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EXECUTIVE SUMMARY

People living in rural and remote areas have limited to non-existent access to after hours mental health services. After hours access to mental health services was identified as a priority recommendation from the Rural and Remote Services Working Party, 2003. As such two trial projects were established through the DoH Health Call Centre.

Rural Link is operating in the Midwest/Gascoyne Health area and is focused on providing after hours coverage for access to mental health support and services. SouthWest24 (SW24) is operating in the South West Health area and is accessible 24 hours a day, supporting local health services and clients by providing access to mental health services in the region.

Evaluation of the services after 6 months of operation was undertaken to determine their performance and how consumers and stakeholders/health service providers perceive them.

During the period of the trial, the number of callers to the service (3840) indicates that there was strong take up by clients and stakeholders/service providers. Overall the responses from clients and stakeholders was predominantly supportive of the services in their current format.

There was very strong support for the continuity of care that was now provided for clients which was regarded as valuable and filling a gap in existing service provision. There was a high level of comfort and reassurance for clients and mental health care providers that care and advice was now available at any time. The fact of there now being someone to talk to out of "core" hours was regarded highly by clients and stakeholders.

The survey results indicate that from a client’s perspective there is a strong demand for a service such as this and that it is valued. Not only was the overall satisfaction level high (94% rating the service as very good or good) but 25% of clients claim that they don’t know what they would have done had they not called the service and a concerning 20% claiming that they would have attempted or committed suicide. Clients rated the advice they received highly (95% regarding it as very good or good) and overall the callers found the staff to be professional and helpful in meeting their immediate needs.

From a stakeholder perspective, the service has been well supported. They expressed confidence in the knowledge demonstrated by staff handling calls with mental health issues. While some stakeholders had concerns over the level of documentation overall there was a high level of satisfaction (84%) with the level and standard of documentation provided.
Case managers, with the exception of one, considered that the service had contributed to patient outcomes and assisted them in managing their case load and working more effectively. Some providers also felt that the introduction of the service reduced work pressures and their concerns for patients after hours. This has an overall impact on work related stress and job satisfaction, particularly in areas with a sole service provider.

Case reviews were conducted by a team of mental health professionals and the results are as follows:

Rural Link
The cases audited showed a varied range of roles for the call centre. The call centre acted as a support for local health services and police. In addition the call centre has the capacity to act as an information database, which can be accessed after hours by other services (like ED who don’t keep mental health files). Most cases had previous contact with the MHS and the call centre acted primarily as an adjunct to the local MHS.

SouthWest 24
SW24 provides a similar wide variety of roles in the provision of the telephone service. It differs from RL in that the service is more frequently utilised by clients who have no previous contact with local MHS. This reflects greater community awareness. The service also acts in primary case management role for some clients awaiting non-urgent triage intake assessment. It also supports other medical services more frequently.

There were some shortcomings identified with the documentation associated with the service and a need for further communication with some providers about the role and responsibilities of the service.

The overwhelming support for this type of service from both consumers and providers gives a clear indication that the use of the telephone to provide professional mental health support services is an accepted and valued model of service delivery in rural communities where local resources are limited or confined to “normal “ working hours.

Overall the introduction of these services appears to have contributed significantly to filling a gap in the provision of mental health services in country Western Australia and has support from both consumers and service providers.
BACKGROUND

People living in rural and remote areas have limited to non-existent access to after hours mental health services. After hour access to mental health services was identified as the priority recommendation from the Rural and Remote Services Working Party, 2003.

The Department of Health (DoH) Western Australia is currently conducting a trial project utilising call centre services to provide professional mental health support in rural WA. Multi-disciplinary mental health professionals staff the lines and the Office of Mental Health contracts the service to a private company McKesson who provide the DoH call centre services. Two rural areas are participating in the trial and although a similar range of services is being delivered, the focus in the two areas varies.

Rural Link is operating in the Midwest/Gascoyne Health area and is focused on providing after hours coverage for access to mental health support and services. SouthWest24 (SW24) is operating in the South West Health area and is accessible 24 hours a day, supporting local health services and clients by providing access to mental health services in the region. The Rural Link program commenced in February 2003, and SW24 commenced in April 2003.

TRIAL OUTLINE

The aim of the trial is to provide an effective mental health service through a central call centre, which operates as an integral component and extension of local area health services in meeting the needs of rural communities.

The trial provides access to suitably experienced and qualified mental health personnel and shares information about the treatment and management of patients to ensure consistency and quality of service provision.

The objectives of the trial are to:

- Provide an effective mental health telephone service to support the provision and continuity of mental health care in communities participating in the trial.
- Determine the efficacy and cost effectiveness of providing mental health services to the rural community through a call centre.

The services provided under the trial include:

- New client assessment - Callers with no previous mental illness history or diagnosis will receive a clinical assessment by a mental health professional and initial treatment advice and referral provided.
- Crisis management – Callers/patients in crisis will be assessed and where appropriate advice given or referral to emergency services.
- Telephone counselling and support – Callers/patients with prior mental health history will receive support, reassurance and advice on dealing with their illness after hours.
• After-hours management of standing orders – Local clinicians can register with the call centre specific treatment guidelines / instructions for responding to or dealing with individual patients in the event of after hours contact. This will ensure that patient receives consistent information and advice, plus it will reduce the need for full re-assessment at each contact.
• Out-bound calls to existing clients – Local clinicians can request a follow-up call to an existing client to check on their progress. This may be particular beneficial for at risk patients over a weekend period or recently discharged patient.
• Support advice to non-mental health professionals – Local non-mental health professionals can receive immediate advice and guidance on managing a mentally ill patient after hours.

EVALUATION PLAN

The objectives of the evaluation were to:

• Assess the impact the trial has had on local health services and after hours management of mental health problems.
• Assess the impact the trial has had on consumer access to mental health services and their health outcomes.
• Assess the level of demand and scope of after hours mental health services required.

The evaluation consists of the following components:

• Telephone survey of a random sample of clients/consumers of the service.
• Telephone survey of a sample of health professionals in the respective areas.
• Review by a clinical panel of a random sample of cases managed.
• Analysis of elements including utilisation, caller demographics, presenting problems, referral patterns, etc.

METHODOLOGY FOR SURVEYS/ CASE REVIEWS

The evaluation was undertaken in 3 parts.

The telephone surveys were conducted by an independent consultant, and after quotations were called, The University of WA Survey Research Centre were selected to undertake both surveys.

Part 1 Client survey
The questionnaire used in the survey was compiled by key stakeholders including representatives from each area and consumers. The survey was based on a similar survey used by the Psychiatric Emergency Team (PET) in 2003.
The survey was to assess:
- Ease of access;
- Compliance with advice;
- Outcome;
- What they would have done, had they not called the service;
- Perception of quality; and
- Overall rating of the service.

Over a period of several weeks, agreement from callers was sought to participate in the survey. Due to the nature of the Client base, difficulty was experienced in obtaining agreement to participate and the scope was reduced from the initial target of 100 clients to 80.

**Part 2 Stakeholder survey**
The questionnaire to be used for this survey was compiled in conjunction with key stakeholders from each service. A random sample of health professionals that had interacted with the service in the respective areas were asked if they were willing to participate in the survey. The sample included a cross section of providers including General Practitioners (GP’s), ED staff, psychiatrists, mental health staff and community health staff.

The survey was to assess:
- Ease of access;
- Value of contribution in patient outcomes;
- Accuracy and quality assessments and advice;
- Impact on clinician’s management of patients and workload; and
- Overall rating of the service.

The stakeholder survey involved 35 participants

**Part 3 Case Reviews**
A case note audit was undertaken to evaluate the referral details, case details including timeliness of service, problem formation, quality of assessment, quality of plan and feedback to the Mental Health Service (MHS).

The specific objectives of the case note audit were to:
1. Evaluate the appropriateness and quality of the assessment and referral date collected.
2. Evaluate the quality of the management plan.
3. Evaluate the transfer of information between the area Mental Health Services (MHS) and the Call Centre and assess correlation with face to face assessment.
4. Assess the impact of intervention and patient outcome.
5. Recommend processes which could improve the quality, safety and efficiency of the current service.
All case notes were listed from the call centre records. These cases were cross-referenced with the Rural Mental Health Service. Call centre documents and MHS patient records were matched. A panel of three researchers were involved in the review process at each site.

The audit panel consisted of a psychiatrist, two researchers, one at each site, and a local area staff representative. Due to staff shortage the staff member at Bunbury was not present throughout the audit but was available through the day to respond to enquiries. The case note audit was undertaken in October 2003.

The case review tool was created specifically for this review in a process of consultation between the researchers and the psychiatrist.

Twenty cases were reviewed for each programme. The call centre encounter document was used as the primary review document. This encounter document is a record of client contact on the Health Management Software format. If multiple encounters were present for one case the first or last encounter was used. The intention of this method was to capture the large variety of types of encounter. A decision was made not to review all encounters for one case due to the time consuming nature of such a task and the particular objectives of this review. Future audits may consider fewer reviews with more detailed review of each case over a period of time. This method will provide more detailed information on the role of the call centre over time.

The two services were noted to utilise the call centre services in different ways. This is in part due to differences in the availability of the services with SW24 providing 24-hour service. Rural Link provides after-hour service only. The two areas are reported on separately to reflect these differences.

**Rural Link**

Geraldton Mental Health Service (MidWest) is located on the Geraldton Hospital site. The site has an Emergency Department. There is no mental health service staff available after-hours. Phone calls of a mental health nature received by the hospital switchboard are put through to nurses in the emergency department. Local general practitioners provide some on-call service after-hours to the Emergency department.

**SouthWest 24**

Bunbury Mental Health Service (SouthWest) is located a short distance from the local hospital. Bunbury hospital has an Emergency Department and a psychiatric unit. There is a consultant psychiatrist on-call during the week and a psychiatry registrar on-call over the weekend. GP’s also provide some cover. Information from an emergency department medical staff member suggests that they have difficulty in accessing timely psychiatric support particularly after-hours.
These case reviews were conducted by

a Senior Clinician from each Mental Health Service,

Dr Sharon Hodgson,  
**Psychiatric Medical Director**  
DoH Health Call Centre,

Dr. Theresa Marshall  
**Senior Project Officer**  
Office of the Chief Psychiatrist

Sue Robinson  
**Program Coordinator**  
Statewide Clinical and Service Enhancement Program (SCSEP).
CLIENT/CONSUMER SURVEY RESULTS

A copy of the client/consumer survey used is attached at appendix 1. There were 80 respondents to the survey and the results are outlined below. Clients/consumers included 65 contacting the service in relation to themselves and 15 contacting the service in relation to a friend or relative.

Knowledge of the service

Awareness of the services available under the pilot in the respective areas was developed through:

- Communication with Key Stakeholders in pilot areas
- Issue of information cards to specific patients with after hours contact number.
- Redirection or messages on clinic phones in pilot areas.
- Posters in clinics and other health outlets.
- Distribution of brochures/fridge magnets.

Callers were asked how they found out about Rural Link / South West 24 and the table below provides their responses:

Table 1. – Knowledge of the service

<table>
<thead>
<tr>
<th>How became aware of the service</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by case manager or other health service.</td>
<td>48</td>
</tr>
<tr>
<td>Fridge magnet</td>
<td>4</td>
</tr>
<tr>
<td>Newspaper</td>
<td>1</td>
</tr>
<tr>
<td>Brochure</td>
<td>9</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>10</td>
</tr>
<tr>
<td>TV</td>
<td>1</td>
</tr>
<tr>
<td>Can't recall</td>
<td>6</td>
</tr>
<tr>
<td>They called me</td>
<td>1</td>
</tr>
</tbody>
</table>

This result reflects the nature of the service working in close relationship with local service providers.

Frequency of utilisation:

Callers were asked how many times they had used Rural Link / South West 24.

80 % of callers indicated that they had used the service more than once and almost 50% had used the service more than 5 times.

Figure 1 – Usage
Reason for contact

Callers were asked what was the main reason for their contact with Rural Link / South West 24.

The table below indicates the reason for contact and the caller relationship:

**Table 2. Reason for contact**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Client</th>
<th>Relative/Friend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis support</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Reassurance</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Immediate assessment</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Treatment advice</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Ongoing case support</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>Referral</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Symptom / condition education</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Medication / drug Info.</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Someone to talk to</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

These results show that 36% assessed the service for crisis support. This is also reflected in table 5 which indicates that 45% (36) were in need of immediate support.

Level of Advice or information

Clients/consumers were asked to rate the advice or information that they obtained from Rural Link / SouthWest 24

**Figure 2.-Rating of advice/information**

95% of respondents rate advice from Rural Link and South West 24 as being very good or good. 4% considered it neither good nor poor, while 1% considered the advice or information to be poor.
Treatment by staff

Clients/consumers were asked to rate the way they were treated by staff on their last contact.

Figure 3.-Treatment by staff

91% of respondents found that they were treated very good or good on their last contact. 3% thought the treatment was poor and 1% thought it was very poor. 5% considered the treatment by staff to be neither good nor poor.

Participants were then asked what made them say that from a positive or negative perspective. The tables below summarize their responses.

Table 3. - Positive aspects of treatment by staff

<table>
<thead>
<tr>
<th>Reason</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding/supportive</td>
<td>57</td>
</tr>
<tr>
<td>Respectful</td>
<td>14</td>
</tr>
<tr>
<td>Willing to listen</td>
<td>44</td>
</tr>
<tr>
<td>Helpful</td>
<td>50</td>
</tr>
<tr>
<td>Prompt</td>
<td>4</td>
</tr>
<tr>
<td>Followed through with commitments</td>
<td>18</td>
</tr>
<tr>
<td>Other positive (specify)</td>
<td>38</td>
</tr>
</tbody>
</table>

A full list of the “other “comments is at appendix 4

Table 4. - Negative aspects of treatment by staff

<table>
<thead>
<tr>
<th>Reason</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not helpful</td>
<td>1</td>
</tr>
<tr>
<td>Not available when needed</td>
<td>2</td>
</tr>
<tr>
<td>Did not do what they agreed to do</td>
<td>1</td>
</tr>
<tr>
<td>Other negative (specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

Overall callers found the staff to be professional and helpful in meeting their immediate requirements. However there were a number of respondents (4%) who felt that their needs were not met.
Provision of information using language that was understood

Clients/consumers were asked to rate the staff member on providing information by using language that they understood.

