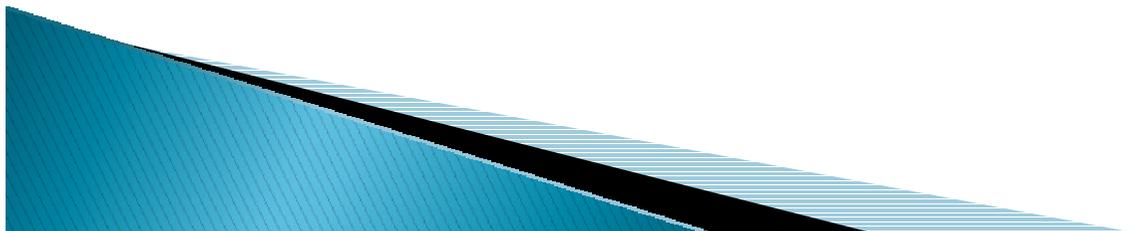


Central Intake Triage: A Practical Approach to Enhanced Mental Health in Primary Care

Dr. Kathleen Brooks, M.D. FRCP (C)
and Mary Jane McDowell, MSW
of the Prince Edward Family Health Team (PEFHT)



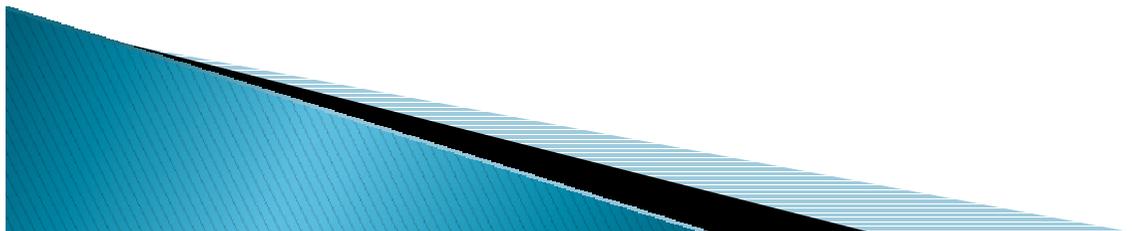
PEFHT Overview

- ▶ Founded in 2006
- ▶ Serves over 20,000 patients
- ▶ Virtually all family doctors in Prince Edward County are members of the PEFHT
- ▶ PEFHT currently includes:
 - 24 family doctors,
 - 4 nurse practitioners,
 - 8 nurses,
 - 2 dieticians,
 - pharmacist, and
 - 2 social workers (mental health)



Development of Mental Health Program for PEFHT

- ▶ During development of PEFHT, focus groups of family physicians and other community service providers identified the need for improved mental health care as a priority
- ▶ It was decided that a Mental Health Program Coordinator was needed to develop programs for PEFHT

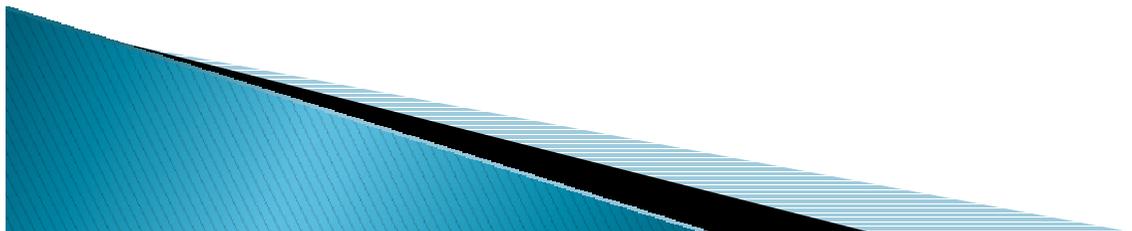


Integration is key!

