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

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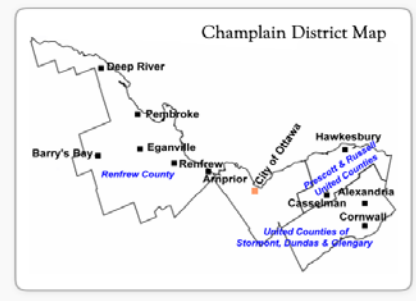
Map of Region Served



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

	CHEO	ROMHC	Total
Renfrew County	48	12	60

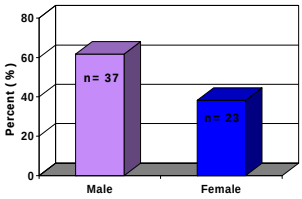
Renfrew Mental Health Outreach Services:

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

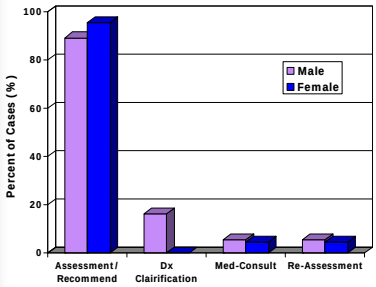
Renfrew Mental Health Outreach Services:
2008 data

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



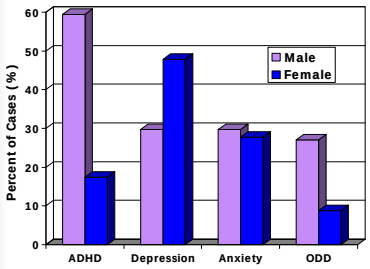
Renfrew Mental Health Outreach Services:
2008 data

Reason for referral



Renfrew Mental Health Outreach Services:
2008 data

Presenting Problem



Renfrew Mental Health Outreach Services:

Clinician Ratings (CANS-MH 3.0), 2008 data

Mental Health Needs	Need for action (%)
Mood	53.3
Anxiety	50.0
Emotional Control	46.6
Attention Deficit/Impulse Control	45.0
Parent-Child Relational Problems	44.9
Oppositional Behaviour	36.7
Adjustment to Trauma	18.4
Conduct Behaviour	16.7
Autism Spectrum	10.2
Eating Disturbance	3.4
Psychosis	3.4

Renfrew Mental Health Outreach Services:

Clinician Ratings (CANS-MH 3.0), 2008 data

Risky Behaviours	Need for action (%)
Danger to Others	11.9
Self-Injuring Behaviour	11.9
Social Behaviour	10.3
Involvement in Treatment	8.6
Suicide Risk	6.8
Substance Abuse	5.0
Elopement	1.7
Sexual Aggression	1.7
Crime/Delinquency	0

Renfrew Mental Health Outreach Services:

Clinician Ratings (CANS-MH 3.0), 2008 data

Functioning	Need for action (%)
Sleep	46.7
School Behaviour	32.2
School Achievement	30.5
Family	28.3
Peers	25.0
School Attendance	11.9
Physical/Medical	5.1

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

Renfrew Mental Health Outreach Services:

Client Satisfaction 2008 data

Overall Satisfaction with Service

Very Satisfied 96.3%

Renfrew Mental Health Outreach Services:

Client Satisfaction 2008 data

	Strongly Agree
Receiving care closer to home made a big difference	88.9%
The location was convenient	88.9%
Outreach services met their needs	80.0%
The staff made it clear who would provide follow-up care	77.3%
Outreach services linked their child with appropriate services within the community	66.6%

Renfrew Mental Health Outreach Services:

Client Satisfaction 2008 data

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

Renfrew Mental Health Outreach Services:

Client Satisfaction 2008 data

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

	YES
Waiting time for first appointment	33.3%
Location of Centre	12.0%
Hours Centre is Open for Services	8.3%

Renfrew Mental Health Outreach Services:

Client Satisfaction 2008 data

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

Service related:

- How to access mental health services (1)

Questions and Comments?