10th Annual Collaborative Mental Health Care Meeting
Hamilton May 30, 2009

Linking Community Mental Health, Psychiatry and Family Medicine

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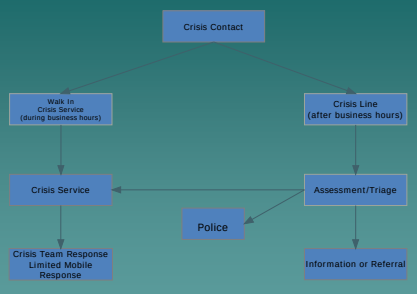
COLLABORATIVE CARE

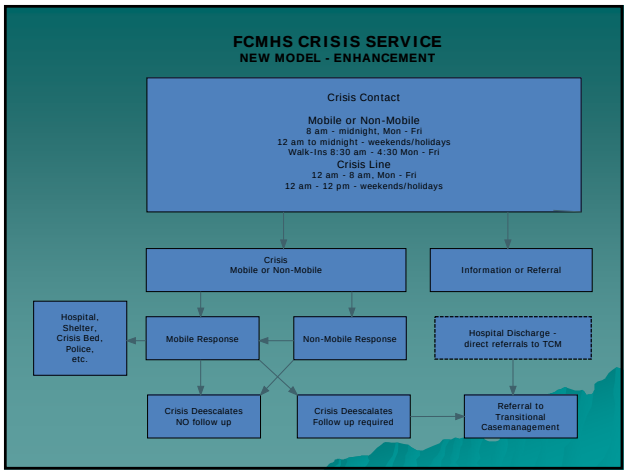
FRONTENAC COMMUNITY MENTAL HEALTH SERVICES

MOBILE CRISIS
AND
TRANSITIONAL CASEMANAGEMENT

FCMHS CRISIS SERVICE
OLD MODEL - BEFORE ENHANCEMENT



No built in follow-up

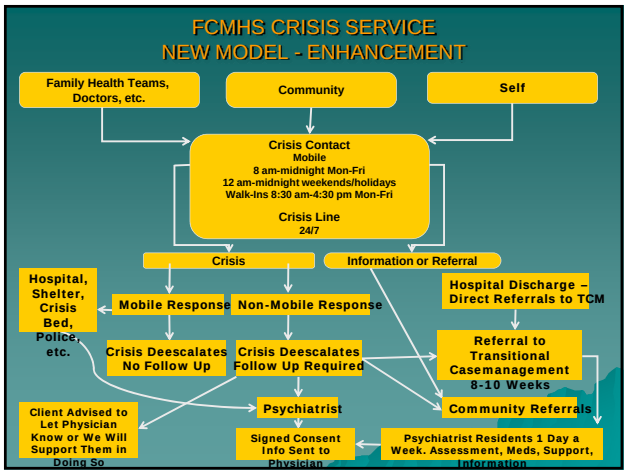


Rationale for Change

- Old model serviced FCMHS with some community outreach
- Crisis staff were carrying caseloads due to system blockages
- Survey suggested a need to be more responsive to community, police, shelters, etc.
- Discussions with Hotel Dieu Hospital (HDH) allowed some ACTT and Casemanagement staff to attend rounds at HDH inpatient unit.
- Crisis staff did not have a presence in Emergency Department
- Service enhancement funds allowed for the development of a Mobile Crisis response service for all the community, a transitional casemanagement service (TCM) and some crisis beds in the community.
- TCM staff take referrals from Mobile Crisis and Inpatient Unit. Service is for a maximum of 10 weeks, providing intensive casemanagement services.

Rationale for Change

- Mobile Crisis has established collaborative relationships with the Emergency Department and Police.
- Some psychiatric support from a consulting psychiatrist for Mobile Crisis, and Dr. Burley's use of psychiatric residents.
- Presently negotiating a more direct relationship with HDH Emergency Department for Mobile Crisis, and an enhanced involvement in the discharge planning process for HDH inpatients returning to the community.
- A psychiatrist will be added to these services this summer.
- Collaborative relationships continue to develop with hospitals, police, shelters, general practitioners, etc.



Transitional Case Management
Community Psychiatry Collaboration

- Increasing need for psychiatry and family medicine to find and collaborate with all of our community partners
- Historically there has been a disconnect between CMH and psychiatry
- All of us share the role of facilitating consultation and navigation within the (increasingly complex) mental health system
- Family Medicine ↔ Psychiatry ↔ Community Mental Health

Medical Model ↔ Medical + Recovery Model ↔ Recovery Model

Transitional Case Management
Community Collaboration

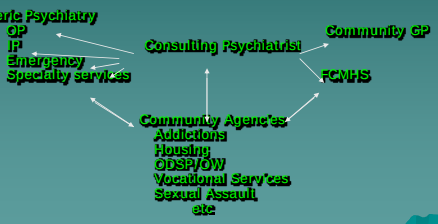
- This model combines case management with consultation and community linking
- Patient presents with multiple problems
  - psych/psychiatric/medical
  - addictions/ substance abuse
  - trauma/ recent and remote
  - interpersonal
  - developmental
  - housing and financial
- Assessment and formulation are done collaboratively between Psychiatry and Transitional Case Management
- Needs are identified and referred to appropriate community agencies (including psychiatry and FCMHS)
- Notes, formulations and treatment plans are sent early to GP's and (when possible) GP's are contacted by phone

Transitional Case Management
Community Collaboration

- Linking with the Family Physician
  - Notify them early re diagnosis, formulation and treatment plan
  - Identify partners; personalize if possible/ describe function and limits of TCM and psychiatric partner
  - Identify roles of all partners including that of the GP (should be negotiated when possible)
  - Refer back to GP (GP should be notified in advance Provide back up by telephone and clarify re referral process)
    - full consult note with GP friendly formulation
    - all FU notes faxed to GP
    - phone contact as frequently as possible
    - education re service
    - GP sheet at D/C which lists final dx, meds, role of GP, FU phone #, referral process

Transitional Case Management
Community Collaboration

- Linking Services



Transitional Case Management
Community Collaboration

- Learning Opportunities for Residents and Students
  - crisis intervention skills
  - collaborative case formulation
  - collaborative skills
  - community resources
  - community based research
  - knowledge exchange
  - interprofressional team and educational skills