



Demand Management and Active Waitlist Management

Guide for Mental Health Service Providers in
Central and Eastern Sydney

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Contents

Contents	2
Background.....	3
Scope	3
Objectives	3
Feedback.....	3
About us	3
Eliminating Waiting Lists and Reducing Wait Times.....	4
Strong, consistent, and clear communication about what your service is and does.....	4
Workforce management.....	5
Service model, session length and frequency.....	5
Minimise Fail to Attend appointments.....	5
Active Wait List Management	7
Waiting list validation.....	7
Team led quality improvement activities.....	8
Information technology.....	8
Closing the waiting list.....	9
While You Wait Letter	10
Resource 1: While you wait letter template	10
End.....	14

Background

Many mental health services have experienced high levels of demand since the beginning of the Covid-19 pandemic.

This best practice guide has been developed to ensure that primary mental health services have the tools and information to effectively respond to demand.

Scope

This guideline is available to all primary mental health service providers across the Central and Eastern Sydney region. The guideline may have some relevance to the community managed sector, and acute and specialist services.

Objectives

1. To improve access to timely and appropriate care and support for individuals seeking mental health services.
2. To promote and support improved use of the various resources available across the Central and Eastern Sydney mental health sector.
3. To provide service providers with practical and implementable strategies for responding to demand and best practice management of waitlists.

Feedback

We would greatly appreciate your feedback on this guide. We are particularly interested in learning about how you use this guide at your workplace and what could be improved to make the resource more user friendly.

Please email regionalplan@cesphn.com.au with any feedback.

About us

This guide was developed as part of the Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan. The Regional Plan aims to improve mental health, physical health and wellbeing of people with or at risk of mental health issues or at risk of suicide. This is achieved through a joint commitment between CESPHN, SLHD, SESLHD, The St Vincent's Health Network, The Sydney Children's Hospital Network, BEING Mental Health Consumers, Mental Health Carers NSW, and the Mental Health Coordinating Council. You can read more about the Regional Plan and learn about our work to date by visiting the [CESPHN Website](#).

Eliminating Waiting Lists and Reducing Wait Times

Strong, consistent, and clear communication about what your service is and does.

Services invest significant resources and time in managing incoming referrals and undertaking initial assessments, however not everyone referred to the service is eligible and for some people, their treatment or support needs may be better met by an alternative service. Frustratingly, this also delays timely access to appropriate care and can lead to people having negative experiences with your service and the broader system. Therefore, strong communication about eligibility, changes to eligibility, and the type of treatment/support available helps referrers and individuals make better decisions about referral options.

1. **Start-** Collect and review your referral data. What proportion of your referrals are not accepted due to unmet eligibility criteria or program suitability? Are there certain referrers who send through referrals that do not meet the program criteria?
2. **Next-** Review your promotional material (brochure, website, etc) and your referral form. Do the promotional materials and the referral form include eligibility criteria?
3. **Then-** Update promotional material and the referral form with clearer advice for referrers and individuals. Contact referrers who are commonly sending referrals that do not meet the program criteria. Focus on education.

Open access initial appointments (same-day/week access model): A person's motivation to access care is generally highest at the point of help-seeking. Fast-tracking initial appointments has several benefits:

- A faster initial appointment can minimise the likelihood of a future "fail to attend."
- An open access initial appointment reduces the likelihood of missing unidentified and unmitigated risk of harm to self or others.
- An open access initial appointment gives your service an opportunity to understand the urgency of the person's treatment need and inform future prioritisation or triaging decisions.
- If the person is experiencing social or environmental stressors, the individual may benefit from a briefer intervention, delivered promptly, with suggestions for practical supports that might help to alleviate the distress caused by social stressors (e.g., housing).

During an open access appointment, your service can acknowledge the time it might take to have further appointments and take the opportunity to explore supportive self-management options that a person might like to try while they wait for subsequent appointments.

Field example

The Specific Timely Appointments for Triage (STAT) model was trialled in Melbourne and nearby regional centres. The STAT model is where consumers are booked directly into **protected** assessment appointments and triage is combined with initial management as an alternative to a waiting list and triage system. Recent research indicates that the model contributed to a 34% reduction in waiting lists. Importantly, the STAT model did not lead to hidden waiting lists (e.g., delays between the first and subsequent appointments).

