Renfrew County Child and Youth Mental Health Outreach: Strengths and Barriers to Implementation

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Map of Region Served
Key Principles of Collaborative Mental Health in Rural Areas

- Community based specialized care part of a single mental health delivery service
- Specialized services should support and strengthen community based service (not take over)
- No single provider can address all necessary care client may require
- Relationship with mutual respect takes time with role definition and active participation of partners and clients

Child and Youth MH Outreach Services for Eastern Ontario

- Services for children and youth with complex mental health disorders
- Services provided to rural communities including:
  - Renfrew County
  - North Lanark
  - Stormont-Dundas and Glengarry
  - North Grenville
  - Prescott-Russell
- Delivered by children’s hospital
  - Main site located in urban centre (CHEO)
  - Clinicians travel from CHEO to distant MH clinics twice monthly

Collaborative Outreach Goals

- Improve Access to mental health assessment and treatment for children and youth
- To decrease wait time for Mental Health assessments
- Decrease need for hospitalization by early identification and treatment
- Building local capacity
- Enhance efficient use services
Potential Strengths of Outreach

- Provide collaborative and integrative multidisciplinary outreach services
- Increase access for clients (transportation, financial barriers)
- Build local capacity
  - Offering educational opportunities at the community MH clinic provides opportunities to increase familiarity and communication
- Centrally delivered regional outreach program allows for an integrated program evaluation

Barriers to Collaborative Mental Health Care in Renfrew County

- Most rural doctors overworked and not accepting new patients
  - Metropolitan Ottawa = 1 family physician to 682 patients
  - Renfrew county = 1 family physician to 4068 patients
  - No pediatricians (CPSO)
- Family physicians seem to prefer to speak with other physicians rather than other MH professionals
- Services are provided within a non-physician MH clinic
- Billing structure requires that family physicians refer to outreach services
- Creates interdisciplinary tension

Barriers to Collaborative Mental Health Care in Renfrew County

- Not all family physicians have a clear understanding of the Phoenix mental health centre
- Links between the Phoenix centre, Outreach services, and the family physician need to be strengthened ensuring that all parties know when a referral has been made.
- Stigma of being seen at Mental Health Clinic in small town; some clients not interested
- Past negative experiences (referring physician, client) tend to influence future actions
Evaluation Implementation Grant

- Specialized Psychiatric and Mental Health Outreach Services for Children and Youth in Eastern Ontario
- Funding received through the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
- $30,000

Renfrew Mental Health Outreach Services: 2008 data

<table>
<thead>
<tr>
<th></th>
<th>CHEO</th>
<th>ROMHC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renfrew County</td>
<td>48</td>
<td>12</td>
<td>60</td>
</tr>
</tbody>
</table>

Renfrew Mental Health Outreach Services: Evaluation Objectives and Method, 2008 data

*Who is being served:* Demographic and clinical data is collected from the Centralized Intake Sheet and the CANS-MH 3.0

*Are there changes in MH needs or risky behaviours between referral, assessment and discharge:* (The CANS-MH 3.0 is collected at point of referral, assessment and discharge)

*Client satisfaction with service:* A satisfaction survey is collected at point of discharge. The survey is offered to both the caregiver and the client

*Staff perception of service:* Focus group data has been collected separately for each outreach county
Renfrew Mental Health Outreach Services: 2008 data

- n=60
  - Average Age: 12 (+/- 3)
  - Age Range: 3 - 17
  - Males Average Age 11.2 (+/- 3.2)
  - Females Average Age 13.7 (+/- 2.8)

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Renfrew Mental Health Outreach Services: 2008 data

Reason for referral

- Assessment
- Diagnosis
- Clarification
- Med-Consult
- Re-Assessment

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Renfrew Mental Health Outreach Services: 2008 data

Presenting Problem

- ADHD
- Depression
- Anxiety
- ODD
### Mental Health Needs

<table>
<thead>
<tr>
<th>Need</th>
<th>Need for action (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood</td>
<td>53.3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>50.0</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>46.6</td>
</tr>
<tr>
<td>Attention Deficit/Impulse Control</td>
<td>45.0</td>
</tr>
<tr>
<td>Parent-Child Relational Problems</td>
<td>44.9</td>
</tr>
<tr>
<td>Oppositional Behaviour</td>
<td>36.7</td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>18.4</td>
</tr>
<tr>
<td>Conduct Behaviour</td>
<td>16.7</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>10.2</td>
</tr>
<tr>
<td>Eating Disturbance</td>
<td>3.4</td>
</tr>
<tr>
<td>Psychosis</td>
<td>3.4</td>
</tr>
</tbody>
</table>

### Risky Behaviours

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Need for action (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger to Others</td>
<td>11.9</td>
</tr>
<tr>
<td>Self-Injuring Behaviour</td>
<td>11.9</td>
</tr>
<tr>
<td>Social Behaviour</td>
<td>10.3</td>
</tr>
<tr>
<td>Involvement in Treatment</td>
<td>8.6</td>
</tr>
<tr>
<td>Suicide Risk</td>
<td>6.6</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>5.0</td>
</tr>
<tr>
<td>Elopement</td>
<td>1.7</td>
</tr>
<tr>
<td>Sexual Aggression</td>
<td>1.7</td>
</tr>
<tr>
<td>Crime/Delinquency</td>
<td>0</td>
</tr>
</tbody>
</table>

