

Mental health services provided in emergency departments

Hospital emergency departments (EDs) play a role in treating mental illness. For a range of reasons, EDs are often used as an initial point of care by those seeking mental health-related services for the first time, as well as an alternative point of care for people seeking after-hours mental health care (Morphet et al. 2012).

State and territory health authorities collect a core set of nationally comparable information on most public hospital [ED presentations](#) in their jurisdiction, which is compiled annually into the National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD). Data reported for 2014–15 and 2015–16 are sourced from the NNAPEDCD. Information about mental health-related services provided in emergency departments was previously supplied direct to the AIHW by states and territories, as the NNAPEDCD has only recently included all of the information required for this section (see [data source](#) for more information).

[Mental health-related ED presentations](#) in this section are defined as presentations to public hospital EDs that have a [principal diagnosis](#) of Mental and behavioural disorders. This definition has a number of limitations. For example, the definition does not fully capture all potentially mental health-related presentations to EDs such as intentional self-harm as intent can be difficult to identify in an ED environment and can also be difficult to code. As a consequence, the data presented in this section are likely to under-report the actual number of mental health-related ED presentations. More details about identifying mental health presentations in the NNAPEDCD are available in the [data source](#) section.

Data for the ACT were not available for the 2015–16 reporting period. See the footnotes in each of the tables for details how this impacted on the calculation of national rates.

Key points

- There were an estimated 273,439 ED presentations in Australia with a mental health-related principal diagnosis in 2015–16. This equated to 3.7% of all presentations to public hospital emergency departments.
- More than half (54.2%) of mental health-related ED presentations had a principal diagnosis of either Neurotic, stress-related and somatoform disorders or Mental and behavioural disorders due to psychoactive substance use.
- 77.5% of mental health-related ED presentations were classified as either semi-urgent (patient should be seen within 60 minutes) or urgent (patient should be seen within 30 minutes).
- Three in five (60.8%) mental health-related ED presentations were recorded as being resolved without the need for admission or referral. Most of the remaining mental health-related presentations (35.9%) resulted in the patient being admitted to hospital.

Data in this section were last updated in October 2017

Reference

Morphet J, Innes K, Munro I, O'Brien A, Gaskin CJ, Reed F et al. 2012. Managing people with mental health presentations in emergency departments—A service exploration of the issues surrounding responsiveness from a mental health care consumer and carer perspective. *Australasian Emergency Nursing Journal* 15:148-55.

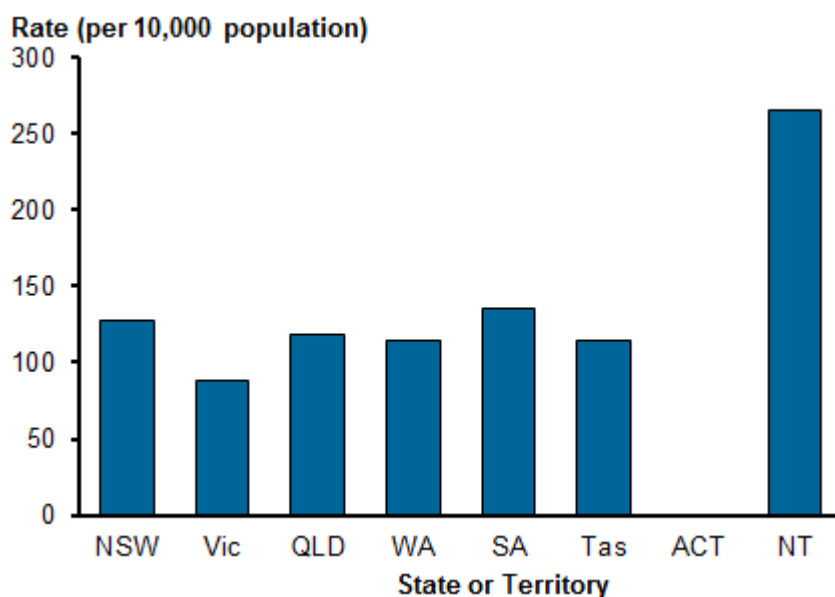
Service provision

States and territories

A total of 273,439 public hospital ED presentations with a mental health-related principal diagnosis were reported by states and territories in 2015–16, representing 3.7% of all ED presentations.

Nationally, the rate of mental health-related ED presentations was 116.1 per 10,000 population. The Northern Territory had the highest rate (265.8) and Victoria the lowest (88.7) (Figure ED.1). The observed jurisdictional differences are likely to be due to varying population characteristics, health-care systems and service delivery practices.

Figure ED.1: Mental health-related emergency department presentations in public hospitals, states and territories, 2015–16



Note: Data were not available for ACT in 2015–16 and have been excluded from all totals.

