Hamilton Family Health Team Panel Presentation
Topic: *Mental Health Care: Every Team Member Has a Role.*

Introduction:

> "The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases. Onset often occurs at a young age and can persist throughout life, with a significant impact on social connections, educational goals and workforce participation. The impact of mental illness and addiction on life expectancy, quality of life and health care utilization is significant—in many cases, more so than with other medical conditions—yet is often under-recognized."
> Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report, 2012

Mental health and substance use referrals to the mental health counselors, psychiatrists and group programs at the Hamilton Family Health Team have increased each year since its inception in 2005. This would be the expected and hoped for result given our goals of improved detection and earlier intervention. Given the prevalence and historical under detection of mental health and substance use concerns, when will this case finding level out? How do we handle the service response required? How will we move our service response "upstream" to include a greater focus on prevention and the earliest detection? These are all questions the primary care teams of the HFHT have been exploring over the last number of years. Innovative and successful strategies seem to have a central theme; a well-coordinated team approach which utilizes the relationships and contact each team member has with patients. We have stepped away from thinking that mental health care is the primarily the responsibility of the mental health counselors and psychiatrists, and now look to identify how each team member is contributing and explore ways to maximize these contributions in an integrated care plan.

Following are a number of examples of innovative mental health care by a range of health providers who work at a number of different practices. They have provided their contact information and invite you to be in touch for further discussion and sharing.

Catherine McPherson-Doe, Manager, Mental Health Services
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Practice Manager

As practice manager at King West Medical, I help to facilitate and coordinate the team; including 7 physicians, nurses and nurse practitioner, pharmacist, 4 mental health counselors (2.2 FTE), reception staff, and psychiatrist.

I have helped the team come together to develop processes for mental health care that ensure patients receive optimum mental health care from either within our office or from community resources.

Supporting communication, well-articulated and understood processes and ensuring follow-through are key components of my role. This is challenging in a very busy, inner city practice with a large number of health care providers and patients.

Several years ago, due to the high mental health needs of our patient population, we were experiencing significant wait times, as well as high no-show rates. Various groupings within the practice came together to discuss ideas and to evolve a mental health intake/triage model to improve patient flow. I have worked with the team in the development of this role with good success. We have increased the number of patients utilizing mental health groups, increased the number utilizing community services, and reduced no-show rates as well as wait times. Communication and coordinated mental health care across the team has also improved.

Lois Pritchett, Practice Manager, King West Medical
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Family Physician

I am a family physician of twenty-five years. I have had the privilege to work with Health Care Professionals in the area of mental health for the last ten years. My practice profile reflects the recent trends in escalating problems of Anxiety and Depression in young adults. These patients suffered the collateral damage of some of these untreated disorders by making poor life choices academically and socially.

In retrospect, it was apparent to me that some of the signs and symptoms were evident in their childhood. Some children were the offspring of the parents I treated for anxiety and depression. It was incumbent upon our team to learn early detection and management of these problems to assist these children in achieving academic and social successes.

Some of the strategies included computer searches of parents with certain problems. We flagged those children as high risk and tried to use some key questions during medical visits. Anxiety and depression questionnaires became routine for children as early as the 5 year well child examination.

Staff education was a priority. We are involving our psychiatrist and mental health counselor earlier, in both direct care and indirect consultations. With this earlier detection we are able to invite parents to our new 2 session education group for parents of “children who worry”. In addition we are considering a range of education material that could be made available to parents at the practice; as well we are exploring the potential for group medical visits.

It is in the early stage of development but we will continue to make it our focus.

Dr. Angela Mazza-Whelan
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Pharmacist

The following is a listing of the many ways pharmacists participate in mental health care. Please feel free to contact me to discuss the details of this initiative.

1. Addiction and Substance Abuse - Adults
    - Group counselling - chronic non-cancer pain
    - Co-book patients - smoking cessation
    - Administer Opioid Manager (Opioid Risk Tool, Brief Pain Inventory, assess opioid risks)
    - Drug information
    - Referrals to Mental Health Counsellor for follow-up - alcohol abuse, smoking cessation
    - 'Hallway' consults

2. Child and Youth
    - Co-book patients and their families - ADHD
    - Poly-pharmacy medication reviews - assess for adverse drug reactions and drug interactions
    - Drug information
    - 'Hallway' consults

3. Other areas of Mental Health - Adults
    - Smoking cessation referrals from Mental Health Counsellors
    - Poly-pharmacy medication reviews - assess for adverse drug reactions and drug interactions
    - Administer PHQ 9 Depression Questionnaire
    - Drug information
    - 'Hallway' consults

Anne Mallin, RPh, BScPhm, PharmD, Clinical Pharmacist
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Primary Care Nurse

Our practice team initially started with monthly meetings to discuss mental health patient flow and mental health processes of care due to concerns about the wait time for the mental health counselor. We looked at ways to more fully utilize the external resources such as community services, and our centralized HFHT groups. We also considered how we might save time with triage and diagnosis. We developed process maps of our current practices to better understand what we were doing and to identify possible improvements.

