How access has changed emergency mental health care in the bush

Emily Saurman
Broken Hill University Department of Rural Health
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

55% of the state
the evaluation

**METHODOLOGY**
- Case Study

**METHOD**
- Multiple methods

**PROGRAM AIMS**
- Improve access to care
- Improve safety
- Improve service coordination
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.
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For more information contact:
Emily Saurman
emily.saurman@sydney.edu.au
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