- ▶ “Integrating mental health services into primary care is the most viable way of ensuring that people have access to the mental health care they need . . . and minimizes stigma and discrimination”

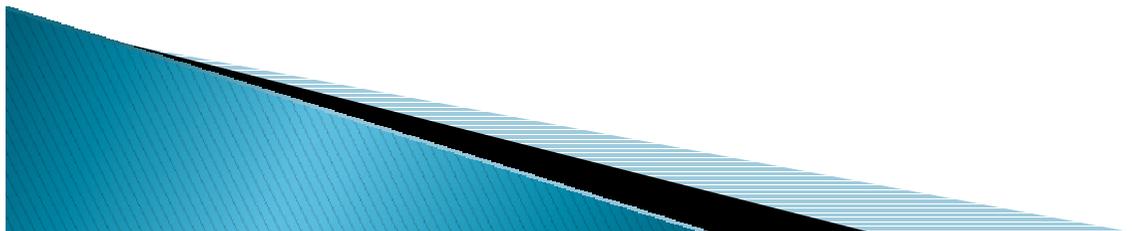
A Global perspective WHO/ Wonka 2008

- ▶ Integration and clinical mental health coordination provide equitable access to a limited resource.



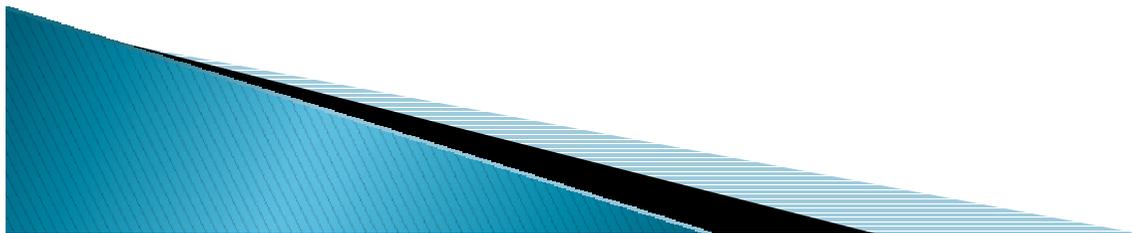
PEFHT Mental Health Care model:

- ▶ Patients with mental health needs are often treated separately from patients with other health needs
- ▶ World Health Organization Definition of Health (1948):
 - “A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”
- ▶ The PEFHT model recognizes the link between good mental health and overall health.



Reasons for Integrating Mental Health Into Primary Care

- ▶ The burden of mental disorders is great
- ▶ Mental and physical problems are interwoven
- ▶ The treatment gap for mental health is enormous in terms of prevalence of illness versus the numbers of patients actually receiving treatment
- ▶ Primary care for mental health enhances access for patients, particularly in rural areas



Reasons for Integrating Mental Health Into Primary Care

- ▶ Primary care for mental health minimizes stigma
- ▶ Primary care for mental health is cost-effective
- ▶ Co-location optimizes opportunities for collaboration between mental health clinicians, doctors and allied health professionals
- ▶ Research shows that collaborative care improves outcomes for primary care patients with psychiatric issues and improves their overall health outcomes as well

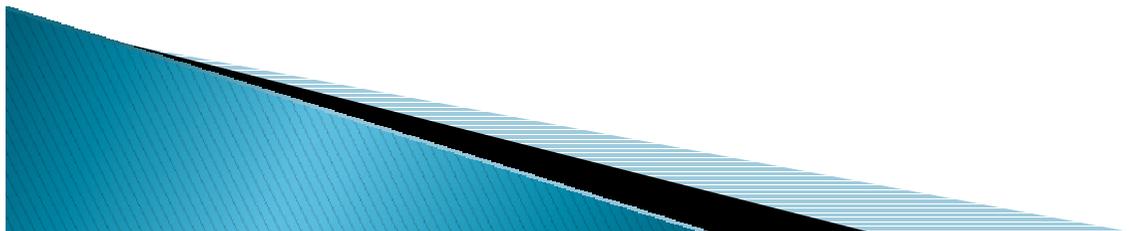
Source: Integrating Mental Health into Primary Care: A Global perspective WHO/ Wonka 2008



What is required to integrate?