Figure 4.- Use of language that client understood

80% of respondents rated the use of language that they used as being very good with a further 12% rating it as good. 5% rated it as poor and 1% as very poor. 2% considered it neither good nor poor.

Time on hold

Clients/consumers were asked to rate the time that they were on hold before they spoke with a mental health professional. 94% of the callers considered the time on hold to be acceptable while 6% did not.

How would you rate the service

Clients/consumers were asked overall how they would rate the service provided.

Figure 5. - Rating of overall service provided

There was a very high satisfaction level from consumers with 94% of the participants rated the service as either very good or good. 1% rated the service as poor and 5% considered it to be neither good nor poor.
How would you have managed without help from Rural Link / South West 24

Callers were asked had they not called or been contacted by Rural Link / South West 24, how they thought they would have managed.

Figure 6. - How callers would have managed without help

48% of clients stated that their condition would have got worse had they not been contacted by Rural Link / South West 24 with a further 28% stating that they would not have been able to manage. 21% considered that they would have managed without contact while 3% thought that their condition would have improved anyway.

What callers would have done

Clients/consumers were asked what was the main thing they would have done if they did not call or were not contacted by Rural Link / South West 24. The table below provides their responses.

Table 5. - Would have done, had you not been contacted.

<table>
<thead>
<tr>
<th>Would have done</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gone to ED</td>
<td>3</td>
</tr>
<tr>
<td>Call ambulance</td>
<td>1</td>
</tr>
<tr>
<td>Wait to go to mental health team</td>
<td>3</td>
</tr>
<tr>
<td>Gone to GP</td>
<td>2</td>
</tr>
<tr>
<td>Call a friend or relative</td>
<td>5</td>
</tr>
<tr>
<td>Called PET</td>
<td>1</td>
</tr>
<tr>
<td>Called police</td>
<td>2</td>
</tr>
<tr>
<td>Called someone else</td>
<td>4</td>
</tr>
<tr>
<td>Do nothing</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>20</td>
</tr>
<tr>
<td>*Other (specify)</td>
<td>31</td>
</tr>
</tbody>
</table>

This table indicates that callers would have needed to rely or attempted to contact a wide range of services.
The 31 responses recorded as “other” did not fit it to any of the 10 categories available. They stated the following as what they would have done had they not been contacted.

Table 6. - Breakdown of other

<table>
<thead>
<tr>
<th>Would have done</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committed suicide</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Contemplated suicide</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Self harmed</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Become aggressive</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Panicked or got worse</td>
<td>6</td>
<td>19</td>
</tr>
</tbody>
</table>

A full list of their responses specified as “other” is at appendix 5, however the number to claim they would have committed/attempted suicide is of high concern.

Additional comments

Callers were then asked whether there was anything they would like to add about the service and a full list of the comments made by 74 of the respondents is attached at appendix 6.

These comments provide a useful insight into the caller’s perception of the service and its value. Some typical comments were:

“They have been fantastic for me. Their outbound calls have been very timely.”

“For the first week after the trauma it was really important that they contacted me each day. It was good to know that someone would be phoning me the next day. It helped me maintain a positive outlook”

“It is important to have something there after-hours”

“Very grateful they were there. It’s very hard to counsel someone over the phone they do very good job.”

“I live 40 km away from my Case Manager. There is no one else who can really talk to me between sessions with my Case Manager”

“The service is better than very good. It has to be there and the people are fantastic. I don’t know what I would have done if they weren’t there.”

“It is important for me to have someone outside my family to talk to because I can’t always be worrying my family”

“Southwest 24 make great suggestions to me when I am feeling suicidal. It is because of Southwest 24 that I am doing as well as I am.”
“They contacted me every day for the first two weeks, and then every second day for the next four weeks, and then once per week for the next six weeks. I was able to ring them any time in between, and I felt a huge sense of relief that someone was going to care about me and would follow up on me if anything went wrong.”

Amongst the comments received were some objective comments from callers.

“They need further resources”

“More interaction. Therapy after phoning in anyway”

“I desperately needed them to call me and then I felt that they were only pretending to care when I rang the first time”
STAKEHOLDER SURVEY RESULTS

A copy of the stakeholder survey used is attached at appendix 2. There were 35 respondents to the survey and the results are outlined below.

Origin of Stakeholder

Initially, stakeholders were asked to advise what organisation they were from and what their role was within that organisation which is reflected in the table below.

Table 7: Role of stakeholder

<table>
<thead>
<tr>
<th>Role in Organisation (at time of Interview)</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHN</td>
<td>15</td>
</tr>
<tr>
<td>Case Manager</td>
<td>8</td>
</tr>
<tr>
<td>Medical practitioner</td>
<td>6</td>
</tr>
<tr>
<td>Allied Health</td>
<td>1</td>
</tr>
<tr>
<td>Duty Officer/Triage</td>
<td>1</td>
</tr>
<tr>
<td>Police officer</td>
<td>2</td>
</tr>
<tr>
<td>Volunteer</td>
<td>1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1</td>
</tr>
</tbody>
</table>

Reason for contact

Stakeholders were asked what the reason was for their contact with Rural Link and SouthWest 24 and Table 8 provides their responses.

Table 8: Reason for Contact

<table>
<thead>
<tr>
<th>Reason</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case follow up</td>
<td>20</td>
</tr>
<tr>
<td>Handover</td>
<td>5</td>
</tr>
<tr>
<td>Assessment</td>
<td>4</td>
</tr>
<tr>
<td>Advice</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health Information</td>
<td>2</td>
</tr>
</tbody>
</table>
Frequency of contact

Callers were asked how often their organisation has contact with Rural Link / SouthWest 24..

Figure 7: Frequency of contact

<table>
<thead>
<tr>
<th>Frequency of Contact with Rural Link/South West 24</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>46%</td>
</tr>
<tr>
<td>Occasionally</td>
<td>20%</td>
</tr>
<tr>
<td>Regularly</td>
<td>17%</td>
</tr>
<tr>
<td>Rarely</td>
<td>17%</td>
</tr>
</tbody>
</table>

The majority of the stakeholders interviewed indicated that they were regular users of the service with 63% stating that they frequently or regularly use the service. A further 20% stated they were occasionally using it and 17% rarely.

Service benefits/shortcomings

Stakeholders were initially asked what was the main benefit that Rural Link / SouthWest 24 had provided them as a clinician/service provider. They were then asked whether they had identified any shortcomings with the service. 16 (46%) felt that there were no shortcomings while 19 (54%) considered that there were.

A complete list of their comments is attached at appendix 7 and 8 however some of the main themes of comments are shown below.

**Benefits**

*Continuity of care for the clients and access to professional advice.*

*Reassurance for clients and Mental Health providers that care and advice is available at any time.*

*It provides after hours support for clients to professionals and a resource for carers, as there is often no access to an authorised practitioner after hours.*

*There is comfort in knowing that clients will be followed up and the documentation and feedback provided is very useful.*

*The staff are very cooperative and display a willingness to assist.*
**Shortcomings**

*They can’t provide face to face interviews so they find it harder to know whether to call police”*

Some stakeholders felt that it was not necessary for a risk assessment of each call.

*They don’t have the resources to arrange referrals and are unable to arrange for a visiting mental health nurse.*

*It is difficult to assess callers on the phone, particularly those with personality disorders.*

*Too many people have access to the information.*

*Information was faxed through late.*

*Uncertainty at times as to who was to contact who.*

Some of the shortcomings were mentioned as occurring early in the operation of the service and state that they have since been improved.

**Service expectations**

Stakeholders were asked whether in using the service, their expectations had been met.

83% stated that they had been fully met, 6% considered that they had been partially met while 11% stated that they had not been met.

Those responding positively were then asked in what way they had been met. A full list of their responses is attached at *appendix 9*; however some of the more common themes are as follows:

*Confidence in knowing there is someone there who can offer advice, deal with the issue and can be called back if needed.*

*The fact that there is now a voice for someone to contact after hours.*

*You can rely on them to make contact with a client and then provide follow up information the following day.*

*Very professional service.*

*Provide relevant feedback and documentation for hand-over of clients.*

*They provide a good level of assessment including risk factors and also take accurate history.*
Appropriateness of how they deal with clients.

They effectively triage and perform a mental health assessment.

Those who felt their expectations had not been met provided the following comments:

“I needed to get this person into care. He was in poor physical condition and very disoriented. They could not refer him on to care. They could not arrange an assessment. We needed someone to come out and make an assessment.”

“No resources were identified. There were none available. Phone counseling was too difficult. The child was too frustrated and agitated.”

“Not appropriate to comment as the contact was just a fax sent to me.”

“Because I needed some sort of help that evening. I needed to have him assessed that night. I was told next day I had done everything wrong for him.”

The two stakeholders who stated that their expectations were partially met responded as follows:

“I hoped that they may have been able to take the case on board and made enquiries about the patient/with the hospital I would have liked them to be more proactive in making other enquiries”

"For a reminder of medication I would prefer Southwest 24 not to take it further than I wanted them to / they were asking detailed questions about the health of the client when all I wanted them to do was a medication prompt. The style of southwest 24 can build up dependence on Southwest 24 / sometimes clients have been encouraged to call back when we have been trying to wean them off support and to become more independent"
SERVICE PROVISION

The next seven questions related to service provision and the results are presented below:

**Overall rating of the service**

Stakeholders were asked how they the overall Rural Link / South West 24 service.

**Figure 8:-Overall rating of the service provided**

<table>
<thead>
<tr>
<th>Rating of Service Provided</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>40%</td>
</tr>
<tr>
<td>Poor</td>
<td>9%</td>
</tr>
<tr>
<td>Neither Good nor Poor</td>
<td>3%</td>
</tr>
</tbody>
</table>

88% of callers considered the overall service to be very good or good, 9% rated the service as neither good nor poor while 3%(1 caller) stated that the service was poor. This result suggests that the majority of stakeholders support this type of service however some have reservations. Further consultation and communication with service providers is needed to help address any concerns.

**Response Time**

Callers were asked how they would rate the response time and the results are as follows.

**Figure 9:-Rating of response time**

<table>
<thead>
<tr>
<th>Rating of Response Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>34%</td>
</tr>
<tr>
<td>Poor</td>
<td>6%</td>
</tr>
<tr>
<td>Neither Good nor Poor</td>
<td>14%</td>
</tr>
<tr>
<td>Very Good</td>
<td>46%</td>
</tr>
</tbody>
</table>
The majority of stakeholders were satisfied with the response time with 46% of callers rating it as very good with a further 34% rating it as good. 14% of callers rated the response time as neither good nor poor while 6% considered it to be poor.

**Staff attitude**

Callers were asked how they would rate the staff’s attitude in taking/dealing with the call and the table below shows the results

<table>
<thead>
<tr>
<th>Rating</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>63</td>
</tr>
<tr>
<td>Good</td>
<td>34</td>
</tr>
<tr>
<td>Neither good nor poor</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>Very poor</td>
<td></td>
</tr>
</tbody>
</table>

**Staff knowledge**

Stakeholders were asked to rate the staff’s knowledge regarding mental health issues and in managing clients and the results are presented in the following table.

<table>
<thead>
<tr>
<th>Rating</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>46</td>
</tr>
<tr>
<td>Good</td>
<td>31</td>
</tr>
<tr>
<td>Neither good nor poor</td>
<td>20</td>
</tr>
<tr>
<td>Poor</td>
<td>3</td>
</tr>
<tr>
<td>Very poor</td>
<td></td>
</tr>
</tbody>
</table>

The above results indicate that health care providers considered that Rural Link and SW24 staff were skilled and professional in their interaction with callers with only one respondent indicating that the staff’s knowledge was inadequate.
Outcome of service provided

Stakeholders were asked to rate the outcome of the service provided and the results are shown in the following graph.

**Figure 10:-Outcome of service provided**

The above shows that health care providers felt the service provided resulted in a positive outcome for clients. Some health care providers 11% (3) were less than satisfied with the outcome of the service provided.

Continuation of Service

Stakeholders were asked whether they would like to see this service continue with the following responses. 85% (30) stated that they would like to see the service continue while 9% (3) would not and 6% (2) did not know.

Additional Comments

They were then asked if there was anything else they would like to add about the service. Thirty two of the respondents provided comments and a complete list of these is at appendix 10.

These comments provide a useful insight into the stakeholders perception of the service and its value. The vast majority of the comments were of a positive nature and some typical comments were:

“*It provides a valuable service. There is a need for after hours support for clients*”

“*The service is needed in the rural areas. There is a high suicide rate and high rates of depression. Having something after hours and over weekends is very helpful.*”
“The service provides good after hours support for the clients. It also provides good support for the hospital - those staff not trained in mental health use it as a resource.”

“It fills a huge gap. People demand a 24 hour service and we are not able to provide it.”

“I have had positive comments by other service providers about the service.”

“South West 24 provides an invaluable service to us in giving a comprehensive background.”

“That this service has succeeded where other services trying to do a similar thing have failed.”

“I think it is clearly a service that is needed, especially in the country where we don’t have mental health expertise avail 24hrs”

“I have been delighted with the service. They show a lot of respect to clients. They follow the management plan I develop.”

Amongst the comments received were some objective comments from stakeholders as follows:

“I would prefer that the resources of South West 24 be used for more clinicians on the ground in our area.”

“Overall I think some good is done but I think it is a poor use of resources overall and with the amount of money that is being spent, they could do more by employing more staff locally

“I think we need to remember that telephone counselling has its limitations and that face-to-face contact will give a more thorough assessment.”
CASE MANAGEMENT
(Only applicable to Mental Health Case Managers, GP’s and Psychiatrists.)
13 respondents however they could give more than one response as per q13 and q14

Impact on managing case load

Case managers were asked how Rural Link / South West 24 has impacted on them in managing their case load and the table below represents their responses:

Table 11: - Impact on managing case load

<table>
<thead>
<tr>
<th>Impact</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced workload</td>
<td>0</td>
</tr>
<tr>
<td>Increased workload</td>
<td>1</td>
</tr>
<tr>
<td>Allowed me to work more effectively</td>
<td>7</td>
</tr>
<tr>
<td>Made work more complicated</td>
<td>1</td>
</tr>
<tr>
<td>No Change</td>
<td>1</td>
</tr>
<tr>
<td>*Other (Specify)</td>
<td>5</td>
</tr>
</tbody>
</table>

The majority of case managers were pleased with the outcome of the service in assisting them with managing their case load. There was one who considered that the service had increased workload and one that considered that it made the work more complicated.

