Article type : Letters to the editor (comment)

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Title	Nursing home "no returns" policy, when residents are discharged to the emergency department at 4 am: what does the law say?
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Primary Keywords [Office use only]	Gerontology; Mental disorders; Ethics and law; Health services administration
Secondary keywords [Office use only]	Health services for the aged; Geriatric psychiatry
Notes:	

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1002/MJA2.50132](#)

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Article details (press ctrl – 9 to enter details):

Article type	Letter
Blurb	

Office use

<i>Ms. Number</i>	mja18.01102. R1
<i>Medical editor</i>	Francis Geronimo
<i>Medical editor email</i>	fgeronimo@mja.com.au
<i>Structural editor</i>	Graeme Prince
<i>Structural editor email</i>	gprince@mja.com.au
<i>Section/Category</i>	Letters to the editor (comment)
<i>Strapheading</i>	Letters
<i>Substrap</i>	

Elsevier – file data:

Filename for copyediting	for_mja18.01102_ms
Accompanying graphics	
Stock images	
Appendices	

Office use – history:

Event	Date	Event	Date
Original submission received	25/10/2018	Accept	15/11/2018
Proof sent to author			
Proof returned by author			
Published (date format xx/xx/xx)	06/05/19		
Issue	8		
Vol	210		
DOI	10.5694/mja18.01102		
Journal	The Medical Journal of Australia		
Original article DOI (for response)			

Nursing home “no returns” policy, when residents are discharged to the emergency department at 4 am: what does the law say?

TO THE EDITOR: We note with interest the letter from Peisah and colleagues.¹ A group of oft-forgotten patients also affected by “no returns” policies is older people with mental illness. We have recent experience of a 72-year-old man with diagnoses of schizoaffective disorder and Alzheimer dementia who was admitted to an aged mental health inpatient unit with a relapse of his schizoaffective disorder. He was admitted from a nursing home where he had resided for 4 years, during which time his illness had been stable except for an admission some 12 months earlier.

On admission, after minor changes to his pharmacological management, supportive psychotherapy and allied health input, his condition returned to baseline. When the medical team liaised with his nursing home to arrange his return, they were informed that he could not return because they did not have the facilities required for him. When the patient was informed of this, there was subsequent deterioration in his mental state. After his brother with enduring power of attorney threatened legal action, he was accepted back at the home. The community mental health team who are continuing his care in the community have indicated that he remains stable following discharge.

There is a high proportion of nursing home residents with a mental illness other than dementia.² United States and Canadian data suggest that older adults with mental illness experience stigma from nursing homes (mostly due to fear of aggression and other behaviours) and poor quality care.³ Such patients tend to be placed in the first instance in nursing homes with deficiencies in care and with a paucity of resources and specialised expertise to provide care for this group;⁴ this probably explains the recourse to the “no returns” policy experienced by our patient. Such situations cause harm to the patient and contribute to bed block in hospitals.⁵ The issues involving this particularly vulnerable population will hopefully be uncovered in the Royal Commission into Aged Care Quality and Safety. We encourage improved mental health literacy in Australian nursing homes.

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Competing interests: No relevant disclosures.

doi: 10.5694/mja18.01102

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Title:

Nursing home "no returns" policy, when residents are discharged to the emergency department at 4#am: what does the law say?

Date:

2019-05

Citation:

Forbes, M. P. & Ferraro, A. (2019). Nursing home "no returns" policy, when residents are discharged to the emergency department at 4#am: what does the law say?. Med J Aust, 210 (8), pp.381-381.e1. <https://doi.org/10.5694/mja2.50132>.

Persistent Link:

<http://hdl.handle.net/11343/285686>