



SEAMLESS CARE  
OPTIMIZING THE PATIENT EXPERIENCE

# Mental Health

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*Oct 2016-Present*

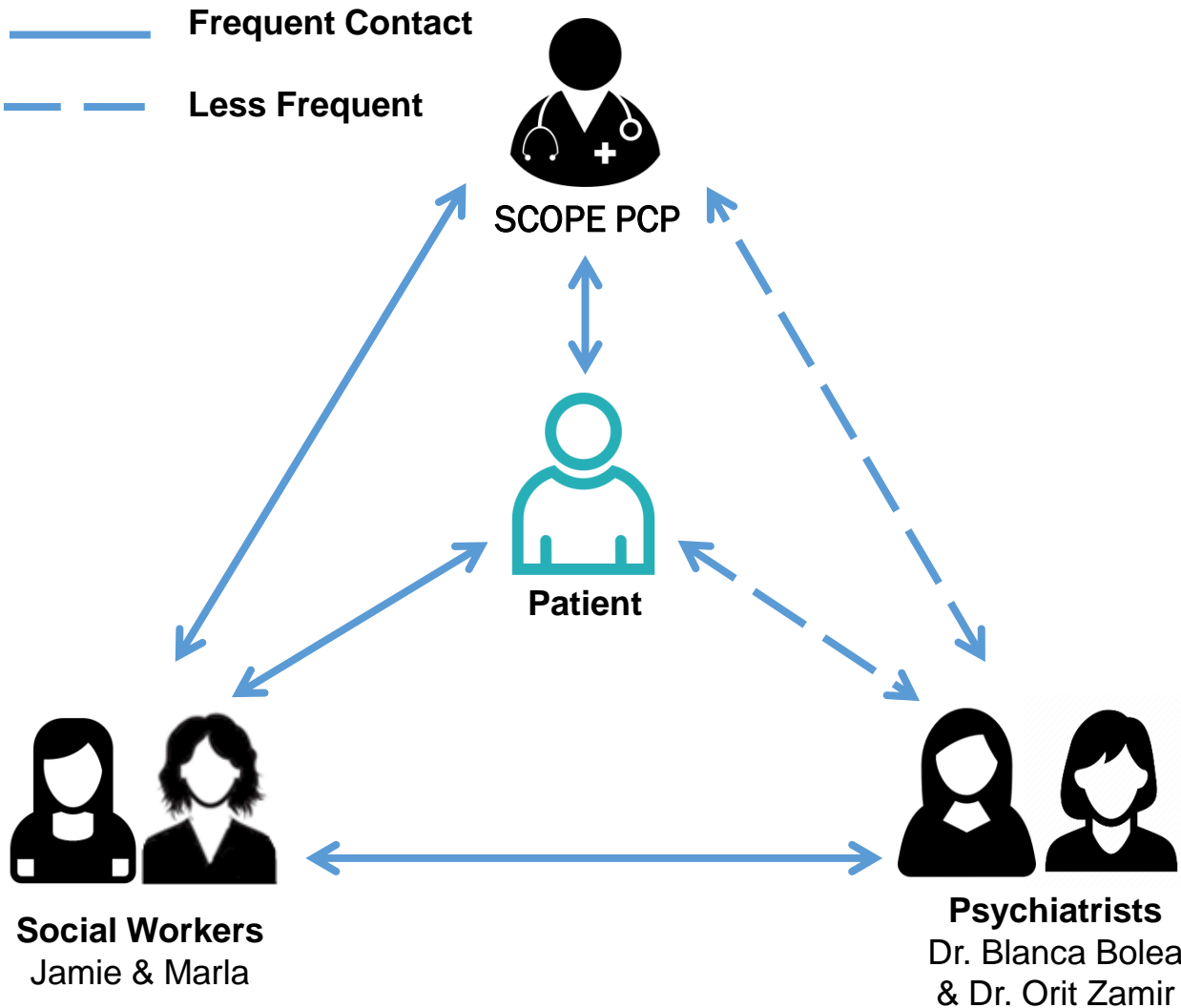
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Psychiatrist SCOPE/WCH  
Feb 2022-Present

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*Jan 2022-Present*

# SCOPE Mental Health Program



## Indirect SW Consultation

- Resource finding & referral guidance

## Direct Patient Support

- Needs assessment
- Psychoeducation
- Service Navigation/Care Coordination
- Bridging Support
- Short-term therapy/groups
- Brief case management
- Referral to other SCOPE services

## Co-managed Care

- Phone or e-Consult w psych
- Rapid psych assessment, follow-up as needed
- In-office joint assessments with PCP

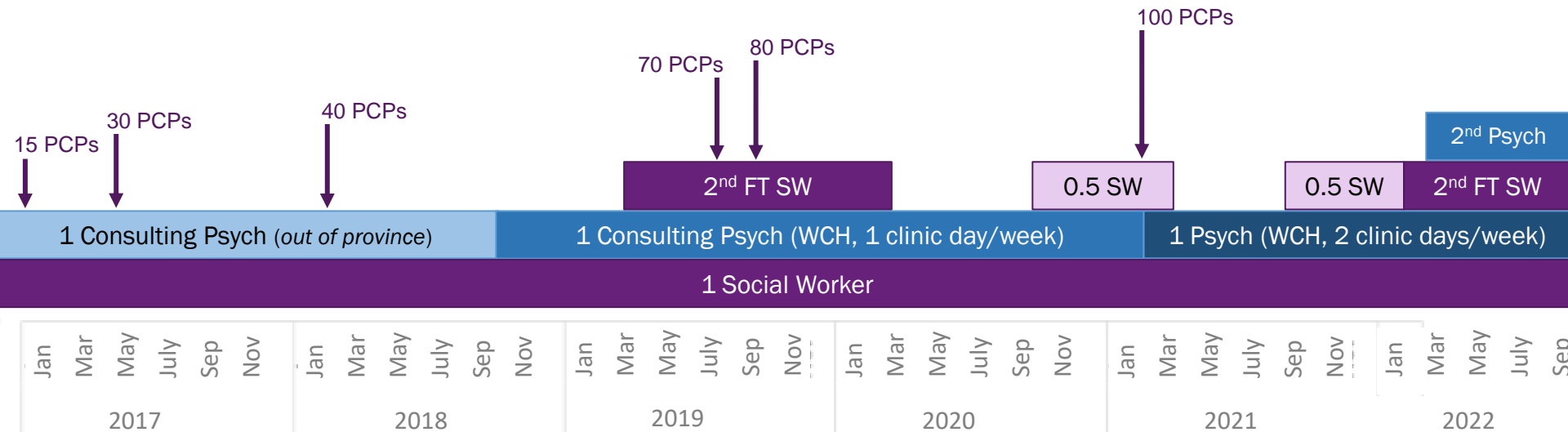
# SCOPE Mental Health Program

The team has always consisted of at least 1 Social Worker & 1 Consulting Psychiatrist

As of February 2022:

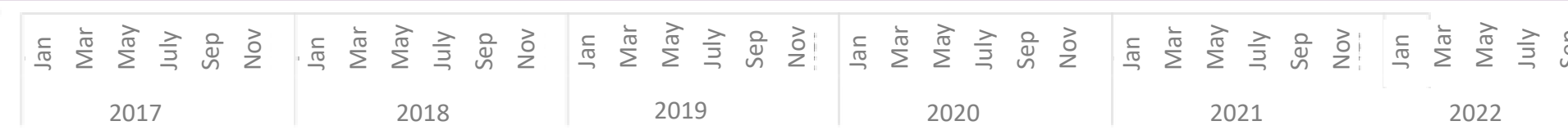
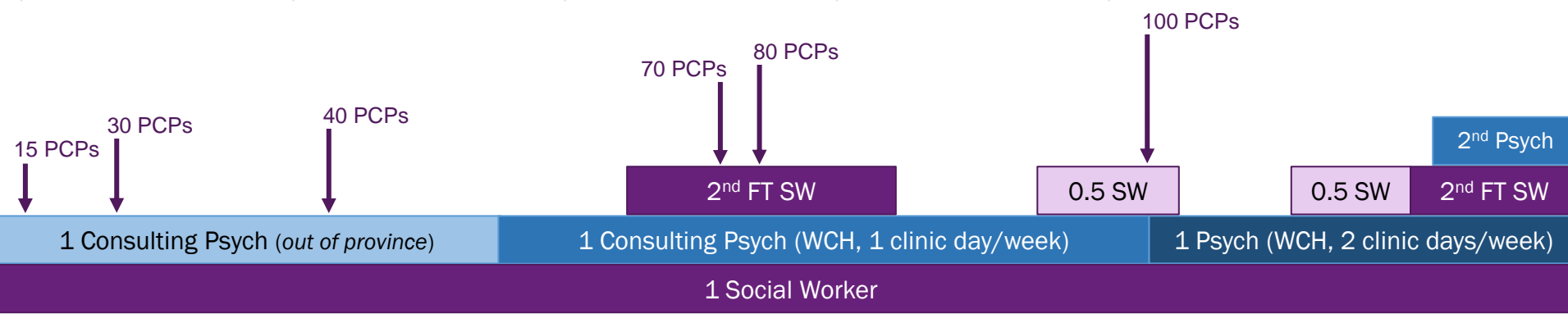
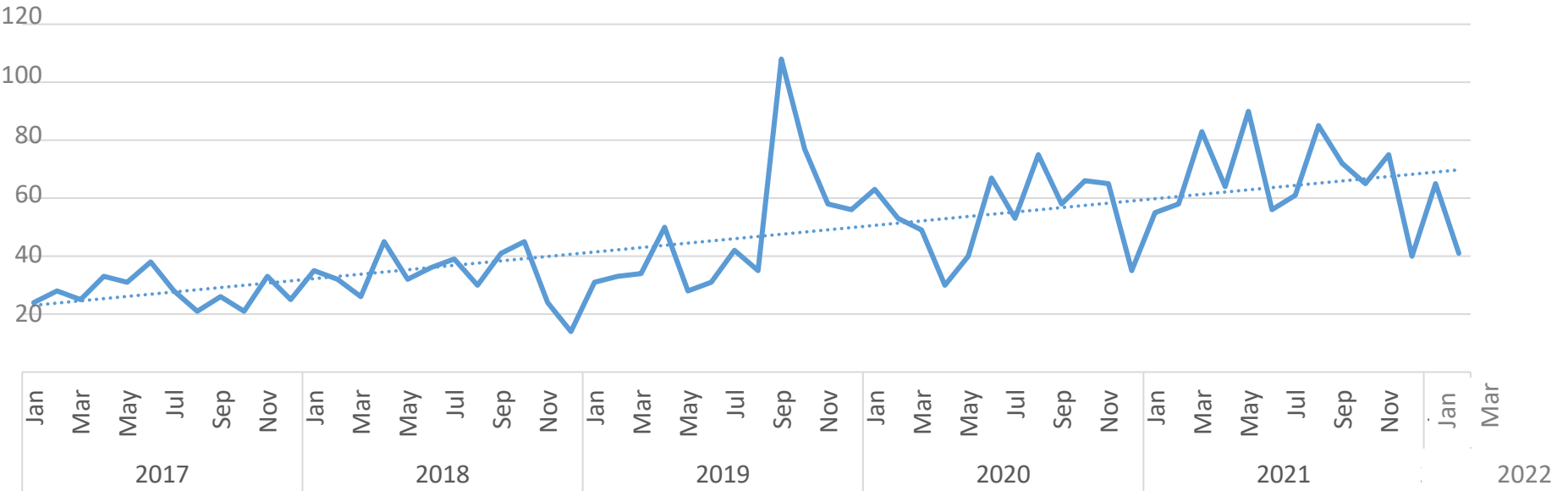
- 2 Psychiatrists
- 2 Full-time social workers

Supporting 101 family practitioners (last expansion Feb. 2021)



# SCOPE Mental Health Program

Referrals per Month



**Allied health professional** - Included in SCOPE budget, at your discretion to use as mental health resource

**Psychiatry** – OHIP-covered for consultations, in-kind coverage from hospital division, \$15,000 stipend for 1-day psychiatry support that covers calls, supervision of mental health team, educational events, etc.

**Evaluation** - Through grants, private funding (\$6000, WCH Funds \$7000), may be subsumed under central coordinating hub

# Ethos of Service

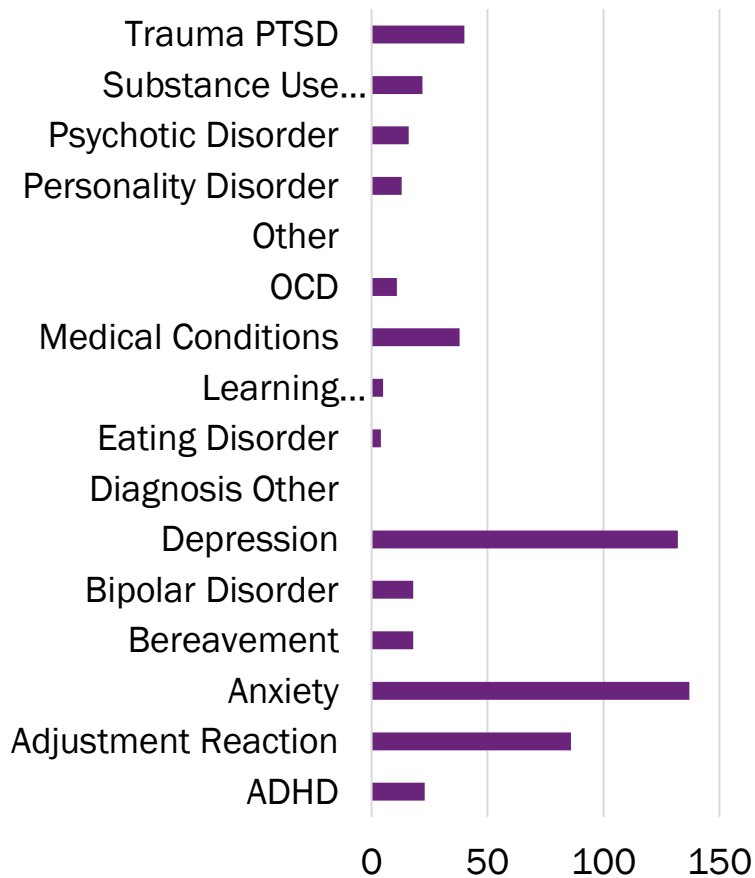
- 1 - **Low barrier** access for patients and PCPs
  - **Simple** referral pathway
  - Interventions are **patient-led**, needs-based
- 2 - **Flexible** – intervention can range from virtual to in-office collaboration with PCP & patient
- 3 - Aim to promote **equitable care**, with a **stepped care approach**, serving populations that are **vulnerable** and have difficulty accessing services