Those responses categorised as “other” were asked to specify what impact the services had and their comments are as follows:

“Has provided a big comfort for me. I work alone and that is a bit strange at times.”

“It gave me peace of mind that there was a service available after-hours for clients. If the service hadn’t been there, my workload may have increased.”

“A bit more relaxed as our clients have someone to contact after-hours and they provide a feedback system to us. The hospital does a good job, but it is not their field and weekends are the most worrying. Simply the length of time without a specialist face-to-face mental health service.”

“It has given me confidence to tell my clients that there is now this after-hours service.”

“It has not been accessed by me enough to have a positive or negative impact on the caseload.”
Contribution to patient care and outcomes

Case managers were asked how Rural Link / South West 24 has contributed to patient care and the outcomes of their patients with the table below listing their responses.

Table 12: - Contribution to patient care and outcomes

<table>
<thead>
<tr>
<th>Impact</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved patient outcomes</td>
<td>7</td>
</tr>
<tr>
<td>Avoided need for more acute care</td>
<td>5</td>
</tr>
<tr>
<td>Improved continuity of patient care</td>
<td>8</td>
</tr>
<tr>
<td>Complicated treatment planning</td>
<td>1</td>
</tr>
<tr>
<td>Have not seen any change</td>
<td>0</td>
</tr>
<tr>
<td>*Other (Specify)</td>
<td>1</td>
</tr>
</tbody>
</table>

The response categorised as “other” was asked to specify their response and their comment is as follows:

"More peace of mind. Both patients and providers because there is an after-hours service available."

The majority of stakeholders considered the service had provided a positive outcome in contributing to patient care.

Quality of documentation

Case managers were asked how they would rate the quality of documentation that they received from Rural Link / South West 24. 46% considered the documentation to be very good, 38% found it to be good, while 15% rated it as neither good nor poor. 6 of the respondents provided comments and they are as follows:

"It is very hefty and seems to repeat itself a bit, but it is thorough and that is a good thing."

"The assessment was faxed through and available for the intake meeting the next morning and I found the documentation very useful and professional."

"There are a lot of pieces of paper and it can be difficult to glean the important bit of information from those pieces of paper. It would be good if they highlighted the important bits, but the quality has met the appropriate professional standard."

"The documentation is always there on the fax the next morning and available for the daily intake meetings and is of a high standard."
“Sometimes the documentation is sent with eastern standard time used and
sometimes with western standard time used and sometimes with nothing to say
which is used. There is too much documentation. I would prefer a summary of
the call rather than a 'he said this' and 'she said that’. This shows the
inexperience of the staff.”

“The print is too small and it needs to be set up so that the priorities are either
highlighted or put to the front of the documentation. Some of my colleagues who
have clients using the service a lot complain about the excessive amount of
documentation.”

**Overall Service Rating for Case Management**

Case managers were asked overall how they would rate Rural Link / South West 24 in supporting case management. **38.5%** rated it as very good, **23%** as good, while **38.5%** considered it to be neither good nor poor. 7 of the respondents provided comments and they are as follows:

“They have actually followed the client management plan. This works well and
makes case management much more effective and much easier.”

“I have had no contact with Rural Link where the client management plan has
needed to be part of our dealings. It has usually been a one-off connection with the client.”

“I have not used them in that capacity.”

“I had a lot of contact with Rural Link earlier in the year, but have not had any
contact with them recently. The clients that I have now don’t need that type of
support or to use the service.”

“It is a relatively new service that clients haven’t got used to yet (six months) and
it is replacing something that was not effective and we have not had the
assurance that the service will continue. If we had assurance it will continue, we
would be more likely to involve them in after-hours case management and ask
them to initiate contact with clients.”

“They are great for some clients, but we do have some very hard cases where
SouthWest 24 need to be very careful in what they are asking people to do. Clients who need more careful handling are not always suited to the way the SouthWest 24 work. PET has more experience in this area and know how to
deal with complex issues.”

“I have not had enough contact to make a judgment.”
CASE NOTE AUDIT COMPONENT

FINDINGS
The finding section will review Rural Link and SW24 services.

Rural Link

1. REFERRAL

<table>
<thead>
<tr>
<th>Table 1 Referral Type</th>
<th>No of referrals (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who referred case on first contact?</td>
<td></td>
</tr>
<tr>
<td>MHS case manager or duty officer</td>
<td>8</td>
</tr>
<tr>
<td>Family member or friend</td>
<td>2</td>
</tr>
<tr>
<td>Self</td>
<td>8</td>
</tr>
<tr>
<td>Police</td>
<td>1</td>
</tr>
<tr>
<td>Nurse</td>
<td>1(local hospital)</td>
</tr>
</tbody>
</table>

The main source of referral was the MHS case manager or self referral. All referrers were clearly identified and all referrals were appropriate.

Cases referred from the MHS provided sufficient information in all but two cases. This process could be improved by changes to the fax referral form to include current diagnosis and more detailed history of current and past risk assessment. Past medical history and substance abuse should also be included. Call centre staff say the faxed referral is often supplemented by a phone call from the MHS. However, the faxed referral sets a recordable standard data set and should be a minimal safe record of referral information.

2. CASE DETAILS

<table>
<thead>
<tr>
<th>Table 2 Type of case referred</th>
<th>Number (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of case</td>
<td></td>
</tr>
<tr>
<td>Admitted(contact with both MHS and RL)</td>
<td>14</td>
</tr>
<tr>
<td>Non Admitted(no contact with local area mental health services)</td>
<td>0</td>
</tr>
<tr>
<td>Referred by MHS only (no contact with RL -information only)</td>
<td>5</td>
</tr>
</tbody>
</table>
All cases reviewed were cases where the client had had previous admissions to the Mid West Mental Health Service. These types of cases were information only on clients who may have contact with the service. In this function the service also acts as a potential information source for other services after-hours. The Geraldton Emergency Department does not have access to Mental Health Clinic records. This decision is based on confidentiality concerns. RL may act as a source of information particularly if the role is expanded and RL has access to client data from a common database. Specific information can then be selected from the history to guide after-hours assessment and decision making.

Table 3  Number of contacts with the Call Centre at time of audit

<table>
<thead>
<tr>
<th>Number of contacts</th>
<th>(n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>2-5</td>
<td>6</td>
</tr>
<tr>
<td>more than 5</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 4 Type of service

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Counselling and Support (to client and significant others)</td>
<td>6</td>
</tr>
<tr>
<td>After hours management of standing orders</td>
<td>5</td>
</tr>
<tr>
<td>New Client Assessment</td>
<td>2</td>
</tr>
<tr>
<td>Medication inquiry (One referred to Poisons Information Centre, one client had run out of medication- RL liaised with local hospital to supply)</td>
<td>2</td>
</tr>
<tr>
<td>Crisis Management</td>
<td>1</td>
</tr>
<tr>
<td>Support advice to non-mental health professionals</td>
<td>1</td>
</tr>
<tr>
<td>Call back to nurse at Three Springs hospital</td>
<td>1</td>
</tr>
<tr>
<td>Appointment confirmation</td>
<td>1</td>
</tr>
<tr>
<td>Outbound call to case manager</td>
<td>1</td>
</tr>
<tr>
<td>Out bound call to existing client</td>
<td>0</td>
</tr>
</tbody>
</table>

Timeliness

All encounter documents are faxed and reach mental health service at start of business. One case had an unacceptable delay in information transfer but this problem has been rectified with current system.

Demographics

Details were adequate in 19 out of 20 cases.
3. PROBLEM FORMULATION

Presenting complaint was clearly documented in 19 out of 20 cases. In one case presenting symptoms of anger were not adequately explored. The history taken did not include an adequate assessment of substance abuse history. Other clinical notes indicated the patient had a significant history of substance abuse and withdrawal. On this contact a thorough history would have clarified the nature of the presenting symptoms. Problem formulation was adequate in all but two cases. In one it was felt more information should have been provided to a father concerning powers of police to apprehend and hold a person for further assessment of mental state and the second lacked adequate exploration of substance abuse and suicide risk factors.

4. PATIENT HISTORY

Past history
Adequate substance abuse and past medical history was omitted in several cases.

MSE (excluding risk assessment)
All cases provided an adequate description of the patient's mental state where applicable.

Risk assessment
A risk assessment was conducted in all cases where applicable. Most risk assessments were adequate but areas that could be improved where history of past attempts and risk to dependants. In the case of a third party presenting information an attempt must be made to document those aspects of the mental state including risk assessment, which are available.

5. QUALITY OF PLAN

All cases but one had an adequate treatment/management plan, which was appropriate for the level of risk. This case was a person with symptoms of physical and psychiatric illness. There was no reference to onset and the history lacked adequate depth to make a safe assessment.

6. FEEDBACK TO MHS

At the request of the MHS only the F1 Customer details screen and F5 Triage /progress notes screen are faxed.

The system of providing feedback of call centre encounters to the MHS is working well. The encounters are faxed to Geraldton and logged by the reception staff. New documents are reviewed at the morning meeting. Documents are actioned and filed by case manager. Individual case managers may note contact in case notes. If the case manager is not present another staff member hands over information to them. Encounter documents are filed in separate section for easy identification. This may become a problem as the program develops due to the increasing volume of paperwork.

This system could be improved by reception staff placing a stamp on the front of the encounter document with space for case manager's name, date and signature to make a record of actioning.

All encounters which should have been filed were except for three (may have been in filing or requested by client not to fax or lost). Logging incoming faxes records documents that are faxed and is a valuable quality process.
Table 5 Comments for RL cases:

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prevented deterioration in situation and provided local hospital staff with options.</td>
</tr>
<tr>
<td>• Concerned father would have felt more supported with further options.</td>
</tr>
<tr>
<td>• Admission of patient to Graylands was not communicated to call centre</td>
</tr>
<tr>
<td>• RL identified difficulties with providing information to call centre due to time frames. RL can only be contacted after 4.00pm. MHS closes at 4.30pm.</td>
</tr>
<tr>
<td>• Incoming calls to Geraldton Hospital are directed to HealthDirect for physical complaints and emergency department nurses for mental health problems.</td>
</tr>
<tr>
<td>• If call centre advises caller to attend local hospital MHS will check hospital bed list for record of admission and contact client as appropriate</td>
</tr>
<tr>
<td>• Times on encounters were in EST, now in local time, which make interpretation easier.</td>
</tr>
<tr>
<td>• Sydney staff have a copy of Western Australia’s mental Health Act for reference</td>
</tr>
</tbody>
</table>

Summary

The cases audited showed a varied range of roles for the call centre. The call centre acted as a support for support to local health services and police. In addition the call centre has the capacity to act as an information database which can be accessed after hours by other services (like ED who don’t keep mental health files). Most cases had previous contact with the MHS and the call centre acted primarily as an adjunct to the local MHS.
South-West24

1. REFERRAL

Table 6 Who referred case on first contact?

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>No of referrals (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>10</td>
</tr>
<tr>
<td>MHS case manager or duty officer</td>
<td>4</td>
</tr>
<tr>
<td>Family member or friend</td>
<td>4</td>
</tr>
<tr>
<td>Police</td>
<td>0</td>
</tr>
<tr>
<td>Nurse</td>
<td>2 (A+E, early intervention team)</td>
</tr>
</tbody>
</table>

Half of the referrals were self referral followed by referral by MHS case manager duty officer or friend or family member (20% of cases respectively). All referrers were clearly identified. All referrals were appropriate referrals to the service.

70% of referrals are self referrals or referrals from family member or friend at SW24 in contrast to 50% of referrals at RL being self referral or referrals from and friend. The increased number of self-contacts for SW24 reflects the way in which the service is used in the SouthWest. It appears clients are given the contact number as a matter of course and often exercises the decision to call. This suggests that the awareness of the service is greater in the community in general than RL. One case was an existing client of SW24 who referred a friend in crises.

The emergency department and GP's utilise SW24 for assessment and follow-up.

The duty officer at Bunbury MHS acts as a single point of entry into the SouthWest mental health regional services. As a result a "bottle-neck" occurs. If the duty officer is unable to triage a call it will pass on to SW24.

Referral information
Cases referred from the MHS provided insufficient information in three of four cases. This process could be improved by changes to the fax referral form to include current diagnosis and more detailed history of current and past risk assessment. Past medical history and substance abuse should also be included. One client referred to SW24 was well known to MHS but only limited information was provided to the call centre. SW24 have a triage intake tool, which provides detailed history.

2. CASE DETAILS

Table 7 Type of case

<table>
<thead>
<tr>
<th>Type of case</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted (contact with both MHS and SW24 services)</td>
<td>15</td>
</tr>
<tr>
<td>Non Admitted (no contact with local area mental health services)</td>
<td>5</td>
</tr>
<tr>
<td>Referred by MHS only (no contact with RL or SW24-information only)</td>
<td>0</td>
</tr>
</tbody>
</table>
Seventy five percent of cases were admitted cases to both services and 25% of cases were non admitted cases to the local area MHS. Similar numbers of cases were admitted cases to SW24 and RL. The difference between RL and SW24 cases were that 25% of cases to SW24 had had no previous contact with the local area mental health service. All RL cases had had previous contact with the local area health service.

Table 8 Number of contacts

<table>
<thead>
<tr>
<th>Number of contacts</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 only</td>
<td>4</td>
</tr>
<tr>
<td>2-5</td>
<td>10</td>
</tr>
<tr>
<td>more than 5</td>
<td>6</td>
</tr>
</tbody>
</table>

The majority of clients who had contact with the service had had 2-5 contacts. This was similar to the RL population.

