



Community Partner Update

About the Team

The West Niagara Mental Health Team has been in existence since 1996 when three agencies (Niagara Public Health, St. Joseph’s Healthcare—Hamilton, and West Lincoln Memorial Hospital) came together to provide primary psychiatric and mental health services to the West Niagara community to those who have significant and serious mental illness.

In 2004 the team restructured slightly when Niagara Public Health withdrew to allow West Lincoln Memorial Hospital to become the financial ‘flow-through’ and administrative governing organization. Subsequently clinicians and administrative staff were made West Lincoln Memo-

rial Hospital employees. St. Joseph’s Healthcare continues to provide a registered nursing position.

From the inception of the program, physicians and allied health practitioners have maintained strong educational connections with McMaster University School of Medicine, the Department of Psychiatry and Behavioural Neurosciences, and various nursing schools in the community. All of the psychiatrists on our team hold McMaster University faculty appointments in the department

Having learners on our team has enhanced the services that we are able to provide patients and is also

important in training health care workers for independent and autonomous practice.

We value the experience and passion of our learners who participate on our team.

Telephone intake assessment help us prioritize

When patients are referred by community physicians and partners we complete a telephone intake assessment with the patient once a referral is received.

This allows us to screen for symptoms of a serious mental illness, prioritize

patients who may require special services, and to redirect patients who may not benefit from the type of services that we provide.

When you are referring patients please let them know that we will contact them first for a telephone

intake and then advise them of an appointment once their information is reviewed and triaged with the team.

This process also provides us a way to match patient needs with clinical expertise.

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Did you know?

- ...that physicians who are providing primary mental health care can consult by telephone with one of our psychiatrist or clinicians for an opinion on diagnosis and psychopharmacology prior to a patient being treated.
- ...we provide onsite psychiatric consultations to West Niagara’s two family health teams.

Getting to know our staff

Our staff compliment has grown over the past two years. Whereas other service locations have difficulty attracting psychiatrists our team has been sought out by psychiatrists and recent psychiatry graduates as a preferred place to practice. Currently we have four psychiatrist who provide patient care at our clinic.

Dr. Stephen Webb heads the team of physicians as the team's medical director. He is onsite two and a half days a week. Dr. Webb splits his time between our team and East Region Mental Health Services in Hamilton. He brings with him a wealth of expertise with particular interests in treating refractory psychotic disorders, assessment and treatment of Borderline Personality Disorder, and treating challenging patient populations.

Dr. Patricia Rutherford joined our team in 2008 and offers the team two days a week. Dr. Rutherford has experience both in inpatient psychiatry, consultation/liaison psychiatry, Early Intervention in Psychosis (EPI), and Anxiety Disorders treatment (particularly the assessment and treatment of OCD). Dr. Rutherford currently splits her time between our clinic and the Anxiety Treatment and Research Centre (ATRC) at St. Joseph's Hospital in Hamilton.

Dr. Albina Veltman joined our team in 2009 and offers the team one day a week of service. She shares her time between our team, Assertive Community Treatment (ACT) team, and the Dual Diagnosis team at Chedoke/McMaster Hospital in Hamilton. She has a particular interest with working with individuals who identify as LGBTQ (Lesbian, Gay, Bisexual, Transsexual/Transgender, Queer), individuals with severe and persistent mental illness, as well as individuals who have a developmental disability in addition to a psychiatric disorder.

In October 2010 we will welcome Dr. Rachel Erstling who worked with our team as a senior psychiatry resident.. Dr. Erstling will be providing one day a week of consultation and treatment. Dr. Erstling heads up an ACT team in Hamilton and has a particular interest in treating challenging populations and refractory psychiatric disorders.

The team also has a number of clinicians from a diverse background who provide assessment and treatment.

Christopher Conley M.S.W., RSW has been with the team since 2004 and is now the team supervisor—providing clinical and administrative oversight. Christopher is particular interested in the treatment of Borderline Personality Disorder, parent-child relationships, and Early Intervention in Psychosis (especially the role of family in treating First Episode Psychosis). Christopher has mental health experience working in emergency psychiatry, inpatient psychiatry, and with a primary care family health team as a mental health clinician.

Tiffany Martin B.A., Dip.SSW, RSSW is a registered social service worker who fills the role of Community Support Worker. Tiffany completes the majority of intake assessments and works to integrate and link patients with community resources. Tiffany has a varied background provided services in correctional settings and 'youth-at-risk' populations. She has a particular interest in the application of Behavioural Activation treatment for depression and self-esteem enhancing treatment.

