

Mental health, drug and alcohol – Emergency Department and Ambulance monitoring

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Functional Sub group Corporate Administration - Information and data
Clinical/ Patient Services - Mental Health

Summary This guideline relates to increases in Emergency Department visits or NSW Ambulance Service calls for mental health, drug and alcohol problems identified by the Public Health Real-time Emergency Department Surveillance System (PHREDSS). It describes the flow of information via a situation report, from PHREDSS to the Office of the Chief Health Officer and the Mental Health and Drug and Alcohol Office. It identifies the situations in which each of these bodies has primary responsibility for deciding how to respond to the increase.

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Applies to Local Health Districts, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Audience The Ministry of Health, all mental health clinicians, Emergency Department staff, ASNSW and PHOs

Distributed to Public Health System, Divisions of General Practice, Environmental Health Officers of Local Councils, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Policy Manual Not applicable

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MENTAL HEALTH, DRUG AND ALCOHOL – EMERGENCY DEPARTMENT AND AMBULANCE MONITORING

PURPOSE

The purpose of this guideline is to guide the flow of information within the Ministry of Health in regards to increases in Emergency Department (ED) presentations or NSW Ambulance Service calls for mental health, drug or alcohol problems identified by the Public Health Real-time Emergency Department Surveillance System (PHREDSS).

KEY PRINCIPLES

PHREDSS provides daily monitoring of presentations to 59 EDs and all urgent Ambulance calls in NSW. Presentations and calls relate to various health problems, which are grouped into categories using the ED provisional diagnosis or the problem category assigned to the emergency call received by the NSW Ambulance Service. Unusual numbers of daily or weekly presentations or calls are signalled by a computer program.

Increases may be associated with, for example:

- a disaster causing mass anxiety or limiting access to appropriate health care for people with existing mental health, drug or alcohol problems,
- sudden changes in demand or reduction in mental health or drug and alcohol services in a non-disaster situation,
- a mass gathering, concert or other event where use of drugs or alcohol is increased, or
- a food-borne or environmental toxin causing an altered mental state

PHREDSS staff review and perform a risk assessment of each signal. If the risk assessment is that the information may be of importance for situational awareness, policy development, immediate public health response, or management of health services, a situation report will be emailed to the relevant policy or response area. This will be determined according to the information available and may include the Mental Health and Drug & Alcohol Office (MHDAO) or the Office of the Chief Health Officer (OCHO). Situation reports will only be issued on a business day, unless there is evidence of severe risk.

USE OF THE GUIDELINE

The primary recipient of the situation report will have first responsibility for deciding how to respond to the information in the report. For public health emergencies and increases of importance for health protection, such as environmental or food-borne exposures, this will be the OCHO. For other mental health, drug or alcohol increases this will be MHDAO. During emergencies, normal emergency management procedures will apply where appropriate (i.e. discussion between the State HSFAC and Controllers or delegates as needed).

When deciding how to respond the primary recipient may consider:

- information available through other sources,
- other relevant policies and arrangements including disaster management procedures;
- the apparent size of the increase or changes in epidemiology, severity or urgency;
- the severity of the mental health, drug or alcohol problems contributing to the increase; and
- opportunity for intervention by local Mental Health Teams, Drug and Alcohol Teams including their triage services, EDs, Public Health Units (PHUs) and/or other organisations.

PHREDSS, MHDAO and the OCHO are the bodies with decision making responsibilities. Their specific responsibilities are listed on below.

PHREDSS

- Monitor surveillance signals for mental health, drug and alcohol problems.
- Conduct a risk assessment of signals to determine, where possible, the need for a situation report, the nature of the problem causing the signal and the appropriate recipient of the report. This may involve consulting with other NSW Health system bodies and organisations, such as the Poisons Information Centre or the Hunter Area Toxicology Service.
- When a report is required, email it with the subject line starting “Situation report” and a brief explanatory description to the appropriate recipient. Reports to MHDAO should be copied to the OCHO.

MHDAO

- Work with the Ministry of Health (MoH) partner branches when requested.
- Assess the information provided in the situation report. This may include seeking further information from the PHREDSS team, local services or other organisations.
- Determine any response, which may be a future policy response.
- Disseminate information to local Mental Health and/or Drug and Alcohol teams including their triage services, EDs, Public Health Units (PHUs) and/or other organisations as appropriate.
- Consult with the Media and Communications Unit about providing information to the media.
- Arrange cover for the nominated situation report recipient as needed.
- Email phredss@doh.health.nsw.gov.au to advise how the information was used.

