

URBAN TELE-MENTAL HEALTH

Presented by:

Chetana Kulkarni, MD, FRCPC; SickKids

David Willis, PBMD; MBA, East Metro Youth Services



Learning Objectives

By the end of this presentations, participants will be able to:

1. Describe Urban Tele-Mental Health Services (UTMH).
2. Summarize how to access & refer to UTMH, including roles and eligibility criteria.
3. Discuss implementation enablers, barriers and issues related to the delivery of tele-mental health services in an urban setting.
4. Define how evaluation on a client and system level should be planned.



Check in: Who's in the Room?

- Role, organization/agency
- What you want to get out of our workshop today
- Have you heard of the Urban Tele-Mental Health pilot project?
- Have you (or someone you know) used the Urban Tele-Mental Health pilot project?



Tele-Mental Health

By using live video broadcasting, Tele-Mental Health connects children, youth, their families, and their mental health workers to psychiatrists and other mental health professionals. This is part of Ontario's Comprehensive Mental Health and Addictions Strategy focusing on Children and Youth

- Fast access to high quality services
- Early identification and support
- Help for vulnerable children and youth with unique mental health needs.



Services Offered

- **Continuing professional development**
 - **Education Seminars**

Video education sessions to a team or organization on a wide variety of chosen topics
 - **Program Consultations**

Scheduled, reoccurring video consultations with a specialist for a group/team of professionals for the purpose of capacity building
- **Psychiatric Consultations**
 - **Direct Psychiatric consultation**

Live video consultation with child/youth, family & care team
 - **Indirect Psychiatric consultation (Professional to professional consultations)**

Video consultation with a specialist for care team



Continuing Professional Development- *Education Seminars*

Organized educational sessions for a group of community mental health professionals with a SickKids specialist on mental health topics:

- Anxiety and depression in youth
- Oppositional children and youth
- Tourette's Syndrome
- Cultural differences in newcomer and refugee populations
- First episode psychosis
- Symptoms of trauma and ADHD: How to tell the difference
- Supporting transgender youth
- Effects of cannabis during adolescence
- Formulation, transference/counter-transference



Continuing Professional Development- *Program Consultations*

- Monthly meeting with agency staff & psychiatrist for 1.5h
- One year commitment
- Single or multiple agency sites
- Sample discussion topics
 - trauma, military families, school board
 - diagnosis, formulation, management
 - program issues (i.e. admission criteria & discharge planning)
 - working with schools & other systems
 - transference & counter-transference
- Sessions can be facilitative, supportive and educational
- Goal is capacity building for agency staff



Psychiatric Consultations

Professional to Professional

- Video consultation for mental health professionals with a specialist one-on-one about a client
- **Child/youth and family not present for video consultation**
- Meeting with interdisciplinary team members to coordinate care and treatment planning & recommendations
 - Involve mental health worker/team
 - Involve school, child protection, primary care etc.
- Scenarios when this might be requested:
 - Youth/family not consenting to a direct psychiatric consultation
 - Youth/family no show for direct psychiatric consultation
- Following a direct psychiatric consultation, mental health worker may benefit from further treatment discussions (e.g. child having a difficult time with CBT exposures)



Psychiatric Consultations- *Direct Consultation*

Psychiatric consultations related to a clinical question, conducted with child/ youth and family in the room.

Can provide:

- Diagnostic clarification
- Formulation
- Recommendations
- Medication review
- Recommendations for further assessment (trauma, psychological, neurological, sleep)
- Help to prioritize treatment in complex cases
- Assist in managing safety and risk
- Diagnosis, formulation
- Recommendations that consider local resources and culture



Why Tele-Mental Health?

