'Michael, I’m at my wits’ end’, said Florence. ‘I spend so much time on the road, I feel more like a courier than a rehab coordinator.’

Florence has been the mental health rehabilitation coordinator in a remote New South Wales mental health service for the last four years. Her role covers three separate teams, all 100 kilometres apart. The teams work with complex and often highly disadvantaged patient groups. Rehab for these mental health patients usually involves ongoing psychological treatment for chronic problems, plus continuing medication.

Florence was talking to Michael, one of the consulting psychiatrists working in the same region. After having attended a NSW Rural Health leadership program, Florence was undertaking a patient-service improvement project. She wanted to reduce the amount of time she spent travelling, but also increase the number of patient clinical reviews that were completed. However, she was coming up against a few challenges.

‘It’s part of our KPIs that patients get a case review within 13 weeks of care, but we aren’t anywhere near meeting that target. We’re lucky to get one clinical review meeting per site per month. We have to do them. People have to come to them. It’s mandated.’

‘I understand how you feel about all the travel,’ said Michael, ‘but I don’t see how insisting everyone spends more time on the road going to meetings will help.’

‘That’s why I want to use Telehealth. If we can meet over the internet rather than in person, it would take less time out of everyone’s day and reduce the costs and stresses of travel.’
'I suppose it's worth trying', Michael responded. Florence could sense he didn’t sound too enthusiastic, but she decided to press ahead with trialling Telehealth anyway.

After a few trial case reviews via Telehealth, Florence called Michael again. ‘I wanted to thank you for being so motivated in our last review meeting and communicating that clearly. It helped lift the energy of those who took the effort to dial in.’

‘I have to admit,’ replied Michael, ‘I wasn’t sure about it all, but I really liked what you said in the meeting about how important the reviews are. And especially the effects on patients of the reviews not happening: going off medication, losing their housing or their jobs. It was an important reminder. At the end I felt we’d really achieved something and helped the patients. How did the other reviews go?’

Florence sighed. The new format for reviews hadn’t gone as well as she’d wanted. Some people had attended, but not as many as she’d hoped. Afterwards she had contacted people to discover why they hadn’t attended and learn what their challenges were. Some had said their internet connection wasn’t good enough, others said they had tried Telehealth before and it hadn’t worked, some simply didn’t want to do anything differently.

‘I see now it’s a bigger issue than simply people spending time travelling to meetings. There was such a good energy in the review you were involved in, Michael; we got the reviews done and I know the patients will benefit. If I could get that kind of energy going for everyone I think it would really build momentum.’

‘So how are you going to do that?’ Michael asked.

‘It won’t be easy’, said Florence. ‘Obviously there are technical challenges – there’s no point denying them. But I’m talking to people, finding out what their issues are, seeing if they have suggestions for making the meetings more effective. If I can reach a tipping point where enough people really see the benefit of doing the reviews this way, I think more and more people will be won over.’

‘I could call a couple of people and share my experience of how well it worked, if you want’, Michael suggested.

‘I’d really appreciate that’, said Florence. ‘It’s exactly what’s needed.’