

Collaborating Physicians Into Mental Health

Halton Hills Family Health Team Physicians playing an active role with mental health workers in program assessment, development, delivery, and evaluation.

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Declaration of Conflict of Interest

- **Faculty/Presenter Disclosure.** There is no relationships with commercial interests in the form of grants/research support, speakers bureau/honoraria, consulting fees and others. Not applicable.
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- **Mitigation of Bias.** There is no potential for the conflict of interest or potential biases. Not applicable.

Halton Hills Family Health Team: WHO WE ARE

- We are a team of healthcare professionals and support staff who work collaboratively to provide comprehensive health care services to help you live healthy lives, prevent disease and manage chronic disease.
- Our team includes 23 Family Physicians within three sites, 3 Nurse Practitioners, 5 Nurses, 3.5 Mental Health Workers, 1 Psychometrist, 1 Dietitian, 1 Health Educator, 1 Speech and Language Pathologist and 1 Pharmacist.

Halton Hills Family Health Team Mission & Vision

- **Mission Statement**

- To deliver superb, comprehensive, family medicine care by utilizing a multidisciplinary team approach.

- **Vision**

- Our patients' health status will exceed national standards.

Principles: To increase quality of care and improve our patients' health status by:

- Delivering a broad spectrum of care including emergency, outpatient, inpatient, geriatric, palliative and long-term care.
- Facilitating access to primary medical and allied health care provider services.
- Using information technology to improve efficiency and continuity of care.
- Emphasizing preventative care programs.
- Measuring, monitoring and increasing the success rates of preventative health initiatives. (e.g. childhood immunizations, mammograms, Fecal Occult Blood Tests).
- To improve chronic disease management.
- To provide improved supports for lifestyle modification.
- To improve recruitment and retention of all staff and providers by encouraging a healthy practice style among physicians and allied health care staff.

Who We Service

- 27, 000 patients rostered to 24 family physicians.
- Three physical locations housing physicians and allied health providers.
- Supporting the Georgetown, Acton, Limehouse, and Halton Hills areas (urban and rural).

What we Offer as A Family Health Team

- Chronic Disease Management Programs: Diabetes, COPD , Asthma, Heart Function Program, Geriatric Cognitive Assessment.
- Speech and Language
- Lifestyle & Wellness
- Nutrition Services
- Smoking Cessation
- Mental Health Services

Who We Service in Mental Health -Target Population

- All children, youth, families, and adult populations.
- Referred by Family Health Team Physicians and IHP (Interdisciplinary Health Professionals).

Needs Assessment

- Many patients having complex multiproblem issues.
- Patients requesting to be seen rather quickly for their urgent needs.
- Lack of social and professional supports.
- Needing to have more collaborative approaches with all professionals involved.
- Lack of ownership for their identified problems.
- Many patients referred who have depression, anxiety, trauma, ADHD, learning disabilities, separation/divorce, parenting challenges, behavioural issues, ASD, personality disorders.

Follow Up Plan

- To develop a logic model
- A Structure/framework outlining our short-term and long-term goals, objectives, and strategies to guide us with the achieving of our goals and meeting patient needs and demands with respect to assessment and treatment.

Mental Health Logic Model

- Vision and Mandate
- Triage System-Referral Management
- Patient Consultation
- Program Development
- Program Delivery
- Program Evaluation
- Community Partnerships
- Information Management

Mental Health Program/Psychometry

- Vision & Mission:
- To provide a highly qualitative, time efficient and easily accessible mental health service to include: screening, assessment, treatment, consultation, education and support with community collaboration. This is to include physicians and interdisciplinary team members.

