

# Mental Health Services and Needs in Dufferin

Looking Back, Moving Forward  
March 20, 2019





## DUFFERIN AREA FAMILY HEALTH TEAM

### Overview

- **Mental Health Program:** *Our History, Our Services, Our Focus*
- **Dufferin Mental Health Summit:**  
*May 16, 2018*
- **DAFHT MH Strategic Planning Sessions:**  
*June 15 & September 14, 2018*
- **Moving Forward, Looking Ahead...**



## DUFFERIN AREA FAMILY HEALTH TEAM

### A Brief History...

- 2005 Ministry of Health begins to provide funding to create **Family Health Teams.**
- 2006 DAFHT receives initial funding.
- 2007 DAFHT hires **4 Mental Health Therapists.**
- Focus: Patients (age 16+) with mild-moderate mental health concerns.

### NOW ...

- 48,000 rostered patients
- 37 Physicians
- 49 Allied Health Providers



## DUFFERIN AREA FAMILY HEALTH TEAM

### DAFHTI Mental Health Program... 2019

- A Team of **14 Mental Health Therapists** (12.3 FTE - March 2019)
- Includes **1 Mental Health Intake Therapist**
- Continued focus on providing **mental health counselling** (individual and group), **information and referral support for patients age 16+.**
- Mandate – **mild to moderate mental health concerns;** but increasingly serving patients with needs beyond this focus.



## DUFFERIN AREA FAMILY HEALTH TEAM

### Our Focus

- To be **responsive, flexible, accessible, timely**
- Primarily **individual and group counselling**
- **Groups:**
  - “Overcoming Worry” CBT Group
  - “Staying Present” Mindfulness Group
  - “Stitch and Unwind” Social Support Group
- **Workshops:**
  - Stress Reduction
  - Coping with the Holidays



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# Numbers Also Tell the Story

**April 2017-March 2018**

- **7138 Patient Encounters**
- **6383 sessions** – Office, Phone or Home Visit
- **755 Intake Calls**
- **34 Single Sessions** (through Weds PM Clinic/October 2017 to March 2018)
- **Concerns: Anxiety (29%), Depression (22%), Stress (18%), Relationship/Family Issues (14%), Grief (6%)**



## DUFFERIN AREA FAMILY HEALTH TEAM



# Dufferin Area Mental Health Summit

*May 16, 2018*

- **Over 70** physicians, mental health, social service, and health care providers participated in the Mental Health Summit.
- Representing **over 22** organizations.
- A **preliminary on-line survey** was used to **identify major barriers or challenges** to meeting mental health needs in Dufferin.
- The Summit was **a collaborative, community oriented brainstorming conversation** to “dig deeper” into the issues and identify responsive ideas/solutions.



## DUFFERIN AREA FAMILY HEALTH TEAM

# Major Barriers and Challenges

**Based on Pre-Summit Online Survey Results** (From 44 surveys / April 2018)

### **Top Six Challenges:**

1. *Wait times/lack of providers*
2. *Limited psychiatric services*
3. *Lack of awareness of current available services*
4. *Transportation needs/lack of funded transportation services*
5. *Restricting services by geography/boundary*
6. *Confusing method of referral*

# Dufferin Mental Health Summit Results



**QUESTION 1: In what specific ways might we improve “wait times” for individuals seeking mental health services in Dufferin?**

- 1. Integrated/inter-professional walk-in clinic in shared space.*
- 2. Greater presence in school system and/or focus on proactive measures, prevention, early intervention.*
- 3. Early identification of individuals in need.*
- 4. Consolidated wait list for targeted programs by core agencies.*

# Dufferin Mental Health Summit Results



## QUESTION 2a: **What specific needs are NOT being met because of limited psychiatric consultation services?**

1. *Support for primary care providers to provide early identification/intervention, particularly with adolescents/youth.*
2. *Individuals with dual diagnosis/concurrent diagnosis.*

## QUESTION 2b: **How has/can your organization (or others you know) overcome the lack of psychiatric access?**

1. *OTN consults/ Telephone Advice Psychiatry (TAP) /electronic e-mail consultation.*
2. *Warm transfer referrals.*
3. *Expanding role/knowledge of NPs/MD's on mental health.*

# Dufferin Mental Health Summit Results



**QUESTION 3: What can we do to improve awareness of current available services (mental health)?**

- 1. Shared space model (HUB), build relationships cross sector.*
- 2. Internet/social media interface that lists services, apps (211), newspapers, local TV, etc.*
- 3. Screens/TV's Kiosk that spool information regarding services - located in health and non-health environments.*

# Dufferin Mental Health Summit Results



**QUESTION 4a: In order to advocate for this ... please provide generic examples of how lack of funded transportation has impacted individuals or families seeking your mental health services.**

1. *Living with untreated conditions.*
2. *Increased demands on loved ones and friends/caregivers/burnout and increased isolation.*

**QUESTION 4b: What specific transportation solutions should we consider in the next 18 months?**

1. *Building partnerships and business cases with taxi companies, town bus, municipality... voucher (Uber model/example Innisfil model).*
2. *Mobile service delivery and OTN.*
3. *More shared space/resources/HUB.*

# Dufferin Mental Health Summit Results



**QUESTION 5a: How do boundary or geography restrictions effect access to mental health supports?** (i.e. not being eligible to a service due to postal code).