- Practice of psychiatry lends itself well to the medium
- Tackles **access** challenges (distances, geography, terrain, climate, traffic)
- Improve **distribution** of clinical expertise
- **Enhance** not replace delivery of health care
- Keeps the care in **local** communities
- Professional **support** to **reduce isolation**
- **Critical mass**/economies of scale/save costs
- Facilitates interdisciplinary **collaboration**
- May facilitate **seamlessness** and continuity of care
- May reduce stigma



Major Concerns at Referral

- Management & Medication –*most frequent*
- Behavioral concerns, aggression, defiance
- ADHD
- School Problems, school refusal
- Depression, Mood, Suicide/Self-Harm
- Substance use
- Trauma
- Anxiety, Obsessive Compulsive Disorder
- Family Issues, Attachment issues



Tele-Mental Health - Benefits

- Short wait list for psychiatric consultation (3-4 weeks)
- Services available in English and French, translation can be arranged for other languages with notice
- Connect with the entire care team at the same time
- Video conferencing reduces geographic barriers



Coordinating Agencies

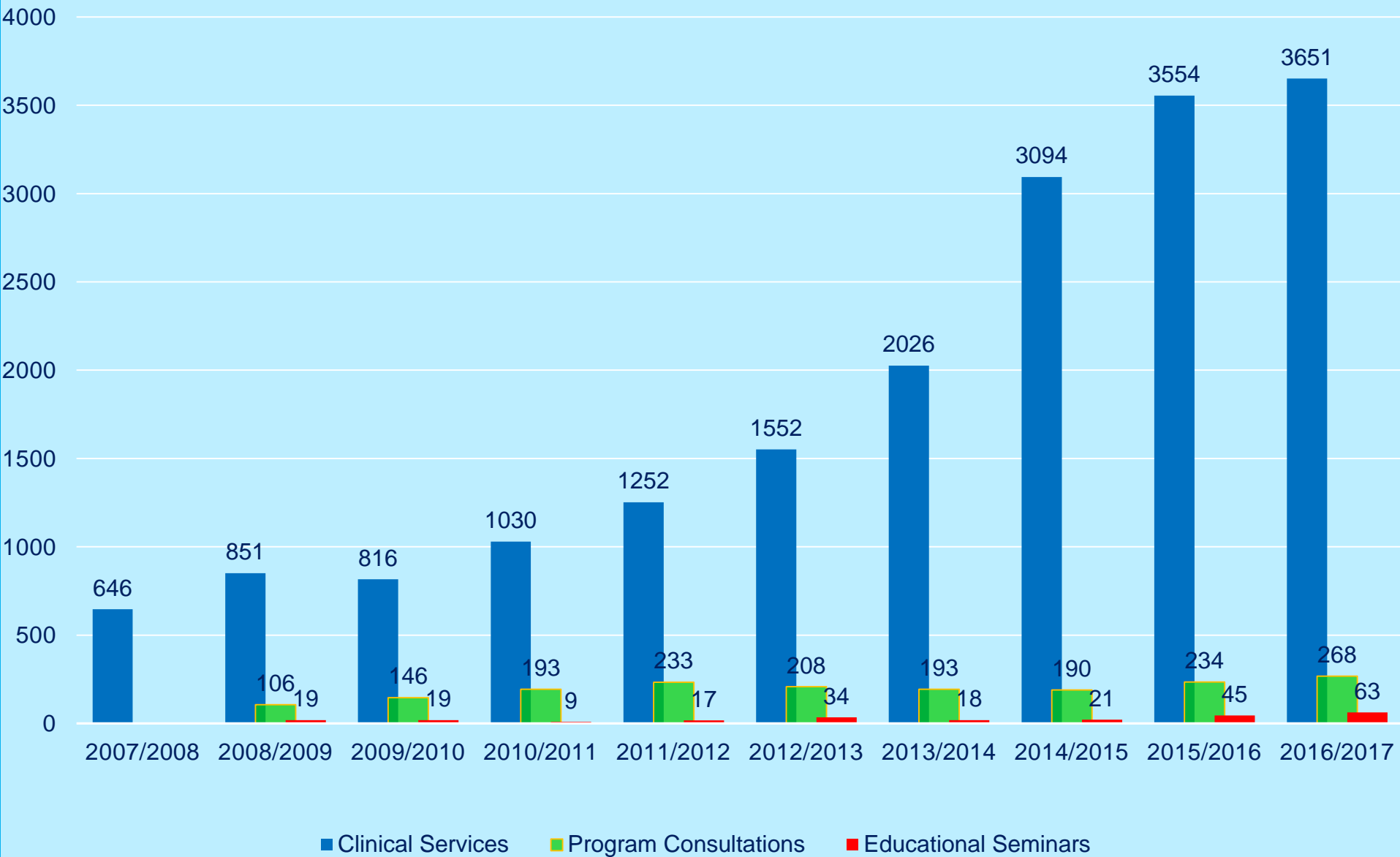
Seven children's mental health agencies around Ontario coordinate access to the Tele-Mental Health Program for their region:

- One coordination agency assigned for Urban Telepsychiatry
 - [East Metro Youth Services \(EMYS\)](#)
- Three coordination agencies assigned for general population
 - [Algoma Family Services](#)
 - [Hands TheFamilyHelpNetwork.ca](#)
 - [Woodview Mental Health and Autism Services](#)
- Three coordination agencies assigned for Aboriginal services
 - [Dilico Anishinabek Family Care](#)
 - [Southwest Ontario Aboriginal Health Access Centre](#)
 - [Weechi-it-te-win Family Services](#)



Total Services

April 1, 2007 to March 31, 2017 (10 Years)

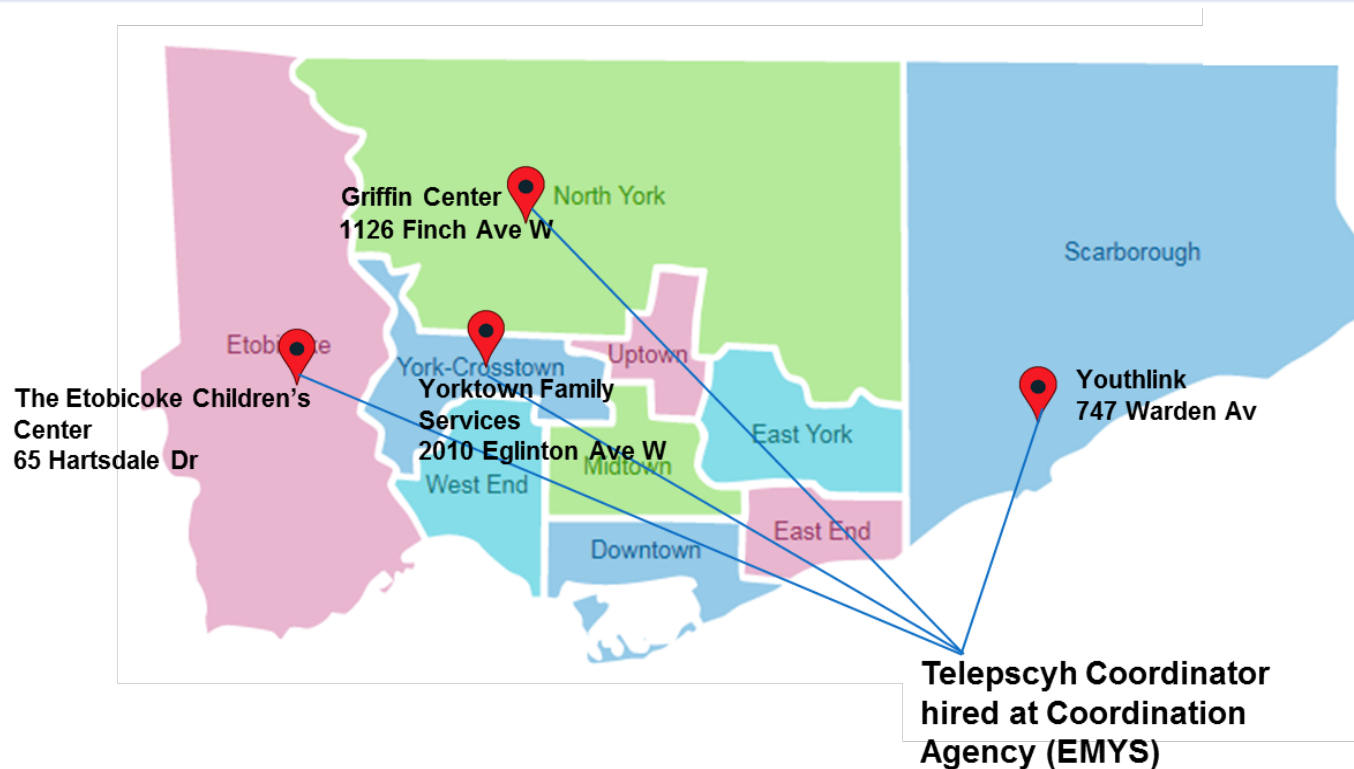


Urban Tele-Mental Health Pilot

- Three year pilot project between Hospital for Sick Children and MCYS with EMYS as the coordinating agency
- Role of EMYS as coordinating agency:
 - Increase awareness of Tele-Mental Health services in the designated service areas
 - Support mental health service providers to access Tele-Mental Health Services
 - Help to problem solve and identify service needs and gaps



