

Mental Health Liaison (MHL) Services

'A Rural Service Delivery Model for Community Mental Health Services'

AMHB Research Showcase – November 2008

Dwight Hunks
Gloria Bruggencate
Jean Ann Nichols



Importance

Need for improved access to rural mental health services:

- Reported in the literature as a long-standing problem (Kirby, 2005; WHO, 2001)
- Identified as a priority in the DTHR Mental Health Plan (2005)

A key component to meet the unique needs of rural communities, is flexibility in how, when and where services are delivered
(Rural Think Tank, PHAC 2005)

Background

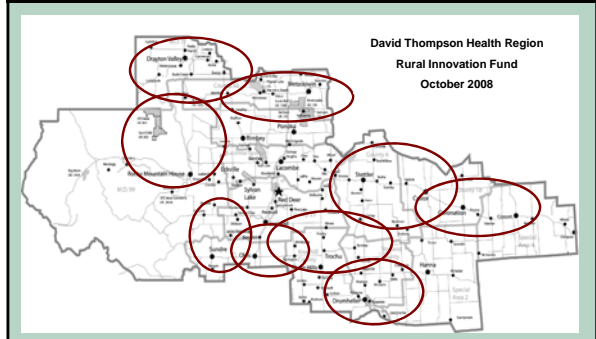
- **Challenge of providing mental health services across a large health region:**
 - Over 60,000 sq kms
 - Population of approximately 300,000
- **Pilot project completed in 2004/2005**
 - MHL in Rocky Mountain House
- **Rural Service Delivery Model funded through the 2006 Mental Health Innovation Fund**

Purpose
<ul style="list-style-type: none">• Increase <u>Accessibility</u> to mental health services• <u>Integrate</u> mental health services into the general health system<ul style="list-style-type: none">– Increase <u>availability</u> of services in new locations– Facilitate <u>continuity of care</u> by building on concepts of shared care / primary care– Reduce stigma• Deliver an <u>Effective/Quality</u> service

Description
<p>Rural Service Delivery Model</p> <ul style="list-style-type: none">• Not a traditional “mobile or geographic team” model<ul style="list-style-type: none">– Issues of too much driving / down time / expense• Main focus are the Mental Health Liaisons (MHL)• Current staffing<ul style="list-style-type: none">– Clinical Manager– 9 FTE MHL positions

Description
<ul style="list-style-type: none">• Serve 11 communities and surrounding areas• Strategically located in key access points of the health system<ul style="list-style-type: none">– Hospitals (primary focus)– Medical Centers / Primary Care Networks (PCNs)– Community Mental Health Center

Locations



Description

MHL are generalist positions that provide:

- Mental Health Assessment
- Crisis Intervention
- Brief Counseling / Follow-up / Referral
- Single Session Walk-in Service
- Professional Consultation
- Education
- Mental Health Promotion and Illness Prevention Activities

Description

Expansion of videoconferencing equipment (Telemental Health) into 12 / 15 rural mental health centers

- Assessment / Therapy / Case Conference
- Psychiatric / Professional Consultation
- Solution Focused Single Session (SFSS) Walk-In Service
- Team Meetings / Staff Supervision / Education

Implementation

- **Initial discussions/consultation with Site Leaders and Medical Staff in rural centers**

- **Site Leaders involved in:**
 - Recruitment process
 - Locating / arranging office space
 - Assisting with internal linkages

- **Comprehensive training of staff**
 - e.g. "Healthy Minds", Solution-Focused Therapy, Crisis Intervention, Post Partum

Linkages

- **Medical Staff / Nursing / Allied Professionals**
 - Hospital Discharge Planning Groups
 - Facility Leadership Committees

- **Community Agencies / Partnerships**
 - Drumheller Drug Coalition
 - Rocky Mountain House Suicide Coalition
 - Development of support groups (e.g. suicide bereavement, post partum mood disorder)
 - Victims of Violence

Linkages

- **Mental Health Services and other service providers** (e.g. AADAC)

- **Mental Health Promotion and Illness Prevention Activities**
 - MHL staff are certified Mental Health First Aid trainers

- **Clinical Manager also responsible for:**
 - Crisis Response Teams
 - Post Partum Mood Disorder Specialist

