



A virtual team for primary care providers

**SCOPE Mental Health**  
**(Social Work with Access to Psychiatry Model-SWAP)**  
**Implementation Toolkit**

## Table of Contents

SCOPE Mental Health Objectives.....	3
Program Description .....	4
SCOPE MH Team Structure .....	5
How to Start: Onboarding MDs, Accepting Referrals .....	6
Metrics/Evaluation.....	8
Appendices.....	9
Appendix A: Social Work Job Postings .....	9
Appendix B: SCOPE MH E-Blast (Recruiting New PCPs).....	11
Appendix C: Provider Orientation.....	12
Appendix D: Patient Handout .....	13
Appendix E: SCOPE Mental Health – Case Examples.....	14
Appendix F: Tracking Form on EMR System .....	16
Appendix G: Patient Feedback Surveys .....	18
Appendix H: PCP Feedback Surveys.....	19

## SCOPE Mental Health - Objectives

The goal of this program is to provide rapid contact for patients in need of mental health support and to assist in the co-management of these patients with their primary care practitioners (PCPs). The program provides support through **service navigation, bridging support, assessment, and consultation**. It follows the following principles:

- 1. Low barrier** access for patients and PCPs
  - **Simple** referral pathway (no specific referral form, accept referrals by phone, email, and fax)
  - Interventions are **patient-led** and needs-based. The program is focused on providing the right type of care at the right time, to match where the patient is at.
- 2. Flexible** – intervention can range from virtual to in-home to in-office collaboration with PCP & patient.
- 3. Promotion of equitable care, with a stepped care approach,** serving vulnerable populations who have difficulty accessing services or whose needs do not fit easily into the existing system.

The program adapts the level of intervention to match each individual patient, rather than providing a one-size-fits-all approach.



## Program Description

The SCOPE Mental Health - Social Work with Access to Psychiatry Model (SWAP) implemented in the Mid-West SCOPE site has always consisted of at least one Social Worker (SW) and one Consulting Psychiatrist. The SW acts as the point of contact between PCP, patient, and psychiatrist, having frequent contact with patients and PCPs. Given the high demand, the program has expanded to include two full-time SWs and two Consulting Psychiatrists (with 3 psychiatric clinical days in total).

The program follows the **rule of least burden**, striving to connect patients with the least intensive level of support appropriate. By connecting patients to the most appropriate, least intensive form of support, the program also hopes to reduce the demand on community/hospital resources.

Service components include the following forms of **indirect** and **direct** patient support:

### 1. Indirect service navigation & resource finding

- PCPs can contact the social worker for support with resource finding and referral guidance.
- Patients & PCPs can access the mental health resource guide, as well as other resource lists online at: <https://scopehub.ca/resources/patient-resources/mental-health-patient/>

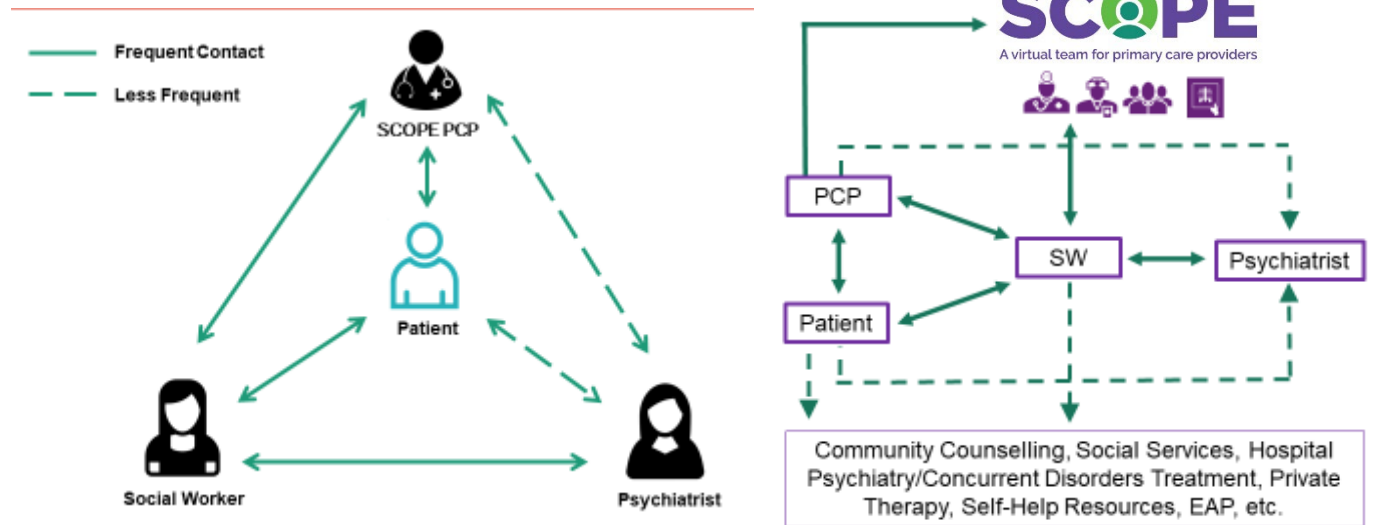
### 2. Direct Social Worker-patient contact

