

Where did you go? Who Doesn't Wait For A Mental Health Assessment In The Emergency Department?

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<u>eastern**health**</u>

The background



- Suicide is a leading cause of preventable death
 - Leading cause of death in men aged 40-45
- Many people experiencing suicidal thoughts will come to ED
- ED is a crucial point of prevention & intervention
- UK study of completed suicide (Da Cruz 2010):
 - 43% will attend ED in the 12 months prior
 - 15% of people will present to ED with self-harm/suicide attempt
 - 28% will attend ED at least 3 times

The problem



- Some people attend ED with mental health problems but do not wait to be seen
- Some come with suicidal thinking
- We don't know anything about these people, and what happens to them
- We think they leave because of long wait times

Our aim: to understand who comes but do not wait

(...and why and what happens)

The literature review



- Medical student reviewed literature
- PRISMA framework
- 161 articles around DNW in the EDs around the world
- Three studies of persons with DSH who leave ED
 - 2004 more likely to be male, D&A problems, history of DSH
 - 2004 small study, more likely to self-poison
 - 2005 UK study, more likely in men with substance use problems
- No studies with follow-up

The method





- EH Catchment 750,000, three EDs
- HREC approval
- Extracted VEMD data 2018-2019
- All mental health related presentations, deidentified
- Wait vs DNW
 - Demographic variables: age, gender
 - Mode of arrival, triage cat, time/date
 - Time waited to be seen
 - Number of presentations

The method





- DNW definition
 - Clerked but did not wait for any nursing or medical review
 - Did not wait for full medical assessment
 - Did not wait for mental health assessment
 - Did not wait for completion of treatment

Results: whole cohort



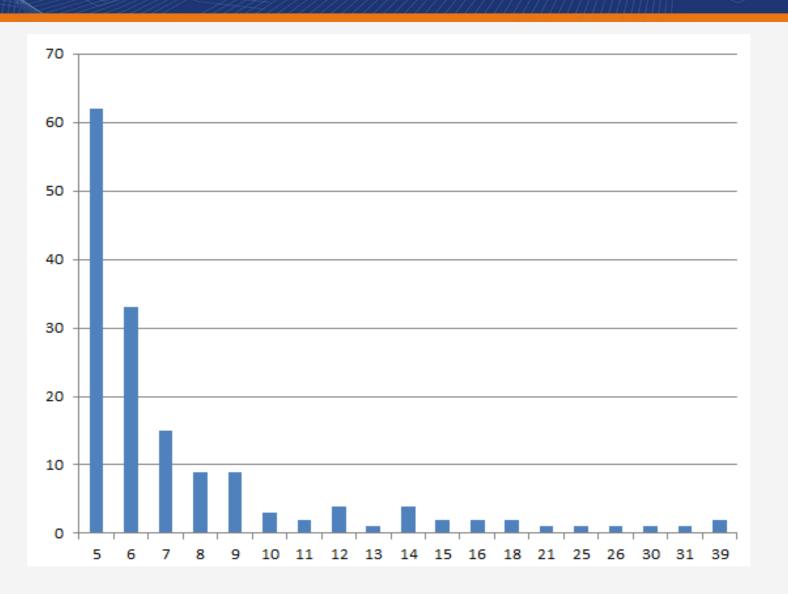


- Total presentations n = 81,573
- 14,238 mental health presentations
- **6729 (47.3%)** are brought by ambulance
- 571 (4%) are brought by police
- 7561 (53%) Referred and seen by mental health triage



Patients >5 presentations 2018-2019





9405 individual persons

155 people presented >5 times

27 people presented >10 times

13 people presented >15 times







- 585 episodes of left without being seen (4.1%)
- 315 individuals
- 146 people on 278 occasions (47.5% of all episodes) brought by ambulance
- 12 people on 34 occasions (5.8% of all episodes) brought by police



p<0.001

p<0.05

p<0.05

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Age (years)

