



Identifying Needs in Mental Health Crisis Services

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ABSTRACT

We worked with West Central Behavioral Health (WCBH) to conduct a community needs assessment for mental health services, with a primary focus on emergency mental health crisis services. Preliminary stakeholders in the hospital and community show that increased access to mental health care is needed throughout the Upper Valley. In doing this project, we helped WCBH in understanding the current landscape of mental health services and where the current structures can be improved to meet the needs of the community. Our work consisted of conducting interviews with various stakeholders locally and nationally and led to three key takeaways: partnering with community leaders and organizations, developing protocols for 911 dispatch operators to direct mental health calls, and integrating crisis response calls with long-term care. We believe these steps are critical to the success of an effective and efficient mobile crisis response program.

BACKGROUND AND GOALS

- As of July 1, 2022, West Central Behavioral Health rolled out mobile crisis response services with the goal of providing 24/7 on-scene crisis response by trained mental health professionals
- launched in response to an overwhelming need for mental health services identified in the Upper Valley (See Figure 1 and Figure 2)
- This form of crisis response has been shown to be successful in other settings, such as the CAHOOTS program in Eugene, Oregon and the STAR program in Denver, CO.
- Our team worked in collaboration with West Central Behavioral Health to conduct interviews with local clinicians and stakeholders, as well as mobile crisis response organizations in other states, to understand best practices of mobile crisis response nationally and how to apply these principles in our local context
- Our project was guided by foundational research on how understanding the needs of health care providers and patients from an ethnographic context in a broader, community-level scope is necessary (Heritage et al. 2006), in addition to research on how the interactions between providers and patients has been associated with more favorable medical outcomes and more effective health care delivery (Kaplan et al. 1989).

