

Mental Health On-The-Go

An exploration of single session counselling and crisis support for homeless and under-housed populations in a mobile service setting



Andrea Westbrook, MSW, RSW
Mental Health Counsellor
Sherbourne Health Centre

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Disclosure of Commercial Support

No commercial financial support to disclose

Presenter Disclosure

Presenter: Andrea Westbrook

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Who am I?

- Master of Social Work from University of Toronto;
- Professional Development:
 - CBT
 - CBT-P
 - Recovery-Oriented CBT for Schizophrenia
 - Motivational Interviewing
 - DBT
- Clinical social worker with experience as both a community social worker and on an acute inpatient psychiatric unit
- Currently a Mental Health Counsellor on a Family Health Team in Toronto's Downtown East neighbourhood

Learning Objectives

1. To discuss the **newly created role** of Mental Health Counsellor on the Sherbourne Health Bus, and to enhance understanding of what **non-traditional, low barrier** practices of **mental health counselling** can look like;
2. To engage participants in a **review of the current tools** being used on the Health Bus with homeless/under-housed service users accessing mental health support;
3. To identify the **challenges to meaningful data collection** for mental health counselling in a mobile setting.

Overview of Setting – Sherbourne Health Bus

- Program of the **Urban Health Team** at **Sherbourne Health Centre**, a Family Health Team in **Mid-East Toronto**
- One of the most **densely populated** neighbourhoods in North America - high number of:
 - Toronto's shelters
 - people sleeping rough/outdoors
 - services for street-involved people
 - community housing, rooming houses, and low income residential units
 - isolated seniors living in the community.

The Health Bus team

- Interdisciplinary team which includes a Nurse Practitioner, an Outreach Worker, a Social Worker, a Mental Health Counsellor, and a MPH Program Coordinator
- Other (non-regular) specialized health and service providers have included include Hep C nurse and Outreach worker, Urban Health RNs, Diabetes Educator
- Student opportunities – NP, MSW
- A **multi-agency collaboration** of taking these services across multiple settings within a mobile health environment

Who does the Health Bus target?

- Provides an entry point for people who often face **barriers in accessing health care** services
- Clients often live with serious illnesses, and **complex mental and physical health** concerns
- Individuals may also face **barriers around social determinants of health** – including, food security, inadequate housing, financial insecurity, lack of identification, etc
- Close **partnerships** with local, non-medical community agencies to ensure it is **meeting the needs of the surrounding community**

Housing Stats

Homeless or living in a shelter	76.75%
Couch Surfing	5.25%
Living in a Toronto Community Housing Building	8.00%
Living in a Market Rent Apartment	5.25%
Living in supportive housing	2.00%
Living in a room/rooming house	1.25%
Prefer not to answer	0.25%
Other	1.25%

Current stops

The Health Bus makes regular stops at community locations, such as **shelters, drop-ins** and **specialized community agencies**. At each stop, individuals come onboard the bus to receive a variety of services targeted to their needs

Weekly

- Moss Park/Maxwell Meighen Centre (large men's shelter)
- St. Felix – Women's Transitional House; Drop-In & Respite

Bi-weekly

Maggie's – Sex Worker Drop-In (bi-weekly)

Upcoming – Adelaide Women's Resource Centre (Drop-In)

– Expanded hours in Moss Park (6 days/weeks evenings & weekends)

What services are available?

No Ontario Health Card is required to access the services.

- Primary Care
 - Treatment & monitoring of temporary or chronic illness
 - STI & HIV Testing
 - Hepatitis C services
 - Foot care & wound care
 - Preventative care & screening (PAP tests, colorectal cancer screening)
 - Medication dispensing – i.e. Ventolin, Nix, antibiotics
- **Mental Health Counselling**
 - **Addiction counselling & harm reduction**
 - **Emotional & crisis support**
 - **Psychotherapy**

- Service navigation and community referrals
 - Connection to ongoing primary care services
 - Toronto Dental Bus (through SHC program)
 - Form assistance (government benefits, social assistance, missing I.D.)
- **Harm reduction supplies**
- **Naloxone training and distribution**
- Diabetes services
- Health education & promotion





Mental Health on The Bus

- The mental health counselling program on The Bus currently uses a Single Session Therapy service delivery model
- Primarily utilizes the following therapeutic approaches to support people accessing the bus:
 - Solutions-focused brief therapy
 - Supportive counselling; crisis support
 - CBT components (single incident verbal thought records; chain analysis)
 - Recovery-oriented Cognitive Therapy

Goals of the program

- **Low-barrier access** to single session psychotherapy and mental health support
- Community-based mental health clinical support for community agencies
- Opportunities for community agencies to get **mental health clinical consultation** support
- **Relationship building** with homeless/under-housed clients around mental health services
- Meet people where they are at - create community spaces for **accessible, non-traditional** mental health counselling and therapeutic conversations

Mental Health stats

(from November 2017-April 2018)

Number of stops – 35

Number of Mental Health visits – 66*

Unique client visits to the Health Bus – 398

* Registered visits – does not include non-registered clients, informal crisis support, etc.