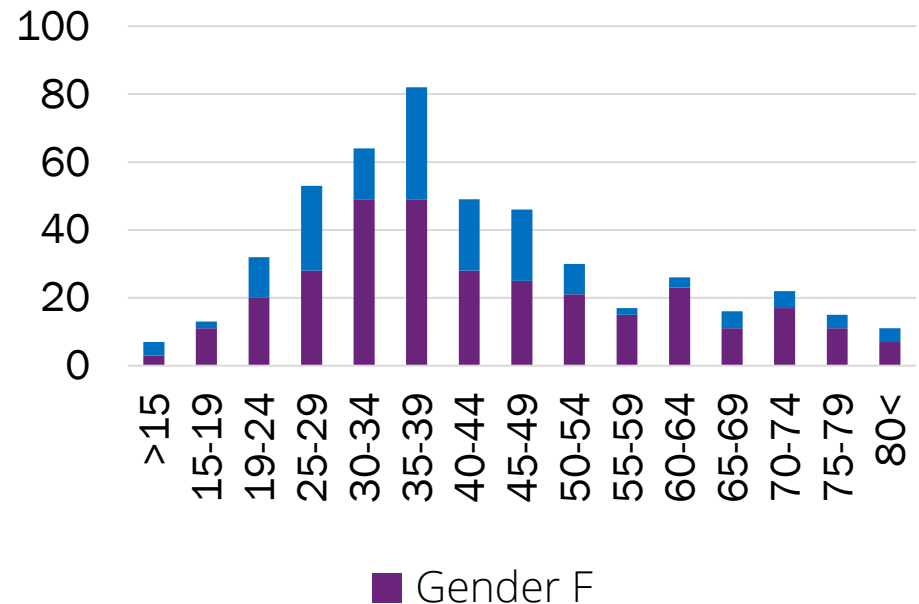
# Patient Demographics

(Referrals between March 2020 – March 2021, n=523)

## Diagnosis

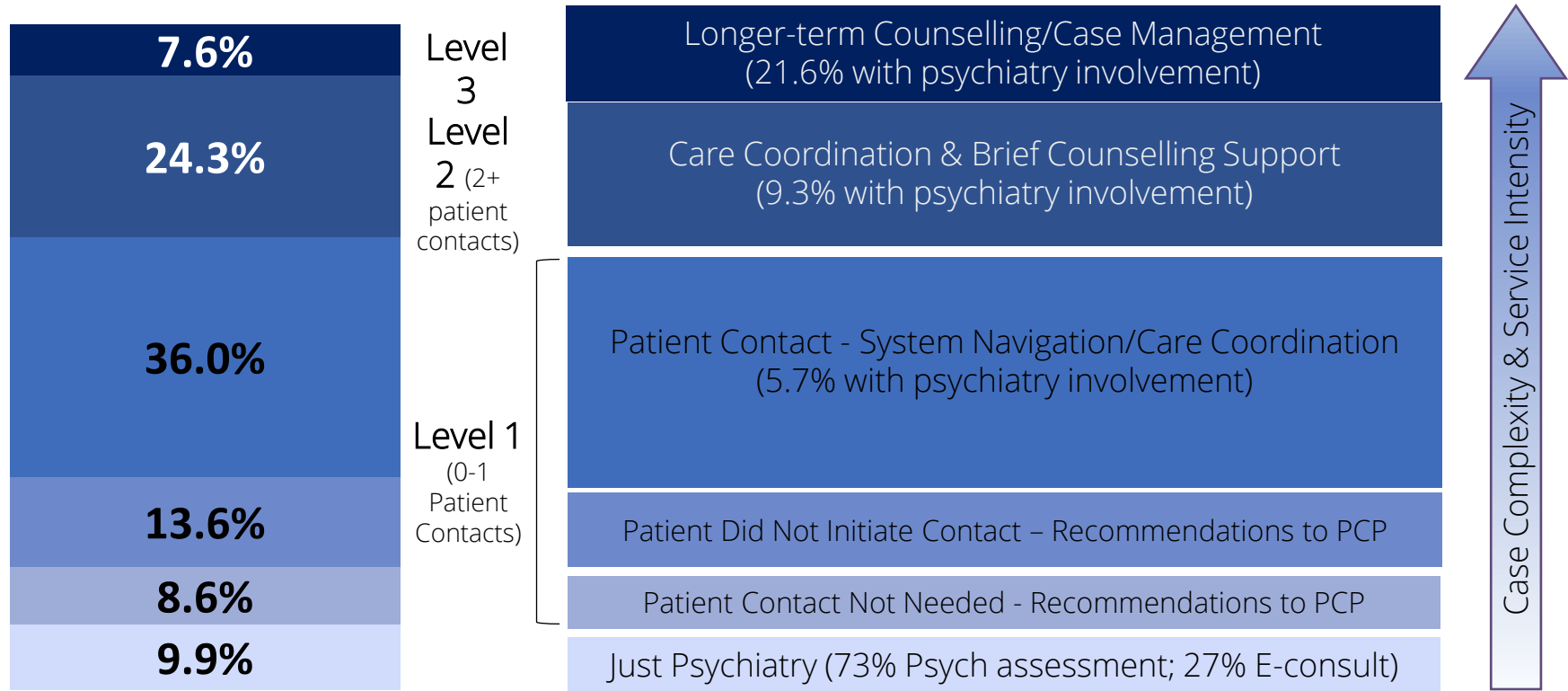


## Age/Gender Distribution



# Level of Intervention

(Referrals between March 2020 - March 2021, n=523)

