

Linking MHV Participants to Psychiatric Care

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Background

In analyzing the general characteristics of patients referred to the agency's Mental Health Services (MHV) program, staff noticed that participants often presented with not only a lack of engagement in antiretroviral (ARV) treatment and medical care, but also a general disengagement from mental health services altogether at the time of intake. The team would see an increase in treatment engagement when underlying mental health issues were addressed over time, notably through psychiatric care and follow-up.

Even with this knowledge, however, not all active program participants had even been assessed by a psychiatric professional, and only 65% had been seen by a psychiatric provider from October 2015 to May 2016.

Aim

The goal of the project was to increase the number of MHV clients connected to psychiatric services in an effort to work toward addressing underlying mental health issues that may have been impacting adherence to care.

In doing so, the program hoped to increase the likelihood that participants would achieve improved health outcomes overall.

Methods

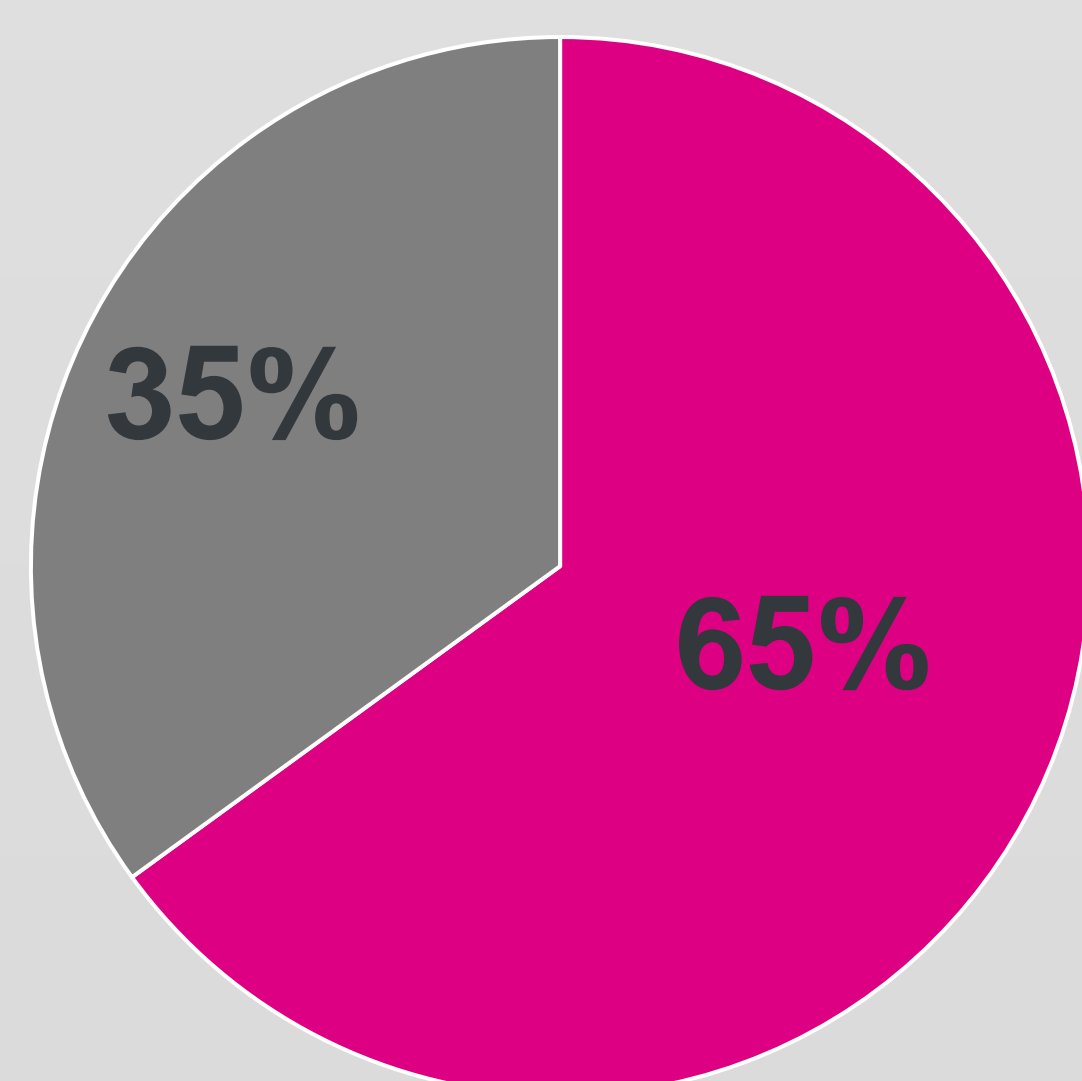
The team identified all program participants who had not engaged in psychiatric services from October 2015 to May 2016. It was determined that 56 individuals (35%) were out of care.

