



The Royal
Australian &
New Zealand
College of
Psychiatrists



Australasian College of Emergency Medicine
Guidelines on Constructing a Sustainable Emergency Medicine Workforce
September 2023

**Advocacy and collaboration
to
improve access and equity**

Royal Australian and New Zealand College of Psychiatrists submission

Guidelines on Constructing a Sustainable Emergency Medicine Workforce

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8000 members, including around 5800 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the Australasian College of Emergency Medicine's (ACEM) draft Guidelines on Constructing a Sustainable Emergency Medicine Workforce (Guidelines). The recommendations contained within this submission are based on extensive consultation with RANZCP Committees, including the Faculty of Consultation-Liaison Psychiatry Committee, Committee for Professional Practice, and the Section of Leadership and Management Committee, which are made up of community members and psychiatrists with direct experience working in emergency medicine. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

RANZCP feedback on the Guidelines

Key recommendations

- Mental health conditions constitute an increasing number of emergency department presentations which require increasing support and collaboration from psychiatrists and Fellows of the Australasian College of Emergency Medicine (FACEM) to ensure effective and timely treatment.
- Consumers with mental health conditions need trauma-informed and culturally safe care in a timely manner in emergency departments.
- Models of care should make provisions for the unique and complex requirements of mental health conditions and look for new and emerging ways to ensure high quality mental health care in emergency departments.
- Effective methods of collaboration will lead to better health care in emergency departments.

Workforce

The Guidelines have a clear focus on the current pressures on the emergency medicine workforce. Burnout of clinical staff has been identified as an ongoing problem, especially in emergency medicine and psychiatry.[1,2,3]

One of the key pressures on the emergency medicine workforce is the increasing demand for mental health care provided through the emergency department (ED). EDs are often the only avenue for people with mental health conditions to seek urgent treatment, particularly after hours and in rural, regional and remote communities. The ACEM - RANZCP [Mental Health in the Emergency Department Consensus Statement](#) notes that over 250,000 people seek mental health care through emergency departments.

The RANZCP recommends the Guidelines include the need for an adequate number of sufficiently skilled staff to assist consumers with acute mental health requirements. Psychiatrists fill a crucial role in triage, treatment and management of mental health conditions. Without mental health care specialists, the role of assessment and treatment of people with mental health conditions falls on FACEM.

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Consultation-Liaison (C-L) psychiatrists are crucial to an effective and sustainable emergency medicine system, in and outside of the ED. Collaboration between FACEM and C-L psychiatrists is key to effective and timely treatment of acute and urgent mental health conditions. The RANZCP recommends that the Guidelines, particularly Principle 3, be expanded to include the need to work in close collaboration with other specialists to provide high quality trauma informed care for consumers in need of acute and urgent mental health care.

Short term solutions, such as locum agencies and clinicians working in multiple workplaces or increased casualisation, will not prevent, solve or mitigate the issues that the emergency medicine workforce is currently facing. This short-term approach has led to a crisis in the United Kingdom, which the Royal College of Emergency Medicine has urged Australia not to repeat.[5] The RANZCP agrees with the Guidelines that the locum model should only be used in acute shortage situations due to the high cost and instability for consumers when locums are relied on for ongoing staffing requirements. A long-term, multidisciplinary approach that is well resourced and operated in a way to minimise burnout is required.

Models of care

The RANZCP maintains our position in the ACEM - RANZCP [Mental Health in the Emergency Department Consensus Statement](#) that the best outcome for people with mental health conditions is early intervention and community-based treatment and management. Effective funding and management of services outside of the emergency department, especially in rural, regional and remote areas and after hours, is crucial to lessen the burden on the emergency medicine system. Access to community support programs, especially for drug and alcohol dependence, will also mitigate the demands on EDs.

The RANZCP recommends the Guidelines be updated to include the importance of trauma-informed care. A trauma-informed model is crucial when assessing and treating mental health conditions, as consumers with mental health conditions are often left to wait for longer periods in ED than those with physical health conditions.[6] The conditions in EDs can be harmful to their health and recovery, and these consumers are more likely to be subject to restraint and sedation.[1] These harms are also more likely for consumers who identify as Aboriginal or Torres Strait Islander or Māori.[8, 9,10] Ensuring that models of care are trauma-informed and culturally safe will provide better outcomes for mental health consumers in the ED. See the RANZCP's [Position Statement 100: Trauma-informed practice](#) and [Position Statement 105: Cultural Safety](#).

The RANZCP also recommends the Guidelines include the need to improve support for mental health care in EDs. Improved mental health care supports can contribute to reducing ED wait times and incidence of ambulance ramping.[1] Providing maximum stay limits, short stay units, increased numbers of dedicated psychiatric inpatient berths and post-visit support services coordinated through the ED will help to mitigate the effects of treating mental health conditions in the ED. These effects are felt by both consumers and staff and the proposed solutions assist the resilience and sustainability of the emergency medicine workforce.

For the best outcomes for people with mental health conditions, the RANZCP recommends all areas of the mental health care system, including EDs, should adhere to the key principles outlined in our [Position Statement 37: Principles for mental health systems](#).

Management of mental health in the ED

Collaboration between FACEM and psychiatrists is one of the best ways to improve mental health care and ease the strain on the workforce in EDs. Poor collaboration is a factor in increased dissatisfaction and burnout amongst clinical and support staff.[11]

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The RANZCP commends the Guidelines for noting the important role that additional specialists play in the emergency medicine workforce. Collaboration in multidisciplinary teams is key to effective and timely treatment. The role of FACEM staff at all stages of their training and practice is well covered; the RANZCP recommends expanding the role of additional specialists to be equally detailed regarding the role that they play in the ED.

As noted above, C-L psychiatrists are important parts of ED clinical teams. Addiction specialist psychiatrists also provide important support in acute settings given the large percentage of alcohol and drug related presentations to EDs.[12] The Guidelines would be strengthened by expanding the additional specialists section to make note of the various important roles that specialist psychiatrists provide in the emergency medicine workforce.

Short Stay Units play an integral role in the treatment of acute mental health conditions, and their inclusion in the Guideline is welcomed. The RANZCP recommends expanding the Short Stay Units section of the Guidelines to include details about Behavioural Assessment Units (BAUs). BAUs lessen the requirements for treatment of mental health conditions in EDs by moving a vulnerable population with often complex care needs out of EDs into an environment better designed for their unique care requirements. These have been shown to have highly positive outcomes for people with mental health and drug and alcohol related medical emergencies.[7]

Shared development opportunities

The RANZCP is committed to working to address current workforce issues facing emergency medicine and mental health professionals. The RANZCP welcomes the opportunity to collaborate with ACEM to build a strong emergency medicine workforce that provides for the needs of consumers with mental health conditions. This includes reviewing best practice models of care and setting up processes for information sharing and joint staffing in EDs. We would welcome the opportunity to work collaboratively with ACEM to develop joint strategies and advocacy to provide the best possible outcomes for staff and consumers. If you have any questions or wish to discuss any details in this submission further, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research via nicola.wright@ranzcp.org, or on (03) 9236 9103.

Relevant resources

- [Position Statement 37: Principles for mental health systems.](#)
- [Position Statement 61: Minimising and, where possible, eliminating the use of seclusion and restraint](#)
- [Position Statement 100: Trauma-informed practice](#)
- [Position Statement 105: Cultural Safety](#)

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