Table 9 Type of service

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Counselling and Support (to client and significant others)</td>
<td>9</td>
</tr>
<tr>
<td>Crisis Management</td>
<td>3</td>
</tr>
<tr>
<td>New Client Assessment</td>
<td>2</td>
</tr>
<tr>
<td>Support advice to non-mental health professionals</td>
<td>1</td>
</tr>
<tr>
<td>Calls too or from Case Manager</td>
<td>3</td>
</tr>
<tr>
<td>Faxes requesting outbound calls</td>
<td>2</td>
</tr>
<tr>
<td>After hours management of standing orders</td>
<td>0</td>
</tr>
<tr>
<td>Out bound call to existing client</td>
<td>0</td>
</tr>
</tbody>
</table>

Almost 50% of SW24 cases were telephone counselling and support followed by 15% of calls being for crisis management. This contrasts with RL service where 30% of calls were telephone counselling and support and 25% of calls being after hour management of standing orders. The types of services offered by RL and SW24 differ.

SW24 act as a more integrative part of the local service with more frequent contacts per client over a longer period of time. For non-urgent clients the call centre also acts as the primary case manager while the client waits for a triage appointment. In one case this was three weeks. There was no clearly identified process for ensuring a recognised local care provider such as a GP during this waiting period. It was not clear how and when a case was handed over to the call centre for holding. The one case that was audited did not reflect any assessment by the MHS prior to handing it over to the Call Centre awaiting a triage intake appointment in three weeks.

Timeliness
All encounter documents are faxed and reach service at start of business. In one case a request was made at 11.00am by the MHS. The client was contacted at 5.00pm. This delay was too long based on the information provided by MHS.

Demographics
Details were adequate in all 20 cases.
3. PROBLEM FORMULATION

Presenting complaint was felt to require further clarification in five cases. In one case it was not made clear where the client was. His father was ringing and no documentation of location of client or request to speak to him. A further concerned partner rang while the client was asleep. An option was to encourage the caller to get the client to ring when awakens. Information was received on one client from MHS advising of discharge from the service. The client was to be followed up with Drug and Alcohol services. No contact was documented for Drug and Alcohol Services. One case lacked an adequate exploration of presenting symptoms and other relevant history such as supports.

Problem formulation was adequate in all but 3 cases. Two of these cases were when inadequate information was provided by MHS requesting support. The third was that documentation was unclear regarding location of client (caller was father).

4. PATIENT HISTORY

Past history
Adequate substance abuse and past medical history was omitted on several cases.

MSE (excluding risk assessment)
Where required all cases provided an adequate description of the patient's mental state.

Risk assessment
A risk assessment was conducted in all cases where applicable. Most where adequate but areas that could be improved where history of past attempts and risk to dependants. In the case of a third party presenting information an attempt must be made to document those aspects of the mental state including risk assessment, which are available.

5. QUALITY OF PLAN

All cases had an adequate treatment/management plan, which was appropriate for the level of risk. The delay in calling back a client based on information provided by the MHS was thought to be too long in one case.

6. FEEDBACK TO MHS

At the request of the MHS only the F1 Customer details screen and F5 Triage /progress notes screen are faxed.

The system of providing feedback of call centre encounters to the MHS is working well. The encounters are faxed to Bunbury Clinic and received at start of business. Reception staff does not log the encounters. The patient number is written on the encounter. Documents are placed in case manager’s box. Some case managers sign a stamp, which has date, signature and name of case manager actioning. Individual case managers may note contact in case notes. Encounter documents are filed in separate section for easy identification. This may become a problem as the program develops due to the increasing volume of client files. The encounter document from two contacts was not in the MHS notes.

Table 10 Comments for SW24 cases:

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitated admission, averted potential suicide</td>
</tr>
<tr>
<td>Provided specialist mental health service to country hospital</td>
</tr>
<tr>
<td>Prevented escalation of situation</td>
</tr>
</tbody>
</table>
Summary

SW24 provides a similar wide variety of roles in the provision of the telephone service. It differs from RL in that the service is more frequently utilised by clients who have no previous contact with local MHS. This reflects greater community awareness. The service also acts in primary case management role for some clients awaiting non-urgent triage intake assessment. It also supports other medical services more frequently.

GENERAL COMMENTS

1. INFORMATION FROM MHS TO CALL CENTRE

The reviewers felt the fax form could be improved by adding in past medical history, substance abuse and more comprehensive risk assessment. This should always be complemented by a phone call. Both fax and phone call reduces the risk of discrepancies in information transfer. MHS occasionally will fax relevant correspondence, which is flagged on the client's file. A further possibility is to use the MHS triage format and this should be completed prior to call centre accepting case. Consent is an issue particularly in the way SW24 is utilised. There is no standard way of recording verbal consent to transfer to call centre at initial client contact. This should always be recorded and be specific.

2. INFORMATION TRANSFER FROM CALL CENTRE TO MHS

The call centre staff fax all documents involving clients of MHS if the client agrees. At times the client requests that information is not to be faxed and if the situation doesn't warrant breach of confidentiality because of high risk this is respected and noted on the clients file. All high-risk client documents are faxed with the client's permission. Consent is documented as part of the standard assessment, which ensures privacy regulations are followed. It is advised that reception staff log all encounters received and stamp them so that there is a record of receipt and actioning.

3. THIRD PARTY

The call centre staff has a third party triage mental health protocol. The location of the client should be documented clearly. An attempt should be made to speak to the client. Files should be opened as reflected by the situation. For example if the call is concerning supportive counselling for a carer it should be logged under the carer's file. If the carer is providing information about a client which suggest the client is at high risk the information should be logged under the client's file. At times it may be appropriate to open two files as the result of one call.

4. HISTORY TAKING

It was recognised by the reviewers that the skill of the mental health professional should guide history taking. The use of software can impact negatively on this skill by being too rigid. At times it is not appropriate to request all the information which is a part of the format and this was taken into consideration during the audit.

5. INFORMATION SOURCE

The call centre acts as a valuable central source of information after-hours for all parties.
6. HEALTH MANAGEMENT SOFTWARE

The format of the HMS encounter document was found by researchers to:

- be repetitive
- be unclear
- have no adequate documentation of the assessment of risk to dependants
- lack flow in form

7. CALL CENTRE AS PRIMARY CASE MANAGER

This utilisation of the call centre by SW24 was felt to have potential to be problematic. All parties should be aware of this function. A protocol covering this should be developed. This must cover the MHS basic initial assessment, a standardised set of information to be forwarded to the call centre, the MHS documentation of client consent and an agreement on clinical responsibility for the case during the waiting period.

Dr Sharon Hodgson
Sue Robinson
Dr Theresa Marshall
2 December 2003
CALL CENTRE ACTIVITY ANALYSIS

CALL STATISTICS

This section of the report addresses issues relating to the achievement of contractual standards in particular the responsiveness of the service eg, service level achieved and calls answered. This data is reported from the telephone system.

CALL VOLUME / SERVICE LEVEL

The Perth Mental Health Combined programs which include Rural Link and South West 24 received a total of 4,363 calls and handled 3,840 calls between February 2003 and September 2003.

The average combined service level for the period was 84%, which exceeds the target of 80% of calls being answered by a Mental Health Professional within 30 seconds.

The graph below illustrates calls offered / answered and service level by month from February to September 2003.
RURAL LINK

Rural Link was launched on the 17th February 2003. Initially calls were referred from community mental health services, other Central West Area Health Services and NGO’s in the Central West region. Residents of the Central West now have access to an after hours Mental Health service by dialling 1800 552 002. Marketing material was distributed to all relevant agencies in the Central West in February. This report concerns the operation of Rural Link from February to September 2003.

CALL VOLUME

Rural Link was offered a total of 975 inbound calls since the service commenced in February until the end of September 2003. A total of 823 calls were handled and the service made 202 outbound calls during the same period.

![Rural Link Calls Offered / Answered / Outbound Calls February - September 2003](chart1.png)

SERVICE LEVEL

Rural Link exceeded the contracted service level of 80% of calls being answered within 30 seconds by a Mental Health professional from March to September 2003 as illustrated in the chart below.

![Rural Link Service Level vs Target Service Level February - September 2003](chart2.png)
CALL ARRIVAL PATTERNS

The largest percentage of calls (32%) arrives from Midnight to 8am Monday to Friday and between 4.30pm and Midnight Monday to Friday 27% of calls are received. A further 20% of calls are received 4:30 – midnight Saturday/Sunday.

The chart below illustrates these patterns for the period February – September 2003.

CASE DATA

This data is reported from McKesson’s case management system, HMS.

PRESENTING PROBLEM

The graph below illustrates the diagnostic impression of the client at initial triage. Depression was the main reason for triage with 41% of all triage calls from February – September 2003. Anxiety / agitation totalled 31% and situational crisis with 13% of the total triage calls.
**SOURCE OF CALL**

The data for source of call is demonstrated in the graph below.

- Female clients represented 27.9% of the total calls to the service.
- Male clients represented 17.7% of the total service contacts.
- Case managers represented 27.3% of calls to the service.
- Family members made up 8.3% of the total calls to the service.

---

**RISK STATUS**

The following graph provides an overview of level of risk, which is further categorised into the fields below:

- Risk of harm to self
- Risk of harm to others
- Risk of suicide
GENDER OF CLIENT

The gender of clients utilising the Rural Link service is shown below. 55% of callers to the service were females while males represented 45%.

ETHNICITY

The chart below reports ethnicity of the client for the period February – September 2003. Ethnicity was an optional question and the graph below provides a breakdown of the 176 clients who chose to answer.

AGE OF CLIENT

The following data reflects service utilisation by different age groups. The most frequent users of the service were the 30-39 year old age group with 27.7%, the 40-49 year old age group with 20.6% and the anonymous group with 17.7% utilisation rates.
REFERRALS

The percentage of referrals made by Rural Link to other services are recorded and shown in the graph below. The “no referral made” calls relate to calls where the issue was dealt with and resolved by Rural Link.

Rural Link
Referrals
February-September 2003

Rural Link – Referrals to Other Services, February – September 2003

OCCASIONS OF SERVICE

INBOUND CALLS

The following graph illustrates a breakdown of the occasions of service for inbound calls on the Rural Link program. The majority of inbound calls (46%) were from clients or patients with case managers representing the next largest group of callers (24%).

Rural Link
Inbound Occasions of Service
February-September 2003.
OUTBOUND CALLS

The graph below demonstrates the occasions of service for outbound calls from Rural Link. The majority of these calls (55%) were to clients or patients with case managers again representing the next largest caller group (27%).

![Outbound Calls Graph](image)

Rural Link – Occasions of Service, Outbound Calls, February – September 2003
SOUTH WEST 24

South West 24 was launched on the 7th April 2003. Initially calls were referred from community mental health services, other South West Area health services and NGO’s in the South West region. The official launch of the service took place one month later with a Media Statement from the Minister for Health – Hon. Bob Kucera. All residents in South West Area Health’s catchment area now have access to a 24 hour, 7 day a week mental health line by dialling 1800 555 336. Marketing material was distributed to all relevant agencies in the South West in May. This report concerns the operation of South West 24 for the period April to September 2003.

CALL VOLUME

South West 24 was offered a total of 3,410 inbound calls since the service commenced in April until the end of September 2003. A total of 3,018 calls were handled and the service made 2,403 outbound calls during the same period.
SERVICE LEVEL

South West 24 exceeded the contracted service level of 80% of calls being answered within 30 seconds by a Mental Health professional from April to September 2003 as illustrated in the chart below.

CALL ARRIVAL PATTERNS

The majority of calls (51%) arrive from 8.00am-4.30pm Monday to Friday and between 4.30pm and Midnight Monday to Friday 25% of calls are received. The chart below illustrates these call arrival patterns for the period April – September 2003.
CASE DATA

This data is reported from McKesson’s case management system, HMS.

PRESENTING PROBLEM

The graph below illustrates the diagnostic impression of the client at initial triage. Depression was the main reason for triage with 41% of all triage calls from April – September 2003. Anxiety / agitation totalled 26% and situational crisis with 11% of the total triage calls.

**South West 24**

**Presentation of Client following Initial Triage**

**April-September 2003**

- Depression 41%
- Anxiety/Agitation 26%
- Situational crisis 11%
- Psychosis 7%
- Other 6%
- Substance Withdrawal 3%
- Intoxicated/Substance Use 5%
- Mania 1%

**SOURCE OF CALL**

The data for source of call is demonstrated in the graph below.

- Female clients represented 41.62% of the total calls to the service.
- Male clients represented 22.06% of the total service contacts.
- Case managers represented 20.10% of calls to the service.
- Family members made up 8.22% of the total calls to the service.
REASON FOR CALL

The report below identifies the data collected on the assistance provided by South West 24 to clients and health professionals.

![South West 24 Primary Assistance April-September 2003](image)

RISK STATUS

The following graph provides an overview of level of risk, which is further, categorised into the fields below:

- Risk of harm to self
- Risk of harm to others
- Risk of suicide

![South West 24 Risk Status April-September 2003](image)
GENDER OF CLIENT

The gender of clients utilising the South West 24 service is shown below. 63% of callers to the service were female with males representing the balance of 37%.

ETHNICITY

The chart below reports ethnicity of the client for the period April – September 2003. Clients were asked an optional question regarding their ethnicity, the graph below provides a breakdown of the 1,235 clients where this information was captured.

AGE OF CLIENT

The following data reflects service utilisation by different age groups. The most frequent users of the service were the 30-39 year old age group with 34.8%, the 40-49 year old age group with 20.8% and the anonymous group with 11.7% utilisation rates.
REFERRALS

The percentage of referrals made by South West 24 to other services are recorded and shown in the graph below. The “no referral made” calls are those calls where the issue was dealt with and resolved by the South West 24 staff.

South West 24 – Referrals to Other Services, April – September 2003

OCCASIONS OF SERVICE

INBOUND CALLS

The following graph illustrates a breakdown of the occasions of service for inbound calls on the South West 24 program. The majority of inbound calls (52%) were from clients or patients with case managers being the next largest caller group (28.6%).