Read more: <https://bmcmecine.biomedcentral.com/articles/10.1186/s12916-018-1170-z>

Workforce management.

Whilst you may not be able to immediately influence the resources your service has available; it is possible to optimally use the resources available to meet peaks in demand.

- Having a casual surge workforce available to cover planned and unplanned leave.
- Tracking demand data to plan annual leave and long service leave around low demand periods.

Service model, session length and frequency.

Is your service able to deliver briefer interventions? Group interventions? Single session interventions? Tele-health? Exploring flexible delivery models that increase efficient use of resources, may allow your service to reach more people, reducing the waiting lists that might accrue through traditional service models.

Field example

Project Air has manualised an approach to brief interventions for people experiencing personality disorders. The approach aims to offer an appointment within one to three days of referral, such as after discharge from a hospital setting or following a crisis presentation at an Emergency Department, or from a local doctor or school principal, and acts as an intermediary point between acute services and longer-term treatment programs. The approach offers four sessions that focus on psychological and lifestyle factors, while maintaining a relational approach to treatment at all times. Review the manual: <https://documents.uow.edu.au/content/groups/public/@web/@ihmri/documents/doc/uow188404.pdf>

Research published in 2019 demonstrated that the implementation and integration of a stepped care model of brief psychological clinics, using existing resources, supported and championed by senior management and clinical leaders, can result in cost savings by reduced demand on inpatient and emergency hospital services. Read the research: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206472>

Minimise Fail to Attend appointments.

Failure to attend (FTA) rates can commonly approach and exceed 30% in mental healthcare. A high FTA rate may indicate:

- long waiting times
- clerical errors (e.g., incorrect contact details)
- poor communication
- failure to account for the practical assistance, needs and preferences of the consumer (e.g., availability around work or caregiving responsibilities)
- unnecessary referral

FTAs may be more common depending on consumer demographics, time of day or day of the week, and other factors. Understanding these contributing factors will allow improved targeting of minimisation strategies.

1. **Start-** Collect and review your fail to attend data. What proportion of your appointments result in the person not attending? What notice period is typical (e.g., 24-hours? No notice?).

2. **Next-** Understand the fail to attend data. Are there clerical or communication errors contributing to the rates of fail to attend? These are the two most cited causes for fail to attend in Australian healthcare settings.
3. **Then-** Introduce changes.
 - Make sure the appointment is necessary – if a consumer has been on the wait list for some time, the reason for help seeking may have resolved or the person may have found an alternative service. Check in via telephone to confirm the person’s ongoing need for the appointment (see also- waitlist validation).
 - Reduce anxiety – reassure the person by explaining what to expect from the service (this could be in the form of a letter or video on the website). It is helpful for the person to have clear information about costs, eligibility, expected waiting periods etc. These factors can all be anxiety inducing and contribute to FTAs.
 - Communication – appointment letters should be easy to read and understand. Work with consumers to redesign these letters so that they contain information that consumers need. Can you use simple technology such as texting to remind patients of their appointment details?

Field example

In 2010 St Vincent’s Hospital piloted an SMS appointment reminder system to address an FTA rate of between 20 and 40 per cent across selected specialist clinics. Patients were informed at the time of arranging their appointment that an SMS reminder would be sent unless they opt out. SMS appointment reminders were sent one week before patients were scheduled to attend the orthopaedic, urology or gastroenterology clinics. As part of the pilot, a dedicated telephone line was provided for rescheduling or cancelling appointments. On average, the FTA rate decreased by 33 per cent.

In 2012 SMS messaging was commenced across all clinics. The FTA rate dropped to between five and 15 per cent, which was a reduction of up to 25 per cent prior to the SMS system being introduced. SMS will be rolled out to other like services, such as endoscopy, later in 2013. SMS has led to an increase in rescheduling of appointments, which is preferable to patients failing to attend.

Active Wait List Management

Waiting list validation.

Validating waiting lists involves reviewing the list to ensure each person on the list are actively waiting for an appointment. An example waiting list validation process from Victoria Health is outlined below.