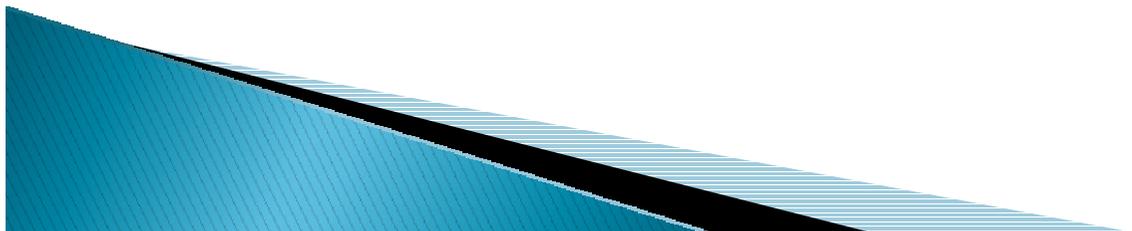
- ▶ Support and commitment of government and FHT directors
- ▶ Adequate training of primary care workers and office staff is required
- ▶ Specialized mental health professionals and facilities must be available to support primary care
- ▶ A mental health coordinator is crucial to drive the integration process, navigate systems and address systems challenges

Source: Integrating Mental Health into Primary Care: A Global perspective WHO/ Wonka 2008



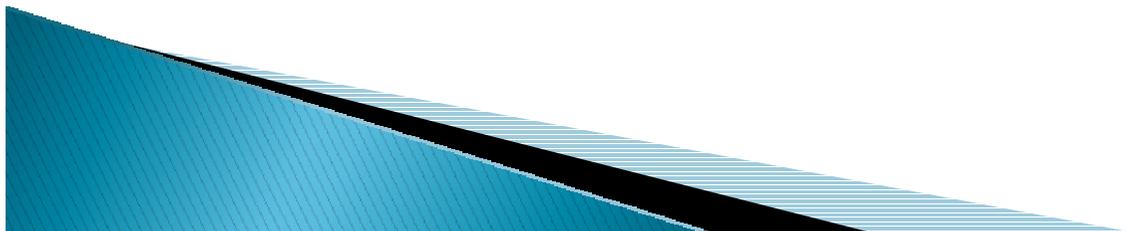
Role of the PEFHT Mental Health Program Coordinator:

- ▶ Central intake for all mental health referrals within the PEFHT (including those to community agencies outside PEFHT)
- ▶ Program planning and implementation
- ▶ Assessment and Triage
- ▶ System navigation
- ▶ Patient advocacy and problem solving



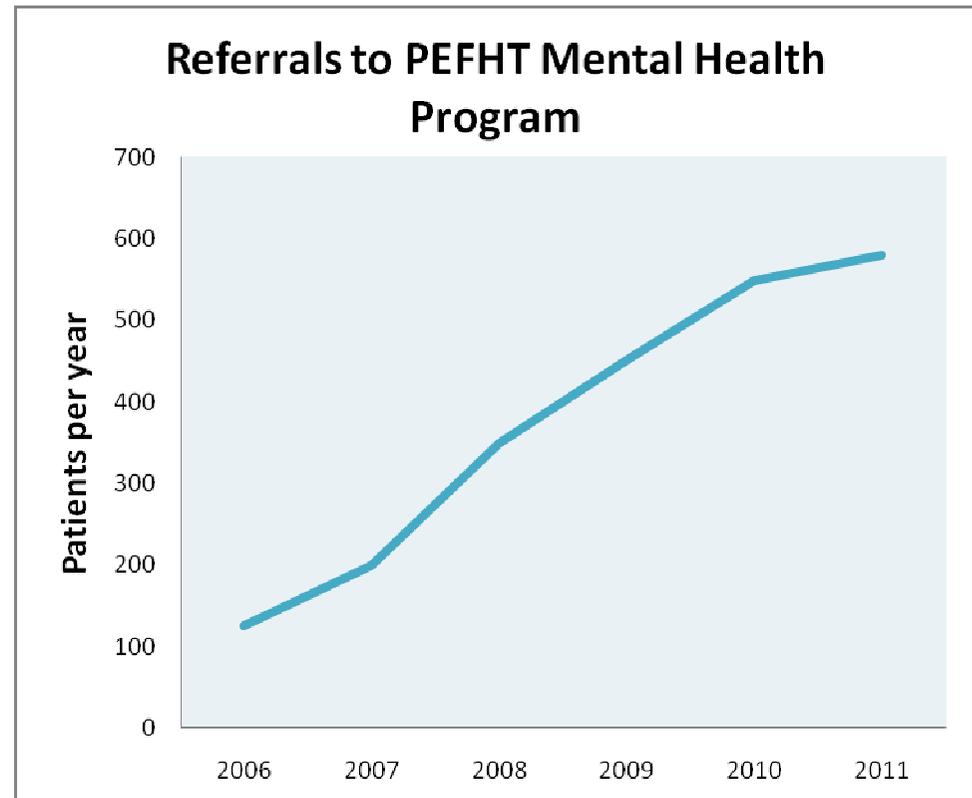
Role of the PEFHT Mental Health Program Coordinator:

