Review of RuralLink and MHERL

Rural and Remote Mental Health Conference
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Outline

1. Scope of the Review
2. RuralLink
3. Data
4. Innovations
5. Future Directions
## Scope of the Review

**MHERL**

1. Review its role, function and relevance to target population
2. Examine relationship with other services:
   - Internal – CERT, CMHT, ED, ICAYMHS, Older Adult
   - External – Police, other telephone lines, Health Direct
3. Review gaps, effectiveness and make recommendations for service development
4. Review other functions [SARC]

**RURALLINK**

1. Review its role, function and relevance to target population
2. Examine relationship with other services:
   - Internal – Rural MHS, ED, ICAYMHS, Older Adult, Metro MHS
   - External – Police, GPs and other health/welfare, NGO
3. Review gaps, effectiveness and make recommendations for service development
Issues from NMAMHS Emergency Services Review

- Duplication of triage and assessment
- Disconnect between PLN, CERT, MHERL
- Focus on ‘gate-keeping’ CMHS
- Limited capacity intensive community treatment
- Difficult for public to access and navigate MHS
- MHERL is “out of scope”
- Large part of work is information, advice and low volume of emergencies
Role of RuralLink

“RuralLink is an after-hours extension of local mental health services.”

Clients and carers
Offers new and existing clients information, advice, assessment and assistance to access appropriate services and carer support.

Members of the community
Provides a single point of contact for after-hours information, advice, assessment and/or referral and provides access to appropriate mental health services or follow up.

Health professionals and community welfare service providers
Offers medical practitioners, health professionals, and community and welfare service after-hours telephone support, information and advice on mental health matters.
After-hours Country Mental Health System
Visits to Country Areas

**Broome**
- Videoconferences
  - Derby
  - Kununurra
  - Karratha
  - Port Hedland

**Albany**
- Videoconferences
  - Katanning
  - Gnowangerup/Kojonup
  - Narrogin
  - Wagin

**Kalgoorlie**
- Videoconferences
  - Esperance
  - Laverton
  - Norseman

**Bunbury**
Clients and Carers

- Overall positive feedback from clients who used RL
- Generally clients wanted ‘local’ services, particularly specialist MH staff in EDs
- Publicity material widely displayed in MHS and other community services
- Kimberley specific issues raised:
  - Name and badging
  - Aboriginal clients
Key Issues – Local MHS

Local Mental Health Services

- Where staff used RL for A/H support of their clients found it to be reliable and effective
- Good feedback on client use of RL
- However, seen more as patient-carer service and not widely used as an adjunct to treatment by MHS staff
- RL not seen as part or extension of their service
Some Examples of Region-specific Issues

**Bunbury**
- Transitioning from SW24 to RL

**Kalgoorlie**
- Loss of after-hours call-out for ED

**Esperance**
- Nurses use RL but resistance from GPs to use RL as screen to limited call-out service

**Albany**
- PLN proposed and pilot videoconference planned for Albany and Katanning EDs in partnership with RL

**Kimberley**
- 24 hour on call by psychiatrists and use of Graylands medical staff as backup
Key Issues – Emergency Departments

Emergency Departments

- Regional hospital EDs generally don’t use/not want to use RL but want specialist MH staff available in ED
- Smaller hospitals tend not to know about or use RL, but more receptive
- High turnover of staff makes difficult to educate staff about management of clients and to maintain knowledge about RL
- RL not built into protocols and various local arrangements in place
- ED staff not have access to MH information [PSOLIS]
- Lack of access to specialist MH expertise leads to higher rates of admission and ‘transfer on forms’
Key Issues – Police and NGOs

**Police**

- Rarely use RL but take people directly to ED
- Transporting of patients major problem, particularly after hours

**NGOs**

- Rarely use RL but needing after-hours mental health service support
- Keen to get specialist MH service support for EDs
Calls to RuralLink by Region 2009 and 2010

Number of calls

- Midwest: 270 (2009), 185 (2010)
- Pilbara: 167 (2009), 164 (2010)
- Kimberley: 57 (2009), 99 (2010)
Regional Call Rate/1,000 Population 2009 and 2010

- S West: 3.6 (2009), 5.2 (2010)
- Midwest: 3.6 (2009), 4.9 (2009), 6.4 (2010)
- Goldfields: 7.6 (2009), 7.6 (2010)
Country Calls to RuralLink and MHERL 2010

- **24:00 - 08:00**: 454, 17%
- **08:00 - 16:00 [M to F]**: 558, 20%
- **08:00 - 16:00 [WE]**: 355, 13%
- **16:00 - 24:00**: 1361, 50%
Triage Category Metro Area Calls 2010

- Unclass, 6480, 46%
- Immediate, 614, 4%
- Rapid, 1570, 11%
- Prompt, 1563, 11%
- Timely, 1258, 9%
- Standard, 2590, 19%
Referral Source for MHERL – RuralLink July 2009 to Feb 2011

Average Monthly Client Count

- Corrections: 4
- Court: 1
- Family/Friend: 174
- Hospital: 176
- Medical Practitioner: 57
- Nursing Home/Hostel: 5
- Other Organisation: 79
- Other Professional: 4
- Police: 71
- Refuge: 1
- Self: 264
- Unknown: 39
Innovation – Greater Western NSW

