



Mental health needs assessment 2007 and 2009

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Introduction


- o Background information
- o Mental Health Conference 2007
- o Needs Assessment – 2007 results
- o Quantitative questions from 2007
- o Suggested Best Practice (2007)
- o Needs Assessment – 2009 results



The Bulletin


December 2004

- o "Family Health Teams will improve access to primary health care through the introduction of interdisciplinary health teams...These teams will build on the successes of the past but may be different in sizes and offer different programs, tailored to meet the needs of the local population they serve." Bulletin No. 1




Why a move toward Interdisciplinary Care ?

- Best practice
- Cost effective
- Response to the physician shortage




History of Interdisciplinary Care in Ontario

- Initial demonstration Sites
- Health Services Organizations (HSO)
- Family Health Teams began in 2004
 - 213 applications for Family Health Teams:
 - 1st year 50 FHTs created
 - Spring 2006 total 150 FHTs Vary in scope size, structure and governance
 - 30% community led
 - 30% mixed
 - 40% physician led
 - 30% 1-2 physicians
 - 35% 3-7 physicians
 - 30% 8-15 physicians




Transition:

"For many health professionals, the FHT model is a significant departure from their previous way of practicing. So, while all FHT's have embraced the new model and are moving in this new direction, many have indicated that they need further assistance in making this transition to a new paradigm for primary health care. The FHT Action Group and other stakeholders have also called for additional support. The QMC (now QIIP) will assist FHT's in integrating health professionals, building teams, developing local partnerships, and implementing and evaluating new programs and services."



Sudden Influx of Mental Health Professionals into Primary Care Setting

- Led to informal contacts between those experienced in mental health in primary care and beginning FHTs and professionals
- Many questions lead to an idea: Provincial Mental Health Conference for sharing concerns and accomplishments



The Response to the Conference

- Relief
- Early sell out
- Standing room only



Common Questions Asked

- Referrals
- Short term versus long term care
- Clinical records
- Treatment modalities
- Advocacy
- External referrals and community development
- Group treatment
- Role of family physician
- Pharmacology
- Interdisciplinary dialogue

Needs Assessment (2007)

- Common questions (Province-wide)
- What is the current situation?
- Qualitative and quantitative questions
- Joys and challenges
- What is best practice?

Background / How Scaling Questions Were Rated

- Needs Assessment for Mental Health Workers in FHT's
- Please rank these statements from 1 to 5
 1. strongly disagree
 2. disagree
 3. neutral
 4. agree
 5. strongly agree

Results: 2007 vs 2009

- The health disciplines work together to provide services to patients/clients in my setting

Score	Total Responses 2007	Total Responses 2009
1	2%	0%
2	13%	8%
3	14%	14%
4	40%	55%
5	17%	17%

Results: 2007 vs 2009

- I am comfortable consulting with doctors

Score	Total Responses 2007	Total Responses 2009
1	0%	1%
2	9%	7%
3	16%	8%
4	58%	45%
5	17%	38%

Results: 2007 vs. 2009

- I am comfortable discussing the needs of patients with other health professionals

Score	Total Responses 2007	Total Responses 2009
1	0%	0%
2	0%	1%
3	6%	5%
4	60%	43%
5	16%	50%

Results: 2007 vs. 2009

- I am involved in FHT Decision Making

Score	Total Responses 2007	Total Responses 2009
1	18%	10%
2	31%	19%
3	29%	31%
4	13%	26%
5	7%	10%

Results: 2007 vs. 2009

- o Program decisions are well communicated to staff in my FHT

Score	Total Responses 2007	Total Responses 2009
1	5%	9%
2	25%	21%
3	44%	34%
4	18%	33%
5	9%	14%

Results: 2007 vs. 2009

- o I have adequate support in challenging clinical situations

Score	Total Responses 2007	Total Responses 2009
1	9%	10%
2	31%	16%
3	16%	26%
4	29%	33%
5	16%	14%

Results: 2007 vs. 2009

- o My clinical skills are respected

Score	Total Responses 2007	Total Responses 2009
1	0%	0%
2	5%	4%
3	17%	8%
4	55%	52%
5	22%	34%

Results: 2007 vs. 2009

- I am adequately paid for the work I do

Score	Total Responses 2007	Total Responses 2009
1	18%	14%
2	20%	17%
3	18%	17%
4	41%	36%
5	4%	14%

Results: 2007 vs. 2009

- Staff at our FHT are clear about each other's roles

Score	Total Responses 2007	Total Responses 2009
1	0%	3%
2	26%	15%
3	24%	26%
4	46%	48%
5	5%	6%

Results: 2007 vs. 2009

- Staff at our FHT are well aware of each other's skill sets

Score	Total Responses 2007	Total Responses 2009
1	2%	4%
2	34%	14%
3	36%	30%
4	26%	42%
5	2%	9%

Results: 2007 vs. 2009

- My work is challenging and rewarding

Score	Total Responses 2007	Total Responses 2009
1	0%	0%
2	2%	1%
3	0%	3%
4	67%	42%
5	31%	52%