- ▶ Schedule and support 3 PEFHT psychiatry clinics:
 - Geriatric
 - Child and adolescent
 - Adult
- ▶ Clinical supervision and support for PEFHT mental health staff
- ▶ Support to psychiatrists
- ▶ Small clinical caseload (often 'hard to serve' or 'hard to fit')



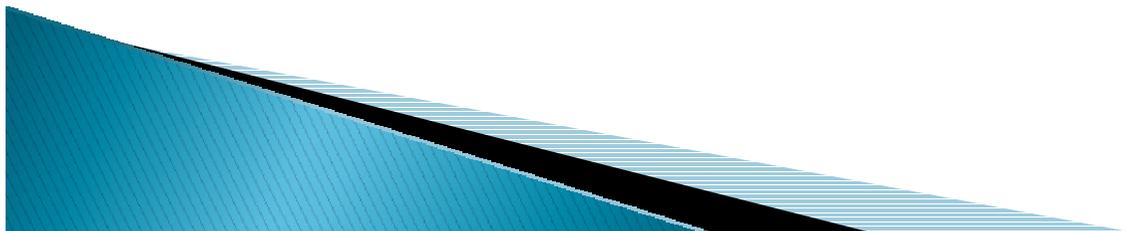
Demand on PEFHT Mental Health Program

- ▶ Over 2,000 referrals since 2006
- ▶ Increasing every year
- ▶ Demand exceeds resources
 - Wait times for psychiatric assessment of up to 6 months
 - Urgent patients are 'fast tracked'



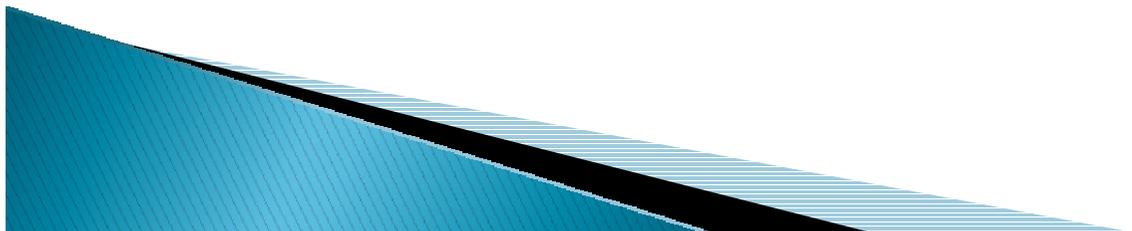
What seems to be working

- ▶ We have the support of both the PEFHT Executive Director and Board who recognize the importance of good mental health care
- ▶ We have been able to manage a very high volume of referrals
 - approaching 600 for 2011
- ▶ The program requires qualified administrative support staff who are comfortable working with mental health
 - administrative needs are significant



