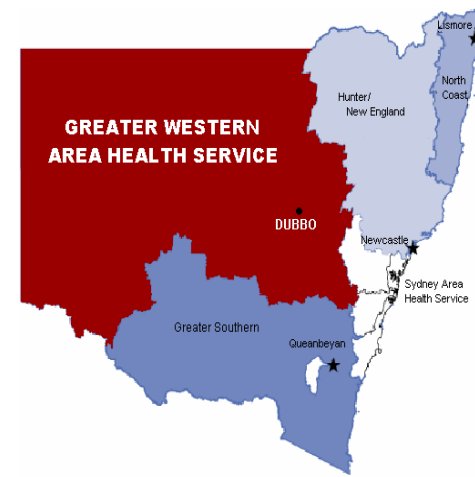
**Presented by Andrew Roberts
5/2007**



Background:

- Increasing concern about access block and overcrowding in EDs & shortage of psychiatric beds.
- In the metropolitan areas Psychiatric Emergency Care Centres (PECCs) were developed.
- The rural areas of NSW are experiencing the same problems but also have the added problem of long distant transportations to receive specialist mental health assessments.

GWAHS – Outline:



- 55% of the land mass of NSW and includes 28 local government areas (9 of which are classified as either 'remote' or 'very remote').
- 294,000 people live in the Greater Western Area
- 7.3% of these being Aboriginal or Torres Strait Islanders.
- Very long distances to travel for patients to access specialist mental health care in an emergency.
- Increasing frequency of the number of presentations.
- GWAHS, Currently has MH beds at Broken Hill (6), Dubbo (18), Orange (28). Orange currently has the only high dependency beds for the Area.



GWAHS – Outline:



- Transportation of patients to a mental health bed means that there is a loss of all emergency services to the town.
- There is a significant occupational health and safety risk associated with patient transport, especially when it occurs at night.
- Many towns are very poorly resourced with any form of health staff, let alone mental health professionals.
- Most towns have no psychiatrist cover and for those that do have it, it is only visiting service.
- Only the 3 towns that have inpatient beds have after hours mental health services.



The Best Solution Will:

- ✓ Provide rapid and safe assessment
- ✓ Reduce the need and numbers of long distance transports/transfers after hours
- ✓ Improve the safety of transports
- ✓ Enhance capacity of small local towns to deal with local mental health problems



The Proposed solution:

1. 24 hour **1800 Number** Mental Health Information Support Service (already existing)
2. Purpose built **Safe Assessment Rooms (SARs)** attached to health facilities located across GWAHS.
3. **Trained 'mental health specials'** in local towns.
4. **A Mental Health Rural Emergency Assessment & Coordination Team (MH-REACT)** based in Orange, to provide specialist psychiatric advice on emergency mental health management and clinical care **24hr / 7days.**



The Proposed solution:

5. Enhanced **'live' video link** between MH-REACT, SAR, CMHT
6. **Specialist psychiatry** review to assess whether inpatient admission is required.
7. **MH-REACT** will be the central co-ordination team for mental health assessments, admission and transportation.



The Patient Journey Now:

Patient presents at ED



Medical Officer review & schedule written



Transportation arranged



**Patient is transported any time of day or night
without comprehensive mental health
assessment being completed**



**At some point the Admission centre at Orange /
Dubbo is contacted. Or the 1800 Number is
contacted and informed and consulted regarding
pending assessment**



The Patient Journey Now:

Patient arrives at the Admission Centre and is assessed. Patient maybe admitted even if not appropriate



Patient is assessed by a Psychiatrist the following day and treatment decision is made



Patient discharged sometimes within 24 hour admission



Patient returns to their home town via public transport (they remain an inpatient until there is available transport)



Proposed Patient Journey:

Patient presents



MH-REACT are notified via 1800 number (triaged)



MH-REACT co-ordinate the transportation to nearest SAR (maybe in the next town)



Proposed Patient Journey:



At the SAR the patient is:

- 1.) triaged and assessed by ED**
- 2.) MH-REACT conduct a full mental health assessment via video link**
- 3.) 'Specialised' by a mental health trained EN**



MH-REACT and local staff develop a management plan.



