Mental Health Services in Smaller Northern Ontario Communities: A Survey of Family Health Teams

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This report presents the results of a survey of family health teams (FHTs) in smaller northern Ontario communities. The survey was done to find out how mental health and psychiatric services are being used in the FHT model. It focused entirely on the FHTs in small rural communities scattered across the North East and North West.

Results are as follows:

- Respondents from 10 of the 14 FHTs surveyed had some type of mental health service available to their clients but only eight had a specific mental health professional on staff to provide services.
- Family doctors and nurse practitioners play a supportive role and prefer to refer to specialists.
- Many respondents expressed concern about duplication of other community services and said they offer “everything else” not offered elsewhere in the community.
- Some did reject “duplication” as a problem and said they promote increased accessibility, patient choice, and one-stop service provision, all of which are consistent with FHTs patient-centered care.
- Some are trying to further specialize in mental health services.
- Keeping patients in the community is a priority and local access to psychiatrists and other mental health professionals is important.
Ten FHTs knew of a psychiatric outreach consultant or visiting psychiatrists available in their community and two offered on-site services. The use of different modes of service delivery increased the capacity of most FHTs to provide services locally. Visiting psychiatrists, telepsychiatry, and/or telephone support for indirect care are all used in varying capacity. But only four reported easy access to a psychiatrist and five said there was a visiting psychiatrist in their community whose services were not easily accessed by the FHT.

Barriers include: long waitlists, eligibility criteria, and inability to contact a psychiatrist when needed. Telephone support was felt to be a key feature of good access.

Some FHTs said they were frustrated by the frequent changes to care plans that result when clients see a different psychiatrist at each visit.

A main concern was over treatment inconsistencies between visiting psychiatrists and referral centre psychiatrists.

Many said they want a consistent relationship with only one or two psychiatrists.

Distance-based training was said to be acceptable because on-site training, although preferable, is unrealistic.

Many reported that mental health training was not a high priority for other members of the FHT team.

Topics of interest for respondents interested in mental health training were: anxiety, depression, and other mood disorders; senior’s mental health; personality disorders; and mental health aspects of chronic disease management.

Summary
Mental health is seen by some FHTs to be an “add on” service, rather than a core service so to increase the availability of mental health care it needs to be identified as a core service and made a priority. FHTs could be an important audience for interdisciplinary mental health care education and training with a special focus on primary mental health care and the effects of chronic disease management. A challenge for rural FHTs is balancing the contrast between maximizing resources and providing patient-centered care.
Mental health is seen by some FHTs to be an “add on” service, rather than a core service and so to increase the availability of mental health care it needs to be identified as a core service and made a priority. FHTs could be an important audience for interdisciplinary mental health care education and training with a special focus on primary mental health care and the effects of chronic disease management. A challenge for rural FHTs is balancing the contrast between maximizing resources and providing patient-centered care. This report can be used by anyone seeking to improve mental health services across Northern Ontario.

Rural northern Ontario communities

Survey

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