

# An Approach to Developing a Regional System for Providing Mental Health Care in Rural and Remote Communities



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# PRESENTER DISCLOSURE

- **Presenter: Supuneet Bismil & Jack Haggarty**
- **Relationships with commercial interests:**
  - **Grants/Research Support: None**
  - **Speakers Bureau/Honoraria: None**
  - **Consulting Fees: None**
  - **Other: None**

# MITIGATING POTENTIAL BIAS

- **Presenter:** Supuneet Bismil
- **&** J Haggarty
- **Mitigation of conflict:** N/A

# OBJECTIVES

- 1) Identify Limitations in Current Mental Healthcare Services in Rural and Remote Areas of NW Ontario**
- 2) Describe a Regional System for Providing Mental Health Care in these regions**
- 3) Discussion with audience about Mental Health Care initiatives in their communities**

# NWO: An Introduction

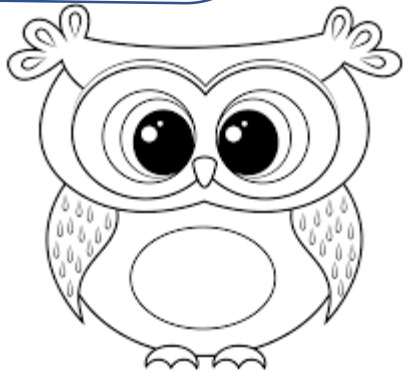
- Area North and West of Lake Superior
- Area 526,417 km<sup>2</sup>
- Population of approximately 230,000
- Largest Municipality: Thunder Bay



# NWO: An Introduction

- Large Geographical Spread
- Low density of population
- >45 communities accessible only by air
- >30k Population reside in 'Fly In'

Fort Severn: Population 401  
Area: 40 sq km  
Accessible by Ice Road/Air



Thunder Bay, Ontario

Fort Severn, Ontario

Route options

CLOSE

Avoid

☐ Highways

☐ Tolls

☐ Ferries

Distance units

☒ Automatic

☐ miles

☐ km

*Sorry, we could not calculate driving directions from "Thunder Bay, Ontario" to "Fort Severn, Ontario"*

# NWO: Healthcare Challenges

- Remote, isolated communities
- Limited healthcare facilities
- Often NP led clinics or RN Stations
- PCPs often feel unsupported
- Lack of anonymity
- Lack of support for mental healthcare options
- NWLHIN with highest indicators of poor health, Suicide
- Slow engagement with new technologies ie eConsult, ECHO

# Vignette 1

- Jenny, 17 year old HS student
- Lives with aunt in remote community in NWO
- Difficult childhood with significant emotional trauma, previous history of low mood, FP started Fluoxetine 20 mg 1 year ago, some improvement, not sure what to do next
- Recently broke up with boyfriend
- New onset behavioral issues, decline in grades
- Aunt found cannabis and half a bottle of vodka in Jenny's room



# Vignette 2

- Gigi is a 32 year old mother of 3
- Recent vaginal delivery at full term, no pregnancy complications
- Partner has noticed rapid decline in mood over past 2 weeks
- Gigi is not able to sleep, feeling she is not a good enough mother, crying frequently
- Over the past 2 days, partner has noticed she seems to be rambling, not making sense, has been verbalizing persecutory thoughts