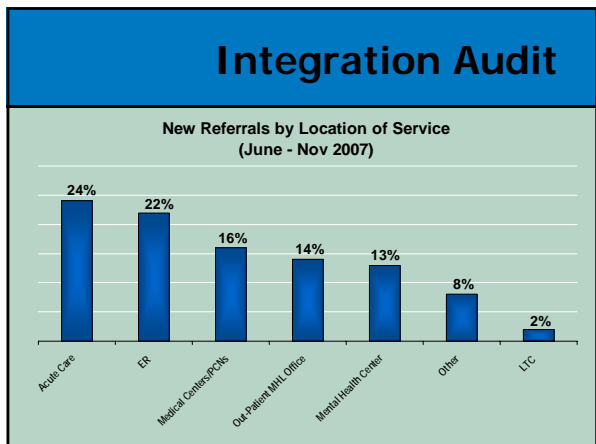
EVALUATION and KEY FINDINGS

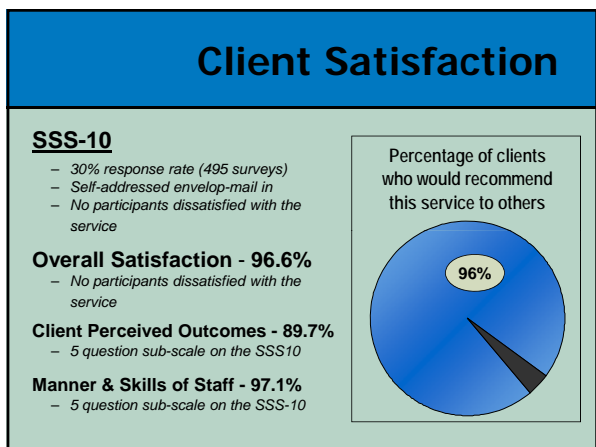
Evaluation Plan

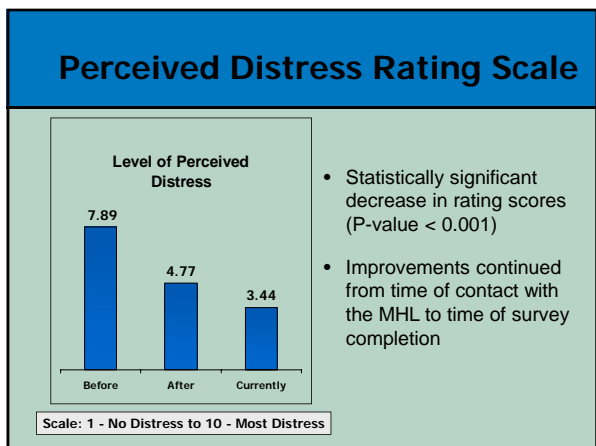
- **Knowledge Management and Quality Resources**
- **Utilization Data**
 - ARMHIS / Manual Data Collection
 - Integration Audit
- **Client Satisfaction**
 - SSS10+[®] adapted by C. Adair, L. Simpson, T. Greenfield from the SSS-30/RES[®] T.K. Greenfield, C.C. Attkisson, & G. C. Pascoe
 - Perceived Distress Rating Scale
- **Stakeholder Satisfaction Survey**

Utilization Statistics

- **Direct Client Contacts** - 6511 (2007/2008)
- **Average Wait Time**
 - Reduced from 5 days (2007/2008) to 2 days (2008/2009)
 - Crisis referrals generally handled the same day
- **Mental Health First Aid** - 487 people trained (2007/2008)
- **Mental Health Promotion and Illness Prevention**
 - 204 presentations / 4291 participants (2007/2008)







Current Status

- Stakeholder Satisfaction Survey in progress
- 5 requests received from additional hospital site leaders for implementation of MHL services
- Emergency Departments Orientation / Education / Regional Mental Health Triage Tool
- Mental Health Innovation Funding has been annualized

Conclusion

- Increased **Accessibility** to mental health services in rural areas
- Improved **Integration** of mental health services through increased **availability** and enhanced **continuity of care** by building on concepts of shared care / primary care
- Delivered **Effective/Quality** mental health services resulting in improved client outcomes

Questions?

ACCESS AND EARLY INTERVENTION PROGRAM
Dwight Hunks - dhunks@dthr.ab.ca
Gloria Bruggencate - gbruggencate@dthr.ab.ca
