Mental Health Services in Primary Care:

Dealing With Unique Boundary Issues and Dual Relationships

Presenters

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Goals and Objectives

• To discuss some of the ethical dilemmas that emerge for the mental health team in a primary care setting
• To identify some protocols and solutions that can be applied to address these issues
Family Health Team

• Mentorship from Dr. Kates and Hamilton Model at set up
• Hamilton provided model for MOHLTC for setting up Family Health Teams across the province

Maple Family Health Team

• 5 sites, single therapist from mental health service at each site – responsible for all counseling
• Access a priority 6-8 sessions CBT or other evidence-based intervention
• Non-duplication of services available in community
• Electronic medical record across all sites for all patients in FHT (n=33,000)
• Weekly meeting of entire mental health team

Confidentiality

• **Ontario Personal Health Information Protection Act**
  – Health information = information relating to health care for the individual, including the identification of a person as a provider of health care to the individual
  – To inform someone that X is your patient requires consent from X
Confidentiality in Families

- Family members seen serially or concurrently for different issues
- Unaware of each other being treated or assessed and no specific consent for giving information to other family member
- Sometimes difficult
- “I understand that you are seeing my son”

Confidentiality vs. Quality of Care Vignette

- Wife and husband referred separately and apparently do not know the other is being seen
- Husband distressed about the wife being gay, about her interactions with kids
- Wife reports all is well in separate session – does not mention her sexual orientation – says she does not want to be seen again
- What would be the best patient care?
- What does confidentiality dictate?

Electronic Medical Record (EMR)

- Confidentiality concerns:
  - Employees of the FHT who are also patients or who have family members who are patients
    - Can have their charts marked sensitive
  - Access into these charts needs to be carefully tracked
  - Some charts are not marked sensitive so access not recorded
Confidentiality vs. Record Keeping

Vignette

• Psychosexual couple – postpartum depression, decreased intimacy
• Family member of one works for team – has access to EMR
• Confidentiality vs. reasonable record keeping
• Patients not aware of any issue
• We presented the issues of confidentiality to patients with possible solution

EMR Solution

• Abridged entries on EMR
• Confidential records not on EMR- stored elsewhere
• Discuss limits of confidentiality with couple
• Inform GP
• Once issues are in the open with patients they may choose to proceed

Dual Relationships

• The APA ethics code addresses the issue of conflicting roles and recognizes that “in many communities and situations it may not be feasible or reasonable” (APA, 1992a, Section 1.17A) for a therapist to avoid nonprofessional or conflicting encounters with clients
• While the code does not forbid dual relationships, it does hold the therapist responsible for carefully and diligently keeping such multiple relationships harmless [to the client]
Dual Role Vignette

• FHT employee and patient of GP within the family health team referred to counselor at her location for CBT for anxiety
• Pt expresses concerns about awkwardness of seeing co-worker counselor and requests appointment with someone else
• This was arranged and at the appointment issues of confidentiality and EMR were addressed

Clinical Lessons

• Know and acknowledge ALL limits of confidentiality
• Know and acknowledge ALL dual roles
• Engage patients in dealing with these and in arriving at acceptable solutions