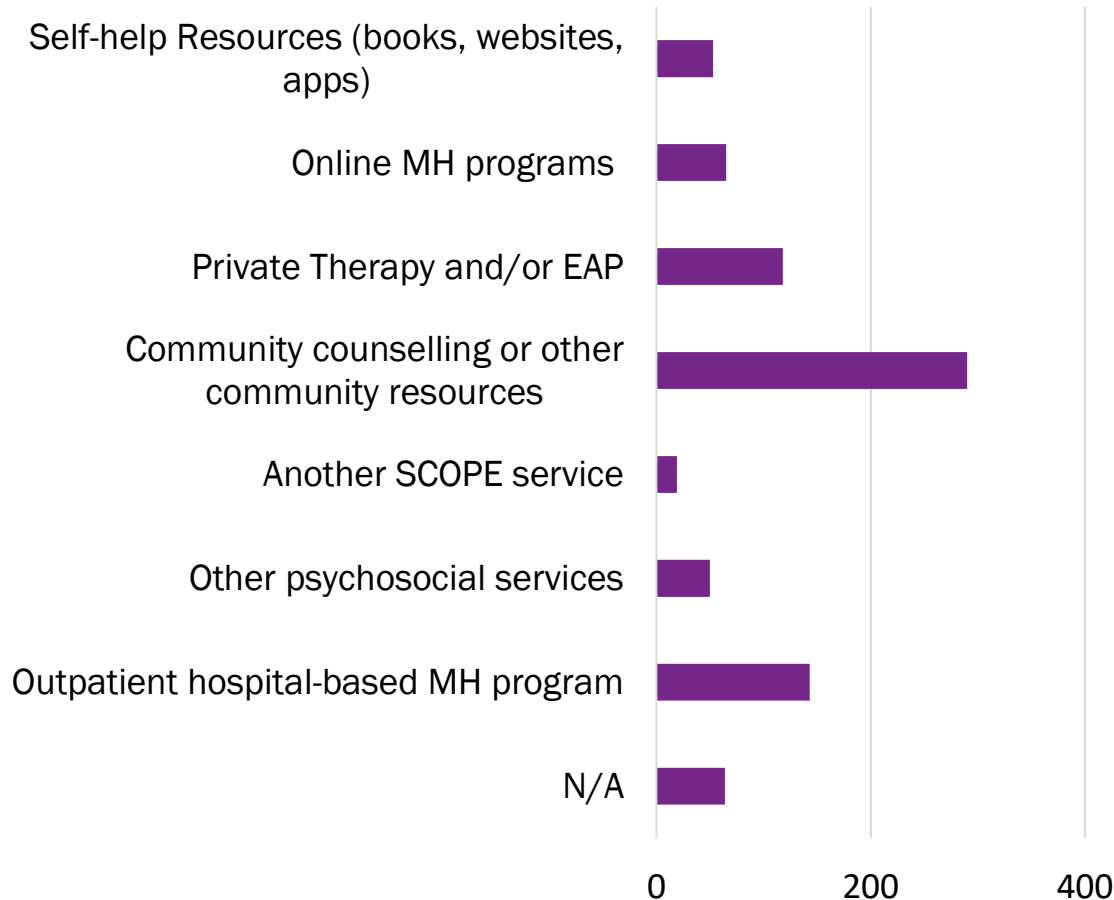


- Rule of least burden - connect people to least intensive form of support they need<sup>1</sup>
- Support PCP to keep patient in their care
- Refer to existing services when needed, SCOPE MH will bridge the gaps



# Resources Recommended

(Referrals between March 2020 – March 2021, n=523)



- Community-based counselling resources (low-cost or OHIP-covered) continues to be most recommended/highest need
- Increasing number of recommendations for online programs

# Introducing PCPs to SCOPE-MH

**First Step:** SW emails PCP to welcome them to service, offers a phone call (or in-office visit) to discuss the program further

- **PCP Orientation one-pager:** How to access the service
- **Patient Handout:** Given to patient to explain how to access the service
- **Case examples**
- **SCOPE MH Resource Guide** (also on [scopehub.ca](https://scopehub.ca))

# PCP Orientation one-pager



## Welcome to SCOPE Mental Health

Our goal is to provide rapid contact for patients in need of mental health support and to assist in the co-management of these patients. The current focus is to provide support to primary care providers and their patients through service navigation, bridging support, assessment, and consultation. We continue to develop this service to best meet your needs. Our team is comprised of two Mental Health Social Workers (Jamie Smith & Marla Russell, TWH) and Consulting Psychiatrists (Dr. Blanca Bolea-Alamanac & Dr. Orit Zamir, WCH).

### Services Offered:

- Indirect service navigation & resource finding**
  - You can contact social worker with questions around mental health resources
  - Patients can access the mental health resource guide, as well as other resource lists online at: <https://scopehub.ca/resources/patient-resources/mental-health-patient/>
- Direct SW-patient contact**
  - Social workers will assess patient needs and provide support accordingly. This may include:
    - Assistance with service navigation and connecting patients with appropriate resources
    - Bridging support (emotional support and/or brief case management/care coordination)
    - Time-limited counselling
    - In-office joint assessment/case management with family physician.
- Psychiatry Support with Dr. Bolea**
  - Rapid, one-time psychiatric assessment can be facilitated by social workers when appropriate
  - Phone or e-consult is available for management advice (typically medication questions)
  - Social worker will also review cases with psychiatrist as needed

### How to Access the Program

(and organize co-managed care for people living with mental health challenges):

PHONE: 437-992-8601 FAX: 416-603-5303 E-MAIL: [scopeMH@uhn.ca](mailto:scopeMH@uhn.ca)

- Psychiatry E-consult:** You can fax or email social workers to facilitate a consult with Dr. Bolea/Dr. Zamir.
- PCP-SW Consultation:** You can call, e-mail or fax social worker directly for recommendations. (If emailing, please DO NOT include identifying patient information unless using a secure email account like ONE MAIL.)
- To refer patients directly:**
  - Give patients the patient handout, and the mental health resource guide if applicable to their needs.  
If patients are in need of direct social work support, they can contact Jamie within two weeks of the original referral by phone or e-mail.

AND

- Fax a referral to SCOPE and include all relevant information and past reports.

\*\*\* We ask that patients initiate contact with social worker. If there is a reason that you'd like us to reach out to initiate contact with your patient, please clearly indicate this on your referral.

If patients do not initiate contact, social workers will fax you a list of general recommendations based on the information provided on your referral.

**Managing patient expectations is incredibly important.** We suggest the following messaging to patients: "I am working with the SCOPE mental health program, a new service that can assist me in treating you or navigating you to the most appropriate services in the community. To access the service, you will have to contact Jamie & Marla (social workers) who will ask questions about your mental health needs. SCOPE Mental Health will work with me to help you get the care you need." Provide the patient handout. Please do not promise any particular service components.

Our goal is to provide rapid contact for patients in need of mental health support and to assist in the co-management of these patients. The current focus is to provide support to primary care providers and their patients through service navigation, bridging support, assessment, and consultation. We continue to develop this service to best meet your needs. Our team is comprised of two Mental Health Social Workers (Jamie Smith & Marla Russell, TWH) and Consulting Psychiatrists (Dr. Blanca Bolea-Alamanac & Dr. Orit Zamir, WCH).

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# Patient Handout



## Welcome to SCOPE Mental Health

Your family doctor works with a program called SCOPE Mental Health, which functions to support individuals with a variety of needs connected to mental health. Jamie and Marla are mental health social workers who are happy to speak to you about your needs and answer questions you might have. Accessing the right mental health care can be an overwhelming or difficult process, so we are here to help.

Before reaching out, you can consider the following suggestions to make this process more efficient for you.

**1. Are you looking for a therapist?**

If you have an Employee and Family Assistance Program, we recommend calling that program first as you will have access to a counselor at no cost to you.

