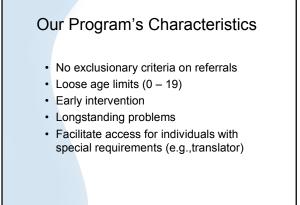


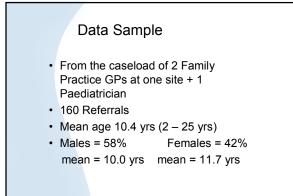
# Who / How / What....

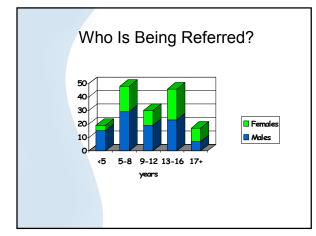
- WHO gets referred to our service?
- HOW do we help them?
- WHAT do the participating physicians find most helpful?

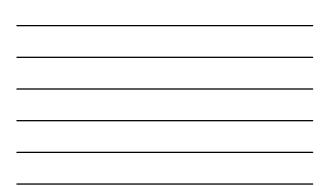
#### Child & Youth Mental Health Team

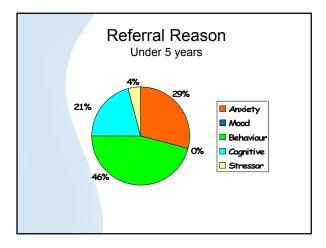
- Operating since 2005
- Psychologist 4 days per week
- Psychiatrist 1 day per week
- 2 Family Practice office sites
  - Referrals from 12 GPs & 1 Paediatrician



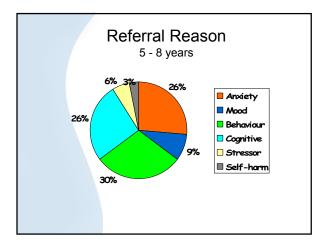




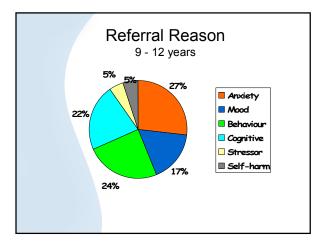




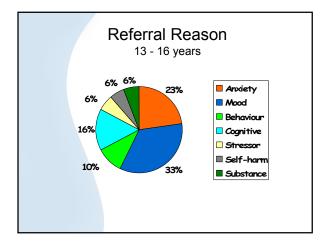




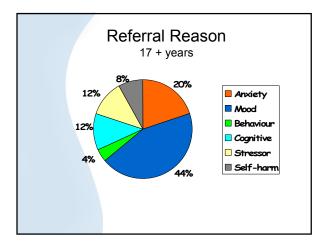




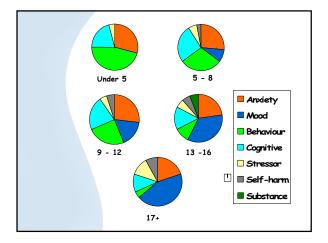


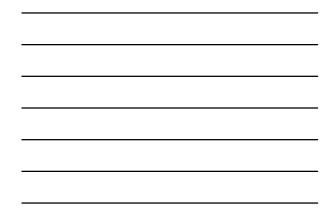


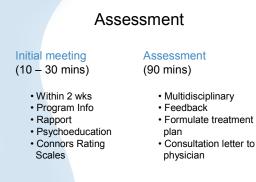




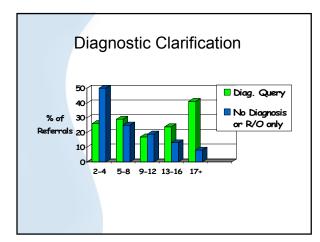








- Consultation letter to





## When Diagnosis Differs

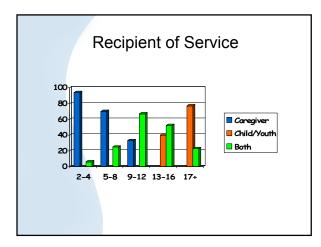
- Younger ages
  - confusion re Pervasive Dev. Disorder
  - Behaviour issues » ADHD/LD, anxiety
  - Parental mental health issue
- · Older ages
  - ?ADHD » Relational Problems / Anxiety / Mood / Adjustment Issues

History & Severity					
Age	2-4	5-8	9-12	13-16	17+
Past MH (us)	18% (6%)	29% (11%)	56% (11%)	49% (19%)	58% (0%)
CGAS	40-82	31-85	40-85	35-75	35-80





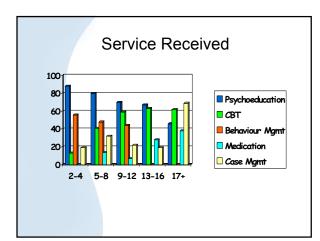






#### How Do We Help?

- Psychoeducation family / GP
- Cognitive Behaviour Therapy
- Behaviour Management
- Medication Management
- Case Management accessing other resources, school services



# **Physicians Value**

- Access to services in reasonable time
- Both psychiatric services & counselling
- Diagnostic clarification
- Information obtained in assessment/therapy sessions
- Ability to discuss issues informally to aid own case management

## **Physicians Value**

- Support regarding medication issues
- No restrictions on referrals
- Services for sub-clinical patients, especially young children
- Knowledge of and access to other resources

# **Reiterates Program Objectives**

- Prevention & Early Intervention
- Stigma Reduction
- Collaborative Care over the Long-term
- Best Practice
- Knowledge Transfer