Source: NNAPEDCD

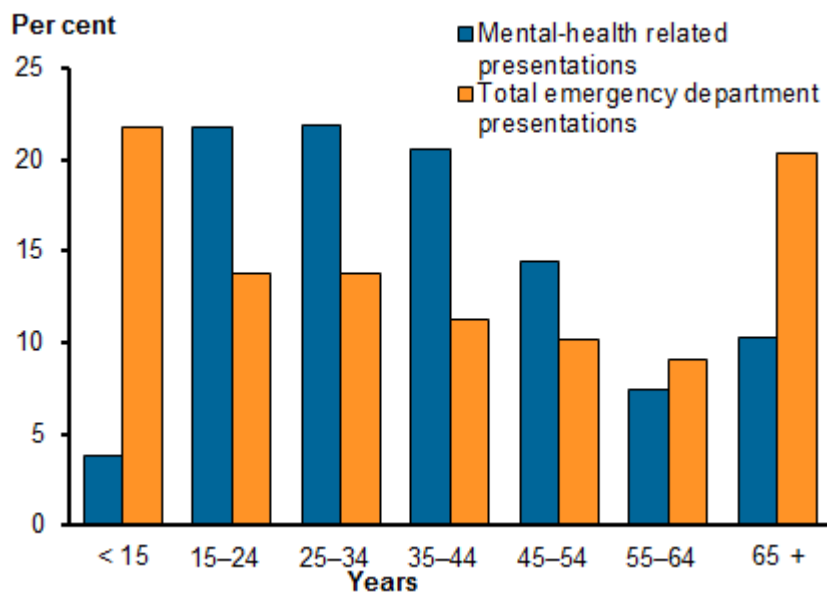
Source data: Mental health-related emergency department presentations Table ED.5 (94 KB XLS).

Patient characteristics

Patient demographics

There was a difference in the age profile for mental health-related ED presentations compared with all ED presentations in 2015–16. Mental health-related ED presentations had a higher proportion of patients aged 15–54 (78.5%) compared with all emergency department presentations (48.9%). By contrast, there was a lower proportion of patients aged less than 15 (3.8%) compared with all emergency department presentations (21.7%) (Figure ED.2).

Figure ED.2: Emergency department presentations in public hospitals, by age group, 2015–16



Source: NNAPEDCD

Source data: Mental health-related emergency department presentations Table ED.3 (94KB XLS).

Males had a higher proportion of mental-health related ED presentations than females (52.1% and 47.9% respectively) in 2015–16. By contrast, males and females were more equally represented in all ED presentations (50.5 and 49.5 respectively).

Aboriginal and Torres Strait Islander people, who represent about 3% of the Australian population (ABS 2016), accounted for 10.1% of mental health-related ED presentations, compared with 6.3% of all ED presentations.

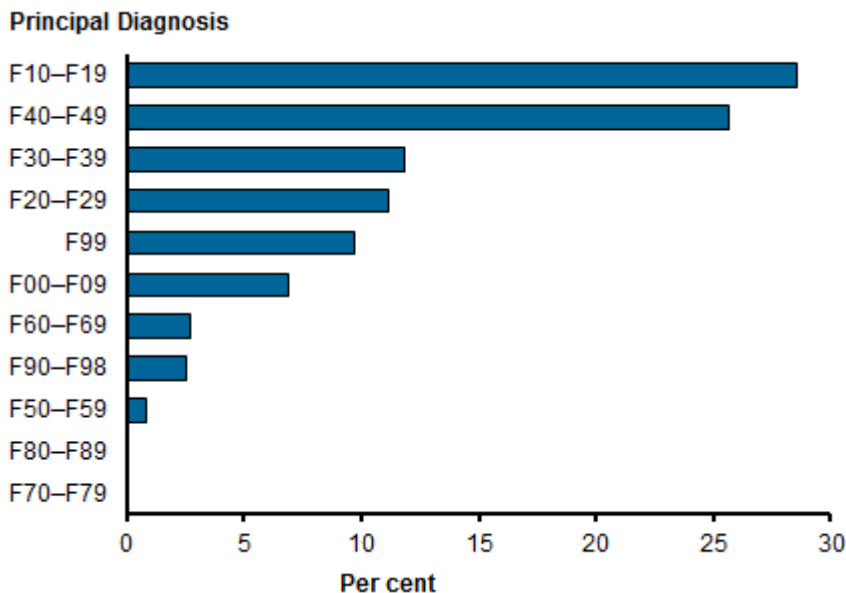
Principal diagnosis

Data on mental health-related presentations by principal diagnosis is based on the broad categories within the Mental and behavioural disorders chapter of the ICD-10-AM (Chapter 5). See [data source](#) for more details on diagnosis codes.

