

Six Years and Counting: Utilization of Shared Mental Health Care Services at the Fort William Clinic

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Background

- Shared Care in Canada is considered an innovative model of providing mental health care (Craven & Bland, 2006)
- Lacking in the literature are detailed descriptions and analyses of programs' performance and an understanding who is best served by such a service

Background

- Lack of studies describing who is using shared mental health care services and what diagnostic need is being met by the services
- An analysis of patient characteristics, utilization patterns and other features of service use, within a long-standing Canadian SMHC program may assist our understanding of reasons for further dissemination of this model of care

The Shared Care Program

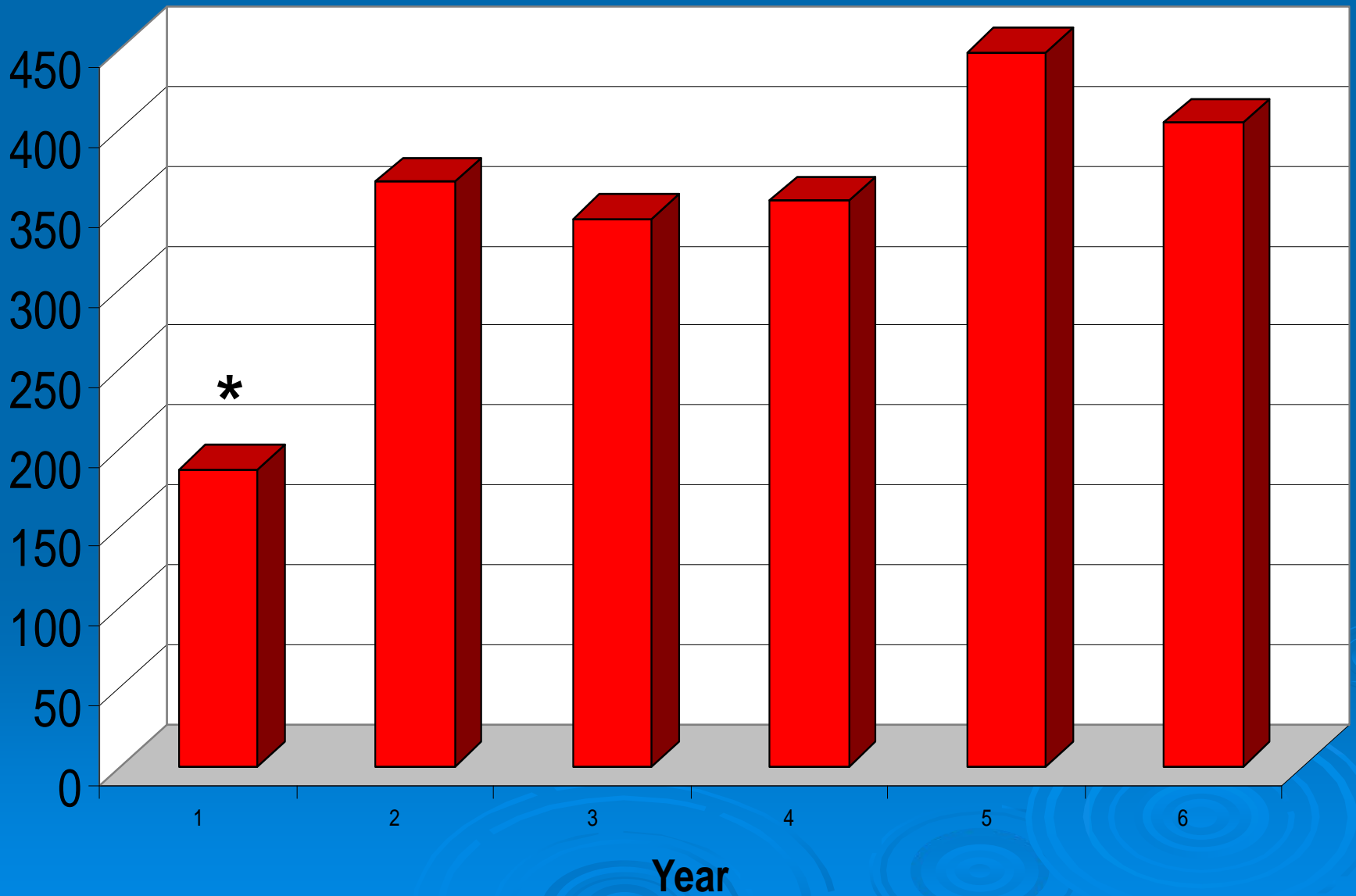
- The Shared Mental Health Care Service (SMHCS) is located in the Fort William Clinic in Thunder Bay Ontario, a primary care clinic, and provides psychiatric consultation and brief counselling to mentally ill individuals
- A study by Haggarty et al. (2008) indicates that the SMHCS model of care is effective in terms of symptom and functional improvement following a course of care