If you have some benefit coverage or can afford private therapy (ranging from \$100-\$250/hour session), we recommend using Green Space ([www.greenspacehealth.ca](http://www.greenspacehealth.ca)). This is a free service that connects you directly to a therapist based on your location, your concerns and your budget.

As a next step, you can ask your doctor for the mental health resource guide, which contains a comprehensive list of options that you can contact directly. You can also visit: <https://scopehub.ca/resources/patient-resources/mental-health-patient/> to view this guide and additional community resources.

Please feel free to give us a call if you require additional support.

**2. If you are having a hard time and require more immediate support, please give us a call.**

Your doctor will send us a referral with more information about your situation. During the first phone call, we will work with you to identify appropriate services or treatment options that fit with your values, goals, and priorities. If we don't hear from you, we will provide your family doctor with a list of general recommendations.

Call 437-992-8601 to speak with Jamie or Marla.  
Please call Monday to Friday, between the hours of 9am to 5pm  
If you reach voicemail, please leave your number and availability and we will aim to return your call within 2 business days.

You can also email [scopeMH@uhn.ca](mailto:scopeMH@uhn.ca) to ask a question or arrange a phone appointment ahead of time.\*\*

If you do not receive a response to your email within 1 week, please call Jamie directly.

\*\*Please note that the security of e-mail messages is not guaranteed. Messages sent to, or from, your care provider may be seen by others using the Internet. Email is easy to forge, easy to forward, and may exist indefinitely. For this reason, do not use e-mail to discuss information you think is sensitive. Do not use e-mail in an emergency since e-mail can be delayed for many reasons. By sending an email to [scopeMH@uhn.ca](mailto:scopeMH@uhn.ca), you acknowledge that you have read and accept the risks of using e-mail.

# Patient MH Resource Guide

<https://scopehub.ca/resources/patient-resources/mental-health-patient/#MentalHealthResourceGuide>



## Patient Resource Guide for Mental Health Support

Accessing the right mental health care can be an overwhelming or difficult process if you aren't sure what you need or what is available. This guide can help you navigate options for mental health support, and also consider what might be the best form of support to fit your needs.

### Table of Contents

<a href="#">Considering your options for therapy</a> .....	2
<a href="#">Frequently Asked Questions</a> .....	3
<a href="#">Service Finders &amp; Helpful Websites</a> .....	4
<a href="#">Online Mental Health Programs</a> .....	5
<a href="#">Walk-in Counselling (currently phone-based)</a> .....	6
<a href="#">Phone Supports</a> .....	6
<a href="#">Toronto Counselling Services – Free or Minimal Cost</a> .....	7-8
<a href="#">Toronto Counselling Services – Sliding Scale Fees</a> .....	9
<a href="#">Toronto Community Health Centres</a> .....	10
<b>GTA Mental Health Resources</b>	
<a href="#">Etobicoke/Mississauga/Peel-Dufferin Region</a> .....	11-12
<a href="#">Durham Region</a> .....	13
<a href="#">East Toronto</a> .....	14-15
<a href="#">Scarborough Region</a> .....	16-17
<a href="#">York Region</a> .....	18-19

# Other MH Resource Lists

- [Crisis Resources and Distress Lines](#)
- [Directory and Search Tools](#)
- [Mental Health Resource Guide for Patients](#)
- [Online Services \(with some clinical support\)](#)
- [Other Resource Guides](#)
- [Private Therapy \(Fee For Service Options\)](#)
- [Reduced-Cost, OHIP - Covered Therapy](#)
- [Self-Guided Services](#)
- [Specific Populations or Concerns](#)
  - [Bereavement Support Services](#)
  - [Caregiver Support Services](#)
  - [Eating Disorder Resources](#)
  - [Newcomer Mental Health Resource List](#)
  - [Trauma Resource List](#)
- [Telephone Support Lines](#)
- [Specific Therapeutic Approaches](#)
  - [Cognitive Behavioural Therapy \(CBT\) Resources](#)
  - [Dialectical Behavioural Therapy \(DBT\) Resources](#)
  - [Mindfulness Resources](#)

# How to Access Services

PHONE: 437-992-8601 FAX: 416-603-5303 E-MAIL: [scopeMH@uhn.ca](mailto:scopeMH@uhn.ca)

- **Psychiatry E-consult:** Fax or email social workers to facilitate a consult with Dr. Bolea or Dr. Zamir.
- **PCP-SW Consultation:** PCPs can call, e-mail or fax social workers directly for recommendations (\*\*no PHI)
- **Direct patient referral:**

Give patients the patient handout, and the mental health resource guide/ SCOPE hub website if relevant to their needs.

