

9 September 2022

Portfolio Committee No. 2 - Health
Legislative Council
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

Dear Members of the Committee,

Re: Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales

We welcome the opportunity to provide input on this important issue. Suicide Prevention Australia is the national peak body for suicide prevention, we have over 300 members including the largest, and many of the smallest, suicide prevention and mental health organisations across Australia. We exist to provide a clear, collective voice for the suicide prevention sector in Australia.

Emergency departments (ED) are an area of key concern for our sector, as a significant number of emergency department attendances are in relation to a suicide attempt or self-harm. Each year in NSW over 6,000 people attend ED following a suicide attempt or self-harm.¹

We would like to provide input relating to one of the terms of reference for this inquiry:

(g) drawing on other Australian and overseas jurisdictions, possible strategies, initiatives and actions that NSW Health should consider to address the impact of ambulance ramping, access block and emergency department delays

We have recently released a report looking at the experiences of those who attend ED after a suicide attempt or self-harm. The report is focussed on young people, who represent a disproportionately high number of ED attendances for self-harm. Many of its findings are also applicable to all age groups.

In particular, we would like to draw your attention to Recommendations 1, 3 and 4 of the report:

Recommendations

Recommendation 1: All state and territory governments should, in their 2023- 24 budget, allocate funding for programs to design and trial a number of youth-specific alternatives to ED for young people in suicidal or mental health crisis.

¹ Australian Institute of Health and Welfare. 2022. *Intentional selfharm hospitalisations by age groups*. [online] Available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/intentionalself-harm-hospitalisations/intentional-self-harm-hospitalisationsby-age-sex>.

Recommendation 3: The programs to fund the designs and trials should be implemented to ensure that:

- All trials are co-designed with young people
- The trials are conducted at sufficient scale to have the potential of a measurable reduction in presentations to nearby ED
- All trials are evaluated to determine the extent to which they are diverting young people from ED, and the effectiveness of the support provided

Recommendation 4: Following evaluation of the youth-specific alternatives to ED, state and territory governments should select one or more of the trialled models to be rolled out to provide state- or territory-wide coverage with funding equivalent to the savings of anticipated diversions from ED.

The report heard from 85 young people and representatives of 13 organisations with a focus on youth mental health and suicide prevention. The clear message from young people and the sector is that ED are inherently focused on physical health crises and will always struggle to create an environment that feels safe and is focussed on mental health and wellbeing. What is needed is alternatives to ED.

Currently there are some services offering an alternative to ED that are being trialled and rolled out on a small scale, however the need for widespread available alternatives to emergency departments as part of a national network remains. Examples of current models include:

- Safe Havens²
- Crisis Assessment and Treatment Teams³
- Crisis Stabilisation Unit⁴
- Urgent Mental Health Care Centre⁵

Providing alternatives for those in mental or suicidal crisis, especially young people, will not only divert more people from ED, reducing the need for ramping, it will also provide an environment that is better able to address their needs.

We urge the Committee to include in its recommendations that the NSW Government allocate funding for a program to design and trial a number of youth-specific alternatives to ED as set out in our recent report.

A copy of the report, *In Their Words: How to Support Young People in Suicidal Distress*, is attached with this submission and can be downloaded here:

https://www.suicidepreventionaustralia.org.au/wp-content/uploads/2022/08/SPA_Youth-Report_In-your-words_12-August-2022-1.pdf

² Consumers of Mental Health WA. 2019. *Alternatives to Emergency Departments Project Report*. [online] Available at: <https://www.mhc.wa.gov.au/media/2993/alt-to-ed-and-safe-havens-final-report-2019.pdf>.

³ Health Direct. 2021. *CATT – The Crisis Assessment and Treatment Team*. [online] Available at: <https://www.healthdirect.gov.au/crisis-management>.

⁴ Gold Coast Health. 2021. *Queensland's first Crisis Stabilisation Unit opens at Robina Hospital*. [online] Available at: <https://www.goldcoast.health.qld.gov.au/about-us/news/queenslands-first-crisis-stabilisation-unit-opens-robina-hospital>.

⁵ Neami National. 2022. *Urgent Mental Health Care Centre (UMHCC)*. [online] Available at: <https://www.neaminational.org.au/find-services/umhcc/>.

In addition, we have previously released a background paper which provides more detailed information on the published research informing our report. This paper also included with this submission and can be downloaded here:

<https://www.suicidepreventionaust.org/wp-content/uploads/2022/07/Foundations-Improvements-and-alternatives-to-ED-1.pdf>

If the Committee requires any further information please contact Christopher Stone, Policy and Government Relations Manager, chriss@suicidepreventionaust.org.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'N. Murray', with a stylized flourish at the end.

Nieves Murray
Chief Executive Officer
Suicide Prevention Australia