South West 24 – Occasions of Service, Inbound Calls, April – September 2003
OUTBOUND CALLS

The graph below demonstrates the occasions of service for outbound calls from South West 24. The majority of these calls (77%) were to clients or patients with case managers making up the next largest caller group (14.4%).

South West 24 – Occasions of Service, Outbound Calls, April – September 2003
ACKNOWLEDGEMENTS

This report was compiled by:

**Strategic Development Division**
*Department of Health*

Dr Sharon Hodgson
*Psychiatric Medical Director*
*Department of Health*

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*Office of the Chief Psychiatrist*

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*Statewide Clinical and Service Enhancement Program (SCSEP).*

We would like to also acknowledge the contributions made by the following:

**University of WA Research Centre**

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*McKesson Asia Pacific*

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*Team Leader Mental Health*
*McKesson Asia Pacific*

Ken Thomson
*Manager*
*Central West Mental Health Service*

Carolyn Ngan
*Program Manager*
*South West Mental Health Service*
Appendix 1
RURAL MENTAL HEALTH TELEPHONE CLIENT SURVEY
Rural Link / South West 24

This will be programmed into the questionnaire:
- Respondent’s name/ Patient’s name and relationship to respondent if not the respondent – Client / Relative / Carer
- Date of call
- If call about someone else, who was it
- Patient and Caller gender
- Age
- Outcome

The questionnaire/interview starts with:

May I please speak to: [RESPONDENT as from sample]

SRC UWA Preamble and Confidentiality

My name is ______ and I am calling from the Survey Research Centre at the University of WA on behalf of Department of Health Rural Link / South West 24 program. We are conducting research about access to mental health service, particularly after hours in order to improve services. I understand that you have given consent to participate in a survey as part of this research.

___ Yes  ___ No

I would be grateful if you could spare a few minutes to answer some questions about Rural Link / South West 24. I assure you that all answers will be treated in the strictest confidence.

Now, I would like you to think about the last time you called or were called by Rural Link / South West 24 – This was on DATE.

Question 1:
How did you find out about Rural Link / South West 24:
[READ OUT]

- Referred by case manager or other health service.
- Fridge magnet
- Newspaper
- Brochure
- Word of mouth
- Used previously
- Radio
- TV
- Can’t recall (do not read out)
- They called me
Appendix 1

*Question 2:*
How many times have you used Rural Link / South West 24:
[READ OUT]

- 1
- 2 – 5
- more than 5

*Question 3:*
What was the main reason for your contact with Rural Link / South West 24

*(Table below for coding purposes) NOT TO BE READ OUT*

<table>
<thead>
<tr>
<th>Client</th>
<th>Relative</th>
<th>Friend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis support</td>
<td>Crisis support</td>
<td>Crisis support</td>
</tr>
<tr>
<td>Reassurance</td>
<td>Reassurance</td>
<td>Reassurance</td>
</tr>
<tr>
<td>Immediate Assessment</td>
<td>Immediate Assessment</td>
<td>Immediate Assessment</td>
</tr>
<tr>
<td>Treatment advice</td>
<td>Treatment advice</td>
<td>Treatment advice</td>
</tr>
<tr>
<td>Ongoing case support</td>
<td>Ongoing case support</td>
<td>Ongoing case support</td>
</tr>
<tr>
<td>Referral</td>
<td>Referral</td>
<td>Referral</td>
</tr>
<tr>
<td>Symptom / Condition Education</td>
<td>Disease / Condition Education</td>
<td>Disease / Condition Education</td>
</tr>
<tr>
<td>Someone to talk to</td>
<td>Someone to talk to</td>
<td>Someone to talk to</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Question 4:*
After calling Rural Link / South West 24, what did you do?

*(Table below for coding purposes) NOT TO BE READ OUT*

<table>
<thead>
<tr>
<th>Level of care sought</th>
<th>Advice from telephone service</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Took medication</td>
</tr>
<tr>
<td>ED</td>
<td>Followed care advice</td>
</tr>
<tr>
<td>GP</td>
<td>Contacted relative / friend</td>
</tr>
<tr>
<td>Mental Health Clinic</td>
<td>Did nothing</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Did not require any action</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

If further care was sought, when did you seek it

b) [READ OUT – Single Response]

- Immediately
- Within 4 hours
- Same day
- Next day
- Within the week
- Have planned to seek help
**Question 5:**
How would you rate the advice or information you obtained from Rural Link / South West 24.
Very Good
Good
Neither Good nor Poor
Poor
Very Poor

If Poor or Very Poor specify what you would have liked Rural Link / South West 24 to do for you.

---

**Question 6.**
On your last contact how would you rate the way you were treated by staff

1. Very Good
2. Good
3. Neither Good nor Poor
4. Poor
5. Very Poor

What makes you say that?

**POSITIVE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Understanding/supportive</td>
</tr>
<tr>
<td>7.</td>
<td>Respectful</td>
</tr>
<tr>
<td>8.</td>
<td>Willing to listen</td>
</tr>
<tr>
<td>9.</td>
<td>Helpful</td>
</tr>
<tr>
<td>10.</td>
<td>Prompt</td>
</tr>
<tr>
<td>11.</td>
<td>Followed through with commitments</td>
</tr>
</tbody>
</table>

Other positive (specify)

**NEGATIVE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Not respectful</td>
</tr>
<tr>
<td>13.</td>
<td>Not willing to listen</td>
</tr>
<tr>
<td>14.</td>
<td>Not helpful</td>
</tr>
<tr>
<td>15.</td>
<td>Slow</td>
</tr>
<tr>
<td>16.</td>
<td>Not available when needed</td>
</tr>
<tr>
<td>17.</td>
<td>Did not do what they agreed to do</td>
</tr>
</tbody>
</table>

Other negative (specify)
For the following questions, please use this scale:

6 Very Good
7 Good
8 Neither Good nor Poor
9 Poor
10 Very Poor

**Question 7**

[READ OUT]

How would you rate the staff member on providing information by using language that you understood
(Repeat scale if necessary)

**Question 8**

[READ OUT]

How would you rate the time that you were on hold before you spoke with a mental health professional:

Was it:

- Acceptable
- Unacceptable

**Question 9**

[READ OUT]

Overall, how would you rate the service provided

1. Very Good
2. Good
3. Neither Good nor Poor
4. Poor
5. Very Poor

**Question 10**

[DON'T READ OUT]

What is the main thing you would have done if you did not call or been contacted by Rural Link / South West 24:

- Gone to ED
- Call ambulance
- Wait to go to mental health team
- Gone to GP
- Call a friend or relative
- Called PET
- Called police
- Called someone else
- Do nothing
- Other (specify) _________________________
- Don’t know
Question 11
If you had not called or been contacted by Rural Link / South West 24, how do you think you would have managed:

- Would not have been able to manage
- Condition would have got worse
- Condition would have improved anyway.
- Would have managed

Question 12
Is there anything else you would like to add about the service
[OPEN ENDED]
Appendix 2
This will be programmed into the questionnaire:
- Respondent’s name
- Stakeholder category / details
- Date of contact.
- Basis for contact

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>Role in Organisation (at time of Interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>CMHN</td>
</tr>
<tr>
<td>MHS</td>
<td>Case Manager</td>
</tr>
<tr>
<td>Hostel</td>
<td>Medical</td>
</tr>
<tr>
<td>GP</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Private Psychiatrist</td>
<td>Duty Officer/Triage</td>
</tr>
<tr>
<td>Hospital</td>
<td>Police officer</td>
</tr>
<tr>
<td>Non-Govt Services (eg ARAFMI)</td>
<td>GP</td>
</tr>
<tr>
<td>Crisis Care</td>
<td>Volunteer</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**Stakeholder**

**Reason For Contact**

2. What was the reason for your contact with Rural Link / South West 24?

- Assessment
- Mental Health Act
- Advice
- MHA Information
- Handover
- Case Follow-up
- Other

**Frequency of Contact**

3. How often does your organisation have contact with Rural Link / South West 24?

- Rarely
- Occasionally
- Regularly
- Frequently

**Service Rating**

4. a) What is the main benefit Rural Link / South West 24 has provided you as a clinician / service provider

b) Are there any shortcomings with the service you have identified as a clinician / service provider. Y/N

If yes, what are the 3 main shortcomings

5. In using the service were your expectations met? (most recent contact)

- Yes
- No
- Partially

If yes – In what way did they meet your expectations? (please provide the 3 main ones)

---

60
If no – Why not? (Please provide the 3 main reasons)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

If partially – What else would you like them to have done? (Please provide the 3 main things)

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

### Service Provision

6. How would rate Rural Link / South West 24 overall service?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Neither Good or Poor</th>
<th>Poor</th>
<th>Very Poor</th>
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7. How would you rate the response time?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Neither Good or Poor</th>
<th>Poor</th>
<th>Very Poor</th>
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8. How would you rate the staff’s attitude?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Neither Good or Poor</th>
<th>Poor</th>
<th>Very Poor</th>
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</thead>
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</table>

9. How would you rate staff’s knowledge re: mental health issues and in managing clients?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Neither Good or Poor</th>
<th>Poor</th>
<th>Very Poor</th>
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</thead>
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</table>

10. How would you rate the outcome of the service provided?

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Neither Good or Poor</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
11. Would you like to see this service continue:

Yes  No  Don’t Know (Don’t read out)

12. Is there anything else you would like to add about the service:

Case Management (Only Applicable to MH Case Managers, GP’s, Psychiatrists.)

Q. 13. How has Rural Link / South West 24 impacted on you in managing your case load.

- Reduced workload
- Increased workload
- Allowed me to work more effectively
- Made work more complicated
- No Change
- Other (Specify)________________________________________________

Q. 14. How has Rural Link / South West 24 contributed to patient care and the outcomes of your patients.

- Improved patient outcomes
- Avoided need for more acute care.
- Improved continuity of patient care.
- Complicated treatment planning
- Have not seen any change.
- Other (Specify)_______________________________________________________

Q.15 How would rate the quality of documentation you receive from Rural Link / South West 24

Very Good  ☐ Good  ☐ Neither Good or Poor  ☐ Poor  ☐ Very Poor  ☐

Comments (not prompted) ______________________________

Q.16 Overall how would you rate Rural Link / South West 24 in supporting case management.

Very Good  ☐ Good  ☐ Neither Good or Poor  ☐ Poor  ☐ Very Poor  ☐

Comments(not prompted) ______________________________
Appendix 3
### SERVICE DETAILS

1. **Service provided by**
   - Rural Link (RL) □
   - SouthWest 24 (SW24) □

2. **Who referred case on first contact?**
   - Local Area Mental Health Service (LAMHS)
   - GP
   - Nurse
   - Other health professional
   - Self
   - Police
   - Family member
   - Other

   *Which hospital?*
   *Which service?*
   *specify*
   *specify?*

   *Was the referrer clearly identified (name and service)?*

3. **Type of Case**
   - Admitted (contact with both LAMHS and RL/SW24 services) □
   - Non Admitted (no contact with local area mental health services) □
   - Referred by MHS only (no contact with RL or SW24 - information only) □

4. **Type of service provided**
   - Has this case had more than one contact
     - Yes
     - No
   - If more than one:
     - 2-5
     - More than 5

   *New Client Assessment*
   *Crisis Management*
   *Telephone Counselling and Support*
   *After hours management of standing orders*
   *Out bound call to existing client*
   *Support advice to non-mental health professionals*

5. **Timeliness of Service**
   - Not relevant to this call

   *Time of initial contact*
   *Was information handed over to the MHS?*
     - Yes □
     - No □
     - Not clear □

   *Is the hand over reflected in the MHS notes?*
     - Yes □
     - No □

   *Time information handed over to MHS*
   *Was this appropriate?*
     - Yes □
     - No □
# APPROPRIATENESS AND COMPLETENESS OF REFERRAL

### 6. Where the following patient details recorded?

<table>
<thead>
<tr>
<th>Anonymous:</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name if not anonymous:</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Address:</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Gender:</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

If a new contact was the referral to RL/SW24 appropriate? Yes ☐ No ☐

Was this adequate to provide a clear description of the patient's demographics?

If not adequate was there an identifiable reason?

- Not relevant
- Information not available
- Patient not cooperative
- Unclear

**Comments**

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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______________________________________________________________________________________

If referred from the local area mental health service was enough information provided for Rural Link or South West 24 provided to assist with assessment? Yes ☐ No ☐

If No, please comment

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
### QUALITY OF ASSESSMENT

#### 7. PROBLEM FORMULATION

Was the presenting complaint clearly documented?  
- Yes ☐  
- No ☐  

Was a history of presenting complaint obtained including:  
1. onset  
2. nature of symptoms  
3. other relevant history  

Was this adequate to provide a clear description of the patient's history of presenting complaint?  

If not adequate was there an identifiable reason?  
- Not relevant  
- Information not available  
- Patient not cooperative  
- Unclear  

**Comments**

______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
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### PAST MEDICAL HISTORY

#### 8. Has the following information been reflected in the call information?  

<table>
<thead>
<tr>
<th>Information</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Psychiatric Hx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Psychiatric Hx</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Current Medications</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medical history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Diagnoses</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Substance use</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

Was this adequate to provide a clear description of the patient's relevant medical history?  

If not adequate was there an identifiable reason?  
- Not relevant  
- Information not available  
- Patient not cooperative  
- Unclear  

**Comments**

______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________
Appendix3

Has the problem been well formulated?  Yes □  No □

If No, please comment on why not

9. MENTAL STATE ASSESSMENT

Was there documentation regarding the following?

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Yes □</th>
<th>No □</th>
<th>Speech</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood</td>
<td>Yes □</td>
<td>No □</td>
<td>Thought Form</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Perception</td>
<td>Yes □</td>
<td>No □</td>
<td>Thought Content</td>
<td>Yes □</td>
<td>No □</td>
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<tr>
<td>Cognition</td>
<td>Yes □</td>
<td>No □</td>
<td>Insight</td>
<td>Yes □</td>
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<tr>
<td>Formulation</td>
<td>Yes □</td>
<td>No □</td>
<td></td>
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<td></td>
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</tbody>
</table>

Was this adequate to provide a clear description of the patient's mental state?

If not adequate was there an identifiable reason?