In my role as a registered nurse for one of the physicians, I was already triaging each patient prior to the doctor seeing them. I began using the PHQ9 (Patient Health Questionnaire for depression) and/or the GAD7 (Generalized Anxiety Disorders Questionnaire) in this triage when depression or anxiety concerns were raised by patients. These tools were placed in our EMR and are stamped into patient charts. Scales are totaled for the doctor prior to his further assessment of patient thus saving physician time; allowing more time to be spent on treatment planning. Previously these scales were only being utilized by the mental health counselor.

Depression and anxiety scales are now used in our office to support assessment, to guide the choice of intervention and to track treatment responses. For example, patients scoring within the mild to moderate on the depression scale are referred to practice based “Rise Up” or “Mindfulness” group, while those with more severe depression may be candidates for the longer CBT Depression group, medication and/or referral to the mental health counsellor. All diagnoses are kept in our problem list on our EMRs so that searches can be conducted and registries created of all our patients with depression and anxiety.

Another improvement to patient flow involved having the physicians and nurses talk directly to patients about mental health groups and to initiate the referrals to the centralized groups rather than referring to the mental health counselor. When a physician recommends group to a patient they are more likely to attend. Following the conversation between the doctor and patient, the nurse now prints the referral form and patient handout from the EMR. Forms are completed faxed to central office and are scanned into patient chart.

I furthered my mental health skills by co-facilitating the “Rise up” group treatment for mild to moderate depression in our practice with the mental health counsellor. It is a four-week psycho- educational group. Rise up can help solve problems as they happen; change negative thinking habits and make life style changes to help reduce depression symptoms. The group also provides social support and helps participants share ideas for managing depressive symptoms. I also attended an Anxiety Intensive offered through our FHT which was a six session interdisciplinary course utilizing educational material and case discussion.

I have currently started the Child and Youth Mental Health Intensive which is an internet based six- month program to provide me the knowledge and skills to assess and support our youth.

I am fairly new to Family Practice and have already experienced the need for support and education to further care for such a large population of patients from childhood through adulthood, many of whom experience mental health concerns. I have a particular interest in youth mental health.

Eliza Drehmer, Registered Nurse
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Registered Dietitian

Collaborative Care
- Dietitians and mental health counselors work closely in a variety of family health team activities and rely on each other's' expertise to provide patients with the best care
- Team based case discussions
- Screening and referring to each other

Co-Facilitation of Groups
- Not only good for patients
- Co-facilitating groups (Healthy You, Craving Change)
- Other Team members report feeling more trusted and supported
- Easier transition of patients between providers

Using Similar Behaviour Change Strategies
- Patient-centered practice
- Problem-solving
- Motivational Interviewing
- Goal setting
- CBT
- With focus on enhancing patient self-management

RD's Screen for Anxiety and Depression
- Comprehensive Nutrition Assessments
- Identify all factors influencing food choices including mood and mental health
- Screen for anxiety and depression during a variety of nutrition sessions
- Screening for depression during visit with patient with diabetes
- Screening for mood/eating disorders in overweight teens
- Assessing impact of new SSRI on dietary intake, appetite, body weight

Working Together to Provide Patient Care for Patients with Depression
- Lifestyle Therapy:
    - Nutrition
    - Stress Management
    - Physical Activity
- Omega-3 Fats for Depression
- ALA – Alphalinolenic Acid
- EPA – Eicosapentaenoic Acid
- **DHA – Docosahexaenoic Acid

Benefits of Physical Activity on Mental Health
Activity helps us….
- balance,
- stay strong,
- manage weight,

- raise our good cholesterol,
- improve mood
- raise endorphins
- reduce inflammation

Correcting Nutritional Deficiencies B Vitamins
Even marginal deficiencies of the B vitamins have been associated with irritability, depression, and mood changes
    - B6
    - B9
    - B12

Identifying Patients That Could Benefit from Seeing a RD
- Patient with depression with sub-optimal intake of folic acid, Vit B6 and Vit B12
- Patient with bipolar with multiple deficiencies (thiamine, riboflavin, folate, phosphorous, zinc, B6 and B12)
- Patient with diabetes experiencing worsening anxiety brought on by hypoglycemia due to long gaps between meals
- Depressed senior living alone no longer interested in preparing meals
- Patient with depression started on SSRI and worried about effect on appetite and weight

Diabetes and Depression
- 2 X increase in incidence of depression
- Multiple health outcomes, poor prognosis
    - (Diabetes + depression= higher CVD risk)
- Effects on self-care
    - (eg. healthy eating, activity, taking meds, testing sugars, preventative care)

Eating Disorder Assessment
- Very high nutritional and medical risk requiring assessment from RD to identify nutrition issues and factors driving inappropriate food behaviours
- High risk of refeeding syndrome in severely malnourished patients
- Early detection and intervention is key to normalize eating ASAP.

Michele MacDonald-Werstuck, Registered Dietician
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Psychiatrist

Dr. Murphy works at a number of HFHT practices. She has been a strong advocate for providing people with mental health education, skills and self-management strategies.

Dr. Murphy, in conjunction with a mental health counsellor, successfully piloted a group education and self-assessment session for patients and their families, experiencing depression and/or anxiety. Dr. Murphy utilizes a variety of visual aids to assist patients in identifying their own mood patterns and the impact on their functioning. She also addresses the various treatment options and how they work independently and in conjunction with each other. This group approach is not only more efficient, it has the benefit of reducing isolation and stigma.

Dr. Patricia Murphy, Psychiatrist
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