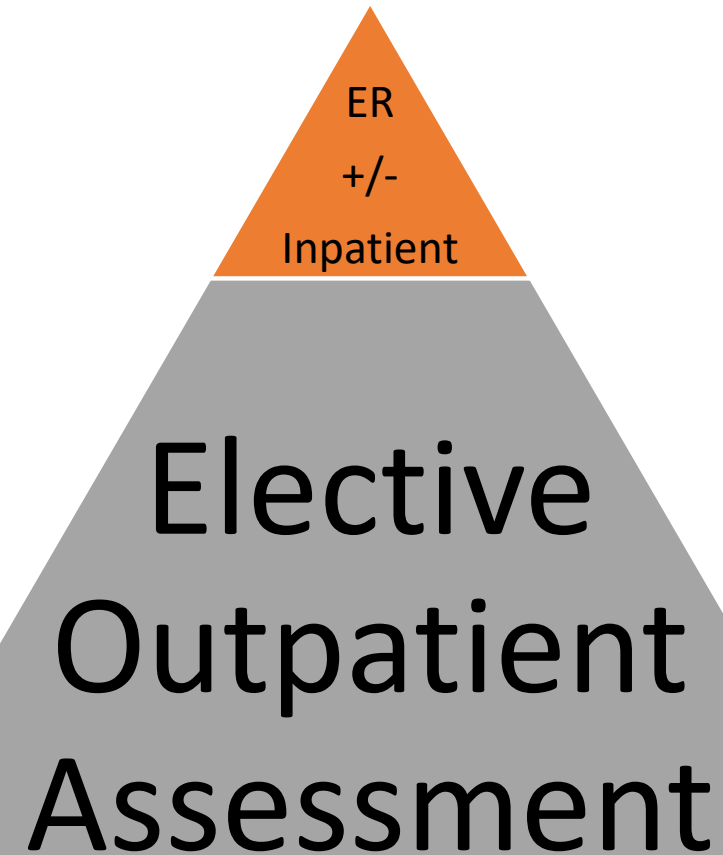
# Vignette 3

- Mike, 28 year old man with schizophrenia, lives on a reserve
- Had 2 inpatient admissions a few years ago, initiated on antipsychotics
- Medications dispensed from nursing station at the reserve
- Has gained 100 lbs, elevated HbA1c and dyslipidemia
- Needs medication optimization

# Mental Healthcare: Current Service Model

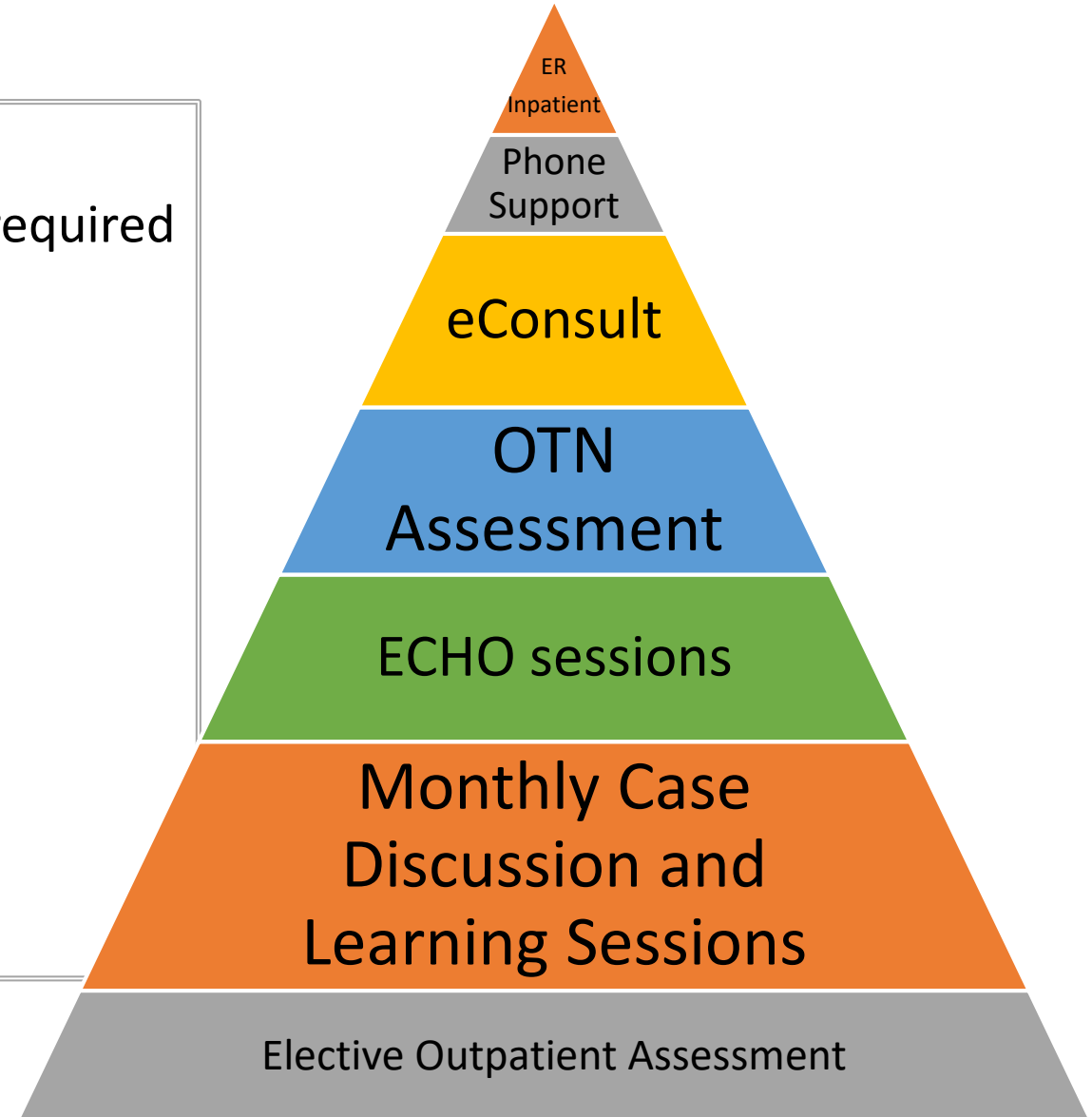
Cost of Healthcare  
Preventable emergencies?  
Logistical challenges  
Inconvenience  
Lack of Post Discharge Follow Up