- Social workers will assess patient needs and provide support accordingly. This may include any of the following (no specific services guaranteed):
  - Psychoeducation
  - Assistance with service navigation and connecting patients with appropriate resources. This can include follow-up contact to ensure patients connect with services, as well as advocating for patient/PCP when there are issues with accessing a particular service.
  - Bridging support (emotional support and/or brief case management/care coordination)
  - Time-limited counselling
  - In-office joint assessment/case management with family physician.
  - Referral to other SCOPE services

### 3. Psychiatry Support

- Psychiatric assessment (facilitated by social workers), with follow-up when appropriate
- Phone or e-consult with PCPs for management advice

## SCOPE MH Team Structure



Based on AIMS (Advancing Integrated Mental Health Solutions), University of Washington Psychiatry & Behavioral Sciences, Division of Population Health - <https://aims.uw.edu/collaborative-care/team-structure>

### Role Descriptions:

#### Social Worker (Sample Job Posting: Appendix A)

Acts as the primary point of contact between PCPs, patients, and psychiatrist. Communicates directly with PCPs to assist with resource finding and referral recommendations, as well as to promote engagement and remind PCPs of services. Works directly with patient to offer: needs assessment, psychoeducation, system navigation, brief case management, informal bridging counselling support as well as structured, evidence-based therapy services (group/individual) when appropriate. SW also supports follow-up for patients and PCPs and provides patient advocacy. Responsible for maintaining data tracking, updating resource lists as well as promotional and psychoeducation materials.

#### Psychiatrist

Provides psychiatric assessment and follow-up when needed, as well as rapid consultation with PCPs (via phone or e-consult). Psychiatrist is also available for supervision/consultation with social worker on an ad hoc basis as well as during a 1-hr weekly meeting. Psychiatrist may oversee the evaluation and lead educational/CME events.

## How to start: Onboarding MDs, accepting referrals

### Recruitment/Expansion of Program over time

**Program development** is informed by user needs (user = both PCPs and patients), to avoid duplication of existing services. **In Mid-West**, the program started with a small group of dedicated SCOPE physicians that provided early feedback. The program was first offered to the 10 physicians who made up the Physician Advisory Group (PAG).

#### Ideas for Expansion:

- It is best to expand the program in phases starting with PAG members and then by offering services to all physicians working in the same office/clinic.
  - Offer the opportunity to sign up for SCOPE MH when PCPs attend a SCOPE engagement event
  - Use an e-blast to offer access to the program to the first ## PCPs who respond (see **Appendix B** for e-blast).

#### Considerations for increasing capacity:

1. Increasing your team's capacity partially comes from improving efficiencies within the team itself, but it is also critical to focus efforts on increasing the capacity of both the patient (psychoeducation, navigation to resources, etc) and the PCP.
2. Light touch – By creating resource lists and having accessible mental health materials that PCPs and patients can access independently, reducing the need for direct contact between PCPs/patients and the SCOPE MH team. The team can also inform PCPs of resources by including a full list of resource recommendations in notes back to PCPs following any patient contact.
3. Higher touch – Working in a shared care model will ideally promote knowledge sharing and empower PCPs to feel more comfortable and capable of managing mental health patients within their practice.