- The SMHCS includes counsellors who are on-site full-time and a psychiatrist available for ½ day a week
- Referrals to the service are made from the family physicians within the clinic and patients are triaged to either counselling (including cognitive-behavioural, psycho-education, and supportive) or psychiatry

Objective

- The purpose of the present study was to examine and describe the characteristics of users of the shared mental health care service
 - Who are they?
 - What are they there for?
 - What services were utilized?

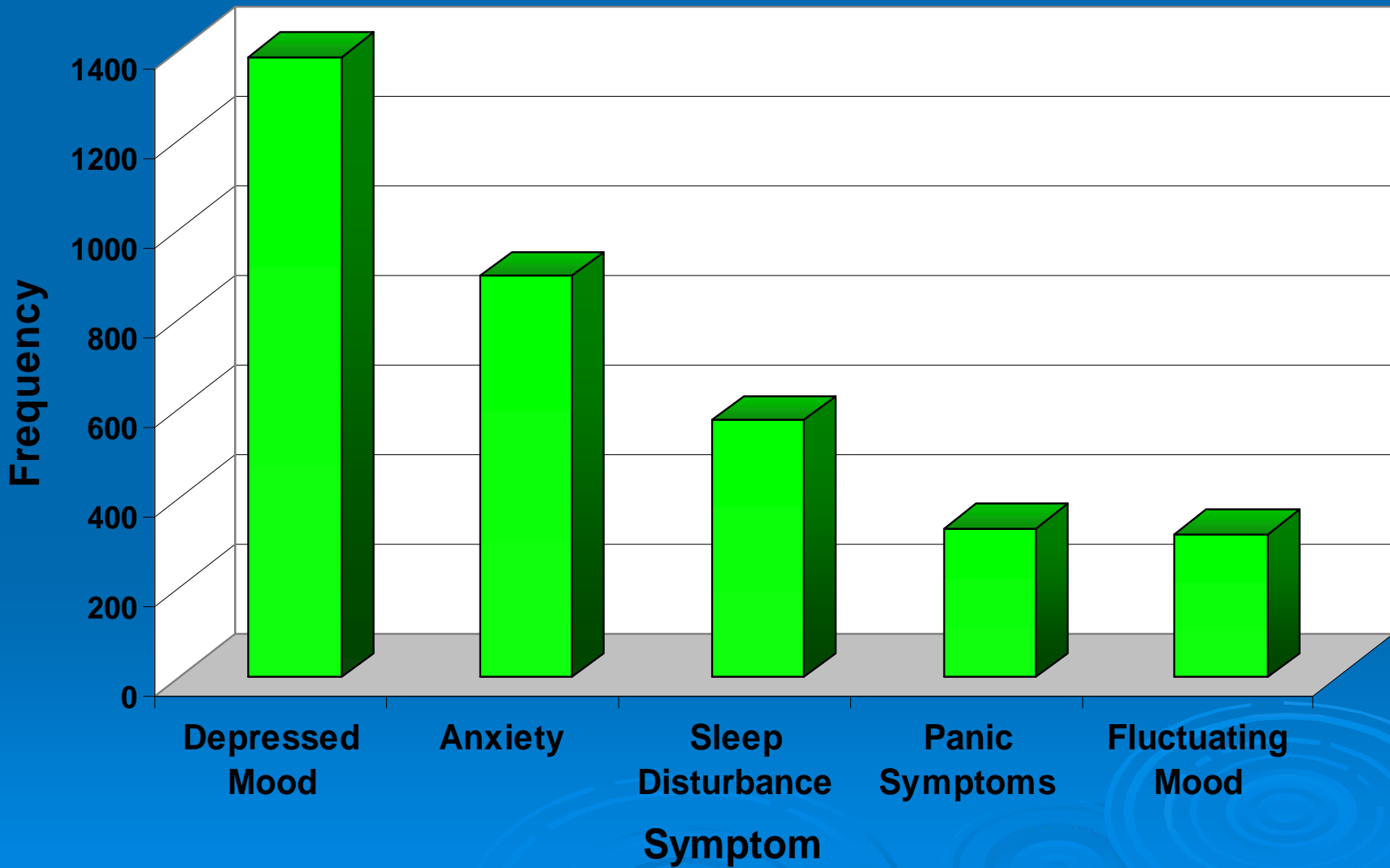
Frequency of Referrals



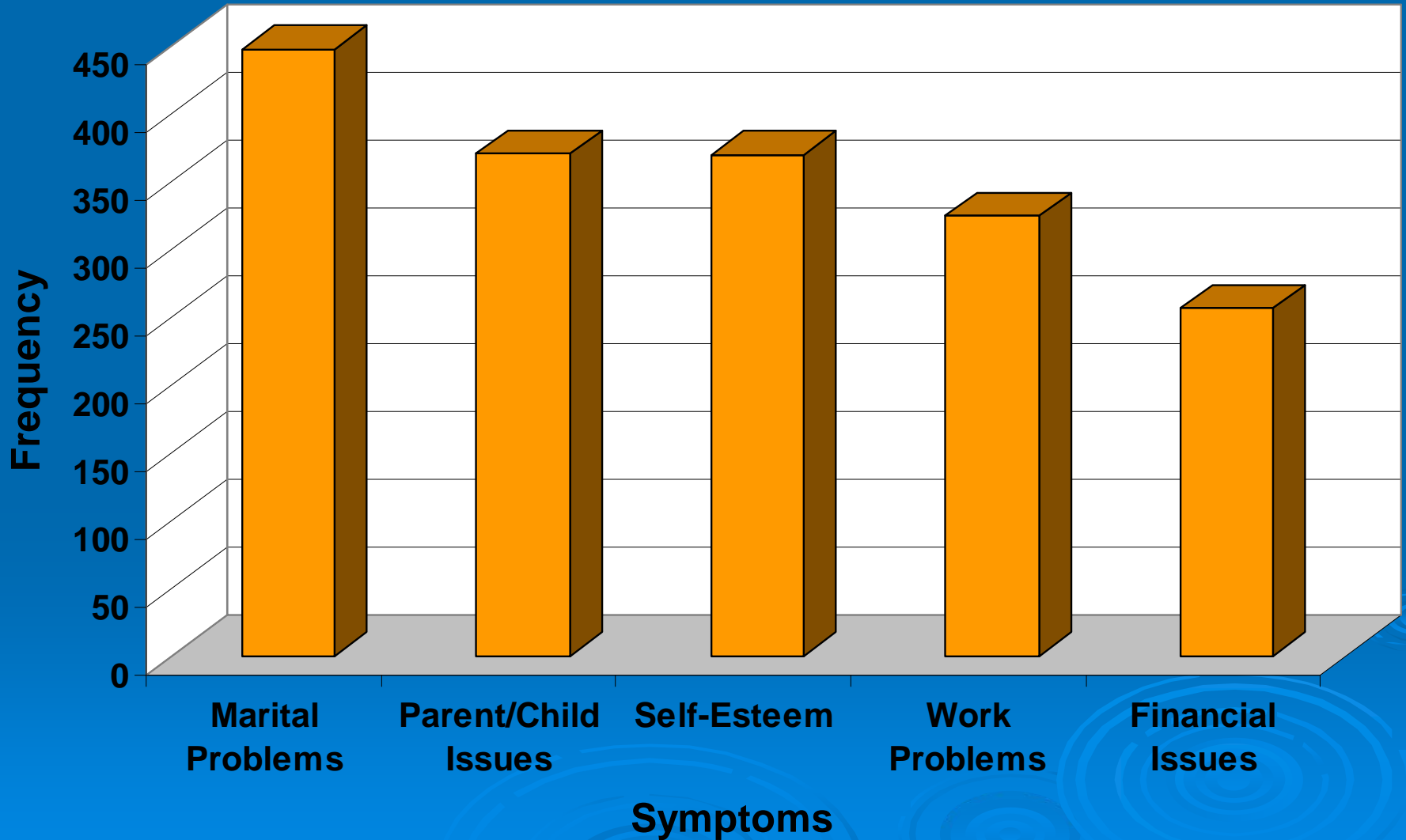
The Sample

