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Mental health telephone triage: defining a competency framework for practice

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Mental Health Triage Overview

Mental Health Triage – Function

In Australia, access to specialist mental health services is facilitated through triage services, which operate 24/7.

All enquiries and referrals from the public and other services are subject to MHT screening, from which a decision will be made about which service the client needs and in which timeframe.

MHT provides assessment, referral, advice, support, secondary consultation.

Mental Health Triage Overview

Mental Health Triage - Aim

A single entry point for all incoming patients to facilitate seamless access.

All patients are subjected to a consistent assessment process.

Equity of access – clinical urgency.

Aims to ensure patients are treated in the order of their clinical urgency.

That treatment is timely and appropriate.

Mental Health Triage Overview

Telephone triage

The majority of all initial mental health triage screening occurs via the telephone.

MH Telephone Triage developed in an ad hoc manner in Australia.

Little empirical research has investigated the practices, processes, and competencies for safe effective triage – thus the evidence base is minimal.

Project background

Aims

To identify the core competencies of Mental Health Telephone Triage:

- key role tasks
- skills
- knowledge
- responsibilities

Research question

‘What are the core competencies required for telephone-based mental health triage?’

Rationale for the study

• Department of Health – mandate to deliver quality, consistent, telephone triage across the lifespan.

• Telephone Triage experiencing sustained and unprecedented demand.

• Define/develop an evidence based frameworks – safety and quality agenda.

• Develop a framework to provide adequate training and support to clinicians working in mental health telephone triage.
Project background

Setting

• The Alfred Hospital is a 350-bed acute tertiary referral hospital that treats 50,000 inpatients and 200,000 emergency patients annually.

• The Mental Health Triage Service commenced in 1996, and is situated within the hospital Emergency Psychiatry programs incorporating the Crisis Assessment and Treatment Team, Enhanced Crisis Assessment Team, and Consultation Liaison Psychiatry

Methodology

2 phase project

• Phase 1
  • Reliability testing of the MHTS. Participants were asked to review and assign a triage category to a set of 20 hypothetical MHT scenarios

• Phase 2
  • Structured observations were undertaken on a total of 197 occasions of mental health telephone triage over a 12-week period in 2010-2011.
  • Dual wireless headsets
  • Legal issue re interception of calls

Results

Phase 1

Mental Health Triage Scale overall reliability = Fair to moderate

Results – phase 2

1. Summary: non-assessment calls (n=127)
  (information requests/transfers, support/advice, triage alerts):

  1. Provide callers with an introduction to self and the service;
  2. Establish a rapport with the caller;
  3. Determine the primary purpose of the call;
  4. Take the necessary actions to complete the call (information/advice, information transfer, referral);
  5. Discuss the plan with the caller;
  6. Terminate the call;
  7. Communicate information (refer, hand-over, transfer call);
  8. Document the call

Phase 1: Opening the call
  *Introduction *Demographics *Brief Screening

Phase 2: Mental Status Examination
  *Mental Status Examination *Risk Assessment

Phase 3: Planning and Action
  * Urgency rating * Planning *Intervention *Referral

Phase 4: Termination
  *Summarise/confirm plan *Terminate *Document *Report

Results – phase 2

Summary: Assessment calls (n=70)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1. Opening the call</td>
<td>*Introduction *Demographics *Brief Screening</td>
</tr>
<tr>
<td>2. Mental Status Examination</td>
<td>*Mental Status Examination *Risk Assessment</td>
</tr>
<tr>
<td>3. Planning and Action</td>
<td>*Urgency rating *Planning *Intervention *Referral</td>
</tr>
<tr>
<td>4. Termination</td>
<td>*Summarise/confirm plan *Terminate *Document *Report</td>
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</tbody>
</table>

Results – phase 2

Summary of Mental Health Triage Telephone Assessment

<table>
<thead>
<tr>
<th>Component</th>
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<tbody>
<tr>
<td>1. Opening the call</td>
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<tr>
<th>Component</th>
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<tr>
<td>5. Follow-Up</td>
<td>*Contact details *Discharge instructions *Referral</td>
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Results – phase 2

<table>
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<tr>
<th>Component</th>
<th>Description</th>
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<tr>
<td>6. Documentation</td>
<td>*Complete Patient Notes *Complete Visit Notes</td>
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</tbody>
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<tr>
<th>Component</th>
<th>Description</th>
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<tr>
<td>7. Consultation</td>
<td>*Complete Consultation Notes *Complete Consultation Report</td>
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<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>8. Research</td>
<td>*Complete Research Database *Complete Research Notes</td>
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</table>

Results – phase 2

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td>9. Feedback</td>
<td>*Complete Feedback Notes *Complete Feedback</td>
</tr>
</tbody>
</table>
Results Phase 2

Additional Findings

<table>
<thead>
<tr>
<th>MHHTT Skills and Knowledge</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis assessment/Intervention</td>
<td>Community resources</td>
</tr>
<tr>
<td>Therapeutic approaches/Interventions</td>
<td>Psychopharmacology</td>
</tr>
<tr>
<td>Negotiating</td>
<td>Comorbidity and complexity</td>
</tr>
<tr>
<td>Time management</td>
<td>Youth and aged specific</td>
</tr>
<tr>
<td>Resource management</td>
<td>Drug and alcohol</td>
</tr>
<tr>
<td>Communication/Information transfer</td>
<td>Legal</td>
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Outcomes from the research

- 2 publications JoCN and PPC
- Developed a prototype interactive computer program - Mental Health Telephone Triage Competency Assessment Tool (MHTTCAT)
- Currently testing the MHTTCAT at 2 Melbourne MH Services
- Plan to commercialise the technology

Further information about this research

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