### Onboarding/Orientation for New PCPs

When introducing a PCP to the Mental Health program, the social worker is asked to email them a package that provides an overview of the service and how to access it. Offer a phone call or in-office visit to promote engagement and to help strengthen the personal connection from the beginning. *PCPs who use the service most frequently and most appropriately are typically those with whom an early working relationship was established.*

#### PCP Orientation one-pager (Appendix C)

PCPs are asked not to promise any specific aspects of the program to patients, in order to manage the expectations of both the patients and the PCPs. This is partially to allow for some variation in what we offer depending on the capacity of the team at different points in time. It is also to keep the possibilities

open for the patient. Sometimes the concerns of the patient and the PCP do not match up, so an open-ended referral to the team allows the space to develop the most appropriate plan of care with the patient.

### **Patient Handout (Appendix D)**

Patients are asked to initiate contact with the social workers as a first step, to ensure that they are interested in the support that can be offered. Appendix D is the handout that PCPs are asked to share with their patients so that they can reach out to the MH team. Of course, there are some patients who may have barriers to reaching out but still require support. The PCP is always allowed to ask the SCOPE MH team to initiate contact with the patient, which can be done by clearly highlighting this request on the faxed referral.

### **Case examples (Appendix E)**

Providing a list of case examples has been useful to give new PCPs an idea of the range of possible outcomes following a referral to SCOPE MH.

#### **Some key learnings/ best practices:**

1. SCOPE has proven to work best with a centralized point of access. The MH program works well when access can be initiated through the nurse navigator (the known centralized access point for SCOPE PCPs) as well as through direct contact with social worker (for both patient and PCP).
2. Clear communication with PCPs will promote appropriate use of service. It is essential to communicate back to PCP when requests are not appropriate for the SCOPE MH team. The team should not simply decline such referrals, but will recommend alternate, more appropriate ways of proceeding in the future, which will hopefully reinforce guidelines of how to best use the SCOPE MH services.
3. While a small team cannot fix systemic issues in mental health, we can promote **continuity of care** through **co-managing care** of complex patients (shared care with psychiatry, access for quick consultation, SW bridging support) and maintaining flexible & low-barrier contact (patients can always reconnect with service, PCPs can always re-refer).
4. Being responsive and timely is extremely important for the program's efficacy. While the SCOPE MH team does not provide urgent/crisis support, the SW is accessible within hours to direct the PCP/patient to urgent services. Also, timely contact with a patient can have a high impact, even if they remain on a waitlist for ongoing services elsewhere.

## Metrics/Evaluation

### A. Tracking form on EMR system (see Appendix F)

- This is tracked for every referral, attached to patient chart on EMR. If the referral is not attached to a specific patient, it is recommended to complete a tracking form under a generic patient chart in the EMR (i.e. named SCOPE, Mental Health)
- All referrals are also tracked in an excel sheet. Due to high number of referrals, this is useful to ensure that all referrals are accounted for.

### B. RE-AIM Framework<sup>1</sup>

- **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.

### C. Patient/PCP Feedback surveys (Appendix G & H)

- Two surveys were developed to explore patients' and PCPs' experiences with the program.

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<sup>1</sup> Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health. 1999 Sep;89(9):1322-7. doi: 10.2105/ajph.89.9.1322. PMID: 10474547; PMCID: PMC1508772.



## Appendices

### Appendix A: Social Work job posting

Position: **SOCIAL WORKER, Social Work Mental Health System Navigator**

Department: SCOPE

Reports to: Manager

Hours: 37.5 hours per week

In the provision of patient and non-patient care activities, the primary responsibilities of the SOCIAL WORKER include:

- assessing patients for the purpose of evaluating the need for service, the nature of the problem, and formulating recommendations or treatment plans;
- implementing an intervention plan with patients, family members, significant others, and the multi-disciplinary team for the purpose of facilitating changes in behavior, attitudes, feelings and/or the environment;
- facilitating family/team meetings; reassessing and modifying the intervention plan as required;
- liaising with appropriate community agencies;
- completing applications for Alternate Level of Care (ALC) facilities,
- establishing contact with members of the interprofessional team and community agencies to obtain, provide or exchange information relating to patients' psycho-social functioning and health care

### **Job Summary**

This new position, specializing in practice as a Social Work Mental Health System Navigator working within the recovery and guided self help models of care, will support community based Primary Care Practitioners and work closely with consulting psychiatrists at Woman's College Hospital and UHN. The role will be of interest to a Social Worker with mental health experience.