### Functioning

<table>
<thead>
<tr>
<th>Area</th>
<th>Need for action (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td>46.7</td>
</tr>
<tr>
<td>School Behaviour</td>
<td>32.2</td>
</tr>
<tr>
<td>School Achievement</td>
<td>30.5</td>
</tr>
<tr>
<td>Family</td>
<td>28.3</td>
</tr>
<tr>
<td>Peers</td>
<td>25.0</td>
</tr>
<tr>
<td>School Attendance</td>
<td>11.9</td>
</tr>
<tr>
<td>Physical/Medical</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Renfrew Mental Health Outreach Services: Client Satisfaction 2008 data

**Respondents:**
- n = 27

**Completed by:**
- 100% Completed by a Caregiver
- 81.5% Parent of Client

**Patient age:**
- Average Age: 11 (+/- 3)
- Range: 4 - 16

**Patient sex:**
- 77.8% Males
- 22.2% Females

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**Overall Satisfaction with Service**

Very Satisfied 96.3%

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<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th></th>
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<tbody>
<tr>
<td>Receiving care closer to home made a big difference</td>
<td>88.9%</td>
</tr>
<tr>
<td>The location was convenient</td>
<td>88.9%</td>
</tr>
<tr>
<td>Outreach services met their needs</td>
<td>80.0%</td>
</tr>
<tr>
<td>The staff made it clear who would provide follow-up care</td>
<td>77.3%</td>
</tr>
<tr>
<td>Outreach services linked their child with appropriate services within the community</td>
<td>66.6%</td>
</tr>
</tbody>
</table>
Renfrew Mental Health Outreach Services:
Client Satisfaction 2008 data

They would have preferred to travel to Ottawa for their visit 84.6%

Did any of the following make it difficult for you to receive services?

<table>
<thead>
<tr>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting time for first appointment 33.3%</td>
</tr>
<tr>
<td>Location of Centre 12.0%</td>
</tr>
<tr>
<td>Hours Centre is Open for Services 8.3%</td>
</tr>
</tbody>
</table>

How could we improve the service you received?

- "Having a bilingual doctor"
- "Nothing! The whole experience went beyond what was expected"
- "More clear what the appt. was to cover and more organized"
- "We were very satisfied"
- "The wait time from the initial referral was very long for first contact"
- "The service is great… no improvements required"
Renfrew Mental Health Outreach Services:
Focus Group - Staff Perception of Service 2008 data

- **Time:** "Indirect work is significant (e.g., coordination with counselors, teachers, medical and mental health professionals involved)"
- **Resources:** "office space shortage"
- **Wait list:** 'Very long wait lists', 'Wait lists are increasing'
- **Clients not wanting to be seen:** 'everyone knows everyone and some people do not want to be seen going to get MH services'
- **Uncertainty about role of outreach clinicians:** 'No rules or logistics in place'
- **Collaboration:** 'the system doesn’t allow for working with community and clinicians don’t feel they are given the time to do this', "important to be seen as a part of the community"

Survey of Referring Family Physicians

- 19 Doctors telephoned:
  - Arnprior (n=2) - Eganville (n=1)
  - Renfrew (n=6) - Pembroke (n=6)
  - Deep River (n=1) - Petawawa (n=3)

- Response rate (n=10; 53%)

Survey of Referring Family Physicians

- Estimates by doctors of children in practice ranged from 0-40%
- Estimates of those suffering from mental illness was 5-30%
- This fits with research data that one in 5 children suffer from mental illness
Survey of Referring Family Physicians:
Program Awareness

- 80% of docs are aware of outreach services
- Became aware by:
  - MD’s nurse attended CME done by outreach psychiatrist
  - Four doctors called CHEO intake and were informed
  - One was made aware by local agency
  - Outreach psychiatrist called this MD with feedback after seeing her patient and she “almost fell out of her chair”

Survey of Referring Family Physicians:
Perceptions about service

- One doc had patient on wait list but had not yet used service
- Six had used the service and found it useful four stating the comprehensive report was helpful, one the recommendations, and diagnostic formulation
- When asked if they use telepsychiatry, two said no, one said he prefers face to face with outreach team, one leaves it to patient to choose, one leaves it to community agency to chose, four did not answer

Survey of Referring Family Physicians:
Comfort Level Treating Mental Illness

Overall comfort level varies from physician to physician

- Feels comfortable treating ADHD (4)
- Not comfortable initiating medication but ok to follow (3)
- More comfortable treating adults with mental illness (1)
- comfort level ok with anxiety and depression because treats like adults whereas lack of comfort treating children’s behaviour problems and ADHD (1)
- ok with initial treatment but refers to psychiatry for ongoing advice re continued care of mental illness (1)
- Only feels comfortable where cases are clear and obvious (1)
Survey of Referring Family Physicians: Request for Continuing Medical Education in Psychiatry

Specific Disorders:

- ADHD (3)
- Anxiety (3)
- Eating disorders (2)
- Behaviour problems (1)
- Depression (1)
- Grief (1)
- Newer Meds (1)
- Screening of comorbid disorders (1)

Service related:

- How to access mental health services (1)

Questions and Comments?