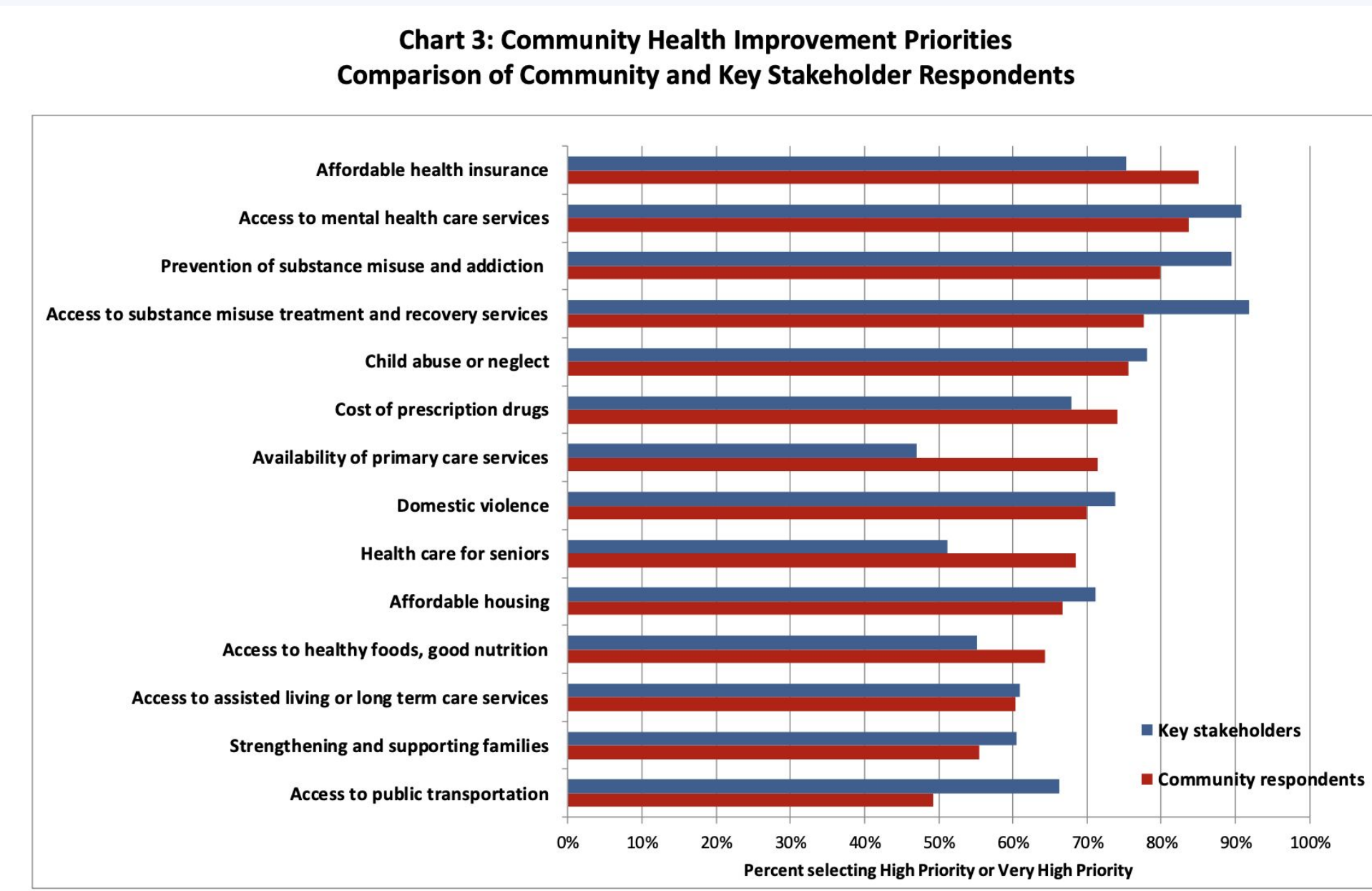


Figure 1: Access to mental health services is identified as a top priority by both key stakeholders and community respondents. FY 2019 Community Health Needs Assessment. D-H Community Health.

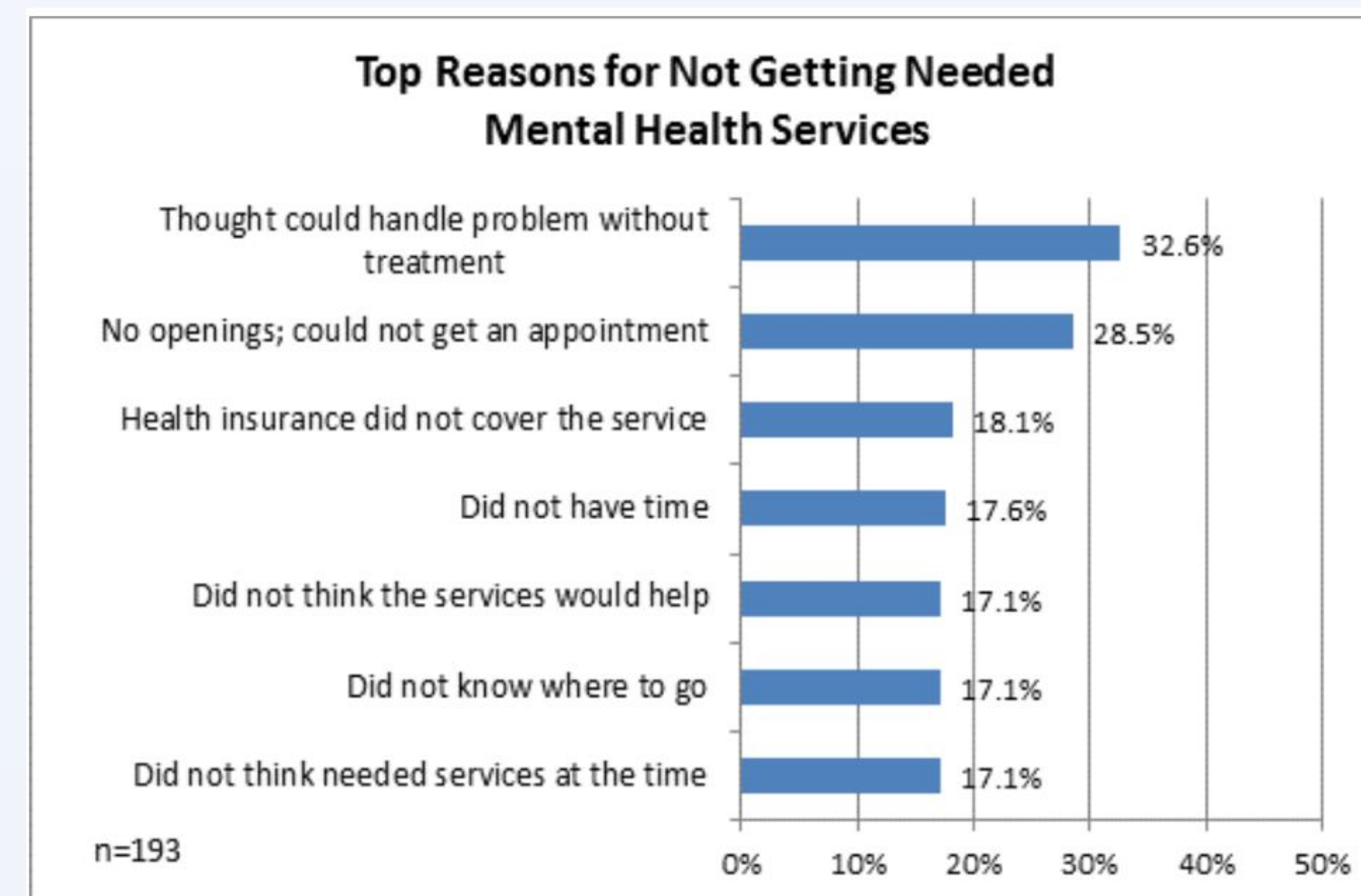


Figure 2: Top reasons for not getting needed mental health services in the local community. FY 2019 Community Health Needs Assessment. D-H Community Health.

