**Implementation of Mental Health Clinical Triage Systems**

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## The Implementation of Mental Health Clinical Triage Systems in a University Health Service

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## Outline

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## Introduction

- The increase in the level of severity of student psychological difficulties and the growing need for psychological services in higher education settings has placed considerable pressure on counseling services to respond effectively.

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## Introduction

- Benton, Robertson, Tseng & Benton, (2003) increases were reported in 14 of 19 client problem areas.
- The number of students reporting with depression doubled, the number of suicidal students tripled, and the number of students seeking services after a sexual assault quadrupled

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## Introduction

- 77% of directors reported that the number of students with significant psychological problems has increased in the past year(AUCCCD, 2010)

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## Introduction

2010 AUCCCD Directors survey

- 14% used telephone triage system
- 14% used a computerized assessment/intake system
- 7.7% used a specialized team of triage/intake counselors
- 24% no pre-assessment

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## History of Triage Systems

- Originally used during World War I, the concept of triage has been widely adopted in disaster response and hospital emergency rooms.
- Utilization of triage systems allows for rapid sorting of patients/victims according to established criteria of acuity

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## History of Triage Systems

- Literature on the use of mental health triage in the hospital emergency room
- Found increased recognition of acuity, increased accuracy of screening, enhanced clinical care, more timely response, high patient and staff satisfaction and a more efficient utilization of limited resources (Birch & Martin, 1985; Broadbent el al., 2002; Kevin, 2002; Smart et al., 1999).

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## History of Triage Systems

- In outpatient higher education settings, waiting lists are frequently used as means of responding to client demand going beyond service capacity
- The costs of waiting lists include increased emotional distress, potential danger to self or others, a poor image of the service, loss of revenue and a missed opportunity for treatment.
- Triage system are an alternative to a waiting list system, with multiple benefits. Brown, Parker & Godding (2002)

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## Initial Preparation

- One of the worst things that can happen to a college or university counseling center is for the word to get out that students cannot get in to receive services.
- Preparation involves discussing the importance of accessing the students at highest risk

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## Initial Preparation

- Schwartz (2006) Examined relative suicide risk, and rate of suicides, for counseling center clients vs. the general student population.
- Found counseling clients were 18x higher risk than the general student pop, with 3x the suicide rate. Concluded that counseling services reduced suicide by a factor of 6

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## Initial Preparation

- Increasingly, the primary mission for student mental health services, in response to higher acuity levels in students, is to provide more immediate access to care.
- Traditional entry point to care is through scheduling a one hour intake with a mental heath professional after calling in.

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## Initial Preparation

- One of the most common inefficiencies is that there is often a very high no show rate for an initial assessment.
- With a triage system in place no shows now cost the system 15-20 minutes instead of an hour.

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## Core Concepts

- **Clinically based decision making**
- **Operate from a customer friendly orientation**
- **Ease of use**
- **Maximize efficiency**
- **Promote clinical discussion.**

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## Transitioning to a Triage System

- Provide an effective rationale for the need and then build a foundation of significant support among the clinical and office staff.
- At Cornell the increase in demand for services made this an easier sell though change in long-standing systems can be challenging for some.

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## Transitioning to a Triage System

- Staff were very supportive of looking for a more efficient way to manage client flow and respond to an increase in emergent situations.
- A triage team was developed.
- Members of the team were strategically selected based on their ability to conduct brief assessments, their knowledge of the university and its systems, and their knowledge of referral resources in the community.

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## Transitioning to a Triage System

- Construct a system that is a good fit within existing administrative structures that allows for the 15-30 minute triage appointments rapidly available for students.
- Educate the community about the new service
- "Talk to a counselor within 24 hours"
- Triage does not replace the existing more thorough assessment/intake process, rather it serves as the entry point into the system.

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## Components of a Successful System

- When students call they are told that our system is to have them speak with a senior clinician in a confidential appointment who will gather some basic information that will allow for a rapid matching of services, based upon their individual needs.
- Ideal: Same-day appointments are set up at the front desk.
- If the student self-identifies at that point as being in an emergency, they are immediately seen in person.

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## Components of a Successful System

- Setting the frame
  - During the appointment, usually by phone, includes a brief description of confidentiality and told that we will be "gathering some basic information that will allow us to best match our services with your individual situation."