Not relevant

Information not available

Patient not cooperative

Unclear

Comments

9. RISK ASSESSMENT

Was a risk assessment conducted?  Yes □  No □

Were the following issues considered and documented?

<table>
<thead>
<tr>
<th>Intention</th>
<th>Yes □</th>
<th>No □</th>
<th>Means</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Yes □</td>
<td>No □</td>
<td>Methods</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Level of support</td>
<td>Yes □</td>
<td>No □</td>
<td>Previous attempts</td>
<td>Yes □</td>
<td>No □</td>
</tr>
</tbody>
</table>

Were issues relating to dependents at risk documented?  Yes □  No □
10. QUALITY OF PLAN

Has a treatment/management plan been formulated? Yes ☐ No ☐

Is the plan appropriate for the level of risk assessed? Yes ☐ No ☐

Has the urgency of the response been documented in the patient’s MHS notes? Yes ☐ No ☐

Have any changes to urgency level been reflected in the notes? Yes ☐ No ☐

Where there have been multiple contacts is the information on all contacts consistent? Yes ☐ No ☐

If there is a current care plan in place have the details of it been reflected in the notes? Yes ☐ No ☐

If yes, are they accurate? Yes ☐ No ☐

Has the level of patient support been considered and documented in the notes? Yes ☐ No ☐

Comments
_____________________________________________________________________________
_____________________________________________________________________________
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FEEDBACK

11. FEEDBACK TO MHS
Not relevant to this call ☐

Has all relevant information been provided back to the MHS or referring agency? Yes ☐ No ☐

Was the patient referred on? Yes ☐ No ☐

If yes, was the referral appropriate? Yes ☐ No ☐

Do the MHS notes reflect contact details? Yes ☐ No ☐

If no, was it appropriate? Yes ☐ No ☐

Has all the appropriate information been provided back to the MHS? Yes ☐ No ☐

If changes were made to an existing care plan are they reflected in the patient’s MHS notes? Yes ☐ No ☐

Were actions detailed in the management plan carried out or notes made as to why not? Yes ☐ No ☐
### USEFULNESS (answer where possible)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Overall has the intervention of the call centre assisted in the management of this patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the intervention of the call centre avert an admission?</td>
<td></td>
<td></td>
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</tbody>
</table>

**Comments**

_____________________________________________________________________________
_____________________________________________________________________________
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_____________________________________________________________________________
Appendix 4
APPENDIX 4

CLIENT SURVEY COMMENTS

Positive aspects of treatment by staff

Question 6 – What makes you say that?

“Asked the right questions. They told me when they did not understand something I said. They were continually checking that they understood what I was saying. By going, 
“So, what you are saying is so and so.”

“Followed up calls even when I went to Perth for weekend.”

“I have spent enough time with them so I know some of them. It has made it easier to talk to them when I know who is on the end of the phone. They have access to good case notes on me so they understand my history. They always check on my state of mind. They deal with the immediate issue on my mind, but they don’t forget the major impacts that the depression is causing. It is a good balance. The advice is very professional.”

“Very consistent. I had only three different people call me from South West 24. Friendly. Gave good advice.”

“Sometimes they would want to concentrate on an issue which I felt was not the main issue. They would check with me whether they understood what I was saying.”

“Easy to talk to. Easy to open up to. They were not judgemental.”

“Friendly and easy to talk to.”

“I felt safe. They followed the treatment plan drawn up by me and the mental health clinic.”

“Knowing someone’s there when down and out. Reassuring.”

“Stopped me harming myself.”

“Felt that they didn’t understand her. C/or how a person’s alt levels fluctuate.”

“When you are suicidal need help straight. She was very good. Asked right question. Advice. Assessed the situation. Gave right advice. She was spot on.”

“Good information given.”

“They knew what they were talking about. They seemed to ask the right questions. They were reassuring. They were there for me ‘on’ the weekend.”

“They were calm. Don’t treat you as if you’re stupid. Reassuring.”
“Had no one else to call so it was good that they were there.”

“Not at all judgemental.”

“Not the same person. All people on the same wavelength.”

“It was after-hours. They were there. They were not judgemental. They explained things clearly.”

“She was very nice. She never raised her voice.”

“Rang this number and everything was done for us.”

“Very friendly.”

“They are able to talk me around and help me see that things could get better.”

“They seemed qualified. They knew what they were doing. They gave some relaxation exercises.”

“They were very professional in the way they give advice. Very friendly.”

“I felt very comfortable. It was easy to open up to them.”

“Was talking to someone from Melbourne. That was a Saturday. All they want to do was send an ambulance. All I wanted to do was talk to a lady. Felt like ‘crap’. Nothing happened. Didn’t improve situation.”

“The person seemed to think that my problem was not worth them being bothered with.”

“Very professional. They calmed me down and made me feel secure.”

“Explained my misunderstanding and moods between me and wife.”

“They were nice but I was only changing my appointment.”

“Very calming.”

“A very broad knowledge base in relation to my situation.”

“Result not what I expected. Carted to hospital. Hoping to get assistance over the phone to crisis, rather than going to hospital.”

“Very calm reaction and not dismissive with my concerns.”

“Very friendly.”

“I feel more at ease. They let me know how I am progressing so are reassuring when I’m out of hospital and will call me while in hospital to reassure me.”
“On the last call, I felt that they had lost interest in me and that they thought I was just a nuisance but maybe that was just the one person because I get a different person every time and some are very good and are really helpful. It was just the last time I felt I was being a nuisance. They rang me that time, but I felt as though they’d been given a list of names to ring and they were just going through the numbers.”

“I felt like I knew them because they weren’t distanced and clinical. They offered very practical advice.”

“Very professional. Very caring. Very intelligent questions.”

“Friendly.”
Appendix 5
CLIENT SURVEY COMMENTS

• What would you have done if you had not contacted (Other)

Question 10 –
Main thing you would have done if you did not call Rural Link or SW24

“I would have kept arguing with the Case Manager. They were able to help me see that my Case Manager was not being unreasonable.”

“Would have shot him or got in the car (and) driven away.”

“Would have hurt myself.”

“Probably topped myself as not sure what to do.

“Would have harmed myself.””

“Would have killed myself.”

“Put it this way, you wouldn’t be talking to me now“ Self-harmed.”

“Quite possible taken my own life.”

“Anything could have happened. Hurt myself or others.”

“Would have sat there in tears. Panic attacks would have got out of hand. Tried to call emergency hospital.”

“Gone into worse longer panic mode. Last longer. Longer to settle. Gotten sick. Vomiting.”

“Probably would have run off and not known what to do.”

“Would have been a huge disaster.”


“Would have committed suicide.”

“Would have contemplated suicide.”

“Done some self-harm.”
“Hit crisis point. Not having anyone to talk to.”

“I’d be more stressed. Put family under pressure with problem they couldn’t solve. Only worry more.”

“Suicide”

“Possible would be dead in a bad way.”

“Would have attempted suicide. There seemed to be no other option.”

“Lost my temper. Said something may have regretted to my son as not his fault – the illness this is.”

“Remained in very confused and distressed state with thoughts of suicide.”

“Probably would not have been here.”

“Probably taken handful of pills or something stupid like that.”

“Would have hurt myself.”

“I think I would be dead. I would have topped myself.”

“Would have tried suicide.”

“I probably wouldn’t be here today. I didn’t have anyone else to call.”

“I’d have committed suicide because there was no one else available at that time. They really were life savers at that time.”
Appendix 6
CLIENT SURVEY COMMENTS

• Additional Comments

Question 12
Is there anything else you would like to add about the service?

“They rang the case manager and gave feedback on the call I made. This made things a lot easier for me. When I contacted them about medication another time they arranged for the dose to be adjusted this worked well.”

“Very good service. Hope they don’t axe it. Like to see mental health services expanded to cater for all these kids on drugs. Be needed for the future.”

“One of the best service been in touch with. As called the pet group they just put me through to Good Sammies.”

“Pretty good. Pretty helpful, as mental health services in south west shocking at the moment. Is the only service available at the moment, with all the cut-backs government and overloading, cutting staff resources creates waiting lists.- i.e: 6 weeks - makes things very difficult to get help.”

“They have been fantastic for me. Their outbound calls have been very timely sometimes. I have found myself opening up to them a lot, which means they can do their job properly.”

“The ladies I had were great. I could not have done without the service. I would have killed the dog if it had not been for them.”

“It was good for me that my case manager get them to phone me. If something happens after 9 p.m., it is too late for me to phone my good friend and without South West 24 I would have no one to talk to at that time of night.”

“For the first two weeks after the incident happened it was important that they were able to phone here. I did not (have) the ability to help my wife through that time and I needed advice myself as to the best thing to do. Having someone to talk to, who was there to help me, and not ask too many questions about the situation was good. Having the phone calls received in our house, where we comfortable and relaxed, was good.”

“For the first week after the trauma it was really important that they contacted me each day. It was good to know that someone would be phoning me the next day. It helped me maintain a positive outlook. Knowing they were available 24 hours a day really helped. It could get really emotional with my partner and children and having a professional to talk to 24 hours a day was important. Just in terms of the confidentiality of this survey, it is important to me that the police do not have access to any of this information - the team at South West 24 will understand why.”

“It is important to have something there after-hours. Not everything happens between 9 and 5. They were good at not making me feel silly. I would be reluctant to call, thinking it was not important enough, but they made me feel comfortable.”
“They contacted me every day for the first two weeks, and then every second day for the next four weeks, and then once per week for the next six weeks. I was able to ring them any time in between, and I felt a huge sense of relief that someone was going to care about me and would follow up on me if anything went wrong. It was great support and I could not have got this far this fast without their support. I know that I have done a lot of the work myself, but I could not have done it without their support. It is one of the best services around. The demand for mental health care in the south west is high and this service is a good way to try to deal with the high demand.”

“Very happy. Appreciative of their support. Wasn’t aware of them before.”

“They need further resources. More mental health personnel in south west. Greater access hours beyond 9-5 p.m. This is fine for those on ongoing care. Those in crises - more personnel evenings/weekends.”

“Just that it was very good.”

“One lady is so lovely she should get a promotion. She is from the exact same background as mine. She went through the same childhood as me.”

“They were caring. Glad didn’t take advice, as followed own gut feeling things worked out ok. Bit offended by personal hygiene questions - if I washed or not - as not depressed at time, couldn’t see why I was asked.”

“Very grateful they were there. It’s very hard to counsel someone over the phone they do very good job. The particular woman picked up pretty well and knew the right words to say/questions to ask. Very competent and able. Asked to speak to my wife - she followed her advice, taking me to hospital.”

“I was happy with it. Spoke to my wife as well. Went to doctors.”

“More interaction. Therapy after phoning in anyway. Not aware if service is available as don’t think doctors are mental health experts - just give pills.”

“Very grateful to lady I spoke to. If you are in a really deep hole. Isolated in south west you have a real problem as extremely limited access to immediate help. Otherwise take myself to hospital tell them can’t cope - going crazy.”

“They were really helpful considering they were in another State a long way away from where I am. They were good.”

“Can’t say enough good superlatives. They know their job. They listen, give good, sound advice. Shame if weren’t there. People similar to me know they’re there. Can get instant help rather (than) worrying all night or going to GP in morning. Best service ever to come to the south-west.”

“I like it. It should stay there. It is needed. There are people like me out there who need to be able to get the information they need - where to go and what to do.”

“I wish they would put more money into mental health. I would even pay some of my wage towards it. I think the system is as good as it could get without actually having someone in person helping.”

“Always be there. Very grateful.”
“When He spoke to them, he has been much more at ease. Comforting for him to know people can recognise his situation/feelings/thoughts. Good when he finds people who are sincere - he develops trust.”

“So far I find it to be an excellent service as you just can’t get to the hospital in the country and the clinic is only open Monday to Friday so people with mental illness find it really hard to speak with someone who can help. It is an excellent service.”

“Please keep it. They were terrific and really helped me.”

“Just that the lines are too busy and it’s hard to get through, so more phone lines are necessary. Very appreciative of the service.”

“No. Just that they were pretty good.”

“The service is better than very good. It has to be there and the people are fantastic. I don’t know what I would have done if they weren’t there.”

“Service which could be expanded. People at 24 gave the impression they were given release time. Overworked. Expansion of the program.”

“I desperately needed them to call me and then I felt that they were only pretending to care when I rang the first time. They don’t really care. I was desperate for help and tried to get and they really hurt me. I sent letters to the woman in charge and she said she doesn’t read letters because she might misinterpret them. It’s the best way for me to express myself and she can’t be bothered reading them.”

“No not really.”

“It is excellent and I’ve really appreciated the service. It gave the family someone to talk to and gave us as much help as it did my stepson. We have just been thrown into this situation and they have been terrific.”

“If I did not have the after-hours access it would be more difficult. Having a professional to be able to talk my daughter down is very useful.”

“I think it’s a really worthwhile service. When you’ve got none its great to be able to call them. Well worth having.”

“They were very helpful. They rang me back to check how I was going a few days later. It was reassuring to know if I had still been upset that they would have got through to me.”

“I think it was great and don’t know where I would be now if it weren’t for them.”

“I live 40 km away from my Case Manager. There is no one else who can really talk to me between sessions with my Case Manager. I do not like going to Bunbury where my Case Manager is because there are people in Bunbury who want revenge on me. The service is great. They do a fantastic job. I have used men’s helpline and the quality of service from Southwest 24 is much better. They can keep me talking until I calm down. Having them there at night is important.”

Just that it’s a good service and they should keep going. They ring me up every night which is great and they just talk to me which is what I need.
“They were great. They rang when they said they would. I could open up to them. It was not uncomfortable. They were great to talk to. I had three or four main people I talked to over a period of a few months for a couple of times a week. It was good to become familiar with them. I would not hesitate to ring them again.”

“I have used Lifeline and they are wonderful but Southwest 24 is a lot better because it is clear that they are specifically trained for mental health issues. They have contact with other services, so if it becomes clear that I need more help, they can arrange that - like ambulance, etc.”