- The study sample was comprised of 2220 individuals referred to the shared care service between July 2001 and May 2007
- The majority of the sample (70.5%) were female, 29.5% were male
- The mean age of the sample was 37.97 ($SD = 14.90$)

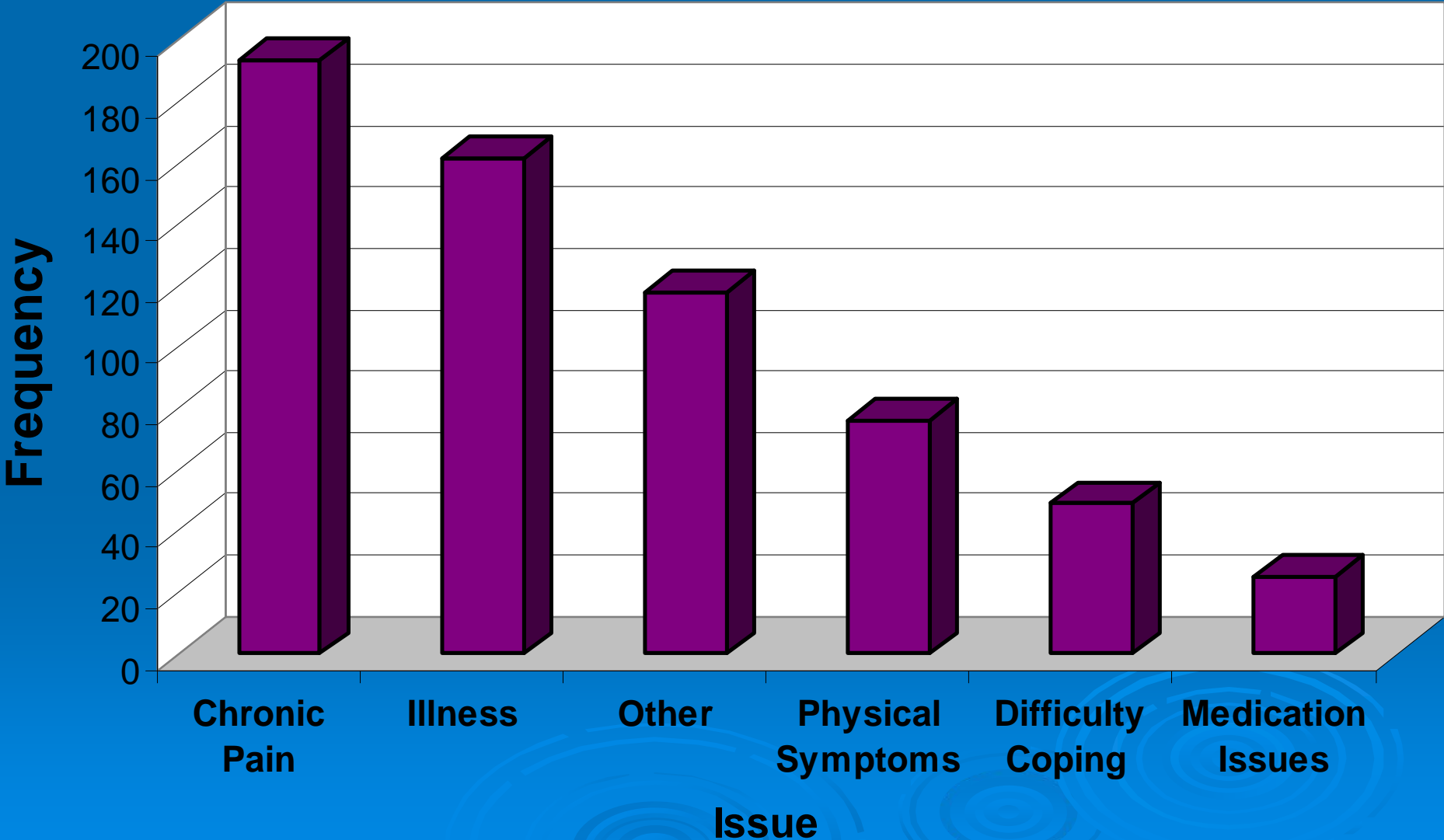
Most Commonly Selected Psychiatric Symptom