Allison Henderson MHSc.OT., Reg.O.T (Ont) is an occupational therapist who

provide treatment to individuals involved with our Early Intervention in Psychosis program (a satellite clinic of the Cleghorn program for early intervention in psychosis at St. Joseph's Hospital Hamilton). Allison has particular interest in supportive employment, relapse prevention, and

Behavioural Activation treatment. She is at our site one day a week and spends the rest of her time at the Cleghorn Program in Hamilton. Allison is also involved in teaching and research

at McMaster University Faculty of Health and Rehabilitation Sciences instructing students in occupational therapy.

Our newest addition to our team is Jackie Turner RN. Jackie is a seconded clinician from St. Joseph's Hospital in Hamilton. She is filling the position previously occupied by Colleen Hesson RN who recently retired. Jackie will be with us full time leaving her current position as the lead clinician at the Bridge to Recovery (Day Hospital) at St. Joseph's Hospital in Hamilton. Jackie brings with her a wealth of experience as a consultation/liaison nurse and her experiences as clinician using various models of psychotherapy. We are happy to have her on the team.

Finally, Peggy Murre and Kelly Hildreth provide clerical and administrative support to the team. Peggy is at our clinic from 9am to 1pm each day excluding Fridays. Kelly is with us throughout the day on Friday. Both aid in keeping the clinic running smoothly and are valuable assets.

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Reducing repeat visits to Emergency Rooms

Recently the Ministry of Health and Long-term Care have initiated a mandate to the LIHNs to reduce the number of patients re-presenting at the Emergency Departments (ED) for mental health or addictions reasons within 30 days of their previous unscheduled visit.

*Did you know that two individuals accounted for 170 visits at West Lincoln Emergency department in a 12 month period of time?
(Hamilton Niagara Haldimand Brant LHIN. Forum for Mental Health and Substance abuse September 9, 2010)*

This broad indicator is a measure of both hospital and outpatient/community services. While statistically West Lincoln Memorial Hospital fares well with respect to repeat visits this is a provincial priority that affects all sectors of health care.

There are a number of ways in which the West Niagara Mental Health is working for positive outcomes for patient's with mental health problems and hospital resources.

The West Niagara Mental Health has offered Dialectic Behaviour Therapy (DBT) for patients who are diagnosed

with Borderline Personality Disorder (BPD). Individuals with this disorder tend to use the ED frequently in an attempt to have their needs met. DBT is one of a few evidence-based treatments for BPD that has been shown to be effective in reducing the frequency of ED visits, reducing hospitalizations, reducing parasuicidal (self-harm behaviours), and a reduction in the risk of completed suicide (Citation).

The treatment is a resource intensive outpatient treatment but the benefits are too well documented not offer this program. While we have a small waiting list for the treatment —our team is committed to servicing those with BPD to assist them in creating a 'life worth living.'

For patients with whom we are involved we will also work (with patient permission) to develop a plan with hospital staff and primary care physicians to reduce

unnecessary repeat visits to the ED.

Our Early Intervention in Psychosis program also assists in reducing unnecessary ED visits, hospitalizations, and duration of untreated illness by placing suspected First episode psychosis patients at the "front of the line" (patients are seen within 10 days of referral).

We have undertaken to encourage only individuals who have "medical" emergencies to attend the ED. As well, individuals who require detoxification services are directed to withdrawal treatment centres.

You can do your part. If you have a patient who is under psychosocial distress have them contact crisis services such as the Distress Centre at 905-684-7271 x3230

Make sure that your office voice mail accurately directs people to a service that is relevant to their needs.

Numbers and demographics—what we know from 2009-2010 data

Despite being a small clinic we are required to report to the Ministry of Health and Long-Term care data branch a wide variety of patient demographics and clinic operations.

This data can provide a valuable snapshot of our clinic. Using data collected through the Ontario Common Data Set (CDS) from 2009-2010 we serviced 443 patients. This includes patients who were ongoing patients and those who were referred to our clinic within the fiscal year.

The majority of referrals (~75%) came from family physicians within the community. The next largest category for referral source was self, family, or friends

accounting for ~11% of all referrals. The remaining referrals were received from psychiatric hospitals, general hospitals, community groups, and other mental health organizations.