Program Mental Health Advocates/Technicians provided targeted outreach to the identified individuals, scheduling initial psychiatric assessments, making reminder telephone calls, and accompanying participants to scheduled appointments as needed.

If any identified participants failed to attend scheduled psychiatric evaluations, all program staff joined in efforts to encourage and promote attendance with scheduled appointments, using motivational interviewing and a continuation of efforts mentioned.

Staff determined that the intervention would be deemed a success if a program participant successfully attended and completed a scheduled psychiatric assessment. Data was tracked for a period of three months (June 2016 to August 2016).

Baseline Engagement in Psychiatric Care
October 2015 to May 2016



■ Engaged in Psychiatric Care
■ No Engagement in Psychiatric Services

Chart 1. Baseline data shows that over one-third of all MHV program participants had no engagement in psychiatric services at the time of project development.

Results

After conducting the intervention, the team saw the following results:

- In June 2016, 21 program participants successfully completed an initial assessment for psychiatric services.
- In July 2016, an additional 10 individuals engaged in psychiatric services.
- In August 2016, 4 more program participants also successfully attended an assessment for psychiatric services.

In all, 35 of the 56 program participants successfully engaged in psychiatric care (63%). 2 of the 56 individuals declined the service, and 19 others did not engage in an initial assessment.

Results of Intervention

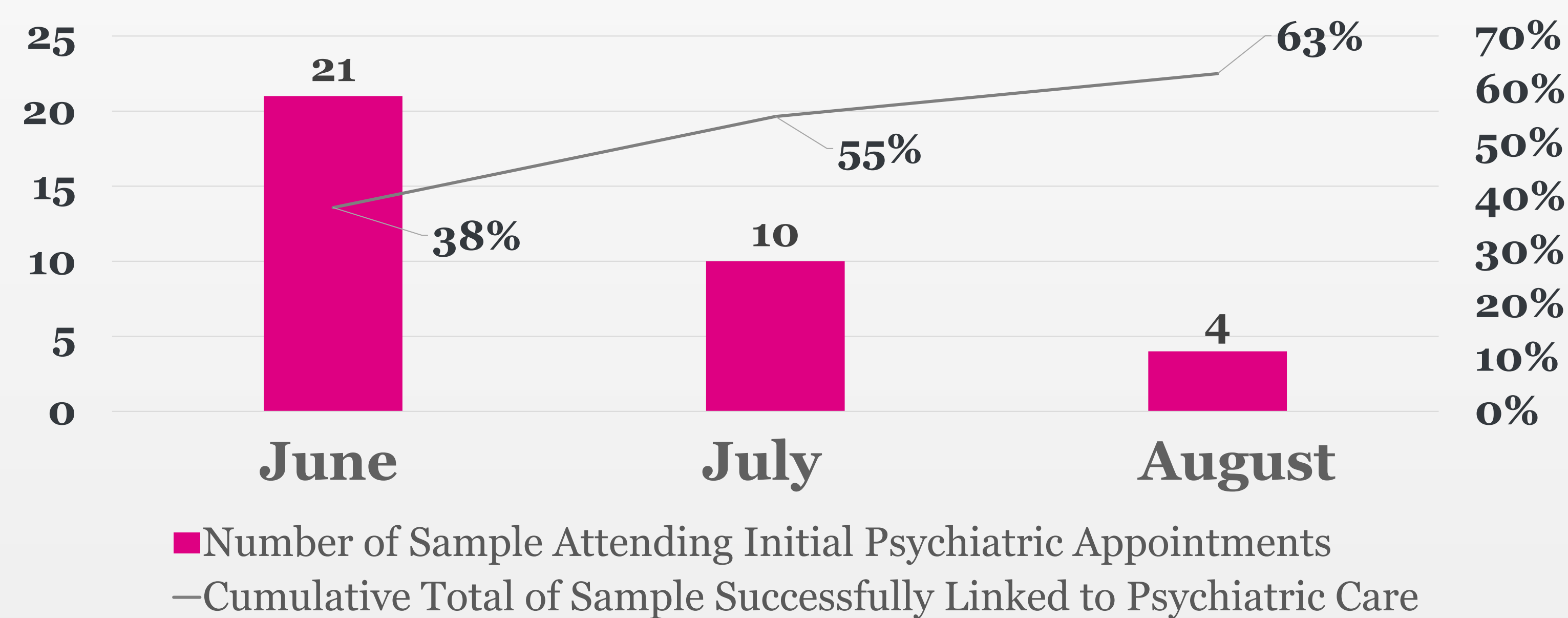


Figure 1. Results of the intervention were tallied from June 2016 to August 2016, resulting in 35 of the total 56 being studied successfully engaging in psychiatric care.