Frequency of Psychosocial Symptoms



Medical Issues at Time of Referral



Utilization Patterns

- 2101 cases were completed, 119 were outstanding
- Of those 78.6% were seen for at least 1 appointment
- 21.4% of those referred to the program were not seen

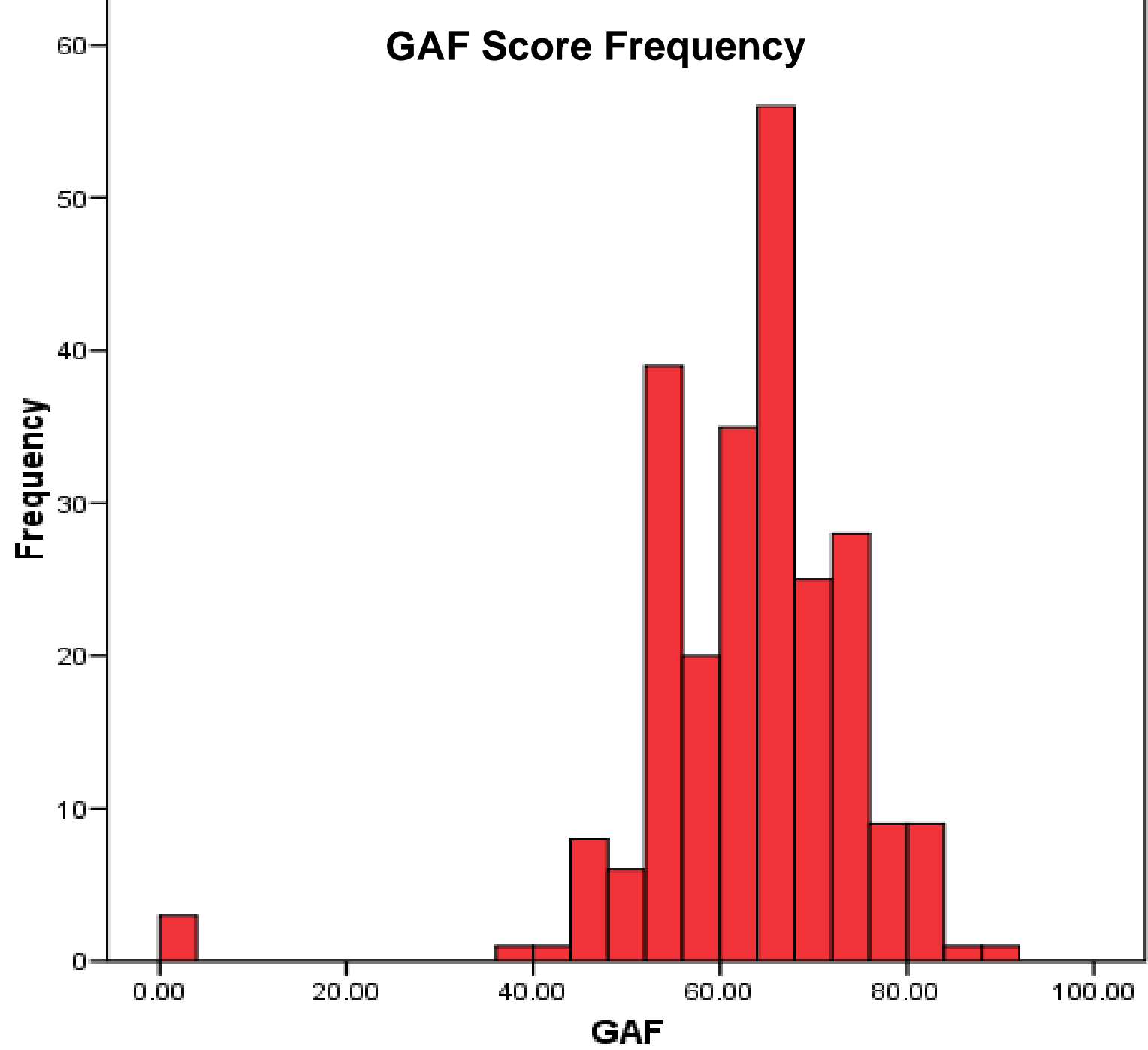
Utilization Patterns Continued

- 12.8% of those seen for treatment were seen for the targeted 6 to 8 sessions
- 48.5% were seen for 1 to 3 appointments, and 61.2% were seen for 5 or less
- Mean number of visits = 3.77 (SD = 3.31)

Utilization Patterns Continued

- Approximately 20% of the individuals attending at least one appointment saw a psychiatrist
- Mean wait time for services, as calculated from the time of the referral to the time of the first appointment was 24.86 days ($SD = 39.91$)
- Mean wait time for psychiatric consultation was 71.46 ($SD = 74.72$)