Urban Tele-Mental Health Pilot- Sites



Technology

Guestlink access

- Access through your own computer
 - Access to internet
 - Webcam
 - Microphone
 - Speaker
- Receive email with link to test device, download Vidyo Extension, join visit
- iPads can be couriered if needed

Room-based access

- 4 sites in Toronto
 - Etobicoke Children's Centre
 - Griffin Centre
 - Yorktown Family Services
 - YouthLink
- Coordinating agency arranges logistics



Who Can Refer?

All publicly funded Toronto-based mental health professionals working with infants, children, and youth can refer to the service, including:

- Child and Youth Mental Health Agencies
- School Boards
- Hospital Out-Patient Programs
- Family Health Teams
- Youth Shelters
- Friendship Centres
- Youth Justice Settings (MCYS approved sites only)
- Community Health Centres



Client Eligibility Criteria

Age 0-18

Connected with a
service provider/
organization in
Toronto

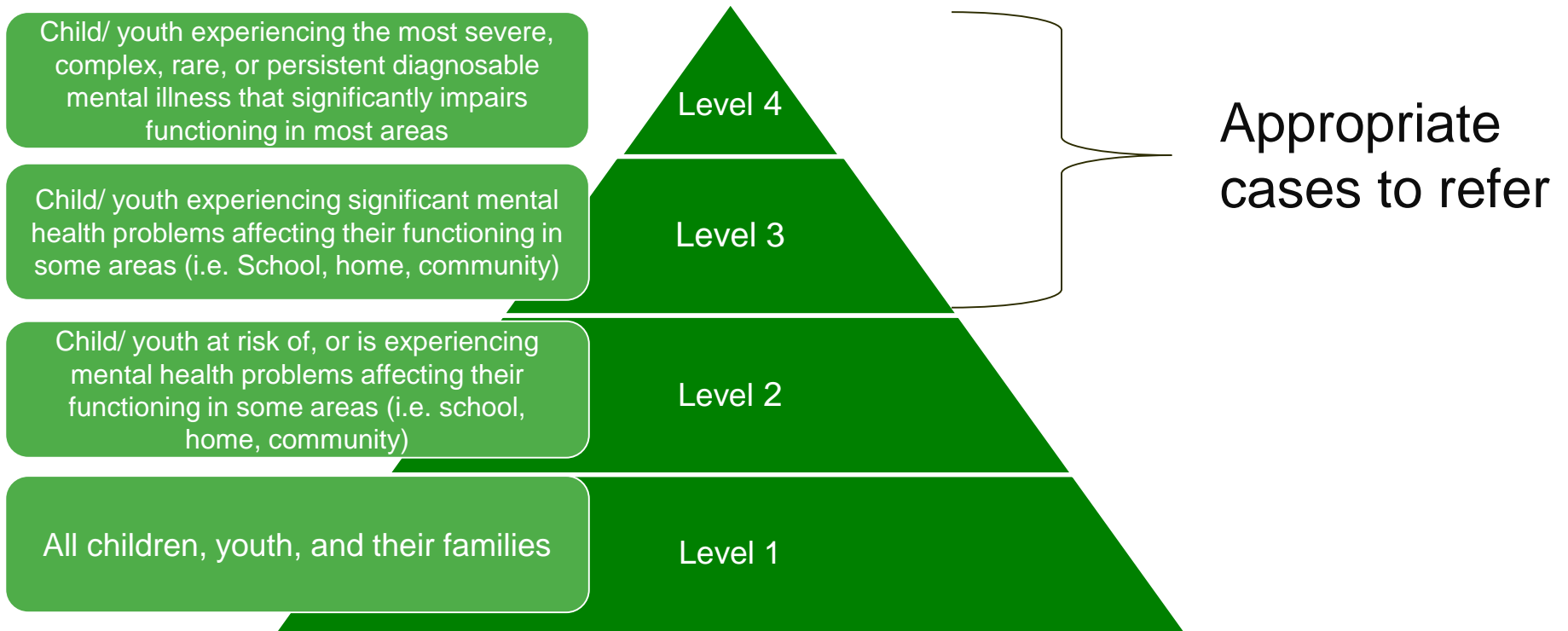
Presents with
concern to be
addressed by
mental health
services



