

**Submission
No 26**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

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For over thirty years I have witnessed the discrepancy in the care of mental health patients brought to a small North Coast rural hospital Emergency Department (ED). Acutely unwell, high triage mental health patients have been brought to the ED consistently, regardless the fact that the hospital or ED is not a Declared Mental Health Facility. This occurs in many rural EDs.

The NSW Health Memorandum of Understanding (<https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mou-health-police-2018.pdf>) clearly states that such patients must be transported to a DMHF. This does not happen, and does rural mental health patients and their families a grave disservice. There is a tacit agreement with NSW Ambulance that patients transported to the ED after hours will be required to wait until the next morning for transfer to the closest DMHF, meaning that patients are often chemically restrained and treatment is often delayed. The irony is that if an acute physically unwell patient presented with a high triage category, for example myocardial infarction, they would be stabilised and transferred to specialist care within the triage category time frames, unlike with mental health patients.

This has come about over many years because all three State government sectors have been perennially understaffed, and the tyranny of distance regarding transport to the closest DMHF becomes the overriding concern rather than the best interests for the patient.

Additionally, police and ambulance officers are reluctant to declare the patient under Sections 20 and 22 of the NSW Mental Health Act (<https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2007-008>), as this makes them legally obligated to transport them to a DMHF rather than the local hospital ED. This leaves the local ED receiving nursing and medical staff at a disadvantage as they legally cannot hold the involuntary patient for assessment until further examination, which puts the patient at risk if they leave the ED.

It has also pitted each service within the MOU purview against each other, as they all have competing staffing needs and requirements.

Ultimately, I believe that until all services are adequately resourced, acutely unwell mental health patients requiring specialist care will not receive best practice evidenced based care and NSW Health recognises that people within NSW have a right to mental health care equivalent to that of equivalent physical care within the NSW public health system.