Percent male

Ambulance transport

Police transport

Did Wait n = 13,653	DNW n = 585	
213 11311 11 10,000		

32.6

48.0%

47.5%

5.8%

35.6

43.1%

47.2%

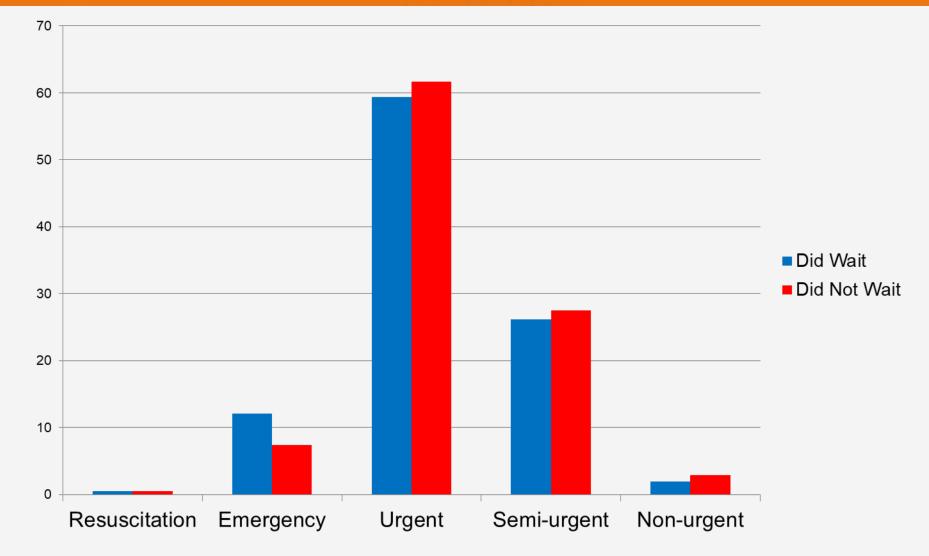
3.9%





Did Wait vs DNW – triage category



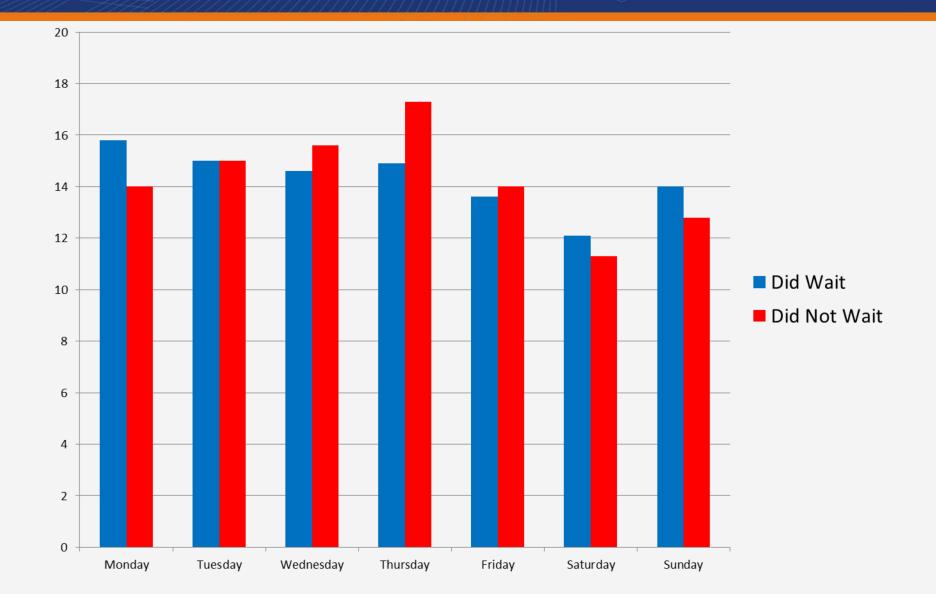