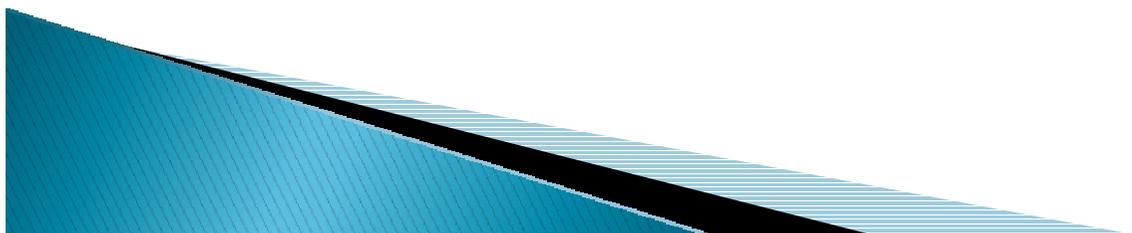
Tips for improving outcomes

- ▶ Call patients after being referred a minimum of three times; always chart and track attempts
- ▶ Notify the PCP if unable to reach patient and ask them to follow-up with the referral
- ▶ After patients have been scheduled for a psychiatry appt, call them again the day prior to their appt to remind them.



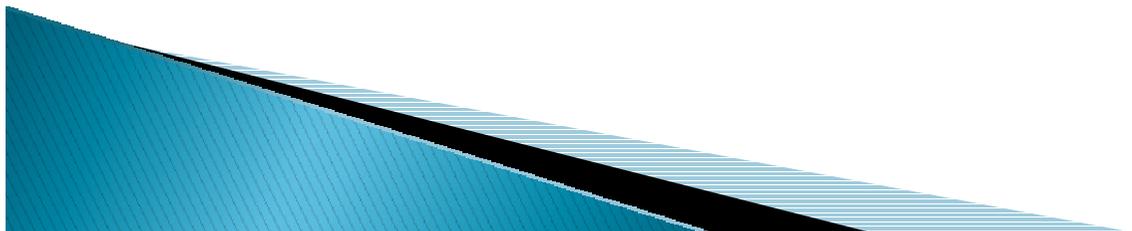
Tips for improving outcomes

- ▶ Consider 'no-shows' and cancellations within the context of the mental health issue and on a case by case basis; always notify the provider who referred
- ▶ Intake assessments are more time effective and are often sufficient to determine appropriate plan of care
- ▶ Face to face intake assessments take place where appropriate



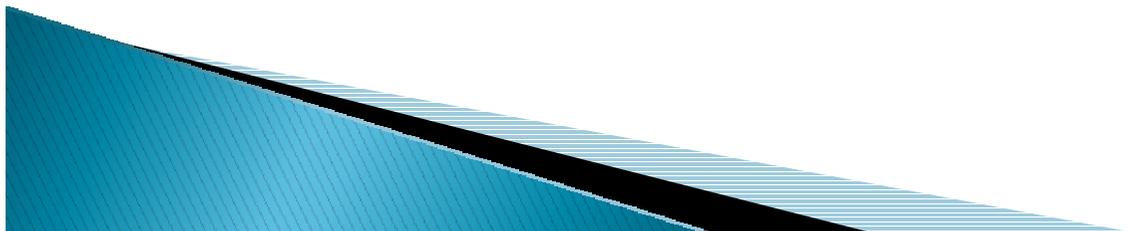
Tips for improving outcomes

- ▶ Vast majority of the referrals to the mental health program are made by the family physician (or N.P.); agreement of the family doctor is obtained in all cases
- ▶ Avoid duplicating existing mental health services. Be well acquainted with what is available in the community and work closely with community partners
- ▶ Sessional support for consulting specialists is necessary



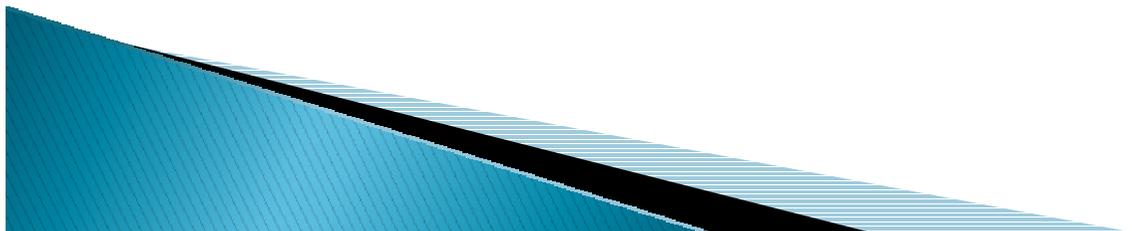
Tips for improving outcomes

- ▶ At the PEFHT we are all on the same EMR and allied health professionals have full access to patient charts (mental health records are locked and stored discreetly)
- ▶ Recruit specialists and staff who will be accustomed to the challenges of community psychiatry in a rural area



Tips for improving outcomes

- ▶ Last but certainly not least: have an aesthetically pleasing, cheerful and non-medical space for patients to come for counselling. Sometimes the places that we make available for mental health patients are depressing to start with. We want them to feel better after they see us.