Long Wait times  
Travel to tertiary care centers  
Spillover to ER and Inpatient

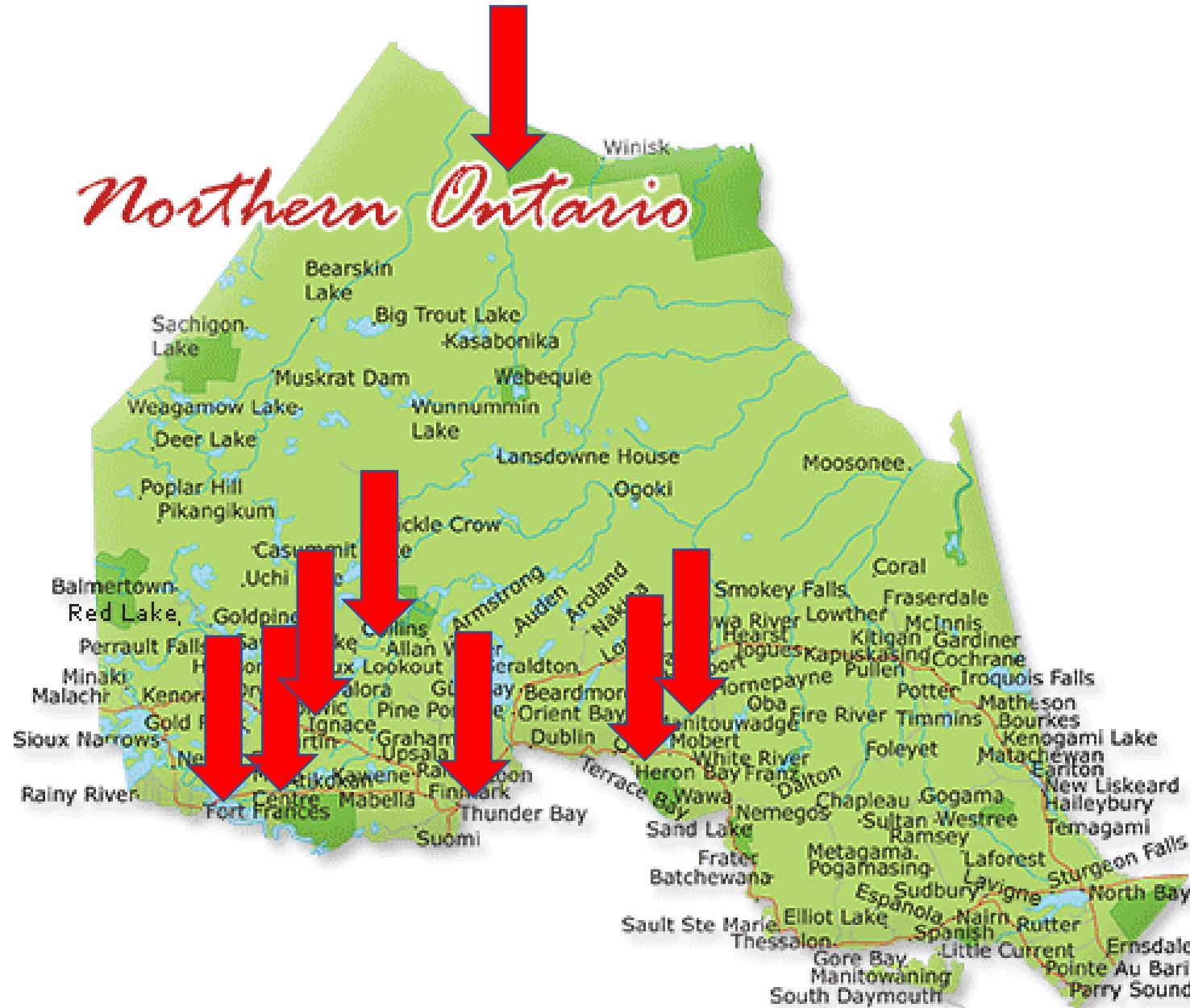


# Alternative Options

- Menu of options
- Option to descend down or ascend up as required
- Capacity Building
- Continuity of care and Follow up
- Decrease in elective OP wait times
- Decrease in spillover to ER/Inpatient
- Addresses logistical barriers
- Convenience
- Community focused approach



