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Poster

Using Technology to Identify Risk and Meet Demands: An Innovative Clinical Pathway

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Abstract

Background: Over the past decade, there has been a significant push by the Australian government to fund youth-friendly mental health services that are non-stigmatizing, low cost, and accessible. One such organization is headspace: the National Youth Mental Health Foundation. This initiative has been highly successful; unfortunately, workforce and funding resources have not been able to keep up with the ever-growing demand, resulting in increasingly lengthy wait times for young people.

Objective: The aim was to investigate how technology could be integrated into current pathways of care to reduce wait times for young people accessing headspace centers and to help identify those young people at greatest risk. Objectives were to understand current clinical pathways, determine the technological requirements needed to ensure seamless integration, identify indicators of risk that highlight those young people in greatest need for immediate care, and develop a new clinical pathway that seamlessly incorporates the new technology.

Methods: An electronic holistic psychosocial assessment tool (EhHAT) was developed in collaboration with young people and service providers, with service providers specifying "critical" items they considered most indicative of risk. Center managers were also interviewed to determine current and potential pathways of care and technological requirements. The EhHAT was then administered to 151 young people attending a headspace center to determine the "critical items" most likely to identify the top 10%-20% of young people at greatest risk of harm.

Results: The critical items considered most indicative of risk included but were not limited to a suicide screen score ≥ 10 , current homelessness, self-harming behaviors in the previous month, psychotic experiences in the previous month, daily use of drugs, and an extreme K10 score. After administering the ehHAT to young people, it was found that the suicide screen would positively identify the top 11.9% of young people most at risk. In addition to those already identified via the suicide screen, a further 13.24% would be identified as "at risk" by endorsing 3 or more "critical" items or a further 5.29% identified by endorsing 4 or more items. Interestingly, while 23.07% of participants who endorsed 3 or more critical items also had a suicide screen of ≥ 10 , 72.72% of those who endorsed 4 or more items also had a suicide screen of ≥ 10 . In order to ensure seamless integration into clinical pathways, technological requirements included the ability to complete the assessment via mobile, tablet or computer, automated risk alerts to clinicians via text, clear highlighting of risks to clinicians via a summary, and the ability to integrate this assessment into current client data management tools.

Conclusions: With appropriate considerations and adaptations, technology can be integrated into clinical pathways to assess young people before they see a clinician. Such assessment ensures young people at the greatest risk of harm receive care quickly. Furthermore, the early identification of those with milder symptoms allows young people to be re-directed to alternative treatment



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options. Utilizing this stepped care approach will reduce wait times for those with more severe symptomology and those at greatest risk of harm.

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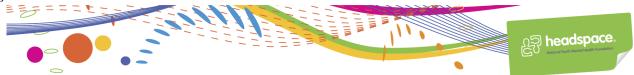
KEYWORDS

youth mental health; technology; risk assessment

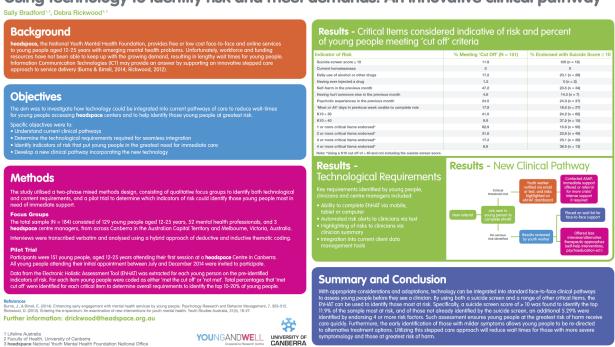
This poster was presented at the Connected Health Symposium 2016, October 20-21, Boston, MA, United States. The poster

is displayed as an image in Figure 1 and as a PDF in Multimedia Appendix 1.

Figure 1. Poster.



Using technology to identify risk and meet demands: An innovative clinical pathway



Multimedia Appendix 1

Poster.

[PDF File (Adobe PDF File), 138KB-Multimedia Appendix 1]

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