

Crunch on mental services

HAYLEY SORENSEN

ACCESS to mental health services in the Northern Territory lags well behind the rest of the country and emergency departments are being forced to shoulder the cost, a report by the Australian Institute of Health of Welfare shows.

The study shows the Territory is at the bottom of a host of indicators measuring access to mental health services.

The NT has only 8.1 full-time equivalent psychiatrists

per 1000 residents, well below the national rate of 13.3/1000.

The Territory also ranks last for subsidised mental health services provided by general practitioners and has the lowest rate of mental health related-prescriptions issued to patients.

It appears the slack is falling to emergency departments to deal with. Territory EDs recorded Australia's highest proportion of mental health-related presentations with 255.5 per 10,000 population.

Australasian College of Emergency Medicine NT faculty chairman Stephen Gourley said emergency departments across the Territory dealt with a far greater volume of mental health complaints than their interstate counterparts. But he said NT hospitals had put in place mechanisms to deal with the influx.

"We do have quite a few mental health presentations but quite a few of those are on the lower urgency spectrum. They are not people in acute

distress but people who want to talk to someone," he said.

Dr Gourley said in-house clinical psychologists in NT emergency departments meant access to crisis intervention services was good, allowing doctors and nurses to get back to treating patients in physical distress.

However, those emergency department clinical psychologists were often unable to provide long-term follow up, he said.

Increasing the number of

GPs and mental health professionals in the NT would mean fewer patients would present in emergency departments with mental health problems, he said.

"We don't have the same level of care that you do in other places, which raises the whole problems of equity and access," Dr Gourley said.

"We want to provide equality of care and equity of care, and we're not able to provide both because we have a shortage," he said.

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DR STEPHEN GOURLEY