Differentiated response pathways for mental health crisis callers

EARLIER

MENTAL HEALTH RESPONSE

Developed in Partnership with:

![Partnership Logos]
Presented by:
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An 80 year old female called 111 expressed suicidal thoughts in context of Post-Traumatic Stress and loss during the year. She had had a mastectomy, and was then in a car accident that claimed the life of her husband. Now, she is isolated with no friends or family in NZ. Her son has come from overseas for the holidays but has been sightseeing instead of spending time with her. She was given support and validation of her feelings. We then discussed referring her on for more support for her mental health and social needs. She agreed and an urgent referral was made to her local mental health service.

A 46 year old male called 111 and said he was feeling suicidal. Has been kicked out of home by family over the holidays and is now living in the local park with no access to food, water, cigarettes and medication for anxiety. He was given support to calm him and a plan was formulated with him that included accessing local social support for emergency food and housing options. The man also agreed to a referral to community mental health services for support around anxiety and medication. The man also expressed a desire to quit smoking, and Quitline information and support were also discussed.
The **Earlier Mental Health Response** service funded by Treasury commenced in 2017 on this virtual platform. Now nationwide.

EMHR is a well joined up initiative of Police, Ministry of Health, Ambulance services and Homecare Medical.
EMHR components:

• A mental health triage service that takes calls transferred from emergency services

• A mental health expert advice line that provides advice to professionals who need information or are unsure whether and how to access mental health services for their clients

• A national directory of mental health and associated services, available to clinicians and to the general public
Triage Line- which calls and volumes?

Notes:
- **1X** are calls classified by Police as suicide related
- **1M** are calls classified by Police as mental health related

**Note:** for simplicity this diagram implies a single continuum of acuity – in reality factors such as risk to self and others and level of distress are relevant in determining disposition.
EMHR co-design process

• **Triage Line**
  • Detailed workshops with representatives of DHB, Police, Ambulance sector, Ministries
  • Testing with service users/consumers – really powerful feedback on need and desire for the service
  • Great tuning of the service around key client interests – 3 way call transfer, type of staffing, type of help

• **Expert Advice Line**
  • Detailed workshops with Police, MSD, Ambulance
  • End user/consumer testing: Whānau Ora (Marae based), Probation, Education, Police, CYF, MSD
  • Strong results, great demand in some areas, other organisations had the support they needed and wanted to keep existing arrangements
EMHR co-design process
New Zealanders experiencing mental health distress - or their concerned family, whānau or friends - call 111.
If the police operator determines there is no immediate emergency, they will connect a mental health nurse to the call.
The Early Mental Health Response Service

A Whānau New Zealander
A mental health member of school

Options in the support plan could include:
- Referral to local mental health services
- Plans and coping strategies
- Phone counselling and peer support
- Online tools and resources

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What have we seen?

Call volume by UK Triage Urgency scale

- A | Emergency services response, 11%
- B | Very urgent MH response, 2%
- C | Urgent mental health response, 5%
- D | Semi-urgent mental health response, 7%
- E | Non-urgent mental health response, 23%
- F | Referral non-MH service, 5%
- G | Advice/information, 47%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
What have we seen?

Calls to Earlier Mental Health Response
FY 2017-18
Who are we helping?

- Gender nearly 50%/50%, slightly more women
- Age – fairly aligned to population, though the 20-29 age group slightly over represented and the 75+ under represented
- Ethnicity breakdown (noting that Māori have higher prevalence of mental health and generally lower access to care)
Continued success factors

Co-Governance
- Ministry of Health
- Commissioning
- Director of Mental Health
- NASO
- Police (National)
- Homecare Medical

Integrated Service Delivery
- Expert Project Implementation
- Strong Management/Leadership
- Expert experienced MH nurses
- Clinical Information Systems
- Service User Focus
- Sector Relationship Development
- Integration with DHBs
- Triage alignment
- Shared record access

Clinically Led Services
- Clinical Governance Committee and framework
- Psychiatrist oversight
- Learning and Development
- Consumer Experience
- Clinical Quality Improvement
Clinical model

• 28 registered, expert mental health nurses across 24/7
• Decades of experience across crisis mental health, management and many with international experience
• Work in virtual teams from Work@Home locations
• Robust Clinical Information Systems: triage tools and resources
• Team roster structure with inbuilt escalation pathways 24/7
• Strong and effective clinical leadership by Service Delivery Manager
• Clinical Supervision
Continuous clinical quality assurance

• Call and case review:
  • regular and routine
  • by exception

• Feedback management:
  • complaints
  • compliments
  • incidents

• Policy and procedure
  • development
  • review

• Continuous learning and professional development

• Internal audit
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He was given support to calm him and a plan was formulated with him that included accessing local social support for emergency food and housing options.

The man also agreed to a referral to community mental health services for support around anxiety and medication.

The man also expressed a desire to quit smoking, and Quitline information and support were also discussed.