“I feel I have got to know the people who call me. There are four or five of them I speak to on a regular basis. It is important for me to have someone outside my family to talk to because I can’t always be worrying my family. When I am feeling suicidal, it is better to be contacting Southwest 24 than my family because I don’t want to be putting my family through the bother of it all. Southwest 24 make great suggestions to me when I am feeling suicidal. It is because of Southwest 24 that I am doing as well as I am.”

“Some times put on hold for long time. Annoys me. Frustrated.”

“The last contact was not very satisfactory but that has not put me off using them again. Generally, they have been good. After the first few contacts I felt better after being on the phone to them.”

“I am undergoing alcohol and drug rehabilitation and without Southwest 24 being on the end of the line, I might have drunk alcohol when I was feeling depressed. They arranged for me to call them each day and when I did not call one day, they called me. This shows that they are very caring people and are looking out for me. I hope it continues.”

“Have kept fridge magnets. Recommended to friends with mental problems. Service is supportive, informative, friendly. There in time of need. Hope service continues for lots of people like me, i.e., Salvos don’t know how to deal when hysterical at the time, or able to talk you down. Invaluable and specific to our needs. I don’t know I will use again, (but) know they are there. Can use if needed.”

“Every staff member exceptional, professional, compassionate, understanding. Special people don’t know if it’s because of the phone, i.e., not having eye contact - not sure. In last 3/4 weeks, my visits from local health nurse been on casual basis. With Southwest 24, (I am) able to contact or be contacted at the time most in need/needed.”

“First time (I) spoke to someone, explained how I felt - ended up with 8 police coming around and carted of to hospital. I just wanted to chat - ask about what I could do. What happened wasn’t good. Hard to explain to kids what’s happing. The reason I rang was to get things off my chest, get advice. When police came, felt I haven’t been heard again. This happened twice. Took me away. After that, didn’t feel like using service again. If they had bit of history on computer, activated by surname, (it) would save lot of misunderstanding. Save taking unnecessary action.”

“I can’t fault the service. It was great being able to talk to people at the end of the day. I felt that I was talking to friends and that I could rely on their call. I would like the government to keep up the funding for the work.”
“I needed to get things off my chest. I would use them again. Being alone on a farm I felt there was no one to talk things through with.”

“I have only used the service when I rang Busselton Mental health to change my appointment and the call was diverted to southwest 24”

“I think they are excellent / it is a service that is worthwhile / if they can help other people as they have helped me that is great”

“Really like to make sure service keeps going. Not only for myself, but for all alienated youth I deal with.. Hard to find supportive people on the ground as a Shire Councillor. The shire is interested in the mental and suicide issue in shire. Asking how to talk to someone who is suffering. Southwest 24 good service for people to have access (to) and inform themselves personally about mental health in area.”

“I’d always call them if needed.. Found Southwest 24 a very necessary service for ones like me. People who are grieving. Need someone to talk to who understands where you’re at. Can make a few suggestions, guide you. There for support at that crisis time. I hope Southwest 24 remains available for us and anybody who is stressed, in crisis. Don’t feel so isolated and alone. Can put us onto someone who can help. I would not have survived if service were not available.”

“ Been more than happy. Their advice, compassion, understanding. Being in psychic ward, Bunbury. Have talked to walls to get help. Don’t feel like talking to them. I didn’t want to be there. Makes me uncooperative, being surrounded by 13 people in various states on medication, shuffling along, not making eye contact. Wasn’t good to be around that sort of thing. Like Southwest 24 available any hour. Remain anonymous. Not in public view. Call to see I am ok. My friends don’t do that.”

“Very worthwhile thing to have. That it is available.”

“Wasn’t aware of them couple months ago. Very happy they were there. Someone able to help. Have called Lifeline - not most helpful - on hold long time - not aware of services in area. Southwest 24 work well - liaised with social workers I see, provided back up, letting them know how things are going with me.”

“No / no / nothing.”

“They’re just very, very supportive/helpful. Nothing else anyone can do, as the person I rang to get help for did (commit) suicide anyway. Nobody could stop him. Nobody's fault.”

“Guess it was ok. Wasn’t very lucid at the time. They handled the crisis in an appropriate manner considering (they) had a young person in-house at the time. They probably (had) no option to the action they took.”

“Nothing.”

“We need a lot more in the bush with mental health. I have to go to Perth for help, which is 700kms way, or to Meekatharra, which is 400kms away. The local doctor can’t do what the professionals can do. This service was great so that I could get through until I could get to doctor in Perth, but once you get out of Sir Charles Hospital, you are completely on your own in the country.”
“When my son went to Perth we were told how access help by the Southwest 24 service, but this didn’t eventuate. We were refused by three hospitals and, at one, the police were called after he tried to harm himself. Another hospital gave him Valium and a list of Councillors. I felt the initial service was good but we were let down by the rest of the system.”

“They have been excellent. They are empathetic. They have been good at formulating action plans whilst I have been on the phone. They give very useful support to my family when the family have been on the phone, and can organise police, etc., if I am feeling very suicidal. The only problem has been a couple of occasions when I have had long delays before being spoken to. It will be a shame if they cut off, that is for sure.”

“They were very good and passed on other phone numbers to help me.”

“I would like to thank them very much. I hope and pray in all earnestness that the funding will not be cut and diverted to something ridiculous. Without Southwest 24, I would be in a far worse situation.”

“I feel that the service is brilliant and as soon as I get out of hospital I will be using them again.”

“Not really. It’s good to know that they actually exist. It is a bit hard to find them if you don’t know how to. Maybe they could have pamphlets at the doctors and social security.”

“Sometimes the person I speak to is absolutely excellent and really buoys me up and helps me through a rough patch, whereas another person I speak to will be less encouraging, but I’m not complaining because I understand that everyone is different. Sometimes I click with the person who answers, whereas another person may not click with the same person [at southwest 24] and if I’m really not happy with the person I get, I can always choose to hang up and dial again later and I’ll get a different person.”

“Just that they were very reliable, such as if they said they would call back at a certain time, they did, and if I wasn’t there, they would try every couple of hours until they spoke to me. They were consistent and they were there when I really needed them. They were just very friendly and good listeners and offered very practical solutions.”

“This pilot program must be continued. It is so needed. Bunbury and the southwest need some after-hours care. Two people have died recently that I know of. One was a guy who hanged himself before the Southwest 24 number was available. He might still be alive if the service was available. Pathways and this Southwest24 project might not be refunded. I am going to use all my influence to see that they are refunded and services not cut. When you are living in the southwest and you call pet they can do nothing except call the police if there is an emergency. The southwest deserves and needs after-hours care in the same way that Perth does.”

“It is very good. They are people who understand mental illness. They have good advice and the attitudes are supportive and caring.”
Appendix 7
STAKEHOLDER SURVEY COMMENTS

- Service benefits

Question 4a

What is the main benefit Rural Link / South West 24 has provided you as a clinician / service provider?

“Advice with dealing with psychotic episodes / this assists nurses who do not have mental health qualifications”

“It is the support the daily support monitoring and assessment of patients that i refer to them/ because they can provide a far broader spectrum of community support than i can/ i am only funded for serious psych treatment but they are equipped to deal with the not so serious cases who really don’t need my services/ it is not always appropriate for us to do the follow up because the patients are not necessarily all that desperate on a long term basis/ sometimes they are just feeling a bit desperate at the moment and just need some immediate support without having to be involved in long term support”

“It has provided an out of hours service / which we do not provide / with rural link we can reassure our clients of weekend and after hours care / if a client of mine is distressed after hours they can talk to a trained person / I can feel reassured when I am not at work - it makes switching off from work easier for me / it has taken the pressure off us for not providing an after hours service”

“Just having the back up after hours when we are not here so a client has a professional person to talk to reach out to for support and direction/ it means that the client has access to professionals who can offer advice after hours.”

“Continuity for the client - there is someone for the client to ring after hours which is important in a crisis “

“They provide after hours support / this is good for the client - it is reassuring / it is good for the staff - it allows us to go home and know that there are options for the clients after hours “

“Having some one who is trained and is available after hours / the documentation and feedback provided is useful / the hospital staff are not confident around mental”

“They give us guidelines on what to do / and provide us with the background on the patient”

“They are very good at providing telephone support for clients / particularly after hours”

“Being able to get on to someone for professional help / particularly after hours”

“A resource to clarify options for treatment and diagnosis /I would use it any time not just after hours”

“It was a strange case / I was dealing with someone who resisted being assessed / rural link were not able to give much assistance in this case / it was good to be able to ring someone after hours but not much help could be given”
“That it gives clients support ah/there is the capacity for rural link to identify clients needs/ to give feed back to from after hours contact”

“Some basic information/regarding the assessment process”

“Mainly support after hours that enabled me to leave here knowing a client i was concerned about as possibly suicidal and knowing they would contact him or they could contact him and their assessments were faxed the next morning before our intake meeting were very professional and they provided a good service”

“After hours service provision and access for clients”

“I can offer continuity of care for 24 hours a day 7 days a week for the client and their carers/the contact that i have had with rural link has been very effective so i can give them rural link this assurance this works/that they are mental health professionals/other health professionals or service providers such as the police can get continuity of help 24 hours a day when I’m not available/if a client has a job that means they work in different places every week they can contact rural link and rural link can tell them where the nearest place is for them to get necessary medication/there is a positive change in the way rural link responds to country clients eg in the city they say go to your Dr tomorrow morning but for country clients the Dr is often 350 kms away and the client and i get very upset at being told to go to the dr the next morning/ they rural link now have the technology to tell them where a patient is physically and so they are able to give more appropriate advice./they have been very willing to negotiate with us to fine tune the system”

“The clinic closes at 4.30 and after that there is no-one to contact for advice and this made it hard for nurses after hours and on weekends so clinicians and clients have a service that they can contact for advice and support “

“The main benefit is the continuity of client contact where they have the continued support especially for weekends/ with the clinicians contacted being aware of the clients previous history in conjunction with us”

“To know that the clients do have professional support after hours if they need it/also that there is support for relatives and carers of clients who can speak to professionals over the phone and get the same information as the clients”

“They take calls for us after hours and also when we have meetings”

“Some sort of assurance that there is someone qualified after hours who can follow my management plan”

“The continuity of care for the client / having an after hours service”

“That they can work when I don’t / I work four days a week / they work on weekends and through the night”

“Information and support/dealing with people in need of their services”

“It gives us continuity of care after hrs”
“It has given us support and for patients somewhere else to turn when we have run out of advice/especially for those who are out of town for them to have somewhere to vent their feelings”

“I only work part time so my clients have someone to contact when i am not there / it is good to have a 24 hour contact point”

“After hours cover for the Client”

“That the client has contact after hours”

“Identifying services and resources throughout the state”

“An after hours resource for carers of clients”

“Mixed benefits and detriments/not with my personal contact with them/no real main benefit that I could state”

“After hours/because many of our clients are in crisis after hours and many times there is no access to an authorised practitioner after hours”

“It was very frustrating because rural link was unable to help/the client was very vague/it was the only way to go as police no longer take anyone to hospital for us/it was good to have contact with rural link/ I just had to hope for the best/in the end which was very distressing/next day he wondered off before mental health could come”
Appendix 8
STAKEHOLDER SURVEY COMMENTS

- **Service shortcomings**

**Question 4c**

**What are the 3 main shortcomings of Rural Link / South West**

"that it is a limited service in that it is not face to face contact. I believe they are limited by not being able to see the body language of the client verbal communication can be quite limited in that sense./", "the physical lack of being there to deal with the problem/ it is like the rac in that people can phone for help 24 hours a day but they southwest24 don't have a car person to send out/ they are only a telephone service and don't have any means of sending someone out if a client is in serious trouble./", "that it is going to generate more work for our service but there will be no extra provision in terms of resources to deal with the extra work load/we get a lot of referrals from them from calls they have had during the night but we won't get extra nurses to go out to deal with the referrals we feel that it would be better to pay for extra nurses than have a phone service"

"part of their protocol is to do a risk assessment on every contact / this is not always needed and sometimes it seems routine and clients have complained about that / there needs to be some flexibility where our service or the case manager can request that a risk assessment not be done /"", "there are occasions when the client will receive two phone calls on the one day / there seems to be some confusion sometimes as to who within southwest 24 is to make the call /", "some clients with personality disorders find it difficult to have to deal with different people from southwest 24 all the time / they end up explaining themselves over and over “

"I thought that they should have been able to arrange for the visiting mental health nurse to contact the client / there is instead a much more cumbersome method which is followed"

"it can take a while to get through / it took me three calls to get to speak to someone"

"it took a long time for the issue to be dealt with over the phone /"", "i felt patronised by the staff / I am an ex nurse but I didn't disclose this to rural link / they spoke to me as though she assumed I didn't know anything / i felt that i was hitting a brick wall"

"the forms needs to be reviewed/ find out what needs to be done know/cutting to the chase"

"unable to provide feedback when i rang /all i could do was leave a message and I was not able to get any information unless i rang again", "not being able to see action/trying to get somebody assessed at hospital and wanting mental health involvement and I was told the doctors were unable to act on my invite or referral to them""

1"i have no concern with the service that is provided it is the concept that has shortcomings", "lack of timely response/it is a funding and resourcing issue and the best compromise that is available but there are inherent shortcomings in the service", "they do what they have been contracted to do /provide an after hours telephone service that is based in Perth and report on the service provided but they do use staff that are trained mental health staff "
“i think sometimes we have had people at rural link who have misunderstood the request for their services eg where they may have contacted the client where they only needed to be aware that the client may call/this was early on and it now appears to be more clear with the system”

“with personality disorders the client can tell you anything which makes contact with them on the telephone difficult to assess because the person on the phone from southwest 24 cant see the client/ for example the client may say they haven't been drinking or drugging even though they have been and this may not be evident from their voice often those kinds of situations need to be face to face so that the clients body language can be seen/this is really only a problem with clients who personality disorders particularly those with multiple personalities it is not such a problem with other clients”

“they insist on taking an assessment whether it is needed or not //”,2”a lot of paperwork comes out of it / some of it is unnecessary / we get reams and reams of stuff if someone calls them a few times in the one night //”,3”i worry about the security protocols / how do they know whether the person is who they say they are”

“a client contacted rurallink to say that they could not make an appointment with me / rurallink did not pass on the message until after the time of appointment”

1”there were two occasions when the information was faxed through late / i think that problem was taken up with southwest 24 and has been rectified“

“that there were too many people who could access the information of the patient/too many people have access to patients records which could be a concern/ even though they are health prof”

“they dont address child and adolescent mental health needs //”,2”they cant provide face to face interviews so they find it harder to know whether to call police etc //”,3”being based in Sydney they do not have as good a knowledge of local resources”

“sometimes there needs to be a face to face specialist care and assessment //”,2”sedation is sometimes needed and cant be given over the phone”

“clients have complained of the waiting times //”,2”some of the more paranoid clients are worried about the recorded message talking about calls being monitored”

“there are some teething problems/things like information from clients not passed on appropriately/clients have rung them and i have had a phone message from southwest 24 the next day or later than appropriate”,2”initially there were a lot of problems with the faxing of information but now there is more info about the time of call and less duplication of paperwork from them”,3”one shortcoming when they started up all clients were mailed out directly which produced some inappropriate outcomes for clients and i consider breached confidentiality”

“there was no one who could have come out to help me/my only hope would have been to get an ambulance/instead i had to just observe him and help where I could”
Appendix 9
STAKEHOLDER SURVEY COMMENTS

- **Service expectations**

**Question 5a**

*In what way did they meet your expectations?*

“There was someone there who provided the relevant advice. There was someone there who offered support. I felt as though I could phone them back if I need to.”

