



Improving Initial Engagement in Mental Health Treatment

Theresa Goldsborough, LCSW-R
The Institute for Family Health



Introduction

The MHV program at IFH is designed to increase access to mental health treatment for HIV positive individuals who have mental health needs and are not engaged in care. Often these individuals see having a mental health diagnosis as a stigma.

To address such issues, the MHV program design provides access to two types of treatment staff: licensed clinicians and peer navigators (persons with lived experience).

However, we found that 22% of patients enrolled in the MHV program did not become successfully engaged in treatment within the first 30 days.

The questions our program then considered were:

- Whether there were particular identifiable barriers to engagement
- Was there a difference in engagement rates based on the type of staff who first engaged the patient?

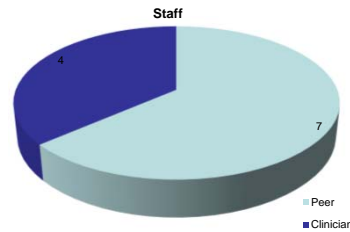
Aim/Methods

The goal of this project was to determine how the MHV program could improve client initial engagement in mental health treatment.

Successful engagement was measured by the completion of an initial treatment plan within 30 days of intake.

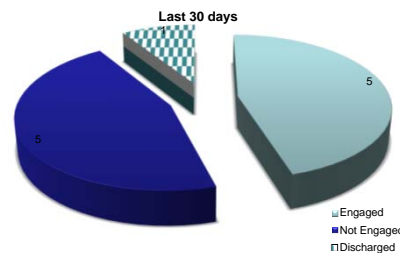
A chart review was conducted to determine which staff first engaged the patient, as well as if there were any common factors that could be identified that impeded successful engagement.

Results



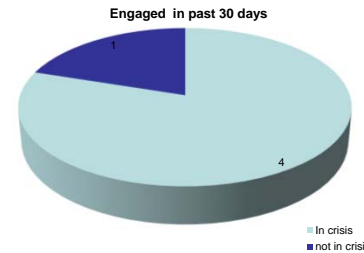
An 'n' of 50 patients were enrolled in the MHV program at the time of the review. 11 (22%) did not have an initial treatment plan within 30 days of the intake date. 39 (78%) were successfully engaged by this measure.

- 7 of the 11 (67%) patients, who were *not* successfully engaged, were first seen by peer navigators
- 4 of 11 (36%) patients, who were *not* successfully engaged, were first seen by licensed clinicians

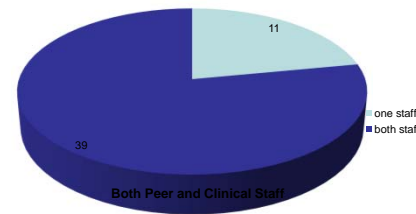


- 5 of 11 (45%) have been engaged in treatment in the past 30 days
- 5 of 11 (45%) have not been engaged in treatment in the past 30 days--extensive outreach was conducted without returning these patients to care; cases will be closed
- (1 of the 11 was administratively d/c due to violation of clinic rules)

Results



80% (4 of 5) who were engaged in treatment over the past 30 days and did not have a completed treatment plan presented in crisis; addressing the crisis was the focus of contact



90% (35 of 39) of the patients who were successfully engaged in treatment were initially engaged **with both peer and clinical staff**

Conclusions

We found the most effective model of engagement in mental health treatment in our MHV program to be a combination of both peer and clinical staff, which showed a successful engagement rate of 90%.

Peer engagement alone had an engagement rate of 36%, and clinician alone engagement had an engagement rate of 64%.

Therefore, all initial program engagement activities should include both of these team members, peer navigator and clinician, to facilitate successful MHV program engagement.

This project found the most common barrier to initial engagement was if patients presented in crisis when initially becoming engaged with the program's services.

Because of this experience, consideration is advised as to program enrollment when patients present in crisis, as resolution of the crisis should be the focus of intervention with these patients.