OCHO

- Where the increase is due to an event of public health significance, the OCHO will work within the Population and Public Health Division to co-ordinate any response. Consultation with other NSW Health system services or partner agencies will occur as needed.
- Email phredss@doh.health.nsw.gov.au to advise how the information was used.

RELATED GUIDELINES

This guideline complements the PHREDSS Public Health Unit Response Guidelines (Document Number GL2010_009).

REVISION HISTORY

Version	Approved by	Amendment notes
GL2012_009	Deputy Director-General, Division of Population Health	New Guideline.

ATTACHMENTS

1. Public Health Real-time Emergency Department Surveillance System (PHREDSS)
Communication of, and response to, increases in mental health, drug and alcohol problems.

MENTAL HEALTH, DRUG AND ALCOHOL – EMERGENCY DEPARTMENT AND AMBULANCE MONITORING

Monitoring mental health, drug and alcohol problems is important.

- Mental illness accounts for a greater disability burden in developed countries than any other disease group, including cancer and heart disease.¹
- Surveillance should underpin the public health interventions aimed at promoting mental health and reducing the burden of disease.²
- Mental Health is one of five contributing areas in the Whole-of-Health response and an important part of emergency response.³

Surveillance objectives

The objectives of PHREDSS mental health, drug and alcohol problem surveillance are:

- To provide early warning of increased population level mental health, drug or alcohol problems that may not be evident through other routine surveillance.
- To supplement other information on population levels trends in mental health, drug and alcohol problems in NSW.
- To monitor mental health, drug and alcohol problem epidemiology to assist the development, monitoring, and evaluation of prevention strategies for such problems in the community.

Surveillance

PHREDSS uses statistical methods to signal unusual daily or weekly counts of ED presentations and Ambulance calls, using data available up to 12 midnight the previous day. Counts are checked daily. The specific mental health, drug or alcohol syndromes PHREDSS assesses and reports on are:

- ED: Mental Health Problems, Acute Alcohol Problems, Illicit Drugs (selected) and Poisoning. The poisoning category includes non-specific overdoses; and
- Ambulance: Overdose/Poisonings/Ingestion of Substances and Psychiatric/Abnormal Behaviour/Suicide Attempt.

The PHREDSS team assess each signal using information about the same day of the week over the previous year, the week compared to the previous 51 weeks, and for seasonality using data from the past 5 years. They consider the following questions when assessing a signal:

- Has there been a recent increase in ED presentations or Ambulance calls?
- Is the increase expected at this time of year (a seasonal increase)?
- How big is the increase compared with both recent and seasonal activity?
- Has the epidemiology of the syndrome changed (such as the age or sex distribution)?
- Has the severity or urgency of the presentations or calls increased (based on triage category, departure status or priority)?
- How long has the increase been sustained?
- Is the diagnosis grouping inherently severe, such as admission to a ward or to critical care, or death in the ED?
- Is there any obvious link between presentations or calls?

PHREDSS staff may issue a situation report if presentations or calls for mental health, drug or alcohol problems show one or more of:

- a higher than expected or sustained increase;
- a significant change in epidemiology (such as the age, sex, or area of residence distribution); and
- an increase in severity or urgency based on triage category, diagnosis or departure from the ED for presentations or priority for calls.

Increases may relate to:

- an emergency or disaster causing or exacerbating existing health problems or restricting access to usual services;
- a change in the availability of mental health and/or drug and alcohol services;
- a change in demand, supply or quality and safety of an illicit drug; and
- public or private events involving mass gatherings and use of illicit or other drugs or alcohol, such as New Year's Eve and music festivals.

The PHREDSS situation report provides an overview summary and a comparison of the recent and usual epidemiology. The epidemiological information may include age, sex, area of residence, mode of arrival at ED, triage or priority category, diagnosis, and ED departure status.

The PHREDSS team has access to information on individual ED presentations and Ambulance calls and can provide more information on request.

Heightened surveillance

Options are available for heightened surveillance for emergencies and for planned events, such as mass gatherings. For planned events several weeks notice is required. Options include: increased frequency of data updates, regular line listings of available individual data, reduced level at which increased activity is signalled, or creation of additional syndromes, where feasible. For regular events, comparison with equivalent event days, rather than the same weekday may be possible.

