



How access has changed emergency mental health care in the bush

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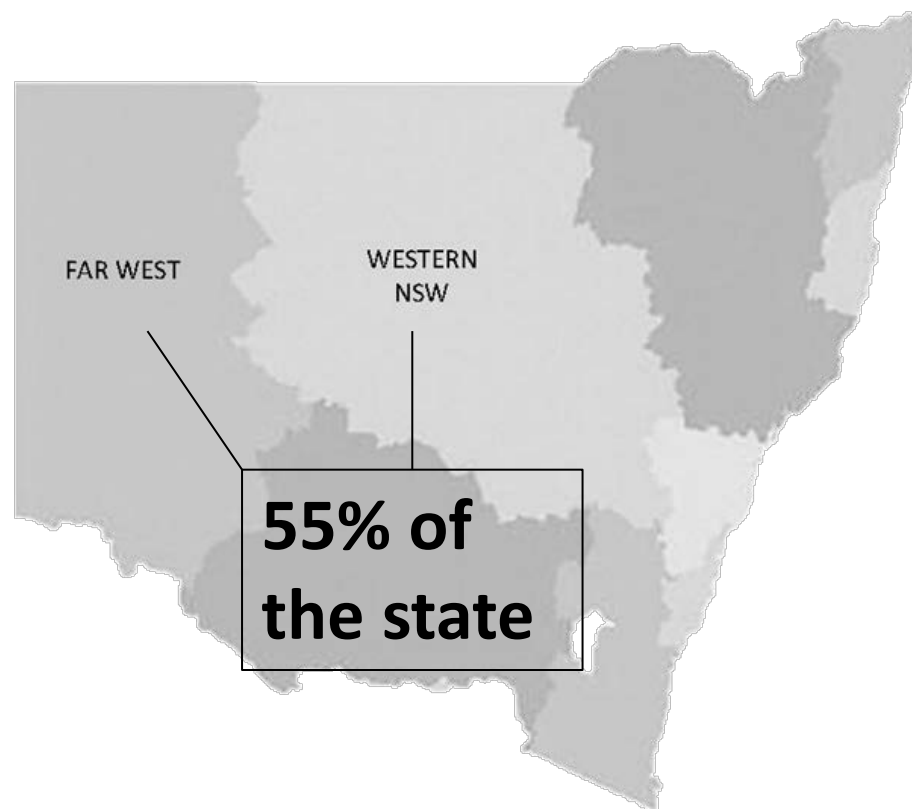
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the Mental Health Emergency Care- Rural Access Program (MHEC-RAP/MHEC)

- to improve **ACCESS**, safety, and service coordination to specialist MH care
- providing Information and Emergency Clinical Services via telehealth