GAF Score Frequency

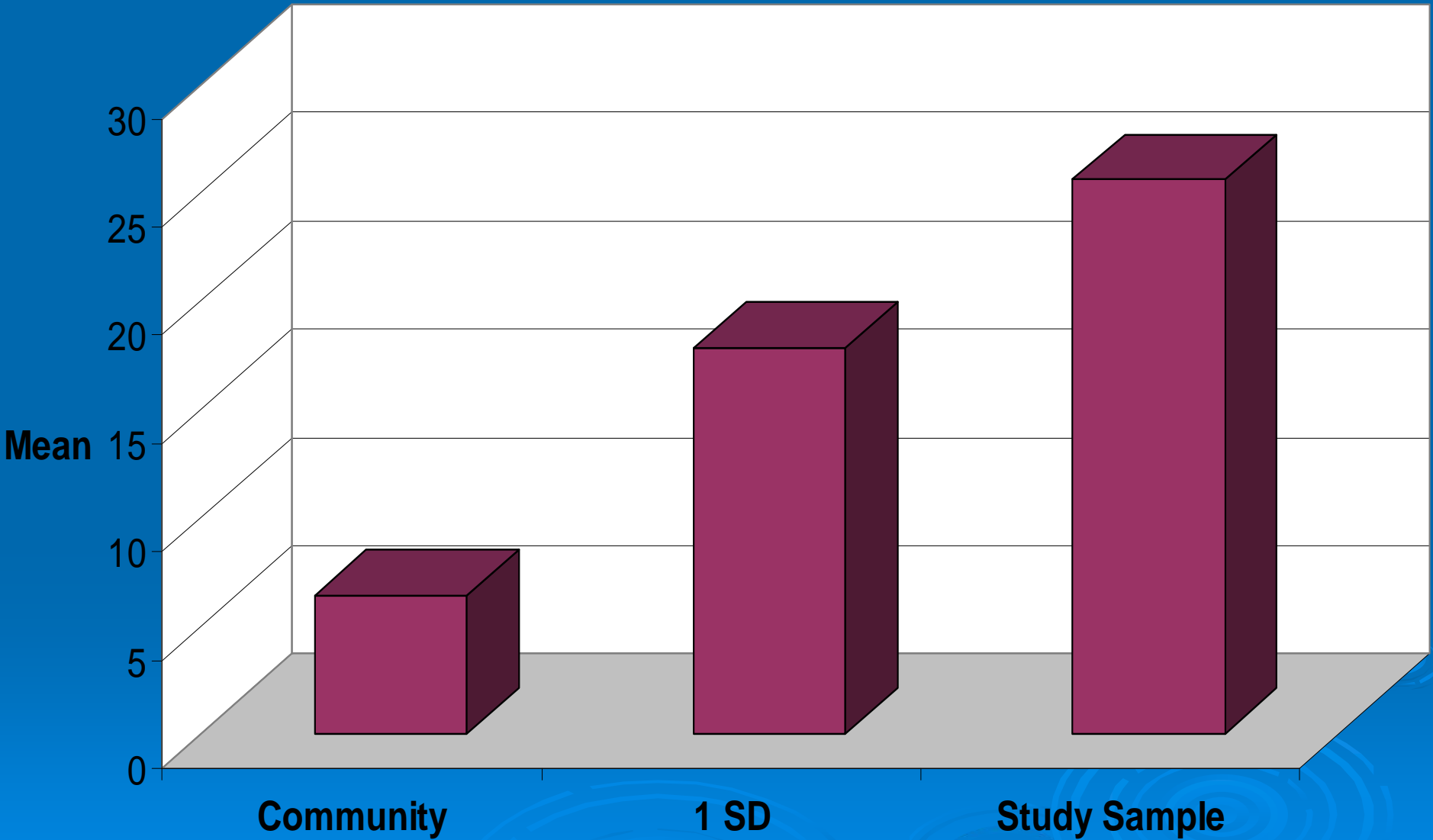


Global Assessment of Functioning

- Mean GAF Score: 63.24 ($SD = 11.25$)
- Total number of psychiatric symptoms negatively correlated with GAF ($r = -.216, p < .05$)
- Total number of psychosocial symptoms not significantly correlated with GAF ($r = -.110, p > .05$)