Proposed Patient Journey

**Decisions
are
made:**

Management in
Community or
referral onto
other agencies

Need for ongoing
inpatient care
at the local town

Need for transport
to a specialist
inpatient care unit

Proposed Patient Journey:

- **Management in the community or referral onto other agencies**

- Referrals made to CMHT or relevant agency
- Patient discharged with support mechanisms in place

- **Need for transport to a specialist inpatient care unit**

- MH-REACT arranges transportation to the most appropriate inpatient bed
- MH-REACT liaises with the Police, Ambulance and the inpatient unit





Proposed Patient Journey:

For those patients who are to remain in the local town in the SAR:

- Plan for overnight staffing - mental health trained EN 'special' to monitor
- MH-REACT monitors via the video link
- Initial treatment, including medication
- Plan for psychiatrist review next morning
- Involvement of local mental health team






Proposed Patient Journey:

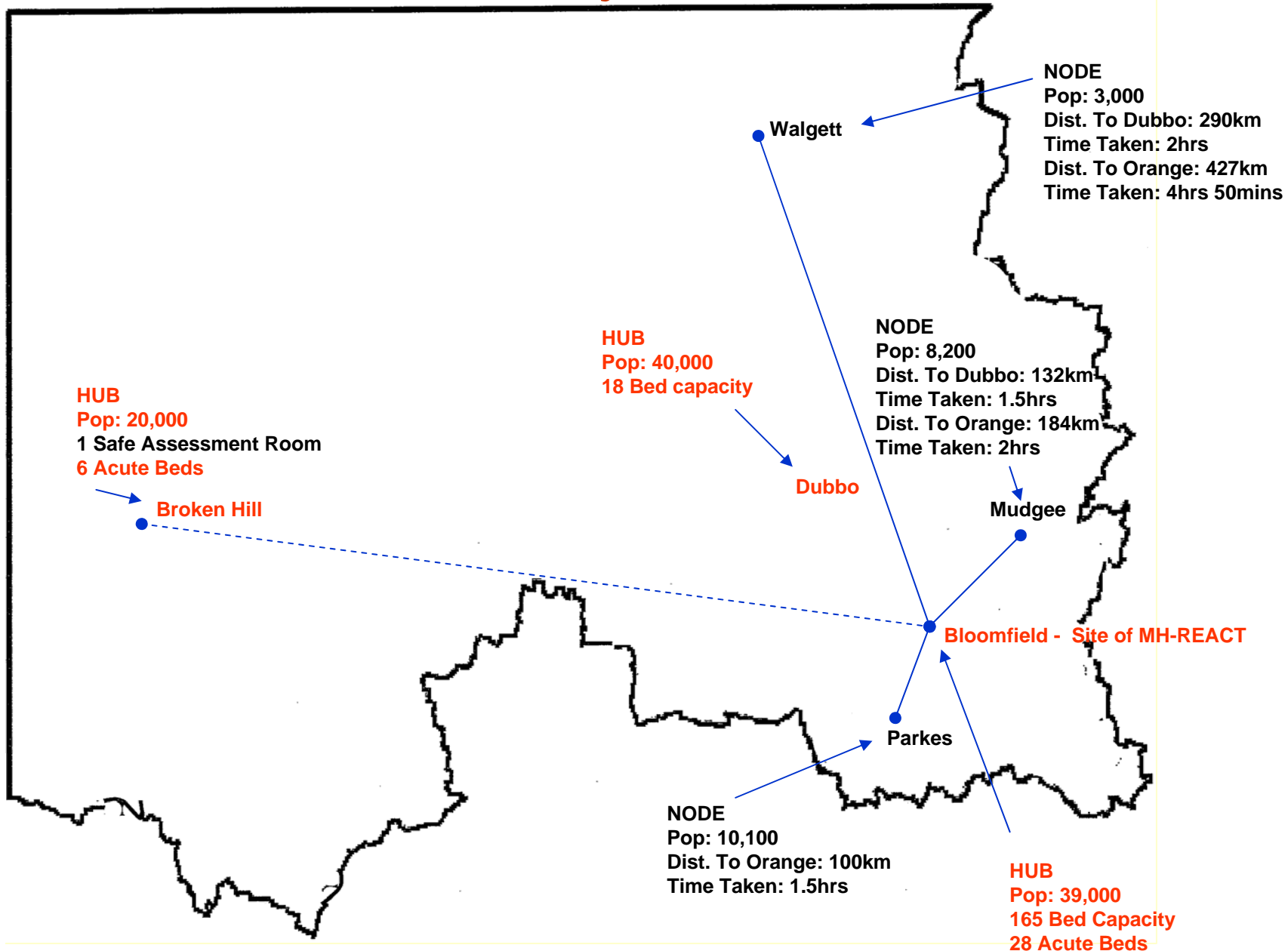


The next morning -

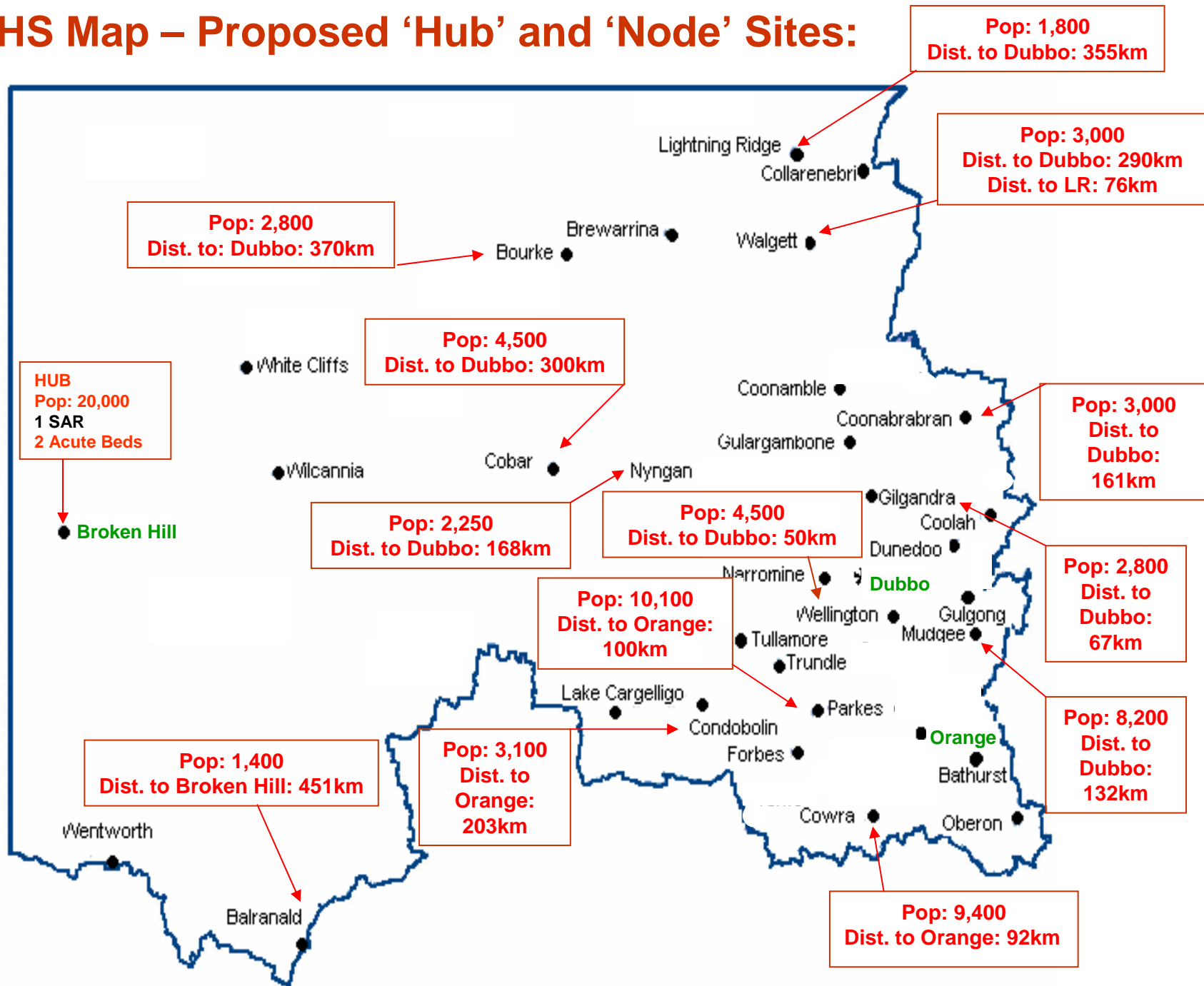
MH-REACT Psychiatrist will assess all patients in SAR beds and determine:

