Wait Time Alliance

Leading Practices

Name of Sponsoring WTA Member Society:
Canadian Psychiatric Association

Name of Project/Program/Initiative:
The Hamilton Family Health Team Mental Health and Nutrition Program

Location:
Hamilton, Ontario

Description of Program:
For the last 17 years the Hamilton FHT (formerly HSO) Mental health program has integrated mental health counselors and psychiatrists into the offices of what is now 150 family physicians. Each family physician has approximately 0.3 of an FTE counselor and a visit by a psychiatrist for half a day a month. The counselors will see any case referred by family physicians (including children) and offer a wide range of services including case management, psychotherapy, family support, system navigation, medication monitoring, health education and self-management support, as well as providing advice and information to the primary care team. Most care is short-term (average number of visits per contact has remained between 5 and 6 since the programs inception) to ensure the counselors have slots for new referrals.

The psychiatrist provides consultation, and some short-term stabilization or treatment, and will also (like the counselor) see people intermittently to monitor progress or re-assess a treatment plan. Because the program is based upon a "shared" model of care, it is easy for the mental health team to remain in regular contact with the family physician, and become re-involved rapidly, either by seeing a case or through a discussion with the family physician. The psychiatrist also spends significant amounts of time discussing and reviewing cases, many of which do not need to be seen directly. As the program builds the capacity of primary care and increases the skills and comfort of family physicians and other primary care staff in managing mental health problems, there is a "multiplier" effect, whereby knowledge gained can be applied to other cases in the practice. In addition, each case seen offers opportunities for brief educational input.

The program has also added 3 child and youth counselors, as well as 3 addiction counselors. While they provide some direct care (consultations) their major role is in increasing the capacity of primary care providers, as well as – like the general mental health counselors – assisting with referrals to community agencies or traditional mental health services for individuals who require more services than the primary care team can offer.

Evidence to Support Effectiveness of Program:
The program has consistently demonstrated significant increases in the number of individuals seen. Before the program started (1993), on average family physicians were referring 5 people a year for a general assessment. Once the program started this went up to 58 per family physician per year, and has been maintained over the last 15 years. This can be maintained because of the shared model of care, whereby the mental health worker can see cases as needed, rather than on an ongoing basis. Waiting times to be seen rarely exceed a month, and individuals can often be seen on the same day (if required) or within a few days if the problem is deemed to be urgent, because of the ready access to an on-site mental health professional. On average, a full time equivalent clinician will see 150 new referrals a year, and a full-timer equivalent psychiatrist will see over 550 new referrals a year. People using the service and those working in this arrangement have consistently demonstrated high levels of satisfaction with the way it works and meets their needs.