



## Mental Health Services in Primary Care:

### Dealing With Unique Boundary Issues and Dual Relationships

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## Presenters

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## Goals and Objectives

- To discuss some of the ethical dilemmas that emerge for the mental health team in a primary care setting
- To identify some protocols and solutions that can be applied to address these issues



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## Family Health Team

- Mentorship from Dr. Kates and Hamilton Model at set up
- Hamilton provided model for MOHLTC for setting up Family Health Teams across the province



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## Maple Family Health Team

- 5 sites, single therapist from mental health service at each site – responsible for all counseling
- Access a priority 6-8 sessions CBT or other evidence-based intervention
- Non-duplication of services available in community
- Electronic medical record across all sites for all patients in FHT (n=33 000)
- Weekly meeting of entire mental health team



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## Confidentiality

- **Ontario Personal Health Information Protection Act**
  - Health information = information relating to health care for the individual, including the identification of a person as a provider of health care to the individual
  - To inform someone that X is your patient requires consent from X



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## Confidentiality in Families

- Family members seen serially or concurrently for different issues
- Unaware of each other being treated or assessed and no specific consent for giving information to other family member
- Sometimes difficult
- “I understand that you are seeing my son”



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## Confidentiality vs. Quality of Care Vignette

- Wife and husband referred separately and apparently do not know the other is being seen
- Husband distressed about the wife being gay, about her interactions with kids
- Wife reports all is well in separate session – does not mention her sexual orientation – says she does not want to be seen again
- What would be the best patient care?
- What does confidentiality dictate?



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## Electronic Medical Record (EMR)

- Confidentiality concerns:
  - Employees of the FHT who are also patients or who have family members who are patients
    - Can have their charts marked sensitive
  - Access in to these charts needs to be carefully tracked
  - Some charts are not marked sensitive so access not recorded



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## Confidentiality vs. Record Keeping Vignette

- Psychosexual couple – postpartum depression, decreased intimacy
- Family member of one works for team – has access to EMR
- Confidentiality vs. reasonable record keeping
- Patients not aware of any issue
- We presented the issues of confidentiality to patients with possible solution



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## EMR Solution

- Abridged entries on EMR
- Confidential records not on EMR- stored elsewhere
- Discuss limits of confidentiality with couple
- Inform GP
- Once issues are in the open with patients they may choose to proceed



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## Dual Relationships

- The APA ethics code addresses the issue of conflicting roles and recognizes that “in many communities and situations it may not be feasible or reasonable” (APA, 1992a, Section 1.17A) for a therapist to avoid nonprofessional or conflicting encounters with clients
- While the code does not forbid dual relationships, it does hold the therapist responsible for carefully and diligently keeping such multiple relationships harmless [to the client]



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## Dual Role Vignette

- FHT employee and patient of GP within the family health team referred to counselor at her location for CBT for anxiety
- Pt expresses concerns about awkwardness of seeing co-worker counselor and requests appointment with someone else
- This was arranged and at the appointment issues of confidentiality and EMR were addressed



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## Clinical Lessons

- Know and acknowledge ALL limits of confidentiality
- Know and acknowledge ALL dual roles
- Engage patients in dealing with these and in arriving at acceptable solutions



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