When adding a person to the waiting list:

- ensure the person is not already on the waiting list.
- ensure all necessary demographic information is captured.
- Ask and document the person's spoken language and preferred contact method (e.g., SMS, email, telephone, mail)
- Regularly contact people on the waiting list using their preferred communication method. Confirm their ongoing need for a service. The regularity of the contact will vary from service to service depending on the urgency and intensity of the services provided.
- A person remains on the waiting list if they confirm their need for an appointment. If a person advises that their condition has worsened significantly since their original referral, they are re-triaged by the service and advised to return to their GP for further treatment or re-referral. A warm referral to another service might be required.
- A person who advises that they no longer need an appointment are removed from the waiting list and advised accordingly. The person's referring clinician is advised that they have been removed from the waiting list and instructed to re-refer if necessary.
- If there is no response to the waiting list validation attempts after two weeks, the person's GP or referrer is contacted to confirm the person's contact details. One more attempt is made to contact the person – via telephone or another waiting list validation letter.
- If the correct person details cannot be obtained, or if a person has not responded to two contact attempts, the person is removed from the waiting list and the GP or referrer advised

Your service may also consider introducing a **supportive “check in” process** for people who are on the waitlist. An example process is outlined in the table below.

Set a timeframe for contacting all people on the waiting list who have waited longer than the benchmarked period. This contact could occur via text message or telephone- but should always be based on the consumer's stated communication preference and language.

The check-in should explore the following questions:

- Is there evidence of deterioration or changing risk of suicide or harm to self, to others or from others? If so, undertake a risk assessment and consider completing the [beyondnow safety plan](#). Consider if their consumer requires urgent or acute care.

- Is the consumer experiencing new or worsening social and environmental stressors? Is there a service that can assist the person to address these stressors (e.g., housing services, employment services, specialist family violence services)?

The clinician/practitioner will discuss, and document next steps determined in collaboration with the consumer. Next steps might include:

- Changed triage status
- Referral to an alternative or additional service
- Communication with the GP or referrer
- Initiate a referral to an escalated level of care

Team led quality improvement activities.

With multiple strategies to trial, the team within your service, combined with the knowledge and experience of consumers, are best placed to determine the strategies likely to be most effective in actively managing the waitlist. Your service might consider instituting a quality improvement activity to plan and implement waitlist management strategies and measure the impact of the chosen strategies.

Field example

This study launched a process improvement project to develop a mechanism to decrease wait time by 30 days for patients referred to a hospital-based paediatric psychology clinic using quality improvement methodology of the Institute of Healthcare Improvement.

Read more:

https://journals.lww.com/pqs/fulltext/2019/11000/timely_access_to_mental_health_services_for.19.aspx

Information technology.

Increasingly, services are using technology to improve waitlist management. With electronic waitlist software, services can track and be alerted to waiting list trends at the service and individual consumer level (e.g., an alert is sent to the Team Leader if a person has waited more than the benchmarked time for an appointment). Within some software, consumer e-portals are available, where consumers are empowered and able to:

- track the progress of their referral
- receive relevant information such as anticipated waiting time
- confirm and update personal details and prepare for their first appointment
- book appointments using an online clinic schedule
- access appointment records, information about their condition and tools for managing their condition
- alert the service to changes in circumstances (e.g., changing symptoms or distress, no longer requiring the service, etc).

Closing the waiting list.

The decision to close a waiting list is a complex decision with many factors to consider. If your service is not able to see a person within a period that is commensurate with their treatment urgency, treatment need, and expressed preferences consideration should be given as to whether it is clinically or ethically appropriate to add the individual to the wait list. You or your service may consider:

- A warm referral* to an alternative service provider.
- Communicating delays with the referred person and the referrer and exploring other options.
- If a decision is made to add a person to a wait list, arrange to check in with the person in accordance with the supportive check in approach described on page 8.

*What is a warm referral? A warm referral involves:

- A real-time conversation between the clinician/practitioner, the consumer, and the referring organisation.
- Introductions and an explanation of why the consumer is being referred to the service.
- Creating space for the consumer to ask questions about the service.
- Checking eligibility and waiting periods before formalising the referral.