- Comprehensive assessment and assistance in managing patients who present with mental health emergencies to EDs
- Operates from central hub [Orange] 24/7
- Previously 60% of emergency ED presentations transported for assessment – after 15 months, average transport rate reduced to 19%
- Training and promotion need to be ongoing
- High client acceptance
Innovation – South Australian Rural and Remote Mental Health Services

- Operates from Glenside Hospital Campus as part of Country Health Services – provides:
  - Emergency Triage and Liaison Service
  - Distance Consultation Service

- Distance Consultation Service uses C/L approach to enhance GP skills

- Availability of specialist psychiatrist opinion over videoconferencing without long waiting lists and low threshold for acceptance – ‘next day’ assessment by private psychiatrists using MBS

- Could be provided from private rooms
Innovation – Statewide Clinical Services Enhancement Program [SCSEP]

- Part of WACHS and operates from Graylands campus

- Facilitating treatment, professional development and networking services for CAMHS, adult and older adult mental health by videoconference

- Particularly strong range of CAMHS services and links for Graylands staff with country MHS staff
Innovation – eheadspace

eheadspace is a new service where you can get help and support

eheadspace is a confidential, free, anonymous, secure space where you can chat or email with qualified youth mental health professionals if you are 12 to 25 years

eheadspace is available seven days a week from 1pm-9pm (WA time), or you can email at anytime

eheadspace is a pilot program delivered by the Australian Government in partnership with the Western Australian Government
From July 2011, $565 million to reform and improve access to health care for the Southern Inland area of Western Australia

- $240 million investment in health workforce and services over four years
- $325 million in capital works over five years

This initiative will dramatically improve medical resources and 24 hour emergency coverage in the area. It will

- deliver safe and effective emergency services and good access to general practice
- put private GPs back into country towns, supported by visiting specialists and health practitioners backed up by "e-technology" such as telehealth
- mean better support to nurses who, due to the lack of doctors in this region, carry greater responsibilities
Victorian Model

- 24/7 capacity
- Adequate 9 – 5 duty intake

000 Emergency Response
- Self care
- Primary Care Provider
- Private Psychiatrist
- Other Provider

Enhanced Area MHS Triage

Specialist Mental Health Services
New South Wales Model

State Mental Health Telephone Access Line

- Single point (1800) access to mental health telephone triage, advice and referral to local MH services
- Area Health Services are being supported by NSW Health to provide 24/7 telephone response by mental health professionals and to operate mental telephone triage services that meet state wide performance standards
- Enhancing access for new clients
Future Directions
Overview

- Not well promoted
- Name not reflect use
- Primarily serves consumers & carers
- Underutilised by provider groups
- Disconnect with AMHS

Metropolitan MHS

- Strengthening integration
- Extending hours operation
- Growing duplication of roles with MHERL

Country MHS

MHERL

- Minimal A/H MHS
- Move to PLNs in Regional EDs

Metro
Consumers & Carers

Country
Consumers & Carers

Metro
MHS

Country
MHS

Metro
Police, GPs, others

Country
EDs, Police, GPs, others

RuralLink

- Not seen as ‘belonging to’ CMHS
- Primarily serves consumers & carers
- Underutilised by provider groups
Guiding Principles Underpinning the Review

- Growing local mental health services
- Prioritising support for the key emergency providers – police and ED
- Specialist after-hours services – RL, MHERL, PLNs - “owned” by local services
- Strengthening the capacity of other providers to provide services for mental health clients
- Using technology to enhance access to specialist MH services
Statewide Advice Line

Mental Health Advice Telephone Service

- Expert advice, information, referral for public, consumers, carers 24/7
- Not single point of access
- Warm transfer to local AMHS

Enhanced 24/7 AMHS triage [N, S, Country]

- Doorway to specialist MHS
- Referrers go direct
- Public, consumers, carers can go direct
Building Country Mental Health Services

Regional Enhancement Program [MH-REP]

Expanded local responses

- South West
- Great Southern
- Wheatbelt
- Goldfields
- Midwest
- Kimberley
- Pilbara

Country Consumers & Carers
Country MHS
Country EDs, Police, GPs, others
RuralLink
Building Country Mental Health Services

Regional Enhancement Program [MH-REP]

Embedded in WACHS and ‘owned’ by Regional MHS

Enhancing 24/7 services by:
- A/H specialist triage
- Use of VC for EDs, GP consult, Specialist consult & treatment, D/C planning, staff development
- Internet-based treatment
- Police Support

Expanded local responses

PLNs in regional EDs & supporting their smaller hospitals

Regions:
- Pilbara
- Kimberley
- South West
- Great Southern
- Wheatbelt
- Midwest
- Goldfields
- Pilbara
- Kimberley
- South West
- Great Southern
- Wheatbelt
- Midwest
- Goldfields
The Review will provide:

1. The current role and function of MHERL and Rurallink within the mental health system and their relationship with other service providers

2. A profile of service provision, including variations in the patterns of service use

3. Views of stakeholders, including consumers and carers, about the appropriateness of these services and the way in which they are delivered

4. An understanding of the strengths and weaknesses of the current service arrangements

5. Identify options and provide recommendations to MH-ORC for future development of service, including resource implications