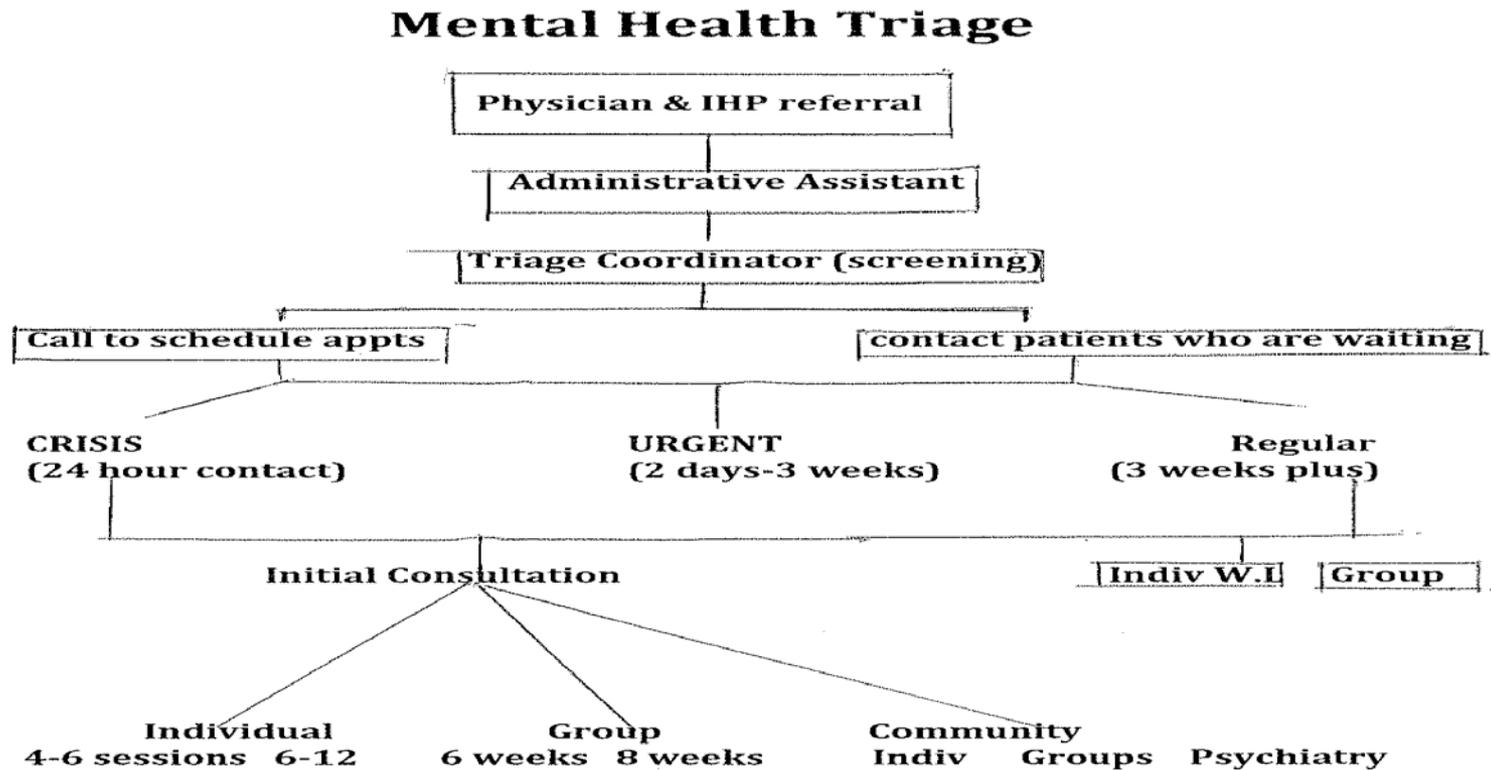
Mental Health/Psychometry Statistics

- 2008-220 patient visits.
- 2009-2083 Patient visits 1 Mental Health Worker.
- 2010-2400 Patient Visits; 2 Mental Health Workers.
- 2011-1721 Patient Visits; 2 maternity leaves.
- 2012-2545 patient visits; 1 maternity leave.
- 2013-750 patient visits; 2 maternity leaves & 2 medical leaves; acquired one extra mental health worker.
- Psychometry
- 2007-47 Initial Consultations & Psycho-educational assessments that have grown to 83 in 2012.

What we offer in Mental Health

- Triaging
- Screening/ Assessments
- Initial Consultations
- Individual sessions
- Couple counselling
- Family therapy
- Group therapy for mental health programs.
- Collaborating mental health with other interdisciplinary team members and their groups.