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## 4 Key Components

- Demographic information is gathered.
- An overview of what led them to call.
- Critical item questions: past and current treatment, suicidality, history of hospitalization, substance abuse, eating concerns, medical concerns and current medications.
- A conversation around follow-up and scheduling

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## Components of a Successful System

- Follow-up and scheduling- the student is assigned to 1 of 3 categories based on GAF
- Emergency: GAF 50 & below (seen immediately by on-call clinician),
- Urgent: GAF 51-60 (appointment within 48-72 hours)
- Routine level of care: GAF 61 or higher (appointment 1-2 weeks or referral out in the community depending on patient flow)

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## Components of a Successful System

- Standardized form includes items that assist the triage clinician in making a decision about whether the student can be referred to a community provider or whether they are best served by receiving services in CAPS. criteria :
- if the person is unstable or it is an urgent situation
- if the potential client is a first year student or new to counseling
- if the student is an international and/or minority student
- if the student has been discharged from a psychiatric hospitalization,
- if the student has been on a medical leave of absence for psychological reasons

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## Components of a Successful System

- if there are concerns from other campus partners about the student
- if the student has been involved with the campus judicial administrator
- if there is concern from a parent
- if there is a need to coordinate services with other university health service providers or other campus partners
- if the student prefers CAPS after and explanation of our brief care model
- if the student has no resources to pay for care in the community
- if the student is unlikely to follow through on a referral off campus
- if the student has tried other options for care and has been dissatisfied

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## Components of a Successful System

- Other components of a successful system may include the use of regular follow-up through e-mail reminders and contacts. This approach has provided adequate follow-up and allows clinicians to make any other contacts as needed.
- A final component of a successful system is to develop a mechanism for quality improvement. One strategy is to have a team that meets weekly for 30 minutes to review the week and discuss any changes that need to be made to the system. This team can also make presentations every semester to the entire staff and elicit feedback about any changes that need to be made.

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## Results and Impact on Campus

- UMASS: 70-80 triage assessments per week when school is in session.
- Cornell: The first full year of the systems operation, this translated into a total of 1495 triage appointments out of a total of 2314 students served.
- Observed a decline in psychiatric hospitalizations from 75 the previous year to 62
- A decline in requests for medical leaves of absences for psychological reasons from a record 121 the previous year down to 103.
- Able to reach 7% more students while holding number of visits stable.

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## Results and Impact on Campus

- Front office staffs are happily removed from a quasi-clinical role and decreased confusion around responding to emergent situations.
- Clinical staff are very relieved to have a system that reduces feelings of being overwhelmed during urgent-care times.
- Clinicians' schedules are more predictable, offering a sense of increased control over client flow during peak times.

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## Results and Impact on Campus

- Client satisfactions surveys at Cornell have yielded positive results. In response to the question "I had a telephone screening that was helpful in starting the counseling process", 61% agreed.
- Record high percentage agreement to items like "I feel better as a result of my counseling experience" (86%), "I would recommend CAPS to others" (94%), "I am satisfied with my experiences at CAPS" (92%).
- At UMASS-Amherst there has also been an overwhelming sense of satisfaction (95%), as measured by patient satisfaction surveys.

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## Results and Impact on Campus

- Campus offices can reliably refer a student to our services and know that there will be an immediate response. Students who were not really interested in services could often use the excuse that they could not get in for services The triage systems have been able to reduce if not eliminate the credibility of this response.
- Medical providers have also come to view the service very positively. It is a system that they are already very familiar with and one that has allowed them more immediate access.

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## Feedback and Review

- One concern is that with increased access to services comes increased client flow. This can lead to increased stress on the system as well as the clinicians.
- There is a possible increase in acuity within the services, given that all acute situations are immediately responded to.
- For some staff managing the shifting demands of triage are difficult. Those who find it challenging may require support during the transition.
- The triage system adds another layer of assessment.
- Understand the impact on minority students reluctant to seek care. Other multicultural issues.

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## Risk Management Implications

Potential dangers of using a telephone triage system for mental disorders (Erdman, 2001):

(1) the qualifications of the personnel;

(2) special difficulties in diagnosis by telephone;

(3) the attitudes of mental health patients and professionals toward managed care's use of the type of treatment;

(4) the liability for incorrect diagnoses or recommended treatments.

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## Risk Management Implications

- Responses: Use clinicians with the same qualifications for triage as for all other services.
- Avoid making any type of DSM-IV-TR diagnosis on triage and focus on providing the next step in effective treatment in as timely manner as possible, thus avoiding misdiagnosis.
- Overall, triage systems offer significant reductions in risk-management concerns. Increasing access and capturing acute situations allow for more rapid intervention, thus potentially avoiding adverse outcomes such as harm to self or others, or avoidable hospitalizations.

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## Decision Points

- Criteria at your school
  - Level of care criteria
  - Keep in-referral out
- Role in training program
- Team vs. direct assignment
- Length of triage appt.
- Phone vs. walk-in
- Specialty referrals from triage?
- Returning clients: re-triage?
  - If so, after what interval?

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## Decision Points

- Implementation: Workgroup? Clinical Services Team? Administrative decision by Director?
- Pilot?
- How bring message of new system to campus?
- Others--unique to your community?
- Let the system evolve as you gain experience

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## Conclusion

- Allows for rapid clinical intervention at a time when it is likely that colleges and universities will be asked to respond effectively to more students presenting with severe depression, self-harm and sexual assault among other concerns will be essential to the mission of higher education.
- These systems have the potential to impact important variables such as number of medical leaves, psychiatric hospitalizations and more broadly student retention and will allow key constituents to experience the university as a place that is more caring and responsive.

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## Resources


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## Resources


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