Results: 2007 vs. 2009

- The physical space I have to work in is appropriate

Score	Total Responses 2007	Total Responses 2009
1	13%	7%
2	24%	14%
3	17%	19%
4	33%	32%
5	13%	27%

Results: 2007 vs. 2009

- There is enough technical support in my office

Score	Total Responses 2007	Total Responses 2009
1	9%	11%
2	22%	19%
3	27%	21%
4	30%	29%
5	11%	17%

Results: 2007 vs. 2009

- I have appropriate support for enhancing needed clinical skills

Score	Total Responses 2007	Total Responses 2009
1	2%	1%
2	25%	3%
3	25%	2%
4	39%	29%
5	9%	63%

Results: 2007 vs. 2009

- My work / case load is reasonable

Score	Total Responses 2007	Total Responses 2009
1	4%	9%
2	21%	18%
3	19%	17%
4	43%	45%
5	13%	9%

Qualitative Questions

1. What form of clerical support is most useful?
 - Reception:
 - Booking appointments (22)
 - Appointment reminder calls (5)
 - Reception relationship with pts (8)
 - Phone/messages etc (6)
 - Intake work (3)
 - Managing cancellations (2)
 - Clerical

What type of clerical support is most useful?

- Clerical
 - Office management (10)
 - Photocopy & fax (8)
 - Filing/records (7)
 - Preparing handouts/presentations (5)
 - IT support (5)

2. What is the most helpful support from supervisor?

- What supervisor? (22)
 - Peer consultation only (+3)
 - Managers only (+5)
- Clinical supervision (8)
- Communicates/ listens/ supports (7)
- Resource (5)
- Co-ordinates meetings (2)
- Team building (2)
- Leadership (1) Advocates with ministry (1) P.R. (1)

3. What additional clinical training would be helpful?

- CBT (9)
- Pharmacology (6)
- Accessibility and choice of training in a variety of models: (6)
- Brief models/solution focused (5)
- Trauma/PTSD?EMDR (4)
- Adolescents & Children (4)
- Family therapy (3)
- Legal and standardized guidelines (3)
- Inter-professional team building (3)
- (2): Couple therapy; Narrative therapy; mindfulness training; assessment; substance abuse
- (1) Geriatric; suicide intervention; anger management; supervision; typing

4. Are you interested in:

	YES	Maybe	I don't know	NO
Annual meeting?	47	3	5	1
Skills Chat room?	45	1	2	7
E-mail newsletter?	57 !			

Qualitative Questions (con't)

5. What do you enjoy most about your work in Primary Care?

- The patients (43)
 - Providing therapy, clinical care, client appreciation
 - Equal access for pts., continuity over time
 - Diversity and variety of pts. (cradle to grave) (+18)
 - Promoting health/ prevention/ early intervention (+4)

5. (cont'd) What do you enjoy most about your work in primary care?

- Interdisciplinary work (18)
- Team work/ collaboration (13)
- Autonomy (6)
- Flexibility (6)
- Challenge/ learning and professional development (6)
- Respect (4)
- Teaching (1)

6. What is the greatest challenge for mental health workers in primary care?

- Team work (8); lack of collaboration (6); relationship with physicians (7); lack of support/respect (5) lack of clarity re role (6) medical model constraints (2) [34]
- Isolation (13); different sites (3); space (4) [20]
- Workload/ caseload management (7); waitlist (5); burnout (3); balancing clinical & team work (3) [18]
- Variety of expectations/ breadth of knowledge (5)
- Lack of supervision (4)
- Salary (2)
- Newness of team (1)
- No standards of practice (1)

Qualitative Questions (con't)


7. Please describe your most satisfactory interdisciplinary moment at your clinic.

- Physician consultation/feedback (8)
- Involvement of 3 or more disciplines (7)
- Patient feedback
- Team building/ meetings
- Positive feedback
- Nurse/NP consultation/feedback

Qualitative Questions (con't)


8. If you could change one thing about your work environment what would it be?

- Adequate office space (18) (size/sound-proof/appropriate)
- Co-location (12) Isolation (1)
- More collaboration/communication/consultation (10)
- Less work volume (3)
- Provision of clinical supervision (3)
- Computer access (3)
- Role clarification (1)
- Standardized policies/procedures (1)




Suggested best practices in working with mental health professionals

- Collaboration
 - Appropriate referral process
 - Clinical rounds
 - Crisis consultation
 - Richness of clinical consultation provides high work satisfaction and positive pt. outcome - it takes time - it's worth it!
 - High level of commitment to the interdisciplinary model of care
 - Provides context for true patient-centred care



Suggested best practices (cont'd)

- Co-location
- Role clarification
 - Physician / allied health awareness of mental health skill sets
 - Appropriate clinical caseload
- Networking opportunities with other FHT mental health professionals
- Professional development



Suggested best practices (cont'd)

- Clinical supervision
- Adequate office space
- Adequate administrative support
- Involvement of mental health professionals in hiring processes for same
