



HEALTH INNOVATIONS

NAME OF PRACTICE: Mental Health Liaison

JURISDICTION: Alberta

HEALTH THEME: Access and Wait Times

HEALTH SECTOR: Aboriginal Health

IMPLEMENTATION DATE: 2004

SNAPSHOT: This innovative practice aims to improve the level of coordination and accessibility of mental health care services in rural Alberta by providing a direct link between physicians, nurses, and patients. The mental health liaison was added as a new position to the Access and Early Intervention Program of Mental Health Services in the community of Rocky Mountain

House, Alberta in 2004 and has expanded to total twenty-seven mental health liaison positions throughout the central region of the province.

PRACTICE DESCRIPTION:

Key gaps in health care services identified in Rocky Mountain House and neighboring Aboriginal communities in Alberta included poor coordination and continuity of mental health services; inadequate quality, accessibility, and awareness of available resources; and low number of well-trained mental health professionals. Consequently, the development of a mental health liaison stemmed from the need to improve these service area gaps to better meet the needs of the population, and was supported politically at regional levels and in alignment with the Provincial Mental Health Plan. This position was designed for a non-psychiatric, rural health care setting and involved a broader scope of practice to include any of the following tasks: direct and indirect client intervention, mental health assessment and consultation, risk assessment, crisis intervention, supportive counselling, brief therapy follow up, advocacy, staff mentoring, education, psychological first aid, research, mental health prevention and promotion, etc. Actual scopes of practice for a given mental health liaison practicing in a given community is determined by population needs, mental health managers and site leaders. Ongoing funding for the continuation of this position has been secured through various arrangements of annualizing innovation grants from the province, reorganizing institutionally managed budgets, and adjusting scopes of practice for vacated positions.

IMPACT:

The introduction of this new position was first evaluated in 2005 by a survey of 116 questionnaires distributed among physicians, hospital staff, and community mental health workers. With a 50% response rate, there was unanimous support that the mental health liaison was serving community needs that were previously unmet. Improvements were noted around the appropriateness of mental health care delivered; support for clients, staff, and physicians; continuity of care through follow-up services; and consistency around the coordination of care. While narrative results were consistently positive—reflecting the general acceptability of this position in this particular community, it is important to note that given that this survey evaluated only one mental health liaison in one rural hospital, results from the Rocky Mountain House setting are highly dependent on respective personalities and data has limited generalizability.

APPLICABILITY/TRANSFERABILITY:

The initial introduction of the mental health liaison in Alberta was strongly influenced by similar role development undertaken in rural settings in Australia. Although not formally documented, the mental health liaison role in Rocky Mountain House was expanded to seven additional positions within the first year of introduction, and is now currently practiced by a total of twentyseven health providers (predominantly nurses) in the Central Region of Alberta. Communities hosting mental health liaison positions include: Westaskiwin (2 full-time equivalents (FTE)); Rocky Mountain House (1 FTE); Drayton Valley (1 FTE), Lacombe (2 FTE); Ponoka (1 full-time); Red Deer (2 FTE); Consort, Castor, Coronation (1 FTE); Hanna (1 FTE); Innisfail (1 FTE); Olds (1 FTE); Sundre (1 FTE); Stettler (1 FTE); Sylvan Lake (1 FTE); Three Hills (2 FTE); Camrose (2 FTE); Hardisty (1 FTE); Killiam (1 FTE); Lamont (1 FTE); Tofield (1 FTE); Vegreville (1 FTE); Vegreville (1 FTE); Vermillion (1 FTE); Wainwright, Provost (1 FTE). The initial mental health liaison in Rocky Mountain House is also considered to be linked to the integration of mental health liaisons for the Canadian National Committee for Police (<http://www.pml.ca/Index.html>), and is responsible for a similar role entitled 'mental health consultant' that is still in practice in the community of Drumheller. Other similar mental health liaison positions have been developed independently across Canada, and thus indicate the level of relevance and transferability of this innovative practice.

From the evaluation in 2005, important areas to address for the further expansion of the mental health liaison position include: support to prevent professional burnout given that the mental health liaison provider takes on overlapping responsibilities between physicians, nurses, and staff and seeks to provide increasingly accessible services, often outside of regular hours; divergent professional cultures between physicians, nurses, staff, and patient expectations; and determining appropriate remuneration.

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