Mental Health Triage System



Mental Health Programs

(Interdisciplinary involvement)

- Individual Counselling (more complex patients and longer term patient with extensive trauma, personality disorders).
- Taking Control-Women, Co-ed & Later Years.
- Anxiety & Stress.
- Self Management Group for Men.
- Building a Hero Group (for children who have been diagnosed with ADHD or who have many symptoms of ADHD).
- Single Session CBT (waiting list service).
- Booster Groups (Self Management Group for Men; Later Years) (started Fall 2013).
- Mindfulness with Chronic Pain Management (begin Spring 2014).

Why Physicians Participate In Mental Health

- To gain a better understanding of evidenced based treatment for their patients.
- To practice some of the principles learned in office.
- To take away the stigma from not acknowledging that there is a mental health problem.
- To combine mental health and medical model as research supported.
- Principles learned help with all conditions transferable to patients with chronic diseases.
- To assist with assessment and treatment planning.
- Most patients who are referred have a mental health condition.

How Do Physicians Become Involved

- Mental Health & Psychometry screenings prior to making referrals.
- Attend individual sessions for high- risk patients (e.g. prescribe medication immediately, C.A.S. involvement).
- Jointly develop mental health guidelines.
- Attend monthly mental health collaborative meetings (working groups).
- CDM (Chronic Disease Management) committee-a committee that serves to approve newly developed programs and evaluating existing ones.
- Program development, planning, delivery and evaluations (e.g. co-facilitating group therapy, follow up prescription post group)
- Physician Mental Health Lead to assist with advocacy, trouble shooting and Board communication.

Physician Challenges

- Capacity Building.
- **Solution:** Clinical Rounds, psychiatry, newsletter, email updates, family practice based research.
- Specific Skill Support.
- **Solution:** program delivery, individual sessions, OTN.
- Indirect & Direct Psychiatric support.
- **Solution:** OTN, consultation fee for psychiatry.
- Continuity of Care (follow up following service delivery).
- **Solution:** prescription follow up form, continued needs assessment revision, patient satisfaction surveys, user friendly reporting.

Physician Challenges

- Sustaining Co-leaders
- **SOLUTION:** implement motivational strategies, financial & educational remuneration.
- Remuneration (financial & educational)
- **SOLUTION:** consultation fee, CME credits
- Time Commitment: to screen & treat patients with mental health conditions; completing third party forms.
- **SOLUTION:** follow priority designation protocol, complete simple, validated and appropriate screening tools, in-service on how to complete third party forms.

Challenges continued

- Comfort level: e.g. concurrent disorder, not knowing what to do or understanding why there is a need.
- **SOLUTION:** clinical rounds, lunch and learns, OTN psychiatry consultation with mental health, further education re: symptom reduction.
- Lack of sufficient resources. (e.g. not knowing where to refer as all have long waiting times).
- **SOLUTION:** Health Educator, Mental health collaborative meeting, community networking committee.
- Sense of hopelessness (not really able to help people, not a quick fix.
- **SOLUTION:** empowerment, motivational interviewing, education re: realistic expectations of the condition presented by patient.

Challenges continued

- Long waiting list (not as easily accessible)
- **SOLUTION:** team reconfigure service structure.
- Initial phone or email contact once patient is referred.
- Offering more groups at the front end, consideration for walk in groups, single session CBT.

Mental Health Worker Challenges

- Minimal information provided on referrals.
- SOLUTION: calling physicians, priority designation checkboxes (Crisis, Urgent, Regular, criteria), lunch and learns-see handout.
- Patient protocols dealt with in a timely fashion.
- SOLUTION: develop guidelines with physician & mental health collaboration & present to board with mental health lead physician. E.g. dual relationships, how to deal with intoxicated patients, consult with professional practice leader with the College of Social Workers and Social Service Workers.
- Service Delivery (Group) administrative support.
- SOLUTION: delegate roles at front end with respect to responsibility. E.g. report on half the clients in group, physician to research areas of the brain, debriefing following group.