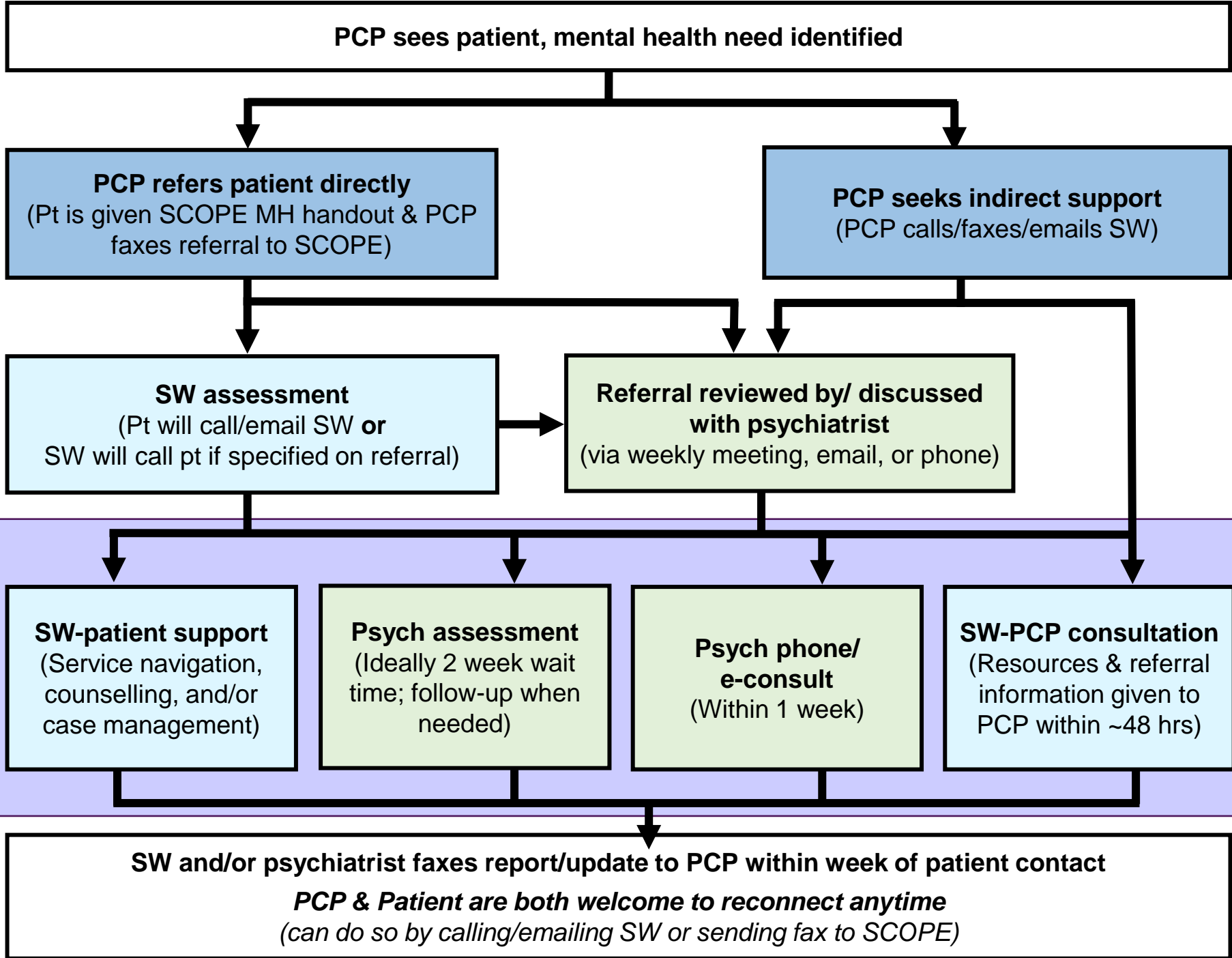
## AND

Fax a referral to SCOPE and include all relevant information and past reports.

→ If patients are interested in direct social work support, they can contact the SCOPE-SW within two weeks of the original referral by phone or e-mail.

*\*\*\* We ask that patients initiate contact with social workers. If there is a reason that you'd like us to reach out to initiate contact with your patient, please clearly indicate this on your referral.*

If patients do not initiate contact, social workers will fax you a list of general recommendations based on the information provided on your referral.



