

Family Health Team Social Worker or Shared Mental Health Care Referral Guidelines

With each patient, please explore whether they have access to EAP or private insurance options prior to a referral to either program as this will help keep wait times lower and will ensure quicker access for those patients who do not have other options.

SOCIAL WORK	SHARED MENTAL HEALTH CARE
<ul style="list-style-type: none"> Ensure patient consents to referral Follow your usual practice for referring to allied health within the FHT 	<ul style="list-style-type: none"> Ensure patient consents to referral In Nightingale: Select consultation-New consultation-use the template-Shared Mental Health Care
WHO WE CAN SEE	WHO WE CAN SEE
<ul style="list-style-type: none"> Youth (≥ 12) therapy– Melrose Children and youth therapy - Riverside Couples and family counseling – both sites 	<ul style="list-style-type: none"> Ontario residents, age 16 and up No couples, youth, or family counseling 6-8 sessions available - consider the FHT social workers if you suspect longer support will be needed
APPROPRIATE REFERRALS	APPROPRIATE REFERRALS
<p>Both Sites:</p> <ul style="list-style-type: none"> Mild to moderate depression - (e.g. PHQ 9 <15) and/or mild to moderate anxiety - (e.g. GAD 7 <15) Financial assistance (equipment, housing, transportation, medications). Help with future planning (retirement, respite, long term care placement, POA/legal issues) Chronic health issues Loss and/or grief (including anticipatory grief) Physical, sexual, emotional or financial abuse by another person CBT for Depression/Anxiety Passive thoughts of death, chronic suicidality If patient is actively suicidal, direct to the ER <p>Melrose:</p> <ul style="list-style-type: none"> EMDR and other therapies for trauma EFT for couples and family counseling Brief and Narrative Therapy 	<ul style="list-style-type: none"> Psychiatric assessment Diagnostic clarification Treatment and/or medication recommendations Assistance with insurance forms Return to work plans or fit to work assessments ADHD assessments Complex, entrenched mental health issues that severely affect functioning Suicidal thoughts or urges → no intent or plan If patient is actively suicidal, direct to the ER <p>Those who might benefit from:</p> <ul style="list-style-type: none"> Short Term individual therapy Group therapy – CBT, Working with Emotions, Youth group, CBT maintenance group, Mindfulness group Gaining access to other TOH psychiatric programs— e.g. Day Hospital, Support with addiction issues and guidance with accessing support in the community
<p>Contact persons:</p> <ul style="list-style-type: none"> Melrose: Katherine Standish-Dutton Riverside: Karen McRae <p>Wait times: wait times vary, depending on #'s of referrals</p>	<p>Contact persons :</p> <ul style="list-style-type: none"> Admin Coordinator: Noella Bussieres →ext. 19112 Manager: Tracy Meeker RN→ext. 19248 <p>Wait times: the goal is first contact within one week and initial assessment within 4 weeks; however, wait times vary, depending on #'s of referrals</p>
<p><i>** If you have any questions or would like quick consultation, call or email us directly. **</i></p>	