More than three quarters (77.2%) of mental health-related ED presentations were classified by four principal diagnosis groupings in 2015–16 (Figure ED.3). These were:

- *Mental and behavioural disorders due to psychoactive substance use* (F10–F19; 28.6%)
- *Neurotic, stress-related and somatoform disorders* (F40–F49; 25.6%)
- *Mood (affective) disorders* (F30–F39; 11.8%)
- *Schizophrenia, schizotypal and delusional disorders* (F20–F29; 11.2%).

Figure ED.3: Mental health-related emergency department presentations in public hospitals, by principal diagnosis, 2015–16



Key

- F00–09: Organic, including symptomatic, mental disorders
- F10–19: Mental and behavioural disorders due to psychoactive substance use
- F20–29: Schizophrenia, schizotypal and delusional disorders
- F30–39: Mood (affective) disorders
- F40–49: Neurotic, stress-related and somatoform disorders
- F50–59: Behavioural syndromes associated with physiological disturbances and physical factors
- F60–69: Disorders of adult personality and behaviour
- F70–79: Mental retardation
- F80–89: Disorders of psychological development
- F90–98: Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- F99: Unspecified mental disorder

Source: NNAPEDCD

Source data: Mental health-related emergency department presentations Table ED.4 (94 KB XLS).

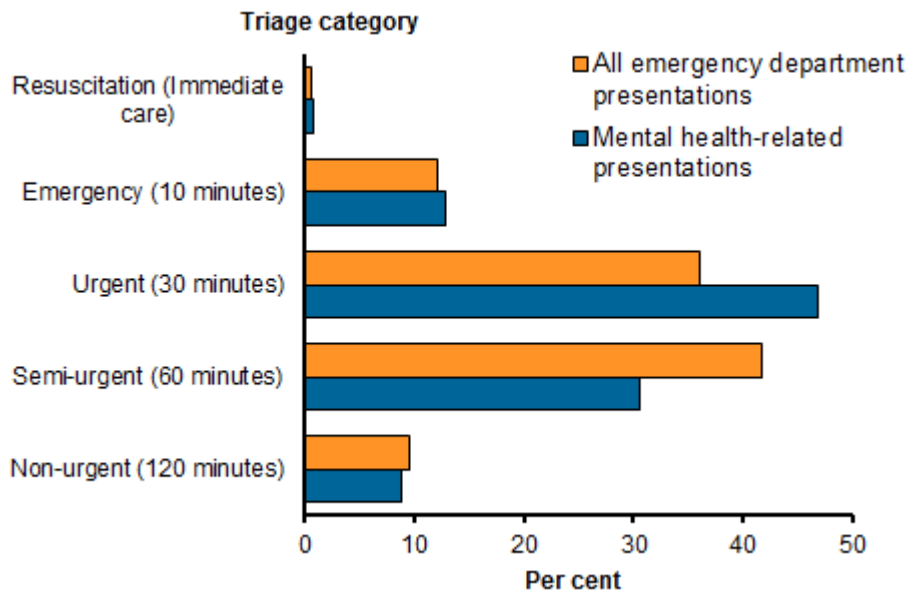
Service characteristics

Triage category

When presenting to an emergency department, patients are triaged to assess their need for care and an appropriate triage category is assigned to reflect priority for care. For example, patients triaged to the 'emergency' category are assessed as requiring care within 10 minutes. However, care may or may not be received within the designated time frames.

The majority of mental health-related ED presentations in 2015–16 (77.5%) were classified as either urgent or semi-urgent (Figure ED.4). This figure is similar to all ED presentations (79.3%) (AIHW 2016).

Figure ED.4: Emergency department presentations in public hospitals, by triage category, 2015–16



Source: NNAPEDCD

Source data: Mental health-related emergency department presentations Table ED.1 (94 KB XLS); AIHW 2016.

Episode end status

The most frequently recorded 'mode' for ending a mental health-related ED presentation was for the episode to have been completed without admission or referral to another hospital (60.8%).

Around a third (35.9%) of presentations resulted in admission to hospital, either where the emergency service was provided (32.0%) or referred to another hospital for admission (3.9%). This was slightly higher than the proportion of all ED presentations resulting in admission either to the presenting hospital (29.4%) or to referral to another hospital for admission (1.8%) (AIHW 2016).

A small proportion of mental health-related ED presentations ended when the patient left before the service was completed, either after care had commenced but before it was complete (2.8%) or because the patient did not wait to be attended by a health care professional (0.4%).

