“Just the idea of actually being seen”:

Exploring the Views of Emergency Department staff on the use of VC for Mental Health Emergencies in Southwestern Ontario

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VC for Mental Health Emergencies

Approx 10% of all emergency department (ED) presentations are for mental health conditions.

**Mental health emergency:** When an individual’s mental or emotional state deteriorate quickly, resulting in breakdown of coping mechanisms.

I.e. psychotic episode
  panic attack
  paranoia
  intense suicidal ideation
  self harm or self poisoning
Why this is important

Patients presenting to rural emergency departments (ED) with a mental health emergency may lack access to timely professional care.
What we know: Video-Confidence

Aim: Explore “the use of VC for consultations in psychiatric emergencies and how technology influences their confidence.”

- Strengthened patient involvement
- Reduced uncertainty
- Allowed for shared responsibility
- Functioned as a “safety net”

Research Question

What are the views of ED staff in **Southwestern Ontario** regarding the use of VC for mental health emergencies?
Methodology

**Materials:** Interview questions explored the use of VC to connect patients with an off-site mental health worker in the setting of a mental health emergency in the ED.

**Recruitment:** All 35 EDs across the Erie St. Clair and Southwest LHINs were invited to participate.

It was requested the study be forwarded to:

- ED chiefs
- ED program managers
- ED managers of psychiatric care.

Purposeful sampling was used
Methodology

Interviews: Structured telephone interviews were conducted with participants. The interviews were audio recorded and transcribed verbatim.

Analysis: The transcripts were analyzed using coding and categorization to identify underlying themes.

The transcripts and analysis were independently reviewed.
Interview Participants

All 35 EDs across the Erie St. Clair and Southwest LHINs invited to participate. There were 17 interview participants, representing 18 different EDs.

<table>
<thead>
<tr>
<th>Position</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Program Manager</td>
<td>9</td>
</tr>
<tr>
<td>EM Physician</td>
<td>2</td>
</tr>
<tr>
<td>ED Director of Patient Care</td>
<td>2</td>
</tr>
<tr>
<td>EM Nurse</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric Assessment Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Crisis Team Coordinator</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
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</table>
## Interview Participants

<table>
<thead>
<tr>
<th>Usage of VC in Mental Health Emergencies in ED</th>
<th>Number of EDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Emergency Mental Health Services (EMHS) through VC</td>
<td>3</td>
</tr>
<tr>
<td>Use VC to access EMHS in ED</td>
<td>9</td>
</tr>
<tr>
<td>Do not use VC to access EMHS in ED</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
Results

1. VC was seen as beneficial to patients and crisis response workers

The majority of participants from EDs that use VC for mental health emergencies believed the use of VC **expidites treatment**

“It’s faster and it’s more convenient because of our geographic area. A lot of these patients can’t get transportation. [Later in interview] If it’s appropriate they can have their follow up with videoconferencing.”

– ED Director of Patient Care 1
Results

1. VC was seen as beneficial to patients and crisis response workers

The majority of participants from EDs that use VC for mental health emergencies believed the use of VC expidites treatment

“The roads are closed sometimes for a couple days so in the event that something happens this gives us an option of being able to see somebody through videoconference. As opposed to putting somebody in danger on the road” – Crisis Team Coordinator
Results

2. VC use was perceived to place additional strain on ED resources:

A number of participants (6) thought using VC for mental health emergencies has a negative impact on ED resources:

“It’s adding something onto the nursing plate, because they’d be the ones organizing the computer, getting things going…and already we’re in a bit of a situation where it can be sink or swim.” – EM Physician 2
Results

3. There are barriers to implementing the use of VC:

Three participants noted that VC was *rarely* used for mental health emergencies at their ED workplace.

Three participants described **lack of access to a psychiatrist** as a barrier to implementing the use of VC in mental health emergencies.
Study Limitations

Participation rate is relatively good compared to other studies (17/35) and participants are well distributed geographically, but the number of participants is low.

**True ED representatives?** Our methodology took the risk that in some cases participants may not have provided a true picture of the experiences at their site.
Study Limitations

This study is **exploratory** in nature and our findings *cannot* and *should not* be interpreted with a quantitative approach.
Conclusion

- VC is perceived by several ED staff as a means to expedite the direct assessment of a patient by a mental health specialist.

- A number of participants believed the use of VC for mental health emergencies places additional strain on ED nursing staff.

- Lack of use and difficulty accessing a psychiatrist were identified as barriers to the implementation of VC use for mental health emergencies.
Works Cited

Questions?
Extra Slides
Analysis: Coding

Code: a word or short phrase that captures the primary topic of the excerpt:

“It increases our response time for sure—we’re there quicker, address the issues quicker. We do have a very large region and for some of our calls we could be travelling 45 minutes to an hour before we can see somebody if we have to get in the car and go. Videoconferencing is immediate.”

FASTER RESPONSE TIME

TRAVEL

“Videoconferencing is immediate.”
Analysis: Categorization

LIST OF ALL CODES:
- RECENT VC CAPABILITY
- REFERRAL CENTER
- CRISIS TEAM ON SITE
  “can always see crisis”
- CAPACITY
- TRANSPORT WHEN NO ROOM
  “so they are not left in our emergency”
- NO EFFECT ON TREATMENT TIME
  “depends on patient”
- COMFORT
- MAY IMPROVE COMFORT

PATIENT EXPERIENCE: codes that relate to effect of VC on overall patient experience (I.e. views, feelings, outcomes.)
- MAY IMPROVE COMFORT
- OTN EQUIPMENT OVERWHELMING
- ACCESS
- CONTINUITY OF CARE
- LESS TRAVEL
- FASTER RESPONSE TIME
  “videoconferencing is immediate”
  “better experience than over the phone”
- NOT APPROPRIATE IF PARANOID

[etc…]
What we know: *Use of MHEC-RAP in EDs*


**Aim**: Descriptive analysis of the use of the mental health emergency care rural access program by EDs in 2011.

- MHEC-RAP services a population of 300,000 in New South Wales Australia.
- Averages 28.6 ED services per week. VC used in 38% of cases.
- Proportion of MHEC services incorporating VC increased with ED remoteness.