Analysis of Results

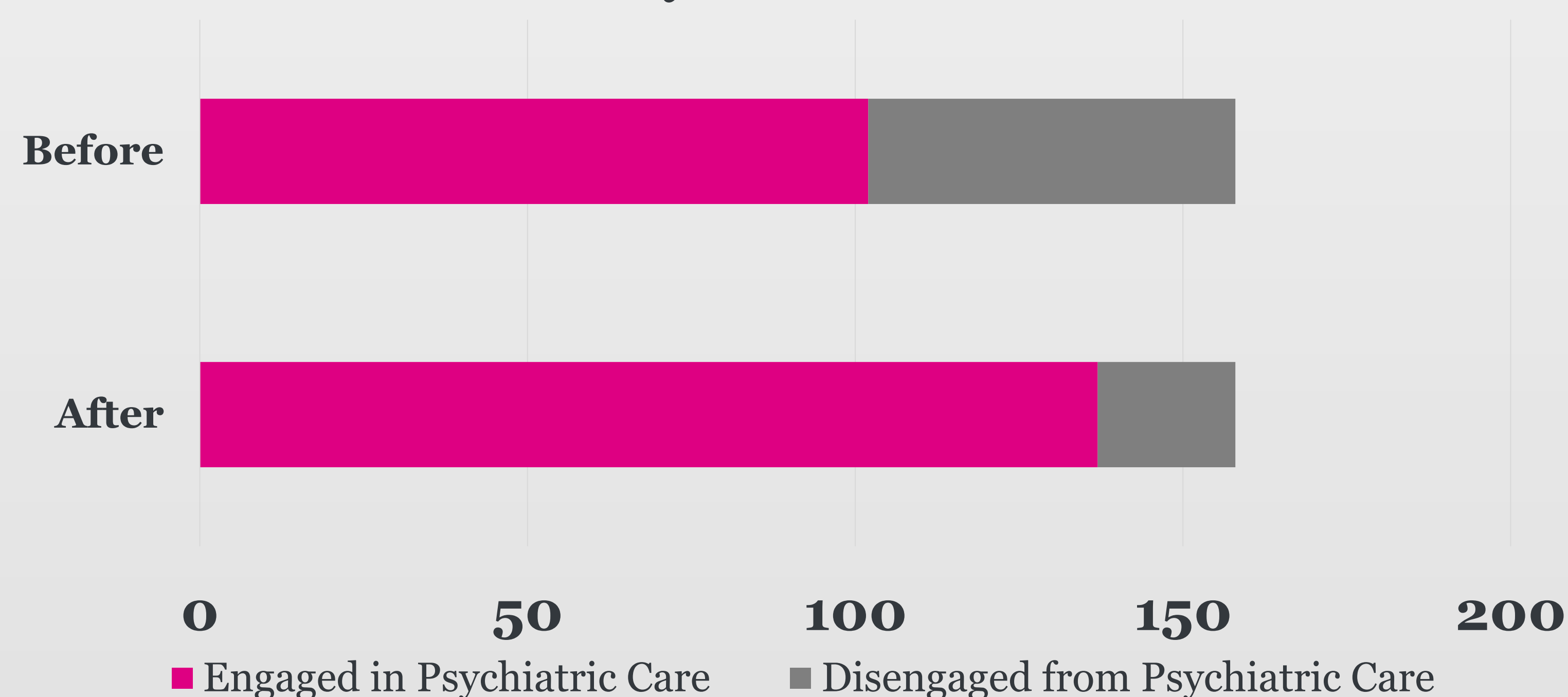


Figure 2. The program began with 102 of 158 total participants engaged in psychiatric care, and after the intervention, the total number engaged increased to 137.

Next Steps/Lessons Learned

After making such significant progress in linking MHV participants to psychiatric care, the program decided to standardize the inclusion of a psychiatric assessment as part of the intake process for MHV enrollment.

Future quality improvement measures will focus on helping program participants maintain their engagement in psychiatric care, continuing in the program's efforts to address underlying mental health issues impacting treatment adherence. Through the use of ongoing counseling services, social workers will work to identify and address barriers affecting patients who demonstrate difficulty in maintaining adherence to appointments and psychotropic medication treatment. Mental Health Advocates will continue to utilize targeted outreach as well, given its effectiveness.