TORONTO
moving on mental health
LEAD AGENCY

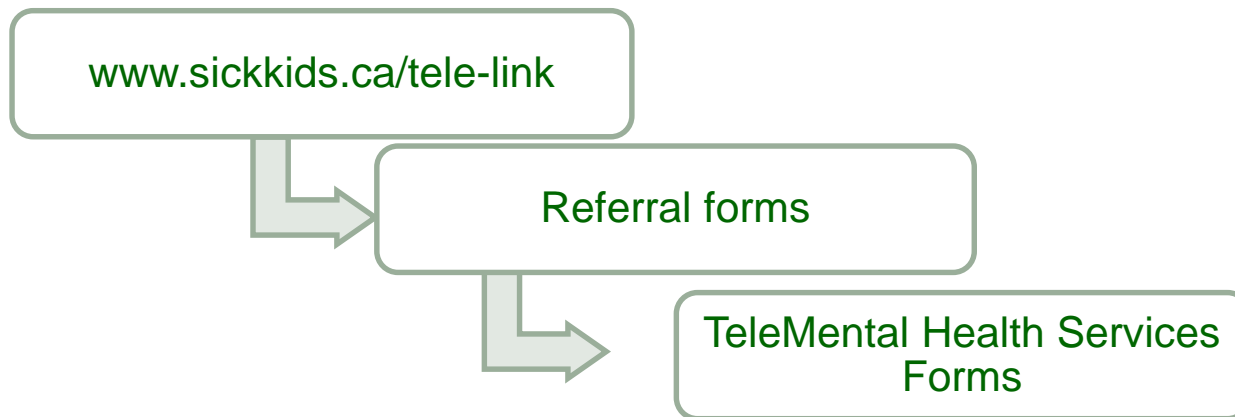


Severity Scale



Referral Forms

To obtain the referral forms:



<http://www.sickkids.ca/tele-link/Referral-Forms/TeleMental-Health-Services/TeleMental-Health-Referral-Forms.html>

Or contact:

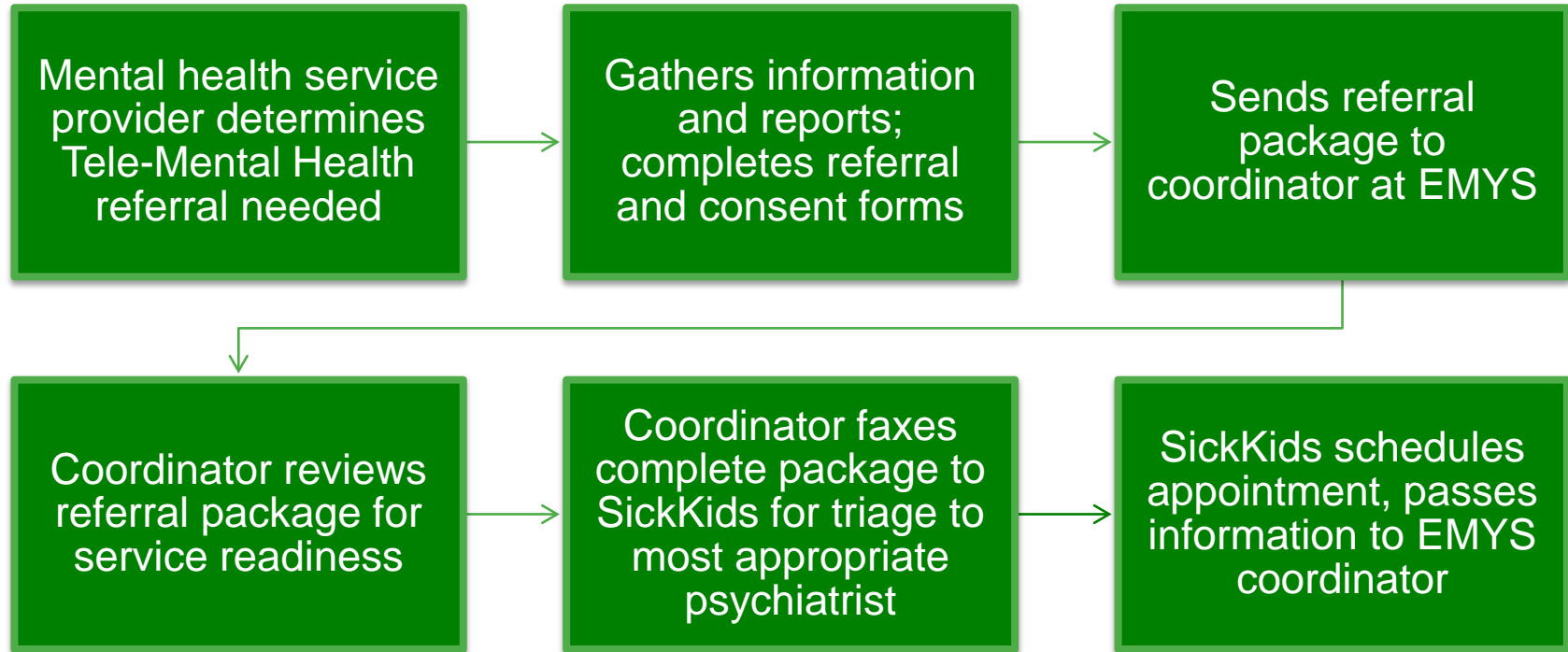
Karlene Haughton
Tele-Mental Health Service Coordinator
khaughton@emys.on.ca
416-438-3697 ext. 21361