The role requires diverse skills including:

- systems navigation,
- telephone and in person clinical consultation,
- the ability to triage for acuity, diagnosis and treatment recommendations,
- assessment for acute/crisis needs and knowledge of guided self help either as the treatment of choice or as a bridge to more appropriate treatment.

As a member of the SCOPE interprofessional team, the individual will contribute to the development and review of integrated primary care including the provision of appropriate data and model development.

## **Requirements**

- Completion of a Masters Degree in Social Work (M.S.W) or equivalent required
- Registration with the Ontario College of Social Workers and Social Service Workers required
- Membership in the Ontario Association of Social Workers preferred
- Two (2-3) years experience working with an interprofessional team in an acute care setting preferred
- Strong knowledge of mental health resources and previous mental health experience
- Ability to work independently but seek consultation when needed
- Excellent verbal and written communications skills
- Excellent interpersonal, time management and organizational skills
- Excellent problem solving skills
- Research experience /education an asset
- Student education/supervision an asset
- Knowledge of policies, legislation, program's and issues related to social welfare institutions and services
- Computer literacy preferred

Appendix B: SCOPE MH E-blast (Recruiting new PCPs for expansion)



**SCOPE would like to invite you to participate in the Mental Health Program!**

**Limited to the first 20 Primary Care Providers so act fast!**

The **SCOPE Mental Health Program** aims to provide rapid contact for patients in need of mental health support, emphasizing primary care support and/or service navigation and bridging support to improve the patient experience and “close the loop”. The program continues to develop and transform to meet mental health support needs, and so we ask that physicians be open to strong collaboration and communication with the team.

The team is comprised of XXX, XXX (Mental Health Social Workers) and XXX (Consulting Psychiatrist).

Click the link below for an overview of how the program works!

**MH Program Information**

If you are interested in participating, please email [XXX@XXX.com](mailto:XXX@XXX.com) – to arrange a call or an office visit with yourself and the Social Workers to get started.

We look forward to hearing from you!

- XXX

## Appendix C: Provider Orientation



### 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 (include SW name) and Consulting Psychiatrists (include psychiatrist name).

#### Services Offered:

2. **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/>
3. **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.
4. **Psychiatry Support with consulting psychiatrist**
  - 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: ### FAX: ### E-MAIL: ###**

- **Psychiatry E-consult:** You can fax or email social workers to facilitate a consult with *SCOPE Psychiatrist*.
  - **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:**
    - a. **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**
- b. **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 [insert SW name] (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.**

## Appendix D: 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. [SW name] is a mental health social worker who is 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)) or Layla (<https://www.layla.care/>). These are free services that connect 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 ### to speak with [SW name].  
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 ### 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 [SW name] 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 ###, you acknowledge that you have read and accept the risks of using e-mail.***

## Appendix E: Case Examples

### SCOPE Mental Health – Case Examples

#### 1. Request for Psychiatric Assessment:

Sarah is a 32-year old female with a diagnosis of bipolar, type II. She has trialed several medications in the past and has been stable for years. Sarah is experiencing an extended depressive episode with passive suicidal ideation, and is concerned the medications are no longer effective. Sarah's primary care physician, Dr. Smith, is seeking an urgent psychiatric assessment for medication recommendations.

Dr. Smith faxed a referral to the SCOPE mental health social workers, requesting a psychiatric assessment.

SW called Sarah and completed a risk assessment-there were no acute safety concerns warranting an admission or ED visit. SW arranged for Sarah to see *SCOPE Psychiatrist* for a psychiatric consultation within one week. The consultation report was faxed to Dr. Smith, and *SCOPE Psychiatrist* remains available to answer any follow-up questions.