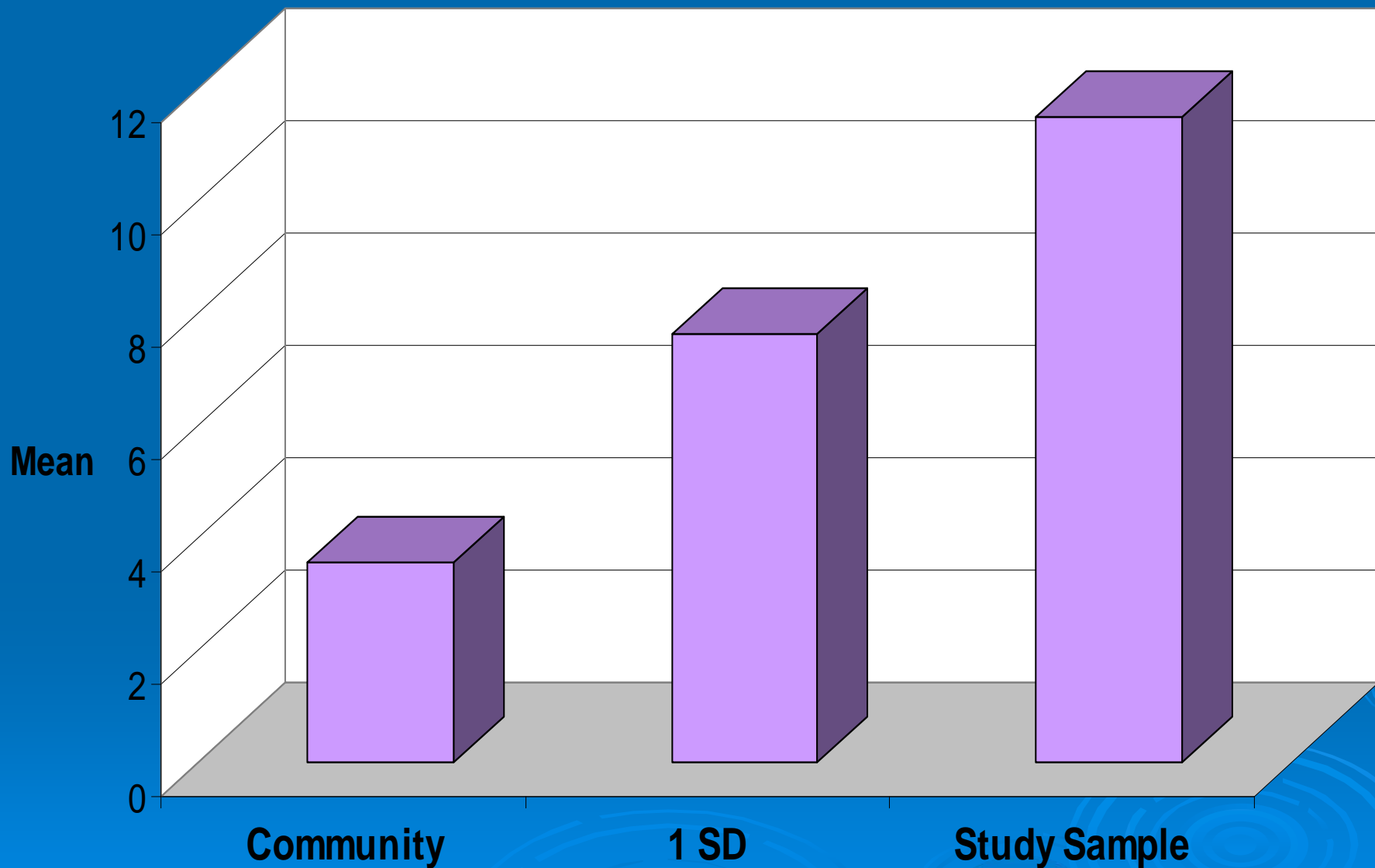
- No correlation between GAF scores and number of visits $r = -.021, p > .05$
- Total number of psychosocial symptoms were negatively correlated with number of visits per course of care $r = -.057, p < .01$

WHO-DAS II Pre-Treatment Means



Source: Haggarty et al. 2008

Mean Pre-Treatment PHQ-9 Depression Scale Scores



Source: Haggarty et al. 2008

Conclusions

- The SMHCS provides care for individuals suffering from a wide range of clinical concerns
- Patients seen for psychiatric consultation vary in overall dysfunction (as measured by GAF scores) from mild to severe, with most falling into the mild to moderate range

Conclusions

- As indicated by previous measures, service users experienced high rates of difficulty in their day to day life and high rates of depressive symptoms when compared to normal community sample rates
- The SMHC service provides prompt access to mental health care in a less stigmatized environment

Conclusions

- The majority of the patients referred to the program attended at least one appointment
- Overall rates of referral are roughly increasing over the years of the service, indicative of a continuing need for mental health services in a primary care setting

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