Percent

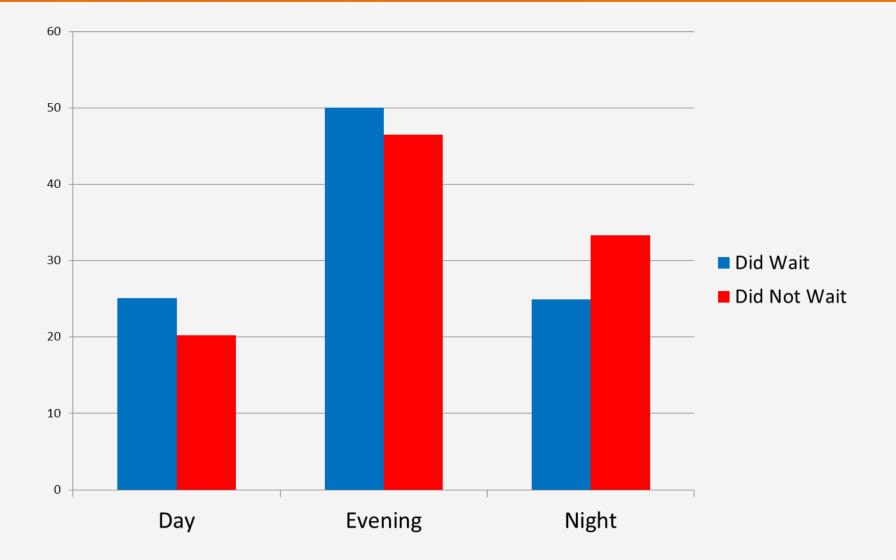






Did Wait vs DNW – time of day

Percent

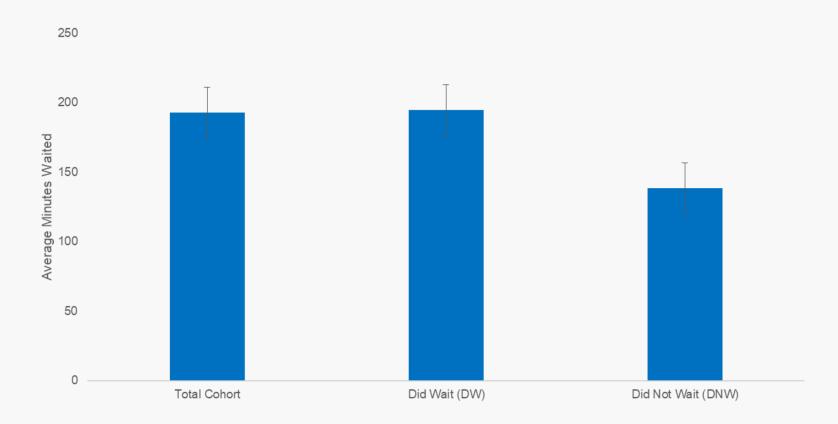








Average Wait Times for mental health clinician - Mental Health Presentations in Eastern Health Emergency Departments