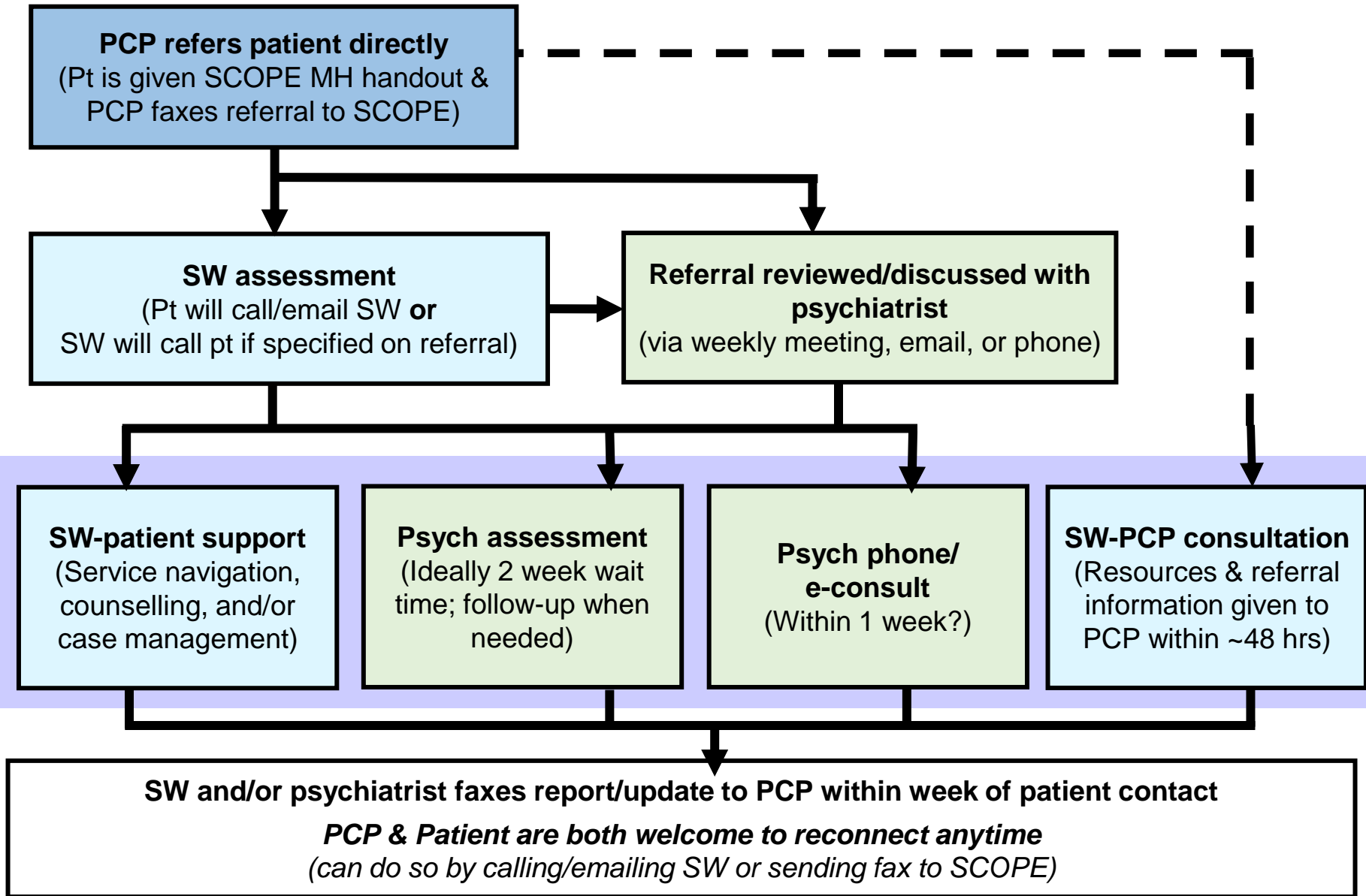


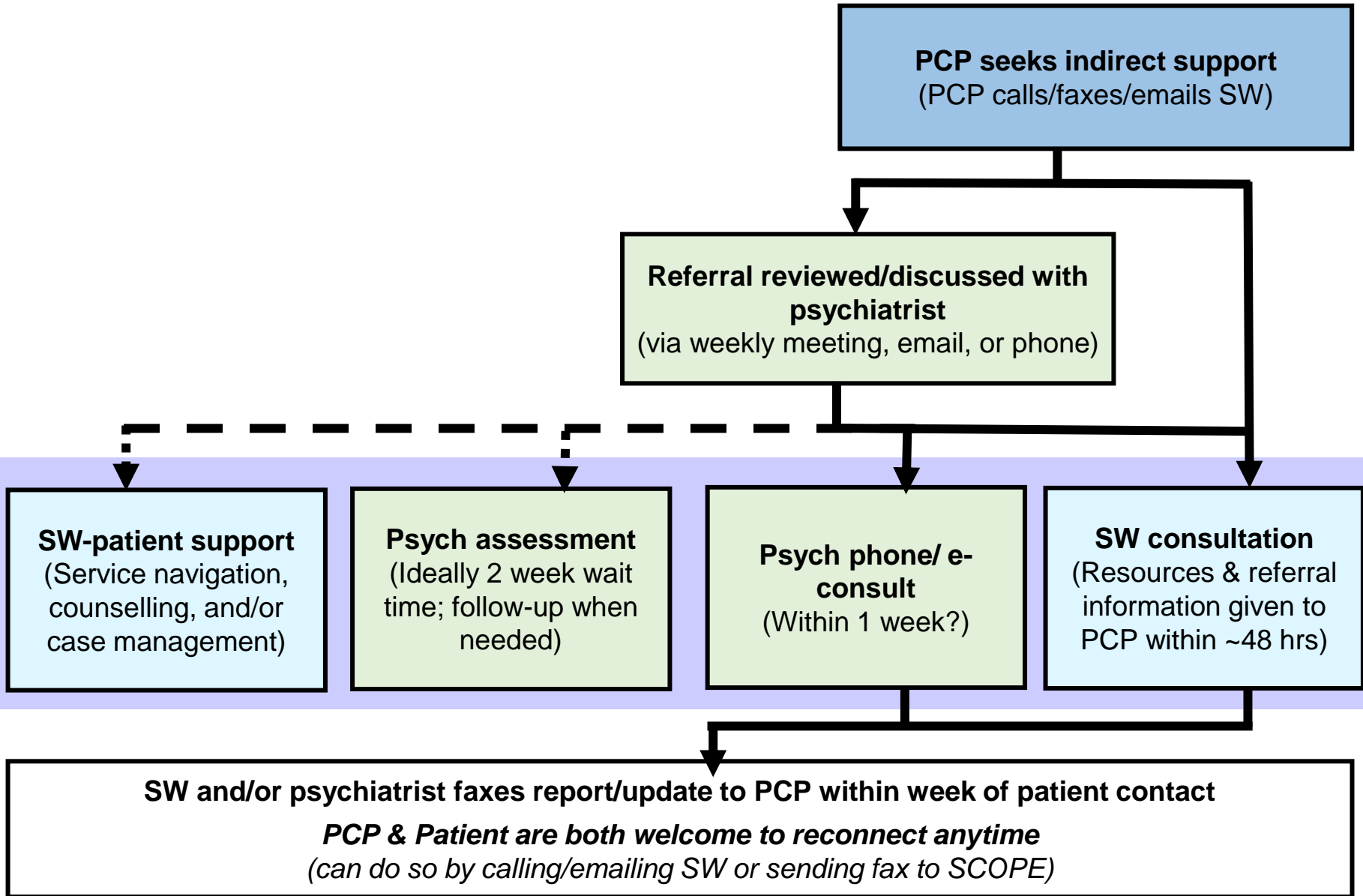
**PCP sees patient, mental health need identified**

