

# **Exploring Core Competencies for Mental Health and Addictions Work within the Family Health Team Setting:**

## **Final Report**

### **Prepared by:**

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*“This project set out to describe the mental health work (including addiction services) and the population served by a small number of Family Health Teams in Ontario, as a preliminary step toward the development of core competencies for mental health work in these innovative health care settings”*

- The Ontario Family Health Team model brings together family doctors, nurses, mental health counsellors, dieticians and other health care providers to work collaboratively, each utilizing their experience and skills, with the goal of improving primary health care.

- Targeted Literature Review
  
- 4 Focus Groups involving interprofessional teams members from 3 Family Health Teams in Ontario:
  - Couchiching Family Health Team – near north
  - Fort William Family Health Team – far north
  - Hamilton Family Health Team – urban

# Objective 1:

**Develop a snapshot of the Hamilton FHT and two other FHTs in Ontario, including a description of the population and presenting needs from a mental health and substance use perspective.**

***Guiding Question - What is the profile of clients and how might they be different from those with mental health and substance use problems seen in other agencies in their community?***



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## **Clinical Profile:**

- Full spectrum of psycho-social and developmental problems – grief, loss, relationships, parenting, workplace stress
- Full spectrum of mental disorders and severity and chronicity
- Depression and anxiety most common in adults and youth
- Youth ADHD and adjustment disorders
- Substance use concerns less than mental health but common and diverse in adults and youth – cannabis use, especially for self management viewed as “normal”; rising oxycontin and other narcotic addiction, linked to chronic pain management in adults, but also seen with youth and obstetric patients
- Gambling concerns in FHTs close to casinos

## **Differences from Mental Health & Addictions Services:**

- Knowledge and relationship with multiple family generations - affects role of family members and provision of care (confidentiality challenges)
- Influence of community context on patient profile across different FHTs and family Drs. (i.e. availability and access to services in the community and family doctors cultural background and areas of clinical preference & strength)
- Services provided across the age span, often linked to physical health concerns
- Strong preference among FHT patients (especially youth) to receive as much, if not all, service in the FHT – long standing relationships build trust

# Objective 2:

**Describe how people with mental health and substance use problems enter and move through the FHT?**



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## Findings:

- The way people enter the FHT mental health services\* was affected by:
  - the composition of the primary care practice team
  - the way the mental health service was structured and degree of collaboration among the team

## Findings:

- Physician referral to MH services may be necessary, but referrals may also come from any professional member of the team (nurse, psychiatrist, dietitian, pharmacist, etc.)
- Multiple pathways exist across service components (general psychiatry, dietician, pharmacy etc.)
- Each FHT described unique service delivery options (group, individual, etc.)

## Findings:

- A wide range of internal services and programs may be accessed depending on the scope of mental health services available – considerable variation across FHTs
- Services developed by the FHT were clearly connected to the local availability of community services for referral
- Poor (or at least challenging) relationship with local addiction services (availability/access, communication)
- Mental health care may be provided by other members of the team (doctor, nurse etc.) to varying degrees – not all referred to mental health services
- Variations occur depending on model chosen and team capacity to provide Mental Health care

## Findings:

- Optimal FHT response requires a thorough knowledge of internal capabilities, team meetings, group chart reviews and decisions for treatment planning
- Challenges of time constraints, willingness and accessibility were cited (not all practices were functioning in a team manner)
- A busy office environment may not have sufficient infrastructure to support adaptation and ongoing quality improvement

## **Objective 3:**

**Derive implications of this descriptive understanding for the development of core competencies for mental health and addictions work in the FHT setting.**



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## Findings:

- Services provided by the FHT were clearly connected to the local availability of community services for referral
- Competencies need to consider the community context ie. availability/access to specialized supports in the community
- Community services were said to be unclear concerning “what FHT’s do” – core competencies would assist in defining service scope and support inclusion of FHTs in MH/A system planning

## Findings:

- Experienced clinical staff are required to treat and support people presenting with the wide range of challenges that are being presented.
- FHT should include a strong clinical supervision component.
- Given the many pathways into and through a FHT strong engagement and motivational skills and attitudes must be developed throughout the team.
- Competency in communication and collaboration are essential across disciplines and sub-programs.

## Findings:

- At an organizational level, leadership and culture that is sensitive and adaptive to internal and external context is critical.
- The pace of change in internal and external context also calls for strong organizational support for learning and skills enhancement opportunities.
- Given the wide age range seen in the FHT setting, competencies for prevention and health promotion are necessary.

## Individual Practitioner Skills and Characteristics:

- Skills in working with specific client sub-groups
- Skills/comfort level working alone as well as in a team context
- Considerable education and experience, including supervised hours, given the range of mental health and addiction issues that clients experience
- Ability to introduce change and to work as both a practitioner as well as organization level
- Skills in managing relationships; “linkage” is a key function of the work both between patients, physicians, counsellors, psychiatrists, and community services.

- Assessing **interest** and **capacity** among key stakeholders in taking the project further and developing core competencies for mental health services
- Potential stakeholders – Universities training mental health and addiction providers, mental health and addiction regulatory colleges, related national and provincial Associations, government funders, health researchers etc.

# Are you interested in this work?

- What value would it have to you in your community/work setting?
- What is your interest and capacity to collaborate in moving this work forward?

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