Case example #1

Cis-female, mid-50s, living in community housing

- Comes onto the bus with ++ anxiety about Hep C re-infection, after completing treatment in the Fall
- Thoughts of suicide, no plan
- Feeling guilty about “fucking up” and using IV drugs once since 3-month SVR – feels she “deserved this”

Counselling interaction

- Supportive counselling
 - Active listening, validation, support
 - Suicide Risk Assessment
- HCV education
 - Waiting 6 months to see if re-infection spontaneously clears
- Community referral – Toronto Community Hep C Program
- This client has not been back to the Bus

Case Example #2

Cis-male, mid-40s, living in a respite centre, probable untreated schizophrenia diagnosis

- Connected with the mental health counsellor 3 months ago when he first came to the Respite
- Very thought-disordered, aggressive with other Respite residents and staff, social and medical history unknown
- Primary concerns: having no money, his personal safety, and his information being stolen

Counselling interaction

- Supportive counselling
 - Active listening, validation, and support
- Recovery-oriented Cognitive Therapy (CT-R) for Schizophrenia (Beck model)
 - Focusing on the **Activation** stage to re-focus the client when he is thought disordered
 - Relationship building with the Respite staff
 - Relationship building with mental health and primary care services
- Connects with the Mental Health Counsellor every week
- Social service referral
 - Connect to Ontario Works; Start housing referrals

Current data collection tool (Survey Monkey on an iPad)

* 1. Location

- ☐ Maxwell Meighen
☐ Maggies
☐ St. Felix

* 2. Have you previously accessed Health Bus Services?

- ☐ New Client
☐ Returning Client
☐ Not Sure
☐ Client Already Entered in Survey Monkey This Visit - additional services received

* 3. What services are you accessing today?

- ☐ Nurse Practitioner
☐ Mental Health Counsellor
☐ Program Worker
☐ Other (please specify)
- ☐ HepC Services
☐ Harm Reduction Supplies
☐ Safer Sex Supplies

* 4. How old are you?

- ☐ Less than 18 years old
☐ 18-29 years old
☐ 30-55 years old
☐ 55-65 years old
☐ Older than 65 years old

* 5. What is your gender?

- ☐ Female
☐ Male
☐ Transgender
☐ Two Spirit
☐ Other (please specify)
- ☐ Genderqueer
☐ Intersexed
☐ Prefer not to answer
☐ Do not know

* 6. What is your current housing status?

- ☐ Homeless or living in a shelter
☐ Couch Surfing
☐ Living in a Toronto Community Housing Building
☐ Living in a Market Rent Apartment
☐ Other (please specify)
- ☐ Living in supportive housing
☐ Living in a room/rooming house
☐ Prefer not to answer

* 7. Which of the following best describes your racial or ethnic group?

- ☐ Asian-East (e.g. Chinese, Japanese, Korean)
☐ Asian-South (e.g. Indian, Pakistani, Sri Lankan)
☐ Asian-South East (e.g. Filipino, Vietnamese)
☐ Black-African (e.g. Ghanaian, Somali)
☐ Black-North American
☐ Black-Caribbean
☐ First Nations
☐ Indian-Caribbean (e.g. Guyanese)
☐ Indigenous/Aboriginal
☐ Inuit
☐ Latin American (e.g. Chilean, Argentinean)
☐ Metis
☐ Middle Eastern (e.g. Iranian, Lebanese)
☐ White-European (e.g. English, Italian)
☐ White-North American/Mixed heritage (please specify)
☐ Prefer not to answer
☐ Do not know

8. Where would you have gone today to receive these services if the health bus wasn't here?

- ☐ My doctor or other health care provider
☐ Emergency Room
☐ Wouldn't have gotten help from anywhere
☐ Not Sure
☐ Other (please specify)

Barriers to data collection/evaluation

1. **Low barrier service** – we don't want data collection to create a further barrier
2. **Non-regular clientele** - some get registered, some don't
 - 1-offs// returns for follow up// “regulars”//Jane Doe
3. **High client volume & time management** of the simple data collection we are doing now sometimes is overwhelming
4. **Developing trust** – many of our service users already have a mistrust of the health care system - we want to build relationships and **don't want to just be seen as collecting data about people**
5. **Stigma** – “I don't need a mental health counsellor!” (after we've just talked for 40 minutes...)

My biggest ethical stress - I'm doing the
work, but without clients informing the
program development!
(and maybe that's ok?)



My questions...

1. How should we be **collecting meaningful data** and evaluating mental health services in this setting? Are there best practices we can look to for the single session, mobile mental health services I am providing?
2. How can I ensure I am providing **client-informed/client-directed services** when I am working with clients I may never see again?
3. Where should I be looking for **best practices** for mental health counselling and crisis support models in this setting? – i.e. clients unknown, potentially no follow up, complicated mental health presentations, no social/medical history, etc.

References

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Andrea Westbrook, MSW, RSW

Sherbourne Health Centre

awestbrook@sherbourne.on.ca

andrea.westbrook@gmail.com