the evaluation

METHODOLOGY

- Case Study

METHOD

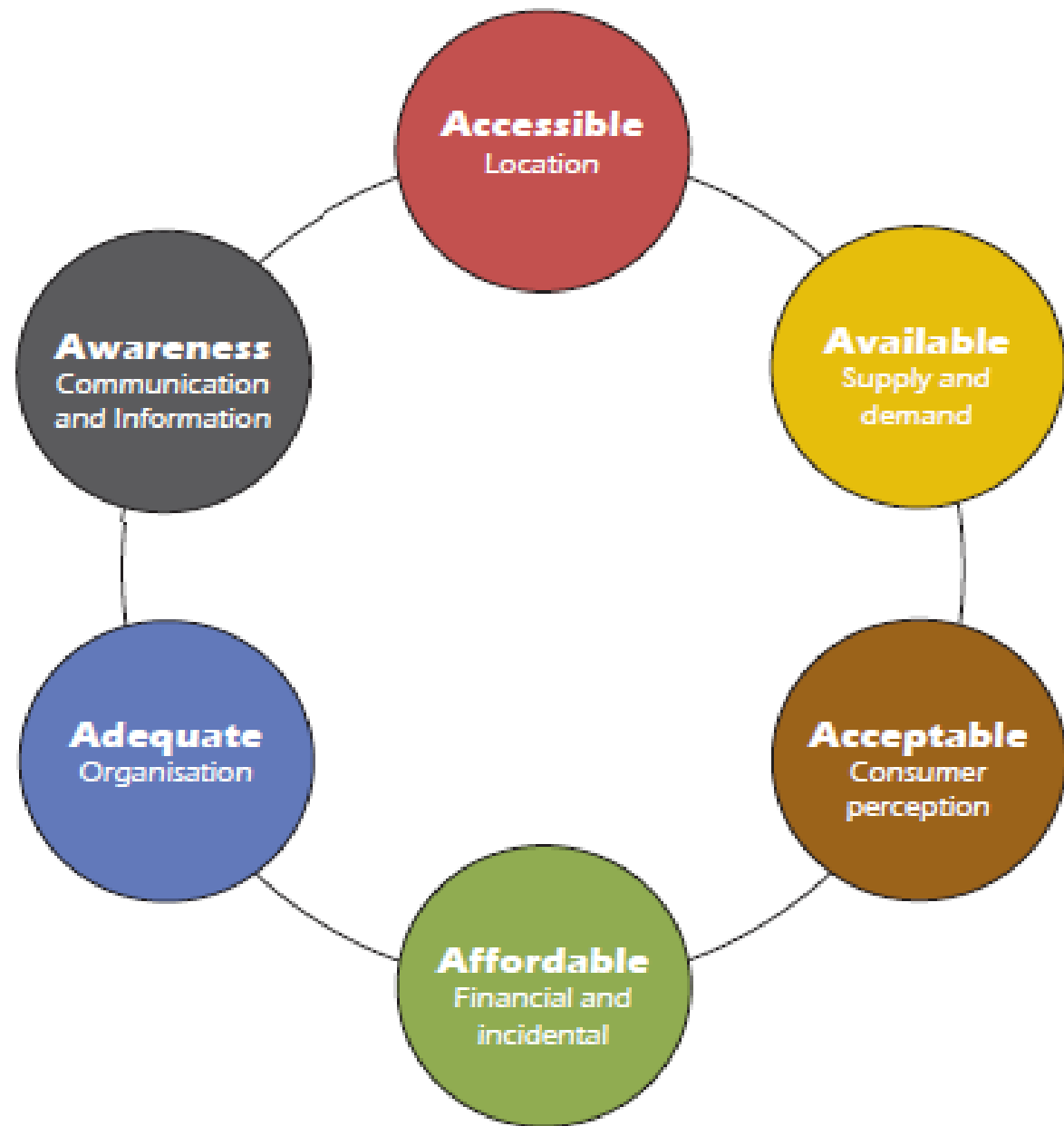
- Multiple methods

PROGRAM AIMS

- **Improve access to care**
- Improve safety
- Improve service coordination



THEORY





the study

METHOD

- Semi-structured interviews
- Analysed data through lens of the 6 concepts of access

AIMS

- Understand impact of MHEC through the experience of consumers
- Identify matters for implementation



Accessibility

(proximity to the consumer in time and distance)

Able to get immediate assistance without waiting or travelling

- *“It makes such a difference being able to have somebody on the other end of the phone”*
- *“When somebody comes in, they’re reviewed, they’re assessed, they’re immediately talking to MHEC-RAP”*



Accessibility

(proximity to the consumer in time and distance)

IMPLICATIONS for IMPLEMENTATION

- Considerations of context
 - Requires access to telephone for basic service
 - Video access points
 - Number and distribution of equipment



Availability

(resources to meet volume and need)

Responding to need for specialist care

– for the patient

– for the provider

Ease the demand upon local providers

- *“Before MHEC-RAP, patients used to sit in emergency departments for much, much longer with no definitive care”*

Availability

(resources to meet volume and need)

IMPLICATIONS for IMPLEMENTATION

- Range of services
- Balance responsiveness and efficiency
 - Staff
 - Technology





Acceptability

(consumer perception)

Not perfect...BUT...

