

## Psychiatric Risk Assessment in the Emergency Department: The Impact of NEAT on the Management of Mental Health Patients

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**Abstract :** Emergency Departments (EDs) are heavily burdened as presentation rates continue to rise. To improve patient flow National Emergency Access Targets (NEAT) were introduced. NEAT implements timelines for ED presentations, such as discharging patients within four hours of arrival. Mental health patients use EDs more than the general population and are generally more complex in their presentations. The aim of this study is to examine the impact of NEAT on psychiatric risk assessment of mental health patients in the ED. Seventy-eight mental health clinicians from 7 Victoria, Australia, hospital EDs participated in a mixed method analysis via anonymous online survey. NEAT was considered helpful as mental health patients were seen quicker, were less likely to abscond, could improve teamwork amongst ED staff, and in some cases administrative processes were better streamlined. However, clinicians felt that NEAT was also responsible for less time with patients and relatives', resulted in rushed assessments, placed undue pressure on mental health clinicians, was not conducive to training, and the emphasis on time was the wrong focus for patient treatment. The profile of a patient typically likely to be treated within NEAT timelines showed a perfect storm of luck and compliance. If a patient was sober, medically stable, referred early, did not require much collateral information and did not have distressed relatives, NEAT was more likely to be met. Organisationally participants reported no organisational change or training to meet NEAT. Poor mental health staffing, multiple ED presentations and a shortage of mental health beds also hamper meeting NEAT. Findings suggest participants were supportive of NEAT in principle, but a demanding workload and organisational barriers meant NEAT had an overall negative effect on psychiatric risk assessment of mental health patients in ED.

**Keywords :** assessment, emergency, risk, psychiatric

**Conference Title :** ICPS 2015 : International Conference on Psychological Sciences

**Conference Location :** London, United Kingdom

**Conference Dates :** June 28-29, 2015