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- Discharge with follow up
 - Continued admission as a voluntary patient in general hospital
 - Transport to specialist inpatient unit
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GWAHS MHEC-RAP Pilot Project:



GWAHS Map – Proposed ‘Hub’ and ‘Node’ Sites:



Training & Education:



- Formation of key partnerships with the Centre for Rural & Remote Mental Health.
- Training and supervision for nursing staff and medical staff at local towns.
- Combine training with health staff, Police, and Ambulance to encourage team work and an inter-service approach
- MH-REACT to visit towns at least twice a year to provide ongoing training and support to mental health specials
- Ad hoc debriefing and discussion via video link



Other aspects of the project:

- Pool of on call psychiatrists (could work from home or office via video link)
- Nurse Practitioners
- Video-link to Community Mental Health case worker during assessment / review of patient
- Combine service with existing D&A phone services.





Advantages




- **Client**
 - Receive a full psychiatric assessment
 - Treatment in their local area
- **Local hospital**
 - SAR and IT infrastructure
 - 24hr mental health support
 - Enhancing skills of workforce in mental health
- **Inpatient units**
 - Decline in disordered presentations
 - Patient has had an assessment prior to arriving.
- **Transportation**
 - Co-ordinated
 - Reduction in after hours transportation



Evaluation



Independently evaluated by University of Sydney –School of Rural Health:

- Number and type of call to 1800.
 - Presentations over the past 5yrs as a comparison.
 - Number mental health presentations to ED
 - Number transported to inpatient units
 - Number of brief disordered admissions to inpatient units.
 - Patients admitted as mentally disordered has increased, e.g. 5% in 1991, over 45% in 2006. (Bloomfield Hospital admission rates)
 - Client and service provider feedback.
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Orange

- **Positions Available: Staff Specialist, C.M.O / V.M.O, Nursing & Allied health**
- 3 hrs drive from Sydney / Canberra ½ hr flight from Sydney (REX 4 flights daily)
- Relaxed, friendly & comfortable lifestyle
- An array of award winning local wines and fresh produce, restaurants, cafes & bars
- Numerous facilities including schools, university, sporting, galleries, theatre, boutique shopping
- Natural attractions including parks and gardens, lakes

MIHEC RAP



GWAHS

- Vacancies throughout GWAHS
- Shortages at Dubbo and Broken Hill
- New units opening at Bathurst and Orange.

- GWAHS has partnerships with University of Newcastle, University of Sydney, Charles Sturt University
- **AND an opportunity to work with amazing professionals where laughter is considered one of the essential ingredients!**

- For more information:
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