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graph TD; A[PCP sees patient, mental health need identified] --> B[PCP refers patient directly  
(Pt is given SCOPE MH handout  
& PCP faxes referral to SCOPE)]; A --> C[PCP seeks indirect support  
(PCP calls/faxes/emails SW)];
```

**PCP refers patient directly**  
(Pt is given SCOPE MH handout  
& PCP faxes referral to SCOPE)

**PCP seeks indirect support**  
(PCP calls/faxes/emails SW)





# Sometimes it is not that easy...

- If patient does not initiate contact...
- Patient and family doctor do not agree on next steps...
- Patient will benefit from psychiatric consultation or referral to services but is not ready yet...
- Patient initiates contact but then disengages...
- We can't expect a patient's journey through the mental health system to be a straight line

*Expectations*



*Reality*



# SCOPE-MH: Evaluation



A process of continuous evaluation is crucial to improve and maintain the quality of the service.

## SCOPE MH Tracking Form (completed on electronic health record system)

**DOB, Gender**

**Date of Referral & Date Closed**

**Urgent Request?** Y/N

**Nature of Request?**

*PCP-SW Consultation; Psychiatry assessment/consultation; SW-Patient Contact; Not specified*

**Primary Diagnosis**

*(as determined by PCP on initial referral)*

**Patient contact?**

*Yes, in-person; Yes, phone/email; Attempted; Patient did not initiate contact; Not needed*

**Initial Outcome?**

*SW consult with PCP; SW care coordination, case management, or counselling support; Psych assessment or e-consult; Refer to Other SCOPE service; Refer to ED; Other*

**Recommended Resources?**

*Community counselling, OP hospital-based program, Private therapist, EAP, Self-help resources, Online services, Other SCOPE service, Other Social services, N/A*

**Psychiatric Assessment?** (number of appts)

**Psychiatric phone/e-consult?**

**Case Type (Level of Intervention):**

- *Level 1 – Resource navigation (0-1 contact with patient)*
- *Level 2 – single-session counselling, or resource navigation & telephone support (2 or more contacts)*
- *Level 3 – longer-term counselling/case management*
- *Just psych – SW liaised between pt & PCP*

**Data gathering** as per RE-AIM framework.

- **Reach** = number of patients referred by PCPs and self-referred as well as increment of referral rate over time.
- **Adoption** = proportion of PCPs registered that refer patients.
- **Implementation** = number of patients assessed and discharged or accessing brief counselling or engaging with the SW for other interventions.
- **Maintenance** = referrals accepted and processed as well as tracking the effect of changes implemented after PCP/patient feedback.

## Brief Survey

- 1- Family doctors.
  - Questionnaire includes items related to Covid-19.
- 2- Patients.
  - Ad-hoc patient reported experiential measure.



# Results: RE-AIM Framework

**Reach:** From January 1<sup>st</sup> 2021 to October 31<sup>st</sup> 2021, SCOPE-MH received 691 referrals including 88 self-referrals



**Adoption:** The number of referrals sent by provider was calculated and PCPs were classified according to usage, 54% of the PCPs inducted used the service.

# Results: RE-AIM Framework

**Implementation:** Number of cases referred and closed was 556 (135 # still open and 14 pending first contact).



**Maintenance:** The average number of referrals received and processed per month was 69, the average monthly increase in referrals from January to October was 15.

# Results: PCP Survey

(n=36)

- **89%** said **SCOPE-MH** program had saved them time managing patients with mental health problems.
- **97%** felt the program had put their patients on the right path to improve their mental health.
- **86%** said the service had introduced them to new mental health resources while **82%** felt they were better equipped to help patients with mental health issues.
- **53%** considered SCOPE-MH their **default pathway** for mental health
- **58%** of the physicians surveyed felt the program had become more relevant during the Covid-19 pandemic.

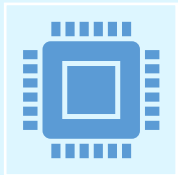
# Results: Patient Survey

n=30 (n=44, 7 patients had missing demographic data and another 7 were missing a diagnosis)

- **95%** of the patients surveyed felt **their needs were understood** when interacting with the SCOPE-MH program
- **95%** agreed the program **answered their questions** when required
- **89%** reported that the program had **provided helpful suggestions to improve their mental health**
- **86%** felt that overall, the **SCOPE-MH program had put them on the right path** to improve their mental health.



The program was well received both by patients and family physicians.



Adoption rates were moderate with over 50% of the PCPs inducted to the service using it.



Those physicians that used the service were satisfied by it and expressed improvement in patient care.



Physicians reported **having learned** of new resources to support their patients



Most patients felt the service had been both a **positive** experience and a **step forward** in their recovery.

# Lessons Learned....



# PCP Referral Behaviour

## The Superman (or woman)

- PCP comfortable managing MH and/or well-resourced
- Uses SCOPE MH resource materials without referring to SW
- Does not refer often but when it does, the patient referred is really complex.
- **Opportunity for collaborative care**





# PCP Referral Behaviour

## The Miracle woman (or man)

- Complex and high demand population, always overwhelmed.
- Limited comfort with mental health.
- Often work for specific ethnic or linguistic groups.
- **Opportunity to increase equitable access and grow the service to offer more.**



## The Royal

- Population with low needs (middle class or upper, can access care through benefits, etc).
- Limited comfort with mental health
- Refers a lot of patients who only need low level interventions.
- Opportunity to use resource guide and other patient-facing resources.



# PCP Referral Behaviour

## The non-user

- Lack of need in their population?
- SCOPE services do not match what they need.
- Unsure what SCOPE-MH offers
- Already well connected to other MH services.
- **Opportunity to investigate why and adjust accordingly.**



# Some tips with PCPs

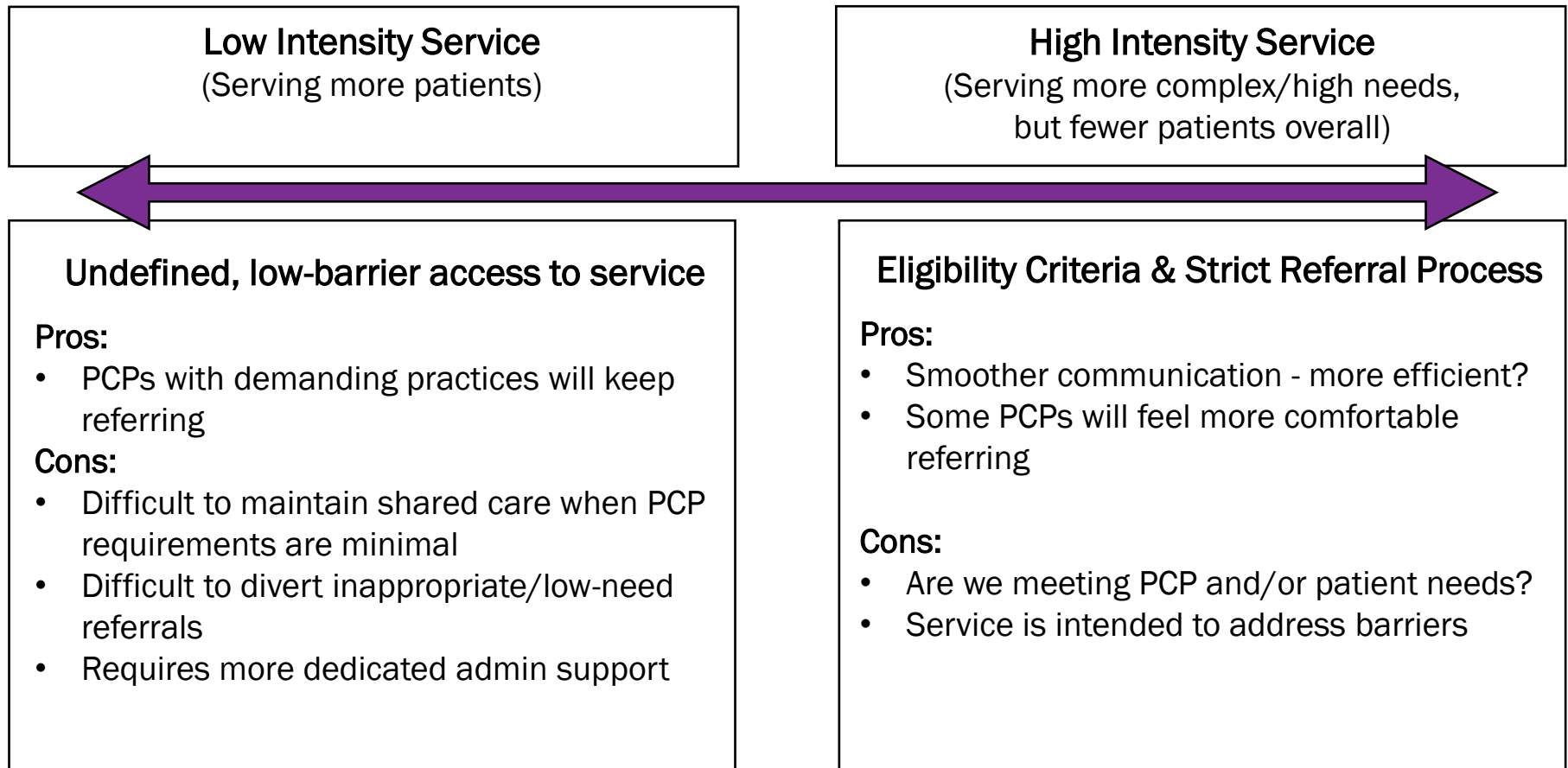
- PCP needs lots of support but is engaged:
  - At the beginning may need more input but as PCP grows confident it becomes easier.
    - Aim is increase capacity at the PCP level.

- PCP refers everything that they see:
  - Aim is to educate PCP about which referrals we can handle and which we can't
  - Second aim is to give the PCP other resources they can use and help them in the referral process.

- PCP refers patients but does not act on the recommendations, expects patient to be seen outside
  - Aim is to make PCP more comfortable with mental health patients
  - We offer regular CPD credits on mental health

# What we've learned - Challenges

## Trade-offs/competing priorities that come with growth/expansion



There remains a lack of continuity of care/ long-term follow up in existing psychiatric, psychotherapy, and social services

## What we can't do:

- Provide long-term therapy
- Provide long-term psychiatric follow-up
- Facilitate prioritized access to mental health programs

# What we can do...

We can promote **continuity of care** through:

- **Co-managing care** of complex patients
- Shared care with psychiatry & access for quick consultation
- SW bridging support
- Flexible & low-barrier contact point - Patients can always reconnect with service
- Managing patient and PCP expectations

We can try to **reduce demand** on existing services & keep patients within care of PCP

- Stepped care approach
- Education (Resource materials, psychoeducation, & skills-based groups)

# What we've learned... Positives

## Importance of personal connections:

- Value in building relationships with PCPs
- SW role is pivotal as point of contact & triage of referrals
- Building connections with hospital & community resources, & optimizing collaboration with the rest of the SCOPE team

## Keep things flexible:

- Being responsive to patient and provider needs, at individual and program level
- Being able to adapt to changes in SCOPE MH team structure

## Keep things simple:

- Promoting PCP and patient learning; high use of mental health resource lists since beginning
- Relatively simple interventions can have a high impact



# Ethos of Service

- 1 - **Low barrier** access for patients and PCPs
  - **Simple** referral pathway
  - Interventions are **patient-led**, needs-based
- 2 - **Flexible** – intervention can range from virtual to in-office collaboration with PCP & patient
- 3 - Aim to promote **equitable care**, with a **stepped care approach**, serving populations that are **vulnerable** and have difficulty accessing services



# Questions?

[scopemh@uhn.ca](mailto:scopemh@uhn.ca)