#### 2. Request for E-consult :

Mary is a 58-year old woman with schizophrenia, stable, and managed on an injectable antipsychotic every 3 weeks. She hasn't seen a psychiatrist in several years and is followed only by her family doctor, Dr. Smith. Mary's medication was soon going to be discontinued from funding through the Ontario Drug Benefit program. Dr. Smith planned to switch Mary to the oral version of the medication but is not familiar with this group of antipsychotic medications. She emailed SW to ask about options for rapid consultation with *SCOPE Psychiatrist*. *SCOPE Psychiatrist* was available for phone consult and, after speaking with Dr. Smith, she recommended first applying to the Exceptional Access Program (EAP). She wrote a brief note in support of this application and also followed up with written recommendations on switching from injectable to oral medication in the case that EAP is declined. She remains available for follow-up questions.

#### 3. Refer to the Mental Health Resource Guide:

Jenny is a 28-year old female who has been experiencing mild-moderate anxiety. She informed her primary care physician, Dr. Smith, that she is interested in psychotherapy.

Dr. Smith provided Jenny with the mental health resource guide and patient handout. As Jenny had some benefit coverage through work, she followed the recommendations on the patient handout and found a therapist using the recommended service finder, Green Space. No direct contact with social work was required.

#### **4. Referral to Social Work:**

John is a 55-year old married father of two young children. He is experiencing +++stress in the workplace which is negatively impacting his mental health. John's primary care physician, Dr. Smith, administered the PHQ-9 and GAD-7 which revealed scores in the moderate range. John also reports his alcohol consumption has increased significantly.

Dr. Smith faxed a referral outlining the above to SCOPE Mental Health. Dr. Smith provided John with the mental health resource guide and patient handout. John contacted social worker. SW provided John with six sessions of counseling and assisted him in accessing the waitlist for COMPASS at CAMH for ongoing substance use treatment.

SW faxed a summary of the intervention and recommendations to Dr. Smith

#### **5. Referral to Social Work:**

Juan is a 45-year old male, originally from Chile, but has lived in Canada for 10 years. Juan informed his primary care physician, Dr. Smith, that he was robbed at gunpoint on a recent visit back home. He reports PTSD symptoms and has not been able to return to his job as a night shift security guard.

Dr. Smith faxed a referral to SCOPE Mental Health and provided Juan with the resource guide and patient handout. Juan contacted social worker. SW connected Juan to a Spanish-speaking psychologist through the Mennonite New Life Centre. Juan also met with SW on a few subsequent occasions for assistance with his short-term disability application as well as accessing other instrumental supports.

SW faxed a summary of the intervention and recommendations to Dr. Smith.

## Appendix F: Tracking form on EMR system

1. **Patient demographics: DOB, Gender**
2. **Date Referral Received & Date Closed**
3. **Urgent Request? Y/N**
4. **Nature of Request?** (as specified on the PCP referral, not the outcome of referral)
  - *PCP-SW Consultation*
  - *Psychiatry assessment/consultation*
  - *SW-Patient Contact*
  - *Not specified*
5. **Primary Diagnosis** (as determined by PCP on initial referral; check off all that apply)
  - *ADHD*
  - *Adjustment Reaction*
  - *Anxiety*
  - *Bereavement*
  - *Bipolar Disorder*
  - *Depression*
  - *Eating Disorder*
  - *Learning/Developmental*
  - *Medical Conditions*
  - *No diagnosis – situational stressors*
  - *OCD*
  - *Personality Disorder*
  - *Post-partum*
  - *Psychotic Disorder*
  - *Substance Use Disorder*
  - *Trauma/PTSD*
  - *Other* (with free text option for more details)
6. **Patient contact?**
  - *Yes, in-person*
  - *Yes, phone/email*
  - *Attempted*
  - *Patient did not initiate contact*
  - *Not needed*
7. **Initial Outcome:**
  - *SW consult with PCP (no contact with patient, just communication between SW & PCP)*
  - *SW care coordination (service navigation, help connecting to other services/supports only)*
  - *SW case management (support completing forms/applications, advocating for patient, etc)*
  - *SW coaching/counselling support (including both informal counselling and structured psychotherapy provided by SW to patient)*
  - *Psych assessment*
  - *Psych phone or e-consult*
  - *Refer to Other SCOPE service*
  - *Refer to ED*
  - *Other (with free text option for more details)*
8. **Recommended Resources?**
  - *Community counselling*
  - *Outpatient hospital-based program (psychiatry or otherwise)*
  - *Private therapist*
  - *Employee Assistance Program or Student Services*
  - *Self-help resources*
  - *Online services*
  - *Other SCOPE service*
  - *Other Social services (employment, housing, financial, food banks, etc)*
  - *N/A*
  - *Other* (with free text option for more details)