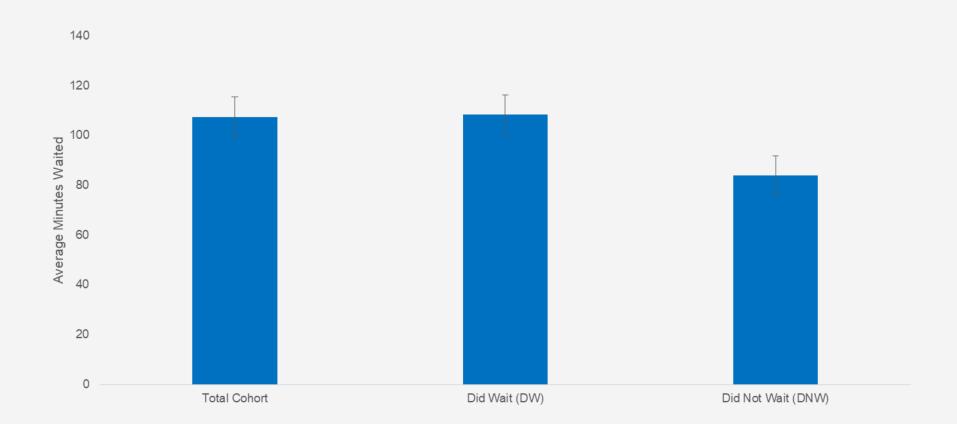








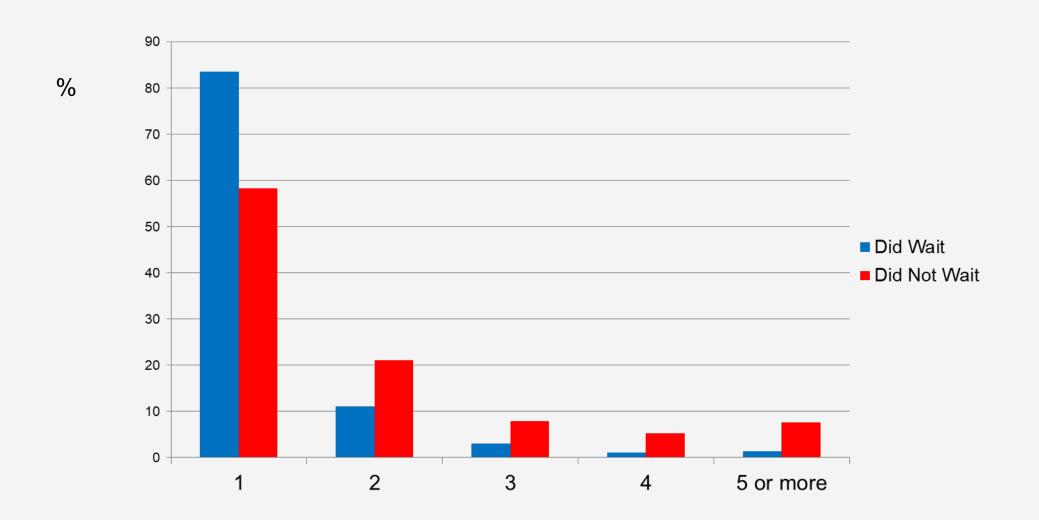
Average Wait Times for triage nurse/emergency physician/mental health clinician - Mental Health Presentations in Eastern Health Emergency Departments













<0.001



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Presentations per year

	Significance	Exp (B)		
Age	0.014	0.989		
Gender	0.002	0.667		
Triage category	0.007	3.044		
Shift of arrival	.010	.615		
Time to see MH practitioner	<0.001	0.998		

1.046



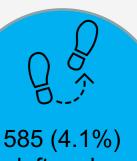
Things we learned



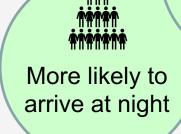


14,238 people over 2 years came to ED

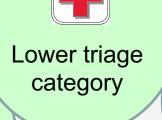


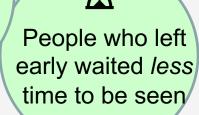














Is there a difference in early and late leavers?

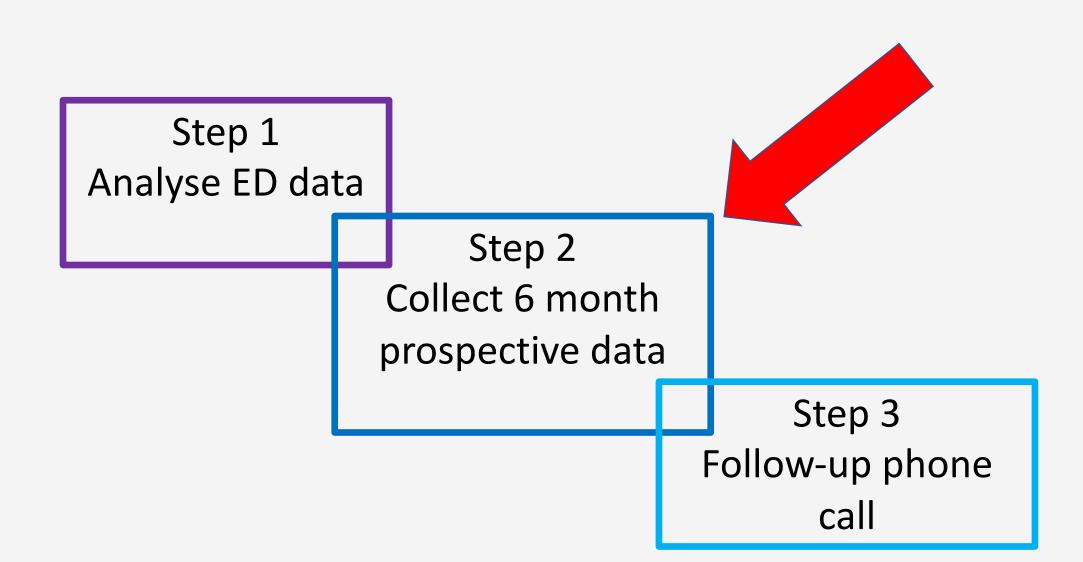
Are high triage cat's riskier?

Next, the project will look at asking people why they left and what happened next.





Next steps









Prof Paul Katz

- BankVic Research and Innovation Grant
- Eastern Health Foundation

- Monash Uni Medical Students:
 - Dion Paul
 - Jacinta Zhu



