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Optimising emergency department and acute care for people experiencing mental health problems: a nominal group study

Donna Marynowski-Traczyk[1,23] RN, BN(Hons), PhD, Research Fellow
Marianne Wallis[2,3] RN, BSc(Hons), PhD, Associate Dean Health (Research), Emeritus Professor
Marc Broadbent[3] PhD, MEd, RN, GradDipAdultEd&Training, GradCertAdultEd&Training, Deputy Head of School, Learning & Teaching, Associate Professor, Nursing
Paul Scuffham[1] PhD, FAHMS, Director Menzies Health Institute Queensland
Jesse T. Young[4,5,6,7] BSc, MPH, PhD, Senior Research Fellow
Amy N. B. Johnston[8,9] BSc(Hons), BN, GradDipAdEd, MEd, PhD, SFHEA, FCENA, Nurse Researcher
Gerard FitzGerald[10] MD, FACEM, FRACMA, Professor Emeritus
Ed Heffernan[11,12] MB BS BSc(Hons), MPH, PhD, FRANZCP, Director, Queensland Forensic Mental Health Service
Stuart A. Kinner[4,5,13,14] BA(Hons), PhD, Head, Justice Health Unit
Ping Zhang[1] PhD, Senior Research Fellow
Gerben Keijzers[15,16,17] MSc(Biomed Healt Sci, Epi), MB BS, FACEM, PhD, Senior staff specialist emergency physician, Honorary Adjunct Professor of Emergency Medicine
Emma Bosley[18,19] PhD, PGBSc(Hons)Psych, Director Information Support, Research and Evaluation, Queensland Ambulance Service
Melinda Martin-Khan[20] PhD, MHthSc, GSc(Stat), BCom(Acc), BEd(Hons), DipMan, Health Scientist, Senior Research Fellow
Laurie Shevlin[21] BHlthSc(HMS), Acting Superintendent, Integrity Performance Group, Ethical Standards Command, Queensland Police Service
Julia Crilly[1,15,22] B. Nurs, MEmergN(Hons), PhD, Professor of Emergency Care

[1]Menzies Health Institute Queensland, Griffith University, Qld, Australia. Email: p.scuffham@griffith.edu.au; p.zhang@griffith.edu.au
[2]Faculty of Health, Southern Cross University, NSW, Australia.
[3]School of Nursing, Midwifery, and Paramedicine, University of the Sunshine Coast, Qld, Australia. Email: mwallis@usc.edu.au; marc.broadbent@usc.edu.au
[4]Justice Health Unit, Melbourne School of Population and Global Health, The University of Melbourne, Vic, Australia. Email: jesse.young@unimelb.edu.au; s.kinner@unimelb.edu.au
[5]Centre for Adolescent Health, Murdoch Children's Research Institute, Vic, Australia.
[6]School of Population and Global Health, The University of Western Australia, WA, Australia.
[7]National Drug Research Institute, Curtin University, WA, Australia.
[8]School of Nursing, Midwifery and Social Work, University of Queensland, Qld, Australia. Email: amy.johnston@uq.edu.au
[9]Department of Emergency Medicine, Princess Alexandra Hospital, Qld, Australia.
[10]School of Public Health and Social Work, Queensland University of Technology, Qld, Australia. Email: gj.fitzgerald@qut.edu.au
[11]Queensland Forensic Mental Health Service, Queensland Health, Qld, Australia. Email: ed.heffernan@health.qld.gov.au
[12]School of Public Health, University of Queensland, Qld, Australia.
[13]Mater Research Institute-UQ, University of Queensland, Qld, Australia.
[14]Griffith Criminology Institute, Griffith University, Qld, Australia.
[15]Department of Emergency Medicine, Gold Coast University Hospital, Qld, Australia. Email: Gerben.Keijzers@health.qld.gov.au; julia.crilly@health.qld.gov.au
[16]Faculty of Health Sciences and Medicine, Bond University, Qld, Australia.
[17]School of Medicine, Griffith University, Qld, Australia.
[18]Information Support, Research and Evaluation, Queensland Ambulance Service, Qld, Australia. Email: Emma.Bosley@ambulance.qld.gov.au
[19]School of Clinical Sciences, Queensland University of Technology, Qld, Australia.

[20]Faculty of Medicine, University of Queensland, Qld, Australia. Email: m.martinkhan@uq.edu.au
[21]Queensland Police Service, Qld, Australia. Email: shevlin.lauriej@police.qld.gov.au
[22]School of Nursing and Midwifery, Griffith University, Qld, Australia.
[23]Corresponding author. Email: Donna.Marynowski@health.qld.gov.au

SUPPLEMENTARY MATERIAL

Supplementary Table 1: Ranked Ideas Question One

RANK	NGT 1	NGT 2	NGT 3	NGT 4	NGT 5
5	Front end, quick assessment prioritised	Rapid referral	ED staff baseline skills MH assessment and interventions	24-hour services/MH nurse navigator	Triage-designated forms and processes (MH Act)
4	Sharing records	MH liaison	Cultural considerations	Building design	MH triage system (completed after general triage)
3	Behavioural assessment unit	Low stimulus environment with distraction techniques : Improved communication	Police and ambulance input into handover	Rapid assessment in ED	Clear physical health first before management of MH concerns
2	Quicker assessment	24hr psychiatry cover : Observation unit, MH short stay	MH and medical collaborative initial assessment : Separate observation area	Access to psychosocial supports	Initial behavioural assessment (criteria based)
1	Frequent presenter program	Referrals, supports on discharge - APPS, support networks, bridging clinic, pre-prepared packs	Assessment and triage-common triage scales : Video conferencing	Psychosocial assessment	Initial assessment with police

Supplementary Table 2: Ranked Ideas Question Two

RANK	NGT 1	NGT 2	NGT 3	NGT 4	NGT 5
5	Crisis outreach	Increase in community crisis teams	Training for police and ambulance in risk assessment, signs of deterioration in MH and de-escalation	Co-responder MH clinician/ ambulance	Dual response paramedics/ police/fire
4	Cafes - ED MH café	Increase in GP involvement in care planning (GP education and training)	Co-responder model : Crisis management training for family/carers significant others, family involvement. Community based training for families- recognising deterioration/ management	Implementation of care/treatment plan at the time of crisis based on assessment	Referral process that can avoid ED presentation
3	Triage	Increase in bridging services and subacute care	After hours service capability for preventable hospital admissions. Respite care/wrap around services, safe place in the community	Linkage between services	Urgent care in GP super clinic and MH services after hours
2	Sharing of MH plan with all services	Increase in training for police and ambulance	Peers support workers, increased outreach	Crises management plans in collaboration with consumers	Confirming the diagnosis (assessment)

1	MH call (24hrs)	Support for patients in acute service in the community : Affordable psychiatric follow-up (subacute) : Pathway- GPs and EDs can refer directly to community : 24/7 hostels with appropriately qualified personnel	Involvement of private GPs	Expansion of community services including community MH teams	Check red flags- frequent flyers and violence