Mental Health Worker Challenges continued

- Wanting mental health to do more with minimal resources. E.g. develop chronic disease management group, evaluation tracking and follow up, providing groups with other community agencies, streamline delivery and external resourcing.
- SOLUTION: bring to mental health collaborative meeting to focus on what we can do and we are unable to do. e.g. eating disorders, long term trauma work, ongoing collaboration with other clinics, agencies.
- Physicians away when needing consultation. E.g. patient medication change,

Ways to Motivate Physician Participation

(Varies with each physician)

- Ask-With- enthusiasm (state purpose, their role in participating; advantage to their patients, time commitment involved)
- Provide written email with above outlined
- General email
- Name recognition on programs/ emails/ newsletter
- Physician Consultation fee (see Executive Director)
- Learning evidence and experience based skills in their dealings with patients.
- Other physicians already involved; word of mouth

Ways to Motivate Physicians

- Provide research articles (i.e. American Psychiatry).
- Medical perspective needed.
- Involving them in program development (e.g. Self Management for men, sleep hygiene, prefrontal cortex brain chemistry).
- Rotating with other physicians.
- Inner need to want to help others.
- Skills are transferable to all patients. (even “difficult” patients)
- Patients requesting their own physician’s involvement.
- Patients reported overall satisfaction & symptom reduction.

Physician responses

(physicians present to comment)

- “I am interested in learning some CBT principles to apply to my clients individually.”
- “Its great seeing how cohesive the women are in the group; they are so supportive of each other.”
- “The patients reported that this stuff actually works” (balanced thoughts).”
- Patients reported that the “light bulb” went on, looking at fact vs. thought principle helped them to deal with difficult people daily.
- “Put me on a rotating schedule”
- I can’t wait to try this with my patients individually.
- “Look at how the group has been cohesive”.
- Patients reported that they are forming friends in group.

Evaluations-Pre & Post

- PHQ-9
- GAD-7
- Anger/Aggression/Hostility checklist
- Attention Screen
- Content Evaluations
- Booster Group Follow up (3 month-6 month)
- Telephone Follow-Up following group and at three months if no booster group.

Individual counselling screening during the last session.

Program Evaluations

- All programs from 2008 to present: individual counselling, and groups have shown over 90% symptom reduction for depression, anxiety and aggression. The Building a Hero Group showed symptom management for ADHD symptoms.
- All programs showed 90% or above overall satisfaction.

Take Home Messages

- Medical & Mental Health Collaboration=Key benefit to patients.
- Evaluation reflects overall satisfaction with mental health/psychometry assessment and treatment programs.
- Symptom reduction in those diagnosed with depression, anxiety, anger management and executive functioning challenges with good coping skills.
- Less returned visits for referrals deemed crisis and urgent.
- More mental health patients being seen due to patients word of mouth.
- Meeting Quality Improvement Plan initiatives that of easily accessible service, patient centered focus and a more integrated approach.
- Physicians' willingness to participate depends on their own personal motivator-find out what it is.....

Questions

Added Statistics if needed

Program Evaluations

- **TAKING CONTROL (WOMEN)**
- 2010-2013 Over 90% Symptom Reduction, 95% Satisfaction
- **TAKING CONTROL (CO-ED)**
- 2013-90% Symptom Reduction, 90% Satisfaction
- **TAKING CONTROL (LATER YEARS)**
- 2013-90% Symptom Reduction, 90% satisfaction

Program Evaluations continued

- **BUILDING A HERO GROUP** (Children with ADHD or Executive functioning challenges)
- 2010-2013 Child-Overall 90% Symptom Reduction; over 95% satisfaction (7-9 years); Overall 92% Symptom Reduction and 95 % satisfaction (10-12 years).
- Parents: Over 85% Symptom Reduction, 98% satisfaction (ages 7-12 years).

Evaluations

- **SINGLE SESSION CBT**(Waiting List Service)-to assist given maternity leaves
- **On Average:**
- 2011-50%=no more sessions; 25% take a break, 25% individual counselling
- 2012-30% no more sessions; 25% take a break, 25% individual counselling, 20% group.
- 2013-25% no more sessions; 25% take a break, 50% needing further service (individual & group)

Evaluations

- **ANXIETY/STRESS MANAGEMENT**
- 2013-90%-Symptom Reduction; 90% Symptom Reduction
- **SELF- MANAGEMENT (Group for Men)**
- 2013-95% Symptom Reduction; 97% Satisfaction
- **PSYCHOMETRY**
- 2009-95% satisfaction 2010-95% satisfaction,
- 2011-97% satisfaction 2012-95% satisfaction, 2013 98% satisfaction (Sept 2013 stats)