TORONTO
moving on mental health
LEAD AGENCY



Referral Process



Referral Process- Cont.

After information arrives at EMYS the Service Coordinator will:

1. Contact the referral agency
2. Ensure technology, case manager and family are available
3. If there is a scheduling issues, the Service Coordinator will contact SickKids to reschedule the consultation



Role of the Referring Mental Health Worker:

- Determine that a Tele-Mental Health consultation would support the client's care
- Have sufficient knowledge of client and ongoing engagement with them
- Submit referral to EMYS
- Attend consultation with the client and their caregiver
- Implement and follow up on psychiatrist recommendations:
 - Ensure reports are sent to other service providers if consents are signed (family physician, child protection)
 - Provide or connect with counselling (CBT, DBT, Family therapy)
 - Facilitate other referrals if recommended (psychology, addictions, treatment)

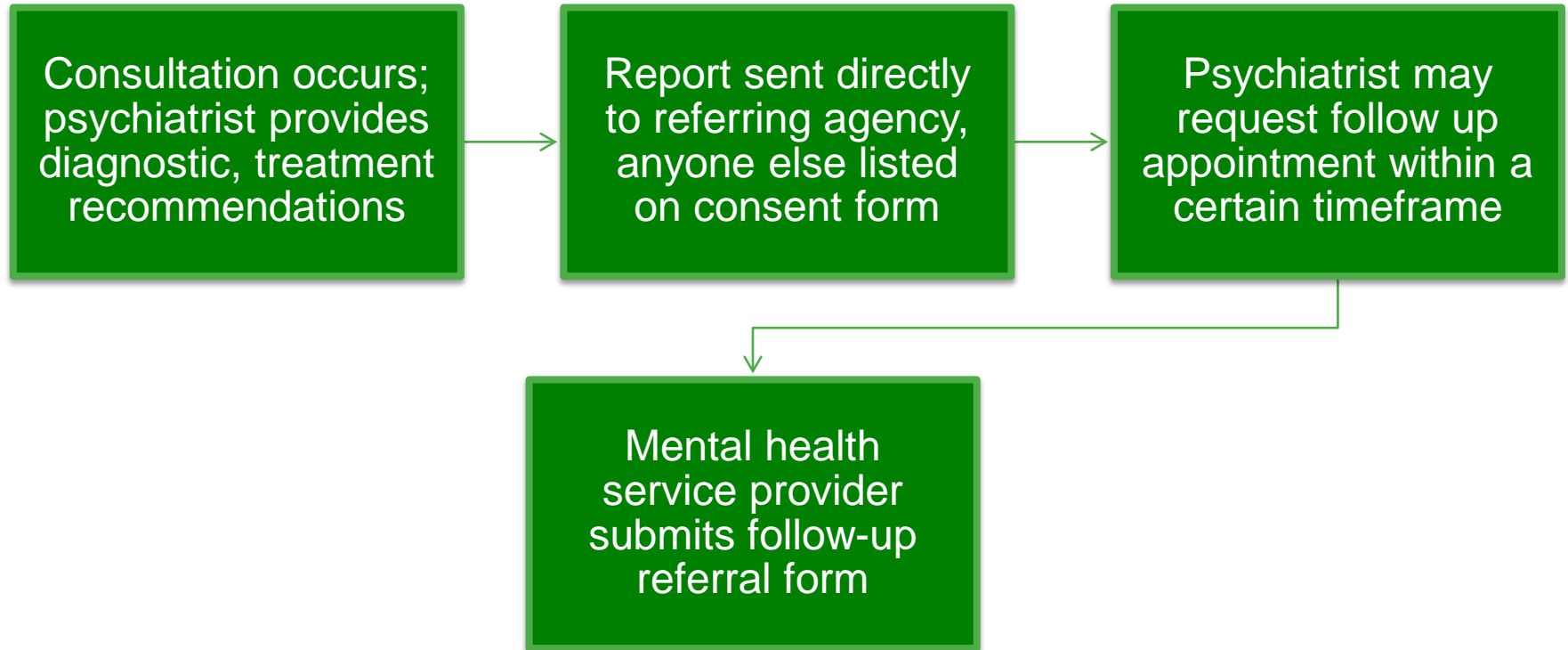


During the Consultation

- Typically 1.5-2 hours
- Diagnosis, formulation
- Recommendations that consider local resources and culture
- Medication review
- Recommendations for further assessment (trauma, psychological, neurological, sleep)
- Help to prioritize treatment in complex cases
- Assist in managing safety and risk



After the Consultation



Urban Tele-Mental Health Pilot- Targets

Clinical Targets vs Actuals

| Fiscal Year | Targets | Actuals |
|-------------|---|--|
| Year 1 | 100 clinical 20 program consults 4 education sessions | 20 clinical 7 program consults 1 education session |
| Year 2 | 200 clinical 20 program consults 4 education sessions | 103 fiscal (Q2) 7 program consults (Q2) 13 education sessions (Q2) |