## How regional dialogue started



2004: Meet/invite to FHT  
Marathon

2005: 2-3 visits/yr Ft Frances  
Atikokan

2006: Psychiatrist begin via OTN  
from London

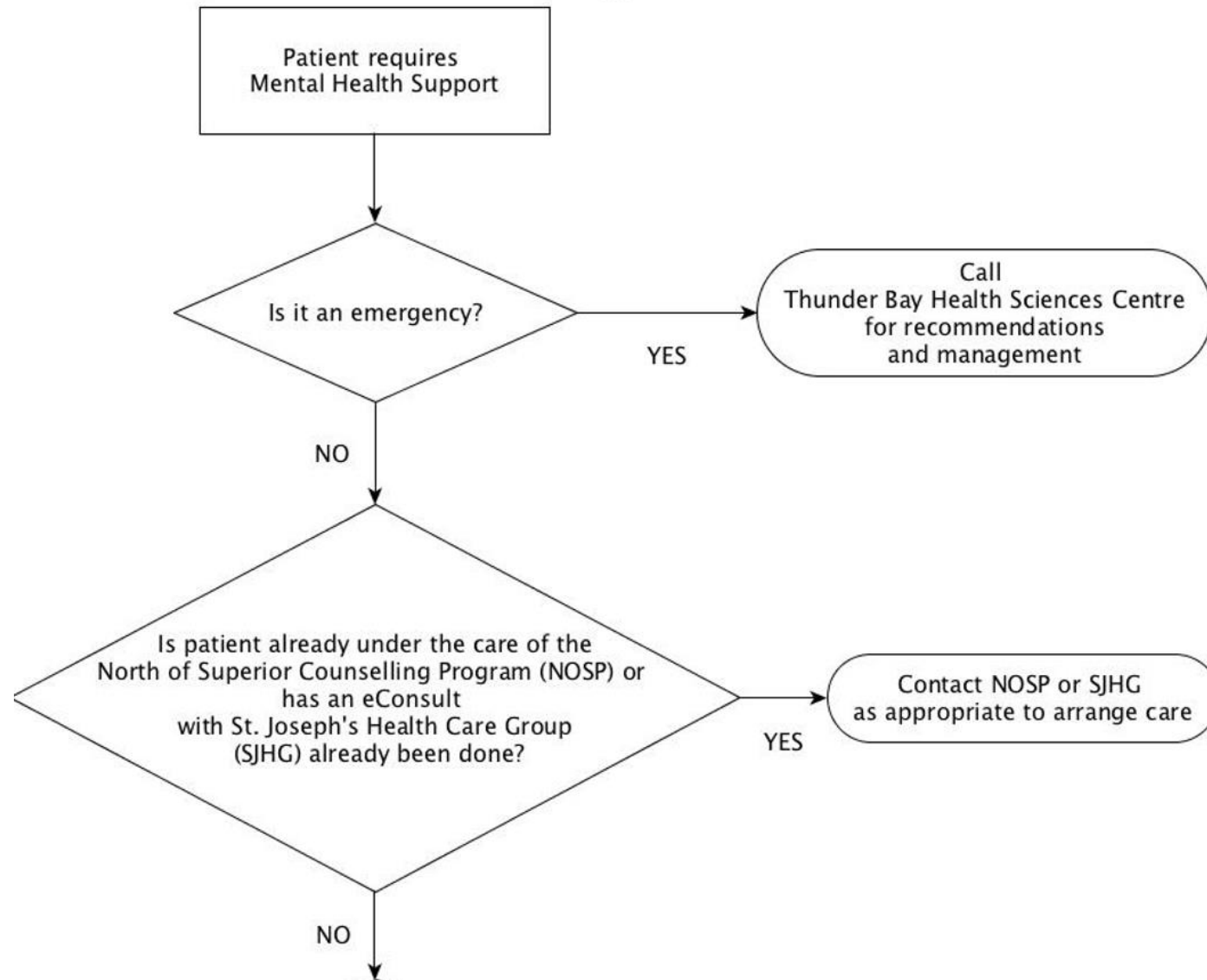
2015 SiouxLookOut

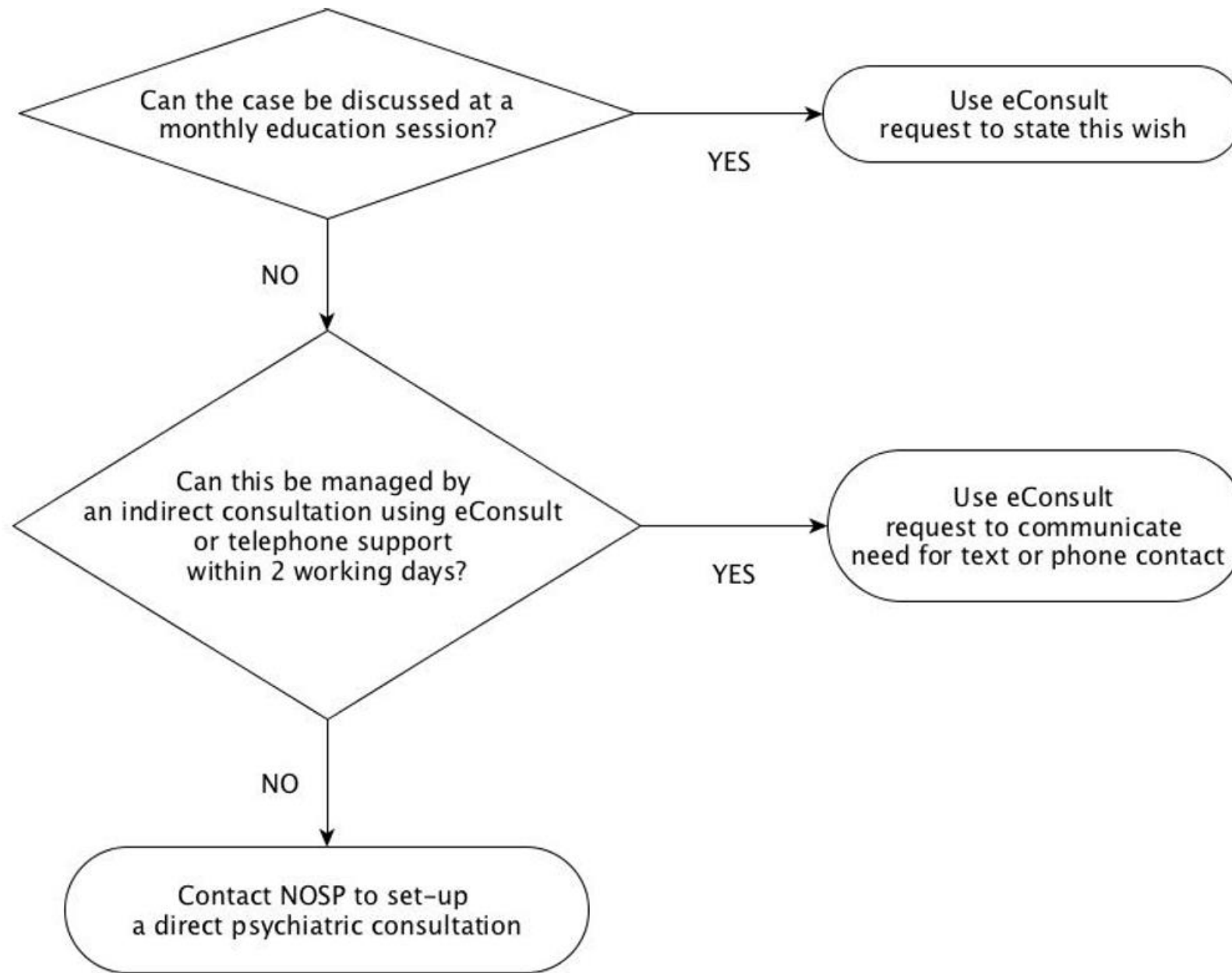
2016: Recruitment of psychiatry  
Tbay, Econsult option