“By being professional in everything they do. By adequate documentation and I find that their clinical services that they provide are very adequate. They do the job that is required of them.”

“When I asked them to make contact with the client, they make contact with the client. They follow the guidelines on how to proceed with the client. They follow the client management plan. They provide feedback and documentation.”

“My expectations weren’t unrealistic. I just asked for follow up calls to the client to see that the client was okay and to remind the client of an appointment they had that day.”

“That they take an accurate history and explore the options. That they identify outstanding risk factors. That they assess the client’s current mental health state.”

“That SouthWest 24 would make contact with the client. That SouthWest 24 provide documentation after the incoming or outgoing call.”

“They take the information I give them and I have confidence that they will deal with the person appropriately.”

“They have good information about the patient. They have good advice as to how to proceed. We can draw up a plan with the patient. We get follow material. They will send faxes so that we know the level of contact.”

“To make contact with the client on a daily basis. To remind the client of what he needed to do that day. This required some flexibility on the part of South West 24.”

“To provide counseling over the phone. Provide documentation that the counseling had taken place.”

“That I would talk to a mental health clinician. I could get assistance to formulate a plan of action for the client. That I could give a history of the client’s psychiatric history that Rural Link would take that into account when giving advice.”

“They picked up all the details. Follow up. Very quick responses.”
“They were aware of the fact that he had gone AWOL from hospital and that if he didn’t contact them, which he didn’t, staff at the hospital would and they would need some advice. Perhaps as a duty worker in a role like triage being able to access Rural Link so they would have a handle on cases and being able to exchange information on cases.”

“As far as I am concerned, they provide the service they undertook to deliver. Provide an after-hours telephone service using trained mental health staff and provide appropriate and professional documentation of the contact.”

“They exceeded my expectations. The appropriateness of how they deal with clients in terms of the rural and remote situations. They had a sense of what it is like to live in a rural or remote area and they gave more appropriate suggestions for coping. Any kind of intervention they suggested seemed to match the local conditions more appropriately. For example, one man was in Kalgoorlie and the person he rang told him that fishing is a very relaxing thing to do. Obviously fishing in Kalgoorlie is not an option so that suggestion was inappropriate. Their responsiveness to deal with any difficulties within their system. If I brought up a problem, they were right onto it to fix it and often knew about it before I rang and were seeking a solution. The friendliness of the individual workers. When I needed to forewarn them (Rural Link) that a client may ring, they were very helpful even though very often the clients don’t contact them. There was no sense of frustration from their side.”

“The fact that there was a person – a voice – out there for someone that was in crisis, and could help to resolve the situation so they didn’t turn up the next morning requiring acute care. Just that there is a service available outside the clinic hours for people. The paperwork is always there waiting on the fax first thing the next morning and is very useful.”

“Where we were given a full printed report of the previous night’s handover, it was succinctly done and professional. This meant we knew exactly where we were with the client.”

“The fact that the consistent feedback with them is excellent. Contact with clients is documented. The client’s needs are being met and the clients are getting used to being phoned after-hours to see how they are going. That’s been very positive.”

“They will provide a security net for the clients by being there after-hours. That they will follow my management plan.”

“To follow through on my request to contact clients. To communicate with me when they have had contact with a client.”

“That they will make an accurate call about the clinical state of the patient. That they provide feedback to me. That they be kind, caring, willing to listen and supportive to their patients.”

“Providing the information required.”

“With the sense of them being there too. Having full confidence knowing when I send information that it will be dealt with.”
“They were helpful to us with our queries and the feedback of patients. They were helpful also with the support and knowledge we required.”

“That they hold and store information on my clients in a way that ensures they can access the information easily. When I ring about a client, they need to know who I am talking about. That they follow any case plan that I have developed, or follow the case plan that I have developed in conjunction with SouthWest 24. That there is regular follow-up and that they review case plans with me on a regular basis.”

“That they are able to effectively triage and perform a mental health assessment. That they offer after-hours counseling and support, particularly over weekends. That they deliver documentation and feedback to me early in the morning via the fax.”

“They would call client at a particular time. That they would ask the client what was happening and that they would make an assessment. That they would provide feedback by fax the next day.”

“The advice was prompt. The person on the other end seemed clear about what their role was. I felt that I could phone them again if need be. That I wasn’t going to be a “pain in the arse”. My clinical expression was acknowledged. They seemed to know what I was talking about.”
Appendix 10
STAKEHOLDER SURVEY COMMENTS

- Additional comments

Question 12
Is there anything else that you would like to add about the service?

“I am very concerned to know that the funding is to be cut. I have recently spent time as a member of the working party on the rural and remote mental health strategic plan. I do not think that PET will be able to provide the speed of service that Rural Watch does because of the increased workload. The closure of Rural Watch will cause the rural and remote mental health strategic plan identified funding to be allocated to both prevention and to early intervention and this also looks like it is under threat. This will have an adverse effect on rural and remote areas. It will affect consumers adversely but will also affect staff adversely. When staff who are not trained in mental health are confronted with psychotic episodes they need to be given advice quickly. I have a responsibility to my staff and these cuts to Rural Watch will have an adverse effect on my staff.”

“I have found them very professional to work with very obliging and very user friendly. They are caring about the people I refer to them. I’m empowered to raise complaints with them if I have to. I have had little hiccups but I’ve dealt with them then and there and they have been wonderful. They have made my life so easy. They fill a huge area of unmet need for people who are not seriously psychiatrically ill people who just have a moments passing need they are excellent.”

“It provides a valuable service. There is a need for after hours support for clients. Clients have access to the hospital at all hours but the hospital does not have access to trained mental health staff. Rural Link provides the trained staff.”

“I’ve said I would like the service to continue, but only as an additional service. If it is to take over the personal role of clinicians, then no, I don’t want it. I think the telephone ‘de-personalises’ the whole thing. I think that the telephone service can only have a very limited support role to the face-to-face role.”

“The service is needed in the rural areas. There is a high suicide rate and high rates of depression. Having something after hours and over weekends is very helpful.”

“As long as there is money for the service it should continue. The service provides good after hours support for the clients. It also provides good support for the hospital - those staff not trained in mental health use it as a resource.”

“It fills a huge gap. People demand a 24 hour service and we are not able to provide it. Specialist advice on the end of the phone is very useful and people appreciate that. It is a lot better than previous services in knowing what resources are available locally.”

“Psychiatric patients often present with vague symptoms. We need a full background to be provided in order to work out the best plan. South West 24 provides an invaluable service to us in giving a comprehensive background.”
“I think we need to remember that telephone counselling has its limitations and that face-to-face contact will give a more thorough assessment. I find sometimes that some of the staff do not have the knowledge of mental health medication. As someone who also does not have that knowledge, I need the South West 24 people to have the knowledge. The clients also need someone who has that knowledge of medication. The calls go through to Sydney overnight - they may have a concept of some things to do with the South West 24, but it becomes obvious to the client very quickly that they are talking to someone a long way away.”

“It needs to be kept staffed by clinicians with experience in community mental health.”

“It is something there. Someone to ring after hours. It is bound to get better over time. The frustrating thing is when someone has not been assessed. We also need some accommodation with support attached in Geraldton.”

“A option to do a survey sent out to really think about answer more. Service - it is essential that there are trained people at the end of phones to deal with crises.”

“Certainly would like it to continue as it plays a part in the community. You are able to gain a specific after hours response, rather than nothing being available.”

“Absolutely. As for me personally, I found it very supportive and good for my mental health to know that clients would be picked up and some contact made and the person not left in limbo after hours. It is a valuable service and there are a lot of funding cuts in rural mental health services and it would be a pity if this is cut too. To use it as a clinical in a front line role I found it really useful to have that support and backup available to me.”

“Simply because they are doing the job that for some time we didn’t have provision for. They are doing the job well. I have had positive comments by other service providers about the service. One of the biggest users of the service is the hospital. The doctors and nurses in accident and emergency after hours would be the biggest users in the area if there is someone there that they need advice about, or to discuss management with. I personally would like to see the service that is provided, or an equivalent continue.”

“That this service has succeeded where other services trying to do a similar thing have failed.”

“It is good for us in the country and very helpful because the main problem is we are an 8-4.30 service and it is always outside that time that people get sicker. I have spoken to the local police and they say they find it very useful too.”

“I think it is clearly a service that is needed, especially in the country where we don’t have mental health expertise avail 24hrs. It is clearly more professional and refreshing to have this service that we were unable to get satisfactory service from the hospitals, i.e., they are more communicative than the hospitals and consistent. Better than when we had the 24-hour service that linked us with eastern states which was less personal.”
“Yes, I would like to see it continue but with some changes. The faxes and the phone are ok, but I think teleconferences would be more beneficial on complex clients. Another thing is that if they, South West 24, are saying that they are a 24-hour service from Perth, then they should be a service from Perth I seriously object to the system being switched over to Sydney at any time but particularly as early as midday. I think clients need more access to more than one after-hours psychiatrist for complex cases. I understand that they only have one psychiatrist and contact once per month. I think they may need to have access 24 hours a day. It has given me peace of mind. It has added a paper trail and made more work but I think on balance that has been worthwhile. I think they need to look at their waiting in the telephone queue time - they say that it is usually less than a minute with 2 or 3 minutes maximum, but I often wait for at least 15 minutes and have waited for up to half an hour on more than one occasion and so have my clients.”

“I would prefer that the resources of South West 24 be used for more clinicians on the ground in our area. I think SouthWest 24 encourages clients to call back whether or not it is the most therapeutic course of action. This is because of a lack of training in mental health issues. I feel that PET community mental health nurses have a lot more experience in mental health than SouthWest 24 counsellors and PET also do hands-on assessments in the metro area which means there is ongoing building of skills. I have never had a problem with PET and the quality of advice is better. Clients have become very upset when they have found that they are talking to people in Sydney. When I phone SouthWest 24 I would prefer to have a separate line for clinicians so that I am not waiting on the client’s line.”

“I have been delighted with the service. They show a lot of respect to clients. They follow the management plan I develop.”

That Rural Link is a lot better than PET was. They seem more aware of the resources available to the local community than PET was. They see themselves as part of a team and are happy to work together with us. PET tended only to respond to the high-risk stuff.”

“They are great. It is important that people working from Sydney have a good working knowledge of each state’s laws and regulations around issues like mandatory reporting. I am very grateful that SouthWest 24 do not suggest to patients which local resources that they should access. It is difficult enough for me to keep on top of what is available and there are sometimes good reasons for me not to refer someone to a particular resource. That said, I am happy to be open to being questioned about why I do or do not recommend a particular resource but it is important that I am treated with respect and an initial presumption that there is a reason for my actions.”

“We would like it expanded. More staff in remote areas. At the moment the clinician only comes in once a fortnight and she would be under the pump.”

“I think that Rural Link have taken the time to find the limitations that are in the rural area and taken the time to make sure these have been planned and met, e.g. when a mother phoned the PET team who then rang us the next day - they were unable to give us any detail of the mother’s name or child’s problem. The rural link service is very experienced and thorough with their handover. We have not experienced an occasion where they have not had all information we need and have now raised our expectations with the high standards they have set. The only time they have been unable to get info from the client is when the client has refused.”
“They have exceeded my expectations. It is a very valuable service.”

“I would like to see a face-to-face 24 hour service in Bunbury. People do not like talking to people who are in Sydney. They feel it is too distant and that it adds insult to injury because they don’t like having to rely on a phone service in the first place. The proposal that SouthWest 24 would take over the entire south-west triage is nonsense and it is an unnecessary addition. The current system works well and to replace it would cost money. SouthWest 24 have no expertise in child and adolescent mental health issues. They have no one with specialist knowledge of child and adolescent issues. This is why I have only used them once. The software used is really only applicable to adults.”

“The staff at Rural Link were frustrated because of the lack of resources available to the child. They were very supportive and trying to help but there was very little anyone could do.”

“A general comment about question nine. I have not had enough contact with SouthWest 24 to form an opinion on their knowledge base. No other comments.”

“Overall I think some good is done but I think it is a poor use of resources overall and with the amount of money that is being spent, they could do more by employing more staff locally. I am aware that, overnight from midnight to dawn and over weekends, calls are diverted to Sydney if they get extra busy. At least this is my understanding. My colleagues are more positive than I about the clinical skill and judgment of the staff but I have my concerns. They are all nice and well meaning and whether it is lack of experience or lack of local knowledge, some of the recommendations that have been made are not quite what I would expect in the circumstances.”

“I think the access number needs to be more prominent throughout the local media and on the local posters. It needs to be put onto a number of local websites - a brief paragraph about the service and certainly the phone number [on the website]. Local mental health services need to do a better job of disseminating this information.”

“Just to add more services for Geraldton.”