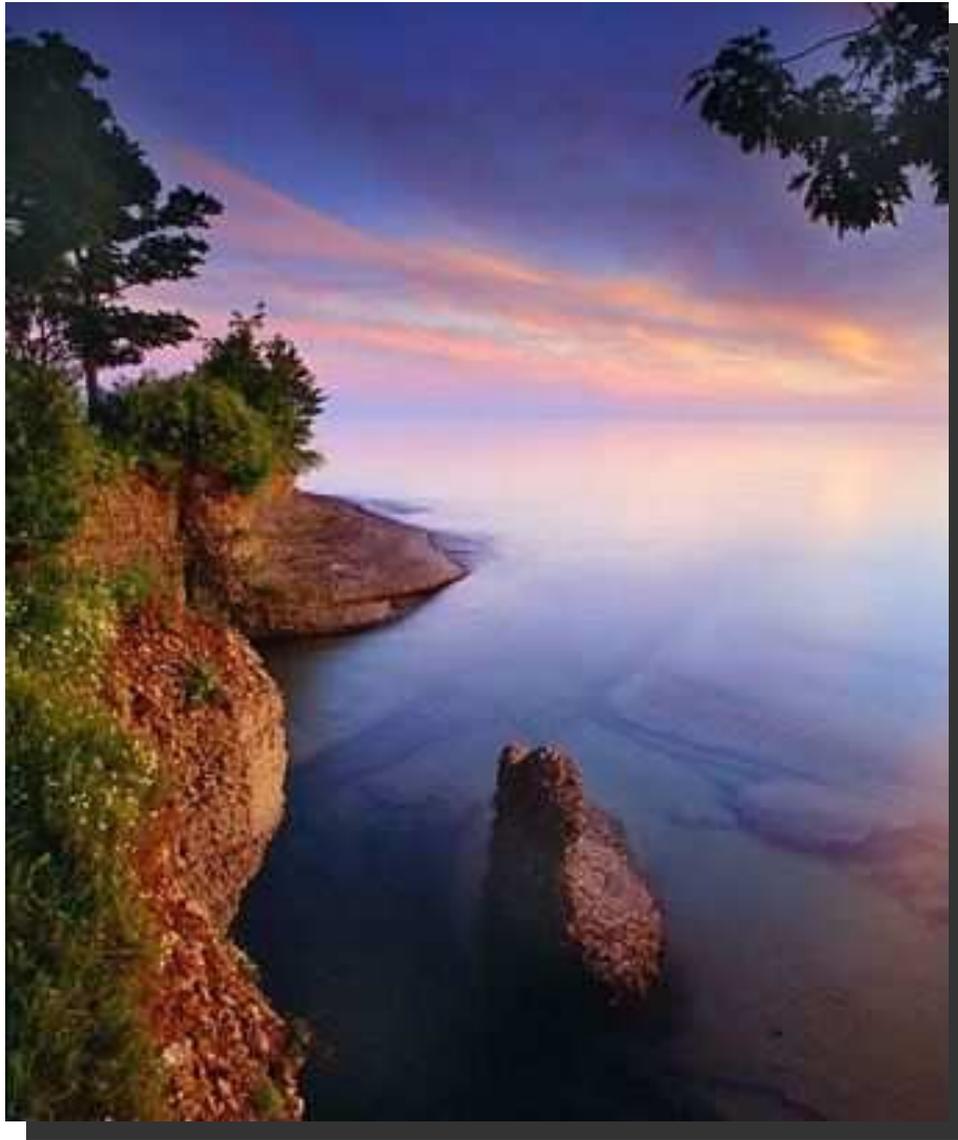


Photo by Ian Taylor