

## Improving Rural Access to Specialist Emergency Mental Health Care: Using a Time and Motion Study in the Evaluation of a Telepsychiatry Program

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**Abstract :** In Australia, a well serviced rural town might have a psychiatrist visit once-a-month with more frequent visits from a psychiatric nurse, but many have no resident access to mental health specialists. Access to specialist care, would not only reduce patient distress and benefit outcomes, but facilitate the effective use of limited resources. The Mental Health Emergency Care-Rural Access Program (MHEC-RAP) was developed to improve access to specialist emergency mental health care in rural and remote communities using telehealth technologies. However, there has been no current benchmark to gauge program efficiency or capacity; to determine whether the program activity is justifiably sufficient. The evaluation of MHEC-RAP used multiple methods and applied a modified theory of access to assess the program and its aim of improved access to emergency mental health care. This was the first evaluation of a telepsychiatry service to include a time and motion study design examining program time expenditure, efficiency, and capacity. The time and motion study analysis was combined with an observational study of the program structure and function to assess the balance between program responsiveness and efficiency. Previous program studies have demonstrated that MHEC-RAP has improved access and is used and effective. The findings from the time and motion study suggest that MHEC-RAP has the capacity to manage increased activity within the current model structure without loss to responsiveness or efficiency in the provision of care. Enhancing program responsiveness and efficiency will also support a claim of the program's value for money. MHEC-RAP is a practical telehealth solution for improving access to specialist emergency mental health care. The findings from this evaluation have already attracted the attention of other regions in Australia interested in implementing emergency telepsychiatry programs and are now informing the progressive establishment of mental health resource centres in rural New South Wales. Like MHEC-RAP, these centres will provide rapid, safe, and contextually relevant assessments and advice to support local health professionals to manage mental health emergencies in the smaller rural emergency departments. Sharing the application of this methodology and research activity may help to improve access to and future evaluations of telehealth and telepsychiatry services for others around the globe.

**Keywords :** access, emergency, mental health, rural, time and motion

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