A small percentage of patients had current involvement with the criminal justice system as evidenced by awaiting trial/bail, on probation, parole, and/or stay of proceedings status (less than 0.04%).

The clinic supervised two individuals in the year who were on Community Treatment Orders (CTOs). This reflects the low occurrence of CTO orders issued in the region.

Patient diagnostic information is collapsed into *primary* diagnostic categories. Most of the patients seen at the clinic have a primary Mood Disorder (this includes Major Depressive Disorder; Dysthymia; Bipolar Affective Disorder, etc). This category accounts for ~58% of patients seen. The majority of patients in this category carry a diagnosis of Major Depressive Disorder or Dysthymia.

Psychotic illness (Schizophrenia, Schizoaffective disorder, Psychosis [Not Otherwise Specified]) account for the second largest group of patients ~16% of all patients. (continued on page 4).

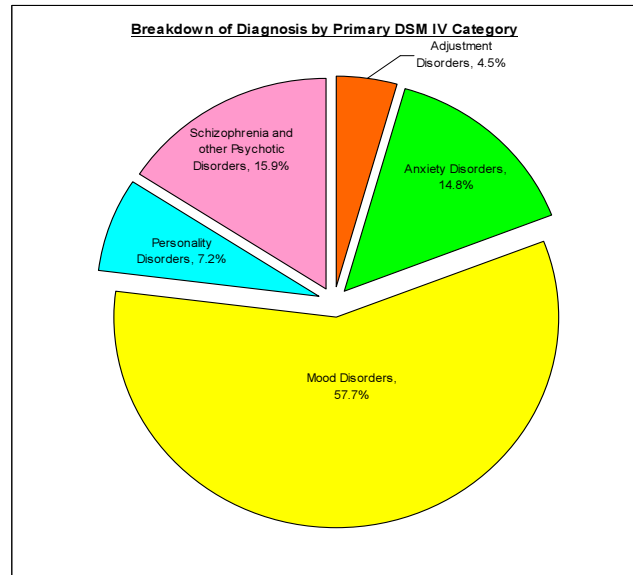
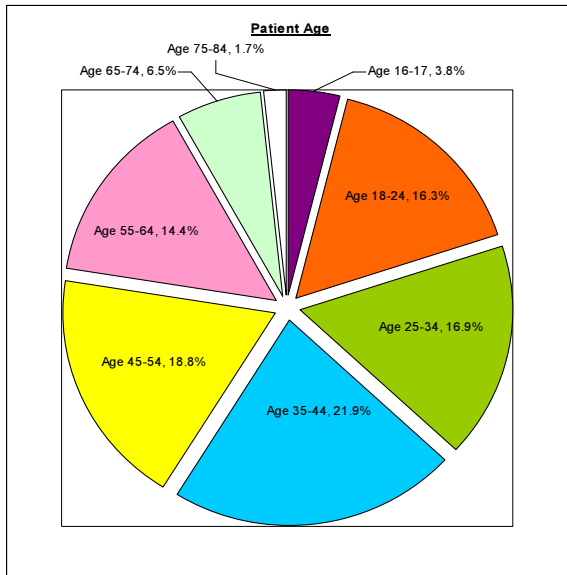
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We're on the web!
www.wnmh.ca

West Niagara Mental Health Team is a program for our community and located in our community. Our program is offered in collaboration with West Lincoln Memorial Hospital and St. Joseph's Healthcare Hamilton. Our interdisciplinary team of physicians, clinicians, and learners provide assessment, diagnostic, and treatment services to individuals with a [suspected] psychiatric problem who are ages 16 and older. We have specialist services (offered in collaboration with The Cleghorn Program at St. Joseph's Hospital Hamilton) to individuals who may be experiencing a first episode of psychosis Our geographic catchment area extends from Grimsby to Jordan Station and as far south as Caister Centre. Physician and self referrals are accepted.

Patient demographics—continued



Continued from page 3.

Omitted diagnostic categories (which accounted for less than 1% each) were Delirium, Dementia, and Amnesic and Cognitive Disorders, Disorder of Childhood/Adolescence, Dissociative Disorder, Eating Disorder, Factitious disorders, Impulse Control Disorders, Mental Disorders due to a General Medical Conditions, Sexual Disorders, Sleep Disorders, Somatoform Disorders, Substance Related Disorders (we do not accept primary substance related problems).

Editor: Christopher Conley

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