- 1. Form 1 patients from HHCC can only be transferred to our LHIN hospitals (even if the patient lives in a different LHIN).*
- 2. Removes clients from support systems (i.e. friends and family).*
- 3. Limits choices to best care for client.*

**QUESTION 5b: Boundary/Geography restrictions...what specific solutions should we consider?**

- 1. Individual case consideration, flexing funding restrictions for what makes sense.*
- 2. Increase use of OTN for psychiatric consultations.*
- 3. Using data to locate where services are needed and wanted.*

# Dufferin Mental Health Summit Results



## **QUESTION 6: How could the referral process for mental health services in Dufferin be improved?**

- 1. Centralized intake days for outside organizations to come into community agencies to have “in-take for clients days”/shared service agreements to create centralized intake.*
- 2. Hybrid HUB model that offers shared space for different agencies, ‘one stop shop’.*
- 3. Client navigation program which navigates the system for both clients and service providers/primary care.*

# Dufferin Mental Health Summit Results



**FINAL BONUS QUESTION: Is there a specific glaring/significant challenge/issue that we have not highlighted in the previous questions?** *[No voting occurred – this was a “parking lot” for other issues we wanted to gather.]*

## **Issues identified, included:**

- ***“Poverty”***
- ***“No access to long-term counselling/more intensive counselling”***
- ***“Services for patients with BPD (Emotion Regulation Groups)”***
- ***“No schedule 1 beds in Dufferin and long transfer wait times”***
- ***“No local specific support for clients with eating disorders”***
- ***Need for “residential (addiction) treatment programs” in Dufferin***



## DUFFERIN AREA FAMILY HEALTH TEAM

### DAFHT MH Strategic Planning

Sessions: *June 15 & Sept. 14, 2018*

#### Goals:

- To **prioritize mental health strategic issues/ideas** to help focus DAFHT energies and resources for the next 3 years.
- To **identify critical issues, best strategies, important targets and helpful actions** for further planning or implementation.



## DUFFERIN AREA FAMILY HEALTH TEAM

### DAFHT MH Strategic Planning

Sessions: *June 15 & Sept. 14, 2018*

Together, physicians and providers explored the following questions:

- *Patient needs we are **currently serving well?***
- *“Specialized/intensive” **treatment programs most needed** to address unmet patient needs or gaps in care? (Delivered by DAFHT? Collaborated on with another agency? Or supportive of another agency delivering?)*
- *Any **internal “roadblocks”** to improving services for patients?*
- *Ideas from the **Dufferin Mental Health Summit** that we should **focus on over the next 3 years?***



## **DUFFERIN AREA FAMILY HEALTH TEAM**



### **DAFHT MH Strategic Planning**

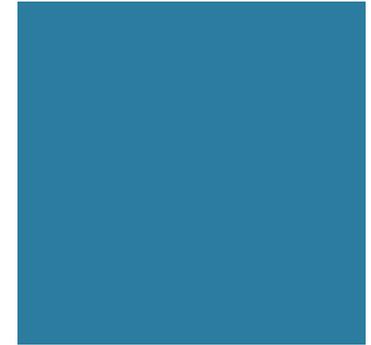
**Sessions: *June 15 & Sept. 14, 2018***

**A Strategic Plan was then developed identifying  
Priorities and Strategies related to:**

- *Centralized Intake*
- *Developing a collaborative DBT Program*
- *Addictions Coordination*
- *Improving Psychiatric Care*



## DUFFERIN AREA FAMILY HEALTH TEAM



# Moving Forward, Looking Ahead...

- Currently developing an **intensive DBT Program** in collaboration with CMHA, FTP, and SHIP (May 2019).
- **Expanding mental health services** to non-rostered patients in Caledon/Bolton (April 2019).
- Continuing to **improve awareness of services** and to pursue **collaboration** in responding to patients with mental health needs.
- Continuing to **address barriers** to mental health for our patients, such as poverty or isolation, in 'big and small' ways. (Ex. ODSP Clinic in partnership with North Peel Dufferin Community Legal Services – May 2019)



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Questions?