A warm referral has the following benefits:

- Alleviate uncertainty the consumer might have regarding the service.
- Immediate feedback about eligibility or waiting periods, with the option to begin exploring alternative services straight away if necessary.
- Certainty about referral next steps.
- Confirmation of referral.

Wherever possible, the clinician/practitioner will contact the service provider and take the steps required to complete the referral process.

While You Wait Letter

The While You Wait resource has been developed to supply consumers in Central and Eastern Sydney with succinct and relevant advice about strategies to look after their mental health while waiting for a mental health service. Importantly, the resource highlights other options for interim or alternative services that may be appropriate.

Your service might like to use the letter to communicate with people who are waiting for a service. Customisation to suit the context of your service is encouraged.

Your service may choose to use direct mail, email or SMS to consumers who have been referred to services but are expected to have to wait for a service or your service may choose to host the content on your website.

Resource 1: While you wait letter template

Dear (**insert name**).

Once you have decided to access mental healthcare, it can be frustrating to find out that you may have to wait for an appointment. Our service does our best to minimise the waiting times, but here are some helpful ideas to help with your mental health while waiting for your first appointment with us.

- At the bottom of this letter, we have included our telephone number and email. Please stay in contact with us if your needs change.
- If you are added to our waiting list, we will tell you how long it will be until your first appointment. We will confirm that we have your correct contact details and that we have all the paperwork we need to prevent further delays. We will also ask if you are available at short notice to fill cancellation sessions. We will ask you about any specific needs or requests that you have (like preferred time or days for appointments, interpreter services required etc.). We will check in about any questions you have about our service and do our best to answer these questions.
- (**Include any information about your service's out of pocket costs, public transport routes, mobility, parking etc. that might help alleviate any access barriers the person might be experiencing.**)
- Stay in touch with your doctor/GP and the referrer. It is important that your doctor knows if your symptoms or distress are getting better or getting worse. Your doctor can help you revise or make a new plan if you need more urgent care.
- Learn about self-management and self-care. There are some great online resources and courses that can help you to develop the knowledge and skills to improve your mental health. Start by visiting: Head to Health. <https://headtohealth.gov.au/>
- Visit Head to Health. Wherever you are on your mental health journey, Head to Health is here to help you find the information, resources, and services that most suit your needs. www.headtohealth.gov.au

- Visit Headstart- Headstart is a local website full of local resources to support mental health and wellbeing. Headstart Central and Eastern Sydney list in-person services, provided locally, by not-for-profit organisations that can be accessed by self-referral or through a GP. <https://headstart.org.au/>
- If you start to have thoughts of hurting yourself or others, it is important to seek help immediately. You can do this by calling Mental Health Line on 1800 011 511. It is staffed by mental health professionals who will ask questions to determine if you need ongoing mental health care and how urgently it is needed. The Mental Health Line is available to everyone in NSW and operates 24 hours a day, 7 days a week. Call 1800 011 511. You can also call 000 in an emergency situation.

**Your service may like to select additional resources or services to recommend based on your knowledge of the person's treatment needs and/or personal circumstances. You may choose one or more of the following resources to include in the letter, however, be mindful of not making the letter too lengthy.*

LIST OF USEFUL CONTACTS AND RESOURCES

The below contacts and resources are government funded and provide evidence based services, information, and resources.

Aboriginal and Torres Strait Islander People

WellMob provides social, emotional, and cultural wellbeing online resources for Aboriginal and Torres Strait Islander People.

Visit <https://wellmob.org.au/>

MindSpot Indigenous Wellbeing Course is designed to help Aboriginal and Torres Strait Islander adults aged 18 years and over to learn to manage mild, moderate and severe symptoms of depression and anxiety. The Indigenous Wellbeing Course aims to support you to gain better control over your symptoms by learning core skills that will improve your confidence, and help you get back to living a full and satisfying life.

Visit <https://mindspot.org.au/indigenous-wellbeing>

Aboriginal and Torres Strait Islander Men

Brother to Brother is a 24-hour Crisis line for Aboriginal Men. The line is staffed by Aboriginal men, including Elders, to promote a culturally-safe service and supports men facing stress, family violence issues, alcohol and other drug problems or struggling with relationship difficulties.

Call 1800 435 799

New and expecting parents

PANDA provides new or expecting parents with a free, national helpline service for women, men and their families affected by perinatal mental illness.