Reference

Australian Institute of Health and Welfare (AIHW) 2016. Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

ABS 2016. Australian Bureau of Statistics. Australian demographic statistics. Dec 2016. Cat. No. 3101.0. Canberra: ABS

Data source

Mental health-related emergency department data

All state and territory health authorities collect a core set of nationally comparable information on emergency department (ED) presentations (including mental health-related emergency department presentations) in public hospitals within their jurisdiction. The AIHW compiles these data annually to form the National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD). In 2015–16, 285 of Australia’s 287 public hospital emergency departments reported emergency department presentations to the NNAPEDCD (data were not available for two hospitals in the Australian Capital Territory) (AIHW 2016).

Previously, diagnosis-related information was not included in the NNAPEDCD, therefore, states and territories provided the AIHW with a bespoke analysis of mental health-related emergency department presentations. Data on principal diagnosis—that is, the diagnosis chiefly responsible for occasioning the presentation to the emergency department—has subsequently been included in the NNAPEDCD. In this report, data from 2014–15 and 2015–16 are sourced from the NNAPEDCD. Data from previous years was sourced directly from jurisdictions through an annual ad-hoc data request.

Definition of mental health-related emergency department presentations

Mental health-related ED presentations in this report are defined as presentations in public hospital EDs that have a principal diagnosis of Mental and behavioural disorders (that is, codes F00–F99) in ICD-10-AM or the equivalent codes in ICD-9-CM.

For the 2015–16, diagnosis information was reported for the NNAPEDCD using the following classifications:

- Systematized Nomenclature of Medicine—Clinical Terms—Australian version, Emergency Department Reference Set (SNOMED CT-AU (EDRS))
- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) 2nd edition
- International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) 6th edition, 7th edition 8th edition or 9th edition.

The AIHW undertook to map all diagnosis information to a single classification. Further information on the mapping is available in Appendix B of the [AIHW’s Emergency Department Care 2015–16: Australian hospital statistics](#) (AIHW 2016).

The *Mental and behavioural disorders* principal diagnosis codes may not fully capture all mental health-related presentations to EDs, such as presentations for self-harm. Diagnosis codes for intentional self-harm sit outside the *Mental and behavioural disorders* chapter (X60–X84). Additionally, a presentation for self-harm may have a principal diagnosis relating to the injury, for example Open wound to wrist and hand. These presentations cannot be identified as mental health-related presentations in the NNAPEDCD and are not included in this report.

Further information on the [data quality of the 2015–16 NNAPEDCD](#) is available on METeOR, the AIHW’s Metadata Online Registry.

Coverage

In 2015–16, 285 of Australia’s 287 public hospital emergency departments reported emergency department presentations to the NNAPEDCD (data were not available for two hospitals in the Australian Capital Territory) (AIHW 2016).

Reference

Australian Institute of Health and Welfare (AIHW) 2016. Emergency department care 2015–16: Australian hospital statistics. Health services series no. 72. Cat. no. HSE 182. Canberra: AIHW.

Key concepts

Mental health-related care in emergency departments

Key Concept	Description
Emergency department (ED) presentation	Emergency department (ED) presentation refers to the period of treatment or care between when a patient presents at an emergency department and when that person is recorded as having physically departed the emergency department. It includes presentations for patients who do not wait for treatment once registered or triaged in the emergency department, those who are dead on arrival, and those who are subsequently admitted to hospital or to beds or units in the emergency department. An individual may have multiple presentations in a year. For further information, see the Non-admitted emergency department care NMDS 2015–16 .
Episode end status	The episode end status indicates the status of the patient at the end of the non-admitted patient emergency department service episode. Further details on episode end status codes are available here .
Mental health-related emergency department (ED) presentation	Mental health-related emergency department (ED) presentation refers to an emergency department presentation that has a principal diagnosis that falls within the Mental and behavioural disorders chapter (Chapter 5) of ICD-10-AM (codes F00–F99) or the equivalent ICD-9-CM or SNOMED codes. It should be noted that this definition does not encompass all mental health-related presentations to emergency departments, as detailed above. Additional information about this and applicable caveats can be found in the Data source section.
Principal diagnosis	The principal diagnosis is the diagnosis established at the conclusion of the patient's attendance in an emergency department to be mainly responsible for occasioning the attendance.
Triage	<p>The triage category indicates the urgency of the patient's need for medical and nursing care. It is usually assigned by an experienced registered nurse or medical practitioner at, or shortly after, the time of presentation to the emergency department. The triage category assigned is in response to the question: 'This patient should wait for medical assessment and treatment no longer than...?'. The Australasian Triage Scale has 5 categories that incorporate the time by which the patient should receive care:</p> <ul style="list-style-type: none">• <i>Resuscitation</i>: immediate (within seconds)• <i>Emergency</i>: within 10 minutes• <i>Urgent</i>: within 30 minutes• <i>Semi-urgent</i>: within 60 minutes• <i>Non-urgent</i>: within 120 minutes.