| Year 3 | 300 clinical 20 program consults 4 education sessions | |



Check-In

What may be barriers to referring to the program?



Referral Workshop

Referral Workshops include the coordinator coming to the agency and working with clinicians to triage potential clients to the service;

- Opportunity to discuss complex, difficult cases
- Support with filling out referrals
- On-the-spot triage

To schedule a referral workshop please contact:

Karlene Haughton, Tele-Mental Health Service Coordinator

khaughton@emys.on.ca

416-438-3697 ext. 21361



TORONTO
moving on mental health
LEAD AGENCY



Outreach

Outreach locations:

- Adventure Place
- Egale Canada
- Jewish Family and Child Services
- LOFT Community Services
- Sancta Maria House
- Rosalie Hall
- Turning Point Youth Services
- Child Development Institute
- CAS
- South East Toronto FHT
- Bridgepoint Active Healthcare
- CAS Scarborough
- Agincourt Community Services
- Don Mills FHT
- Emery Keeleisdale NPLC
- Skylark
- East Metro Youth Services
- Eva's Initiatives
- Access Alliance CHC
- Rexdale CHC
- Four Villages CHC



Question

Where else should we conduct outreach and share information?



Questions?



Group Discussion

- **Gap Analysis:** How agencies currently access specialized psychiatry?
- **Situational Assessment:** Barriers and Enablers of success from agencies and client perspectives.
- How **appropriate** is our service for your clients?
 - Population specific to the Urban setting? How do we partner to better serve these populations? (i.e. refugees, newcomers, racialized, high risk populations).
- To **sustain** the program and keep it going **beyond pilot**, given the recent changes in ministries, what should we be thinking of?
- What is considered **Success** for us? How do we **measure/evaluate** it?