METHODS

Interviews were conducted with mental health clinicians and mental health crisis response organizations in the Upper Valley and around the country.

Local Mental Health Clinicians

- Dr. Peter Mason
- Dr. William Torrey
- Dr. Christine Finn
- Dr. Roger Osmon

Mental Health Crisis Response Organizations

- West Central Behavioral Health (WCBH): Lebanon, NH
- Support Team Assisted Response (STAR): Denver, CO

Mental Health Needs Assessment Interview Guide

Thank you so much for making the time to meet today. I'm working on a project to better understand the mental health needs and experiences of people in the Upper Valley, particularly as it relates to mental health crisis response. I'm hoping to get your perspective of mental healthcare in the Upper Valley as a provider. I have a few questions prepared and our interview should take around 30 minutes. This project was reviewed and is continually monitored by an ethics review board at Dartmouth College. Your participation is completely voluntary and if there's any questions you would rather not answer, you do not have to. You may stop the conversation at any point if you do not want to continue. Does this make sense and sound okay with you (yes or no)?

For Providers

- When I say "mental health services in a rural area", what comes to mind for you?
- In what ways do the characteristics of the geographical area served by this facility influence the experiences of patients?
- How has your experience working with patients in a setting where individuals often travel a long distance changed how you think about healthcare?
- What do you think are the biggest barriers to individuals receiving quality and timely mental healthcare in this area?
- If you could design a mental healthcare system that met all of your patients' needs, what would it look like?
- What does the interface between mental health crisis response and your organization look like now (e.g., law enforcement, EMTs, suicide hotlines, etc.)?
- If you could design a mental health crisis response system that met all of your patients' needs, what would it look like?
- What examples have you seen of mental health crisis response programs that work well, either by local community organizations or in other cities/states/countries?
- Is there anything else you would like to share?

For Community Organizations

- When I say "mental health services in a rural area", what comes to mind for you?
- In what ways do the characteristics of the geographical area served by this organization influence the experiences of patients?
- How has your experience working with people in a setting where individuals often travel a long distance changed how you think about healthcare?
- What do you think are the biggest barriers to individuals receiving quality and timely mental healthcare in this area?
- If you could design a mental healthcare system that met all of your clients' needs, what would it look like?
- What does the interface between mental health crisis response and your organization look like now (e.g., law enforcement, EMTs, suicide hotlines, etc.)?
- If you could design a mental health crisis response system that met all of your clients' needs, what would it look like?
- What examples have you seen of mental health crisis response programs that work well, either by local community organizations or in other cities/states/countries?
- What are changes made to your programs that you feel have had the biggest impact?
- Is there anything else you would like to share?

M. Goff
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FINDINGS

Through conversation with local clinicians and STAR, a crisis response program through the Department of Public Works in Denver, CO, we honed in on three keys to success in mental health crisis response. that we were able to share with WCBH to aid in their program roll out:

- Community partnership and involving community leaders of marginalized groups from the beginning is essential for program success. Building trust with community leaders is essential for widespread awareness and utilization of the program
- Partnership with 911 dispatch operators and developing a protocol for triaging mental health calls is fundamental to directing mental health calls to the right responders.
- Integrating crisis response calls with long-term case management and connection to community-based support organizations (food, housing, social support, etc.) is a necessary next step in helping community members in crisis.

DISCUSSION

While the mobile mental health crisis response program at WCBH is filling a significant gap in care in the local community, the program is already facing many challenges. Primarily, staffing has proven difficult and achieving 24/7 response capabilities of the program has not always been possible. Looking to the future, we believe there still significant work to be done in order to ensure maximal impact and long-term success of the program. Importantly, developing methods of data tracking to collect information on number, type, response, and outcome of calls will be a critical component of analyzing strengths and weaknesses of the current program and adjusting it to fit the needs of the local community. Additionally, facilitating long-term mental health services following crisis response interactions is a challenging but requisite process for improving the state of mental health in our community. Ultimately, we believe mobile crisis response is emerging as the gold-standard of mental health emergency services and is already making a difference in supporting the mental health needs of our community.

REFERENCES

- Heritage J and Maynard DW. "Communication in medical care: interaction between primary care physicians and patients." Cambridge University Press (2006).
- Kaplan SH, Greenfield S, Ware Jr JE. "Assessing the effects of physician-patient interactions on the outcomes of chronic disease." *Med Care* (1989).
- Farnsworth, B, et al. "FY2019 Community Health Needs Assessment." Dartmouth-Hitchcock Community Health (2019).

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