Response options

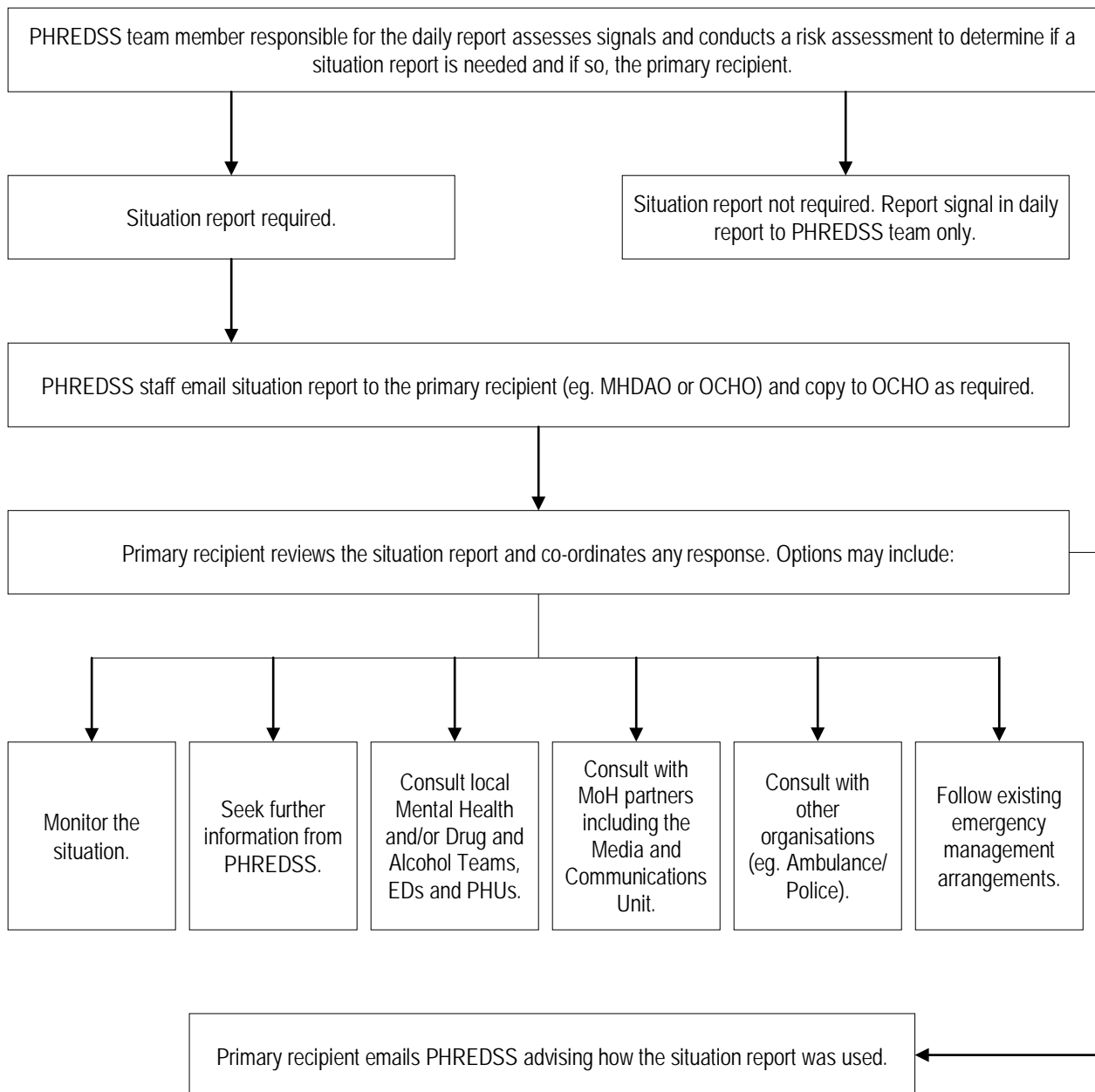
The response may include those outlined in the flowchart.

Further information

Further information about PHREDSS can be obtained by emailing phredss@doh.health.nsw.gov.au.

References

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2. Freeman EJ, et al., Public health surveillance for mental health. *Prev Chronic Dis* [Internet]. 2010 [cited 2011 Dec 09];7(1):A17. Available from www.cdc.gov/pccd/issues/2010/jan/09_0126.htm.
3. WHO, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne. Promoting Mental Health: Concepts, Emerging evidence, Practice: Summary Report [Internet]. Geneva: World health Organization;2004 [cited 2011 Dec 09]. Available from www.who.int/mental_health/evidence/en/promoting_mhh.pdf.



Flowchart: MoH information flow for increases in Emergency Department presentations or Ambulance calls for mental health, drug or alcohol problems.