

Interprofessional Collaboration in Mental Health Crisis Response Systems: A Scoping Review

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Objectives

- Provide an overview of a published scoping review on collaboration in mental health crisis response systems.
- Define key terms (crisis, collaboration)
- Present findings and implications for practice, policy, and future research

Background

Deinstitutionalization

- Focused on an alternative to long-term hospitalization for individuals with mental health concerns
- Initiated in the 1960s
- Argued for shorter durations of stay in institutions
- more community-level interventions
- Community based care could better meet the needs of individuals experiencing mental health concerns

First Points of Contact

- Police services or emergency departments
- “have nowhere else to go” Clarke, Dusome, Hughes (2007)
- Other: clergy, college and university campus personnel, social services, and traditional healers

Problems

- Clients feel that they are not a priority
- Staff feel unprepared, ill-equipped or lack confidence
- Police feel that mental health is “not their job”
- Entry points may not only be unsupportive of individuals in crisis but could exacerbate the crisis given the chaotic environment of emergency departments, their over-stimulating and frightening nature, and the perceived threat of police officers

Definitions

Western 

Crisis

- Emotional homeostasis until disrupted
Caplan (1964)
- Feel overwhelmed and a lack of control
 - Agitation, anger, aggression → being low → feeling anxious → euphoria,
 - Immediate response of getting help or of managing alone
Ball, Links, Strike, Boydell (2005)
- Increase in anxiety, tension, or depression
 - Precludes functioning at typical level in everyday life
Brenneman (2012)
- A mental health emergency - requires an immediate response in order to avoid possible harm.
 - Suicide, danger to others, and/or client at imminent risk for injury.
Brenneman (2012)

Interprofessional Collaboration

- Providers from different specialties
- Working together to offer complementary services and mutual support
- Appropriate service
- Appropriate provider
- Suitable location
- Quickly as necessary
- Minimal obstacles

Craven & Bland (2006)

Methodology

Western 

Presentation Title Here

Scoping Review

- Aim: map the current state of knowledge regarding collaboration in Mental Health Crisis Response Systems (MHCRS) and to identify trends that might prove helpful to service providers who work with individuals experiencing a MHC
- Inclusion: adult, mental health, crisis, collaboration
- Exclusion: not English, IPE, younger than 18, studies that recommended collaboration
- n=1364 → n= 501 → n= 170 → n= 55 → n= 18
- Data Abstraction and Charting the data: authors, title, year of publication, participant groups, number of participants, method, setting, purpose, intervention, findings
- Summarizing the results: Reported in a descriptive manner

Findings



Presentation Title Here

Characteristics of Included Studies

- Four categories of literature emerged:
Exploratory (n=5) Descriptions of models in use (n=5) Description of hypothetical models (n=2) Discussion papers (n=6)
- Published between 2000 and 2012

Themes

- Support for interprofessional collaboration
- Improved care delivery systems
- Merging distinct visions of care
- Challenges to interprofessional collaboration

Support for Interprofessional Collaboration

- Literature is very supportive of efforts to deliver care in a collaborative manner
- Little evidence exists to guide the different sectors on how to proceed collaboratively
- Taking the time to engage collaboratively across sectors was a worthwhile use of their time
- Positive interactions between the diverse parties
- Positive client outcomes

Improved Care Delivery Systems

- No one profession or sector alone can adequately meet the needs of the clients
- Positive outcomes for clients, professionals, and improved care delivery
- Complexity acknowledged
- Consideration and mechanisms for sustainment

Merging Distinct Visions of Care

- Espouse different models of care
- Antagonism and animosity
- Language used
- Merging differing approaches required deliberate effort
- On-going iterative process to align with a shared vision of care

Challenges to Interprofessional Collaboration

- Challenges with embarking on a collaborative endeavor
 - Can impede progress
- Lack of resources, time constraints, communication difficulties (with clients), lack of sufficient training, and stigma
- Anticipate challenges and be prepared to work through them as a team

Discussion



Practice Implications

- Collaboration occurs across multiple sectors
- Sufficient resource allocation crucial

Future Research Implications

- Conceptual clarity needed
- Absent client perspectives
- Unequal representation across sectors
- A young and emergent body of literature

Conclusion

- Literature in the area is relatively young
- Need to define key concepts and develop theoretical underpinnings
- Move from model descriptions to actual exploratory and experimental studies that include reported outcomes
- Adopt participatory designs, or at a minimum, include client perspectives
- Cost-benefit, efficacy and effectiveness studies needed
- Unique elements of crisis response as they related to IPC were identified through this scoping review and may prove useful to sectors intending to develop IPC approach to MHCRS

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