10th Annual Collaborative Mental Health Care Meeting
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Linking Community Mental Health, Psychiatry and Family Medicine

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COLLABORATIVE CARE
FRONTENAC COMMUNITY MENTAL HEALTH SERVICES

MOBILE CRISIS AND TRANSITIONAL CASEMANAGEMENT

FCMHS CRISIS SERVICE
OLD MODEL - BEFORE ENHANCEMENT

No built in follow-up
FCMHS CRISIS SERVICE
NEW MODEL - ENHANCEMENT

Rationale for Change
- Old model serviced FCMHS with some community outreach
- Crisis staff were carrying caseloads due to system blockages
- Survey suggested a need to be more responsive to community, police, shelters, etc.
- Discussions with Hotel Dieu Hospital (HDH) allowed some ACT and Casemanagement staff to attend rounds at HDH inpatient unit.
- Crisis staff did not have a presence in Emergency Departments.
- Service enhancement funds allowed for the development of a mobile crisis response service for all the community, a transitional casemanagement service (TCM) and some crisis beds in the community.
- TCM staff take referrals from Mobile Crisis and inpatient unit. Services for a maximum of 10 weeks, providing intensive casemanagement services.

Rationale for Change
- Mobile Crisis has established collaborative relationships with the Emergency Department and Police.
- Some psychiatric support from a consulting psychiatrist for Mobile Crisis, and Dr. Burley’s use of psychiatric residents.
- Presently negotiating a more direct relationship with HDH Emergency Department for Mobile Crisis, and an enhanced involvement in the discharge planning process for HDH inpatients returning to the community.
- A psychiatrist will be added to these services this summer.
- Collaborative relationships continue to develop with hospitals, police, shelters, general practitioners, etc.
FCMHS CRISIS SERVICE
NEW MODEL - ENHANCEMENT

***Crisis Contact***

- **Mobile**
  - 8 a.m.-midnight Mon-Fri
  - 12 a.m.-midnight weekends/holidays

- **Crisis Line**
  - 24/7

**Walk-Ins**

- 8:30 a.m.-4:30 p.m. Mon-Fri

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**Family Health Teams, Doctors, etc.**

**Hospital, Shelter, Crisis Bed, Police, etc.**

**Community**

**Self**

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**Hospital Discharge**

- Direct Referrals to TCM

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**Crisis Deescalates**

- No Follow Up
- Follow Up Required

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**Referral to Transitional Case Management**

- 5–10 Weeks

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**Psychiatrist Residents 1 Day a Week. Assessment, Meds, Support, Information**

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**Transitional Case Management**

Community Psychiatry Collaboration

- Increasing need for psychiatry and family medicine to find and collaborate with all of our community partners.

- Historically there had been a disconnect between CMH and psychiatry.

- All of us share the role of facilitating consultation and navigation within the increasingly complex mental health system.

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**Transitional Case Management**

Community Collaboration

- This model combines case management with consultation and community linking.

- Patient presents with multiple problems

- Assessment and formulation are done collaboratively between Psychiatry and Transitional Case Management.

- Needs are identified and referred to appropriate community agencies (including psychiatry and FCMHS).

- Notes, formulations and treatment plans are sent early to GPs and (when possible) GPs are contacted by phone.

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Transitional Case Management
Community Collaboration

- Linking with the Family Physician
  - Notify them early re diagnosis, formulation and treatment plan
  - Identify partners, personalize if possible, describe function and limits of TCM and psychiatric partner
  - Identify roles of all partners including that of the GP (should be negotiated when possible)
  - Refer back to GP (GP should be notified in advance
  - Provide hand over by telephone and clarify re referral process
  - GP should hold a GP case file
  - Share as much as possible
  - GP should list dx, meds, care of GF, HU share.
  - Relay around

- Linking Services

  Generic Psychiatry
  GP
  IP
  Emergency
  Specialty services
  Consulting Psychiatry
  Community GP
  FCMHS
  Community Agencies
  Addictions
  Housing
  CRAP
  Vocational Services
  Sexual assault

- Learning Opportunities for Residents and Students
  - crisis intervention skills
  - collaborative case formulation
  - collaborative skills
  - community resources
  - community based research
  - knowledge exchange
  - interprofessional team and educational skills