

Hamilton Health Service Organization (HSO) Mental Health and Nutrition Program

Start Date

1994

Special Populations

Children and youth
 Concurrent disorders
 Disorder-specific (e.g., depression)
 Seniors/geriatrics
 Urban

Human Resources

Administrative staff
 Counselling position
 Evaluation staff
 Program director
 Program manager
 Project manager
 Psychiatrist
 Registered dietitian
 Research staff

Location(s)/Setting(s)

Family physicians' offices

Evaluation

Yes, completed and ongoing

Initiative Short Title

Hamilton HSO

Purpose

The development of the program was based upon an acknowledgement of the following: the family physician plays a key role in delivering mental health care; primary care is an important setting for identifying and treating individuals who have mental health problems and would not otherwise receive mental health care and the role of the family physician can be supported and strengthened through collaboration with mental health-care providers.

Goals/objectives

- To integrate mental health services into the offices of 87 family physicians in 51 practices in Hamilton
- To increase access to mental health care for primary care patients
- To expand the range of mental health services available in primary care
- To strengthen links between mental health and primary care services
- To support the role of primary care providers in delivering mental health care

Description

The program currently integrates mental health counsellors and psychiatrists into the offices of 80 family physicians at 50 practice sites in Hamilton, Ontario. As part of the primary care team, each practice has a counsellor permanently attached. The amount of time varies, but the ratio is approximately one full-time equivalent counsellor for every 8,000–10,000 patients. Counsellors see a broad range of mental health problems and provide assessment, treatment/management and follow-up recommendations. They also facilitate a number of psycho-educational groups, on such topics as stress management/self-esteem, depression education, couples communication, and generalized anxiety disorder.

A consulting psychiatrist visits each practice every one to four weeks; the ratio is approximately one half-day per month per family physician. The psychiatrist sees new cases in consultation, often with the counsellor present, as well as cases in follow-up. The psychiatrist meets with the family physician to discuss the specific reasons for the consultation before the person is seen, and to review the proposed management plan before the person leaves. The psychiatrist is also available by telephone between visits to offer advice or support. Child psychiatrists and geriatric psychiatrists are available on a limited basis for telephone advice and periodic meetings to discuss cases.

Counsellors and psychiatrists will see any case referred by the family physician, regardless of age or presenting problem. The emphasis is on short-term care, although in each practice, a number of individuals are seen on an ongoing basis. Services are provided to individuals, couples and families.

The counsellor and psychiatrist spend a significant amount of time discussing cases with the family physician. These are usually informal, case-based discussions ranging from one to five minutes in duration. Psychiatrists have also organized regular educational sessions for groups of family physicians on topics relevant to primary care.

The program is administered by a central management team, which is responsible for: allocating resources; recruiting and orienting counsellors and psychiatrists; establishing and maintaining program standards; linking with the funding source; and advocating for the program. The central management team also organizes educational events for counsellors, psychiatrists and family physicians, and circulates pertinent educational materials.

Unique characteristic(s) to local community

- When the program began, Hamilton was the site of 50 per cent of Ontario's health service organizations
- The rostered population and funding mechanism enabled these organizations to more easily integrate a variety of additional services into their practices

Barriers

- Some individuals may require specific treatments or a comprehensive range of mental health services which primary care cannot support
- Logistical problems, such as lack of available space and time constraints
- Isolation of counsellors working in primary care

Strategies

- Developing strong links between primary care, and secondary and tertiary services facilitates smoother and more appropriate flow between sectors
- Logistical issues are identified and addressed as they arise, by the central management team, in collaboration with clinicians and other practice staff
- Counsellor isolation is reduced through participation in monthly counsellors' meetings, continuing education events and professional development groups

Funding

- Ontario Ministry of Health and Long-Term Care, Primary Care Delivery Models Unit, Primary Health Care and Physician Policy Branch

Sponsoring organization(s)

- Ontario Ministry of Health and Long-Term Care
- St. Joseph's Health Care, Hamilton

Other participant(s) or organization(s)

- None

Contact(s)

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