9. **Additional Notes:** (free text for any other comments re: referral outcomes)

10. **Psychiatric Assessment?** Y/N and include the total number of appts with psych

11. **Psychiatric phone/e-consult?** Y/N

12. **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 (4 or more counselling sessions)
- **Just psych** – SW liaised between pt & PCP (e.g., just booking psych appts, no SW support to patient)

## Appendix G: Patient Feedback surveys

Dear Mr./Mrs./Miss/Ms.,

We are inviting you to complete this survey so that we can better understand your experience with the SCOPE-MH program. Your participation is completely voluntary, and you may choose to skip any question you are not comfortable answering. By completing the survey, you are providing consent for your answers to be used for quality improvement purposes. Thank you for considering participating.

You can request that we stop sending you the surveys by contacting the SCOPE Research Coordinator, Kyle Liang (email: [kyle.liang@wchospital.ca](mailto:kyle.liang@wchospital.ca)).

**1) When interacting with the SCOPE Mental Health program, I felt that my needs were understood.**

- Yes
- No
- Not sure

**2) When I had important questions, I felt that the SCOPE Mental Health program answered these well enough.**

- Yes
- No
- Not sure

**3) I feel that this resource has provided helpful suggestions and next steps to help improve my mental health.**

- Yes
- No
- Not sure

**4) Overall, I feel that the SCOPE Mental Health Program has put me on the right path to improve my mental health.**

- Yes
- No
- Not sure

**Comments:**

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**Thank you for taking the time to complete this survey.**

## Appendix H: PCP Feedback surveys

Dear Dr. XXXX

Thank you for contacting SCOPE's Mental Health (MH) program on [XX 2020] regarding [X issue]. We are inviting you to complete this 8 question survey so that we can better understand your experience with the SCOPE-MH program and help us support the work you do. Your participation is completely voluntary and you may choose to skip any question you are not comfortable answering. By completing the survey you are providing consent for your answers to be used for quality improvement purposes. Thank you for considering participating.

You can request that we stop sending you the surveys by contacting the SCOPE Research Coordinator, Kyle Liang (email: [kyle.liang@wchospital.ca](mailto:kyle.liang@wchospital.ca)).

### 1) Did calling SCOPE-MH save you time while managing patient mental health in your practice?

- Yes
- No
- Not sure

### 2) Do you think the SCOPE-MH program put patients on the right path to improve their mental health?

- Yes
- No
- Not sure

### 3) Has SCOPE-MH introduced you to new mental health resources?

- Yes
- No
- Not sure

### 4) Do you feel better equipped to help patients with mental health issues going forward?

- Yes
- No
- Not sure

### 5) Is SCOPE-MH part of your default referral pathway for mental health?

- Yes
- No
- Not sure
- Sometimes

**And a few final questions about COVID-19 and mental health in your practice:**

**6) Has COVID-19 made SCOPE-MH more important to your practice and how you manage mental health?**

- Yes
- No
- Not sure

**7) Has COVID-19 changed the types of mental health services patients need?**

- Yes
- No
- Not sure

**8) If “yes” was selected for question 7, which mental health services have been more in demand due to COVID-19?**

- Counselling psychotherapy
- Inpatient services
- Psychiatric assessment
- Social worker support (case management, system navigation, bridging support)
- Medication
- Other

**Comments:**

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**Thank you for taking the time to complete this survey.**