Call 1300 726 306 or visit- <https://www.panda.org.au/>

Parents

Parentline has trained, professional counsellors with experience in helping families offer advice and information for parents and carers. Support is available for issues such as behavioural and emotional problems, discipline, adolescent issues, family relationships, sole parent issues, school problems, child care and juvenile justice.

Call 1300 130 052 or visit <https://www.parentline.org.au/>

LGBTIQ+

QLife provides early intervention, peer-supported telephone counselling and referral services for people who identify as lesbian, gay, bisexual, trans, and/or intersex (LGBTI).

Call 1800 184 527 or visit <https://qlife.org.au/>

Alcohol and other drugs

ADIS provides 24 hour 7 day a week telephone counselling, support, referrals, and information for those affected by alcohol or other drugs.

Call 1800 250 015 or visit <https://yourroom.health.nsw.gov.au/getting-help/Pages/adis.aspx>

Support for Men

MensLine is a telephone and online support service for men with family and relationship concerns. MensLine is staffed by professional counsellors who are experienced in men's issues.

Call 1300 789 978 or visit <https://mensline.org.au/>

People experiencing grief and bereavement

Griefline is a free national helpline offering confidential telephone counselling 7 days a week, 365 days a year. We provide early intervention and prevention of mental health difficulties which may compound a person's experience of grief, loss and trauma. GriefLine is available nationally inclusive of remote, regional and rural communities, in addition to all metropolitan regions, Australia wide. In addition to our helpline, the GriefLine website is filled with evidence-based resources and moderated forums to help you understand and navigate your experience with grief and loss.

Call 1300 845 745 or visit <https://griefline.org.au/>

Victims of Violent Crime

Victims Access Line provides confidential counselling, support and information to victims of all violent crimes, including sexual and physical assault and family violence.

Call 1800 633 063 or visit https://www.victimsservices.justice.nsw.gov.au/Pages/vss/vs_counselling/vs_counselling-about.aspx

Gambling

Gambling Help Online is a free, confidential, online counselling service where you can chat to someone at any time of the day. It also provides, SMS services, discussion forums and self-help modules.

Call the 24 hour phone line 1800 858 858 or visit <https://www.gamblinghelponline.org.au/>

Carers

The Mental Health Carer Helpline has trained staff to listen, provide information and advice, and point you in the right direction so you can seek further support.

Call 1300 554 660 or visit <https://www.carergateway.gov.au/>

Family Violence

1800RESPECT is a free and confidential counselling, information and referral service for all Australians who are experiencing sexual, domestic, or family violence.

Call 1800 737 732 or visit <https://www.1800respect.org.au/help-and-support/telephone-and-online-counselling>

Transcultural Mental Health Resources

The Transcultural Mental Health Centre provides a wide range of culturally relevant mental health resources and publications for use by culturally and linguistically diverse communities, and in a wide range of languages.

Visit <https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/resources/in-your-language>

Young people

There are a number of great online supports available for young people. These include:

eHeadspace - www.headspace.org.au

Youth Beyond Blue - www.youthbeyondblue.com

The Black Dog Institute - www.blackdoginstitute.org.au

Reachout - www.reachout.com.au

iBobbly for younger Aboriginal People <https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/ibobbly/>

Children

Kids helpline provides confidential telephone and online counselling services to young people aged 5–25 years old for any reason.

Call 1800 551 800 or visit <https://kidshelpline.com.au/>

OTHER SERVICES

Employee assistance programs

If you are working, there may be assistance at work that can help. Some workplaces offer an Employee Assistance Program (also known as EAP). EAP is confidential and your employer does not need to be told about your reason for accessing EAP.

Private insurance

If you are privately insured, many health funds now recognise that mental health is just as important as physical health. Funds may offer mental health and wellbeing services and courses- some of these are available to all members, others are specifically for members with certain health insurance packages (for example, people who have extras cover). If you are unsure of what is available through your private health insurance fund, give them a call to discuss.

Veterans

If you are a veteran, or a family member of a veteran, you may be eligible for mental healthcare funded through the Department of Veterans Affairs. Contact Open Arms – Veterans & Families Counselling on 1800 011 046

End.