2017: ECHO funding, Invite to  
'ADD' Manitouwadge

2017: Case discussion monthly  
Fort Frances, Dryden

>2018: NAN, Fort Severn,  
70% of PCP sites via ECHO,  
eConsults

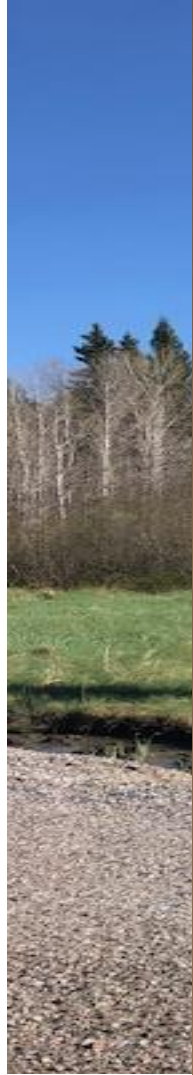




# Information Gathering

- Utilizing previously established relationships
- Is there an interest in the proposed model?
- Informal feedback on requirements
- Engagement via phone, email, videoconferencing, site visits
  - Understanding of unique challenges of each community
  - Understanding of available services





# Planning

- Objectives
  - Build up on pre-existing services
  - Avoid duplication, liaise with other providers
  - Needs assessment
- Assessment of Required Resources
  - Human Resources: physicians, interdisciplinary team, admin support
  - Time
  - Equipment, connectivity
  - Support from OTN to integrate model via their interface
  - Funding and approval

# Planning

- Memorandum of Understanding with participating communities
- Pre-pilot samplers for some communities
  - Atikokan
  - Dryden
- Live demo of interface

# Outcome Measures

- Survey data from all stakeholders
  - Patients
  - PCPs
  - Mental Health experts
- No of referrals quarter before vs during pilot
- No of ER visits quarter before vs during pilot
- No of inpatient admissions quarter before vs during pilot
- No of perceived avoided full assessments/ admissions



‘Eastern edge’ of service site: Manitouwadge  
Ont. 5 hr drive from Tbay.



Two  
psychiatrists  
Tbay  
One Psychiatrist  
London Ont.  
NorthSupPgm  
Two/three MD's  
Hosp Admin  
MH counsellors

# A Fine Balance

- Psychiatry resources
- Technological limitations
- Lack of familiarity with interface
- Lack of trust??
- Funding and formal agreements
- Collaboration with various agencies in the region
- Jack vs Supuneet = Patience vs Impatience!

# Lessons Learnt... so far

- One community at a time, measured approach
- Uniqueness of resources and needs of each community
- Problem solving, interim solutions
- Optimization of resource utilization
- Admin support

# Future Plans

- Post pilot improvements
- Site amalgamation
- Inclusion of indirect support in every psychiatrist's workload
- Expansion of services to include psychologist and social work services
- Expansion to include sub-specialities
- Advocacy for ongoing funding and approval if successful



Discussion/Feedback?

Thanks!