Changing practice and improving confidence

Reducing crises

- *“MHEC-RAP has basically reduced the crisis. ...we can actually get the process happening straight away and everything just calms down”*



Acceptability

(consumer perception)

IMPLICATIONS for IMPLEMENTATION

- Considerations of context
 - Regionally located
 - Specific populations
- Access
 - Range of services
 - Effective referral pathways
 - User-friendly and safe technology



Affordability

(cost for the service and consumer)

No known cost

Perceived savings in unnecessary transportations for the Service and Patient

- *“MHEC-RAP’s actually saved us money, a lot of money in transport fees”*



Affordability

(cost for the service and consumer)

IMPLICATIONS for IMPLEMENTATION

- Use of pre-existing technology
 - Freecall number and telehealth network
 - New technology rolled out
- Change in care provision



Adequacy

(organisation)

Program structure/function

- 24/7
- No wrong door
- Use of technology

Responded to inadequacy of local access
afterhours and on weekends

- *“Having MHEC-RAP now 7 days-a-week,
24 hours-a-day is brilliant”*



Adequacy

(organisation)

IMPLICATIONS for IMPLEMENTATION

- Consideration of context
- Program structure and function
- Negotiation regarding location and model of video equipment





Awareness

(communication and information)

Basic knowledge of program

- 24hours
- Regional team

Flexibility in the model for local adaptation

- Variation in need; support vs standard practice
- Complement to existing systems/practice
- *“It helps when you know about it ... it does become your best friend ... we use it a lot”*



Awareness

(communication and information)

IMPLICATIONS for IMPLEMENTATION

- Considerations of context
 - Community resources and information
 - Current practice
 - Specific populations
- Program promotion
 - Regular contact with consumers




before MHEC-RAP

- Limited access
 - Providers felt alone
- Mental health emergencies were difficult to manage
 - Sedate and send

MHEC-RAP has

- Provided **access** to specialist care
 - Considerations of context
- **Changed** local practice and perspective
 - Local care



[MHEC-RAP's] a fantastic service because we've got quite a large mental health population and ... prior to this you kind of felt like you were flying blind; despite the fact that we [see] a lot of [mental health]. I think MHEC-RAP has changed the face of mental health in the bush. –remote ED nurse



in summary

- Access is a universal concern
- Access to specialist mental health care is limited (particularly in rural and remote communities)
- MHEC-RAP has improved access to specialist care and changed practice for these providers and communities
- MHEC-RAP is a practical solution for improving access and changing the provision of care elsewhere.

THANK YOU

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Publications from the Thesis(to date):

- Saurman, E., D. Lyle, D. Perkins and R. Roberts (2014). "The successful provision of emergency mental health care to rural and remote NSW-an evaluation of the Mental Health Emergency Care-Rural Access Program." Australian Health Review **38**(1): 58-64.
- Saurman, E., D. Lyle, S. Kirby and R. Roberts (2014). "Use of a mental health emergency care-rural access programme in emergency departments." Journal of Telemedicine & Telecare **20**(6): 324-329.
- Saurman, E., D. Lyle, S. Kirby and R. Roberts (2014). "Assessing program efficiency - a time and motion study of the Mental Health Emergency Care-Rural Access Program in NSW Australia." International Journal of Environmental Research and Public Health **11**(8): 7678-7689.
- Saurman, E., J. Johnston, J. Hindman, S. Kirby and D. Lyle (2014). "A transferable telepsychiatry model for improving access to emergency mental health care." Journal of Telemedicine & Telecare **20**:391-399.
- Saurman, E., S. Kirby and D. Lyle (2015). "No longer '*flying blind*' - how access has changed emergency mental health care in rural and remote emergency departments-a qualitative study." BMC Health Services Research **in review**.