

Huron Perth

System Pathway to Services and Supports for People with a Dual Diagnosis

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Huron Perth Dual Diagnosis Committee
Community Mapping/Crisis Subcommittee

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“Protocol for Linkages Between Schedule I Hospital (Huron Perth) Community Based Hospital and Development Service Providers & Community Mental Health”

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Huron Perth
System Pathway
For People with a Dual Diagnosis

A person with a Dual Diagnosis has a developmental disability and a co-existing mental illness and/or challenging behaviours.

What is a Dual Diagnosis?

The Ontario Ministry of Health and Long-Term Care (which funds mental health services and supports) and the Ministry of Community and Social Services (which funds developmental disability services and supports) agree that *“Adults with a Dual Diagnosis” are those persons 18 years of age and older with both a developmental disability and mental health needs.*

Reference: Joint Policy Guidelines for the Provision of community Mental Health and Developmental Services for Adults with a Dual Diagnosis December 2008.

The Ministry of Community and Social Services applies the term Dual Diagnosis to people who have a developmental disability and a mental health need and /or challenging behaviour. The term “challenging behaviour” is used to describe behaviour that interferes with a person’s daily life.

What is a Developmental Disability?

The Ministry of Community and Social Services uses the definition of developmental disability described in the Services and Supports to Promote the Social Inclusion of People with a Developmental Disability Act (SSPSIPDD) which became law in 2008. It states:

A person has a developmental disability for the purposes of this Act if the person has the prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations,

- (a) originated before the person reached 18 years of age;
- (b) are likely to be life-long in nature; and
- (c) affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity. 2008, c. 14, s. 3 (1).

“Adaptive functioning” means a person’s capacity to gain personal independence, based on the person’s ability to learn and apply conceptual, social and practical skills in his or her everyday life; (“fonctionnement adaptatif”)

“Cognitive functioning” means a person’s intellectual capacity, including the capacity to reason organize, plan, make judgments and identify consequences. (“fonctionnement cognitif”) 2008, c. 14, s. 3 (2).

Reference: Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2010
http://www.elaws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10299_e.htm (accessed Oct 31, 2011)

Causes of Developmental Disabilities

Several hundred causes of developmental disability have been discovered, however, many causes are still unknown. The most common ones determined to date are:

Biomedical causes - resulting from:

- Abnormal genes inherited from parents e.g. Fragile X Syndrome
- Errors when genes combine (e.g. Down syndrome, Prader Willi Syndrome)
- Nutritional deficiencies
- Metabolic conditions (e.g. phenylketonuria (PKU), and congenital hypothyroidism)

Behavioural issues during pregnancy:

- Smoking
- Use of alcohol and other drugs that affect the developing foetus (FASD)
- Malnourishment
- Contraction of certain illnesses/infections while pregnant

Problems at birth:

- Premature delivery or low birth weight
- Oxygen deprivation during birth
- Injury during birthing

Factors during childhood:

- Illnesses (such as chickenpox, whooping cough, and measles)
- Exposure to lead, mercury, and other toxins
- Head injury
- Oxygen deprivation
- Social factors such as child stimulation and adult responsiveness

Reference: Youth In Transition Toolkit – Southern Network of Specialized Care

<http://www.communitynetworks.ca/uploads/Common/YITTool%20Kit%20CONTENTS%20FINAL%20%20March%201%202011.pdf>

Four Categories of Developmental Disability

The following categories are often used to describe the level of developmental disability determined through assessment:

Mild: 80 – 85% of people with dd <ul style="list-style-type: none">• IQ 50-70• Slower than normal development in all areas• Unusual physiology rare• Can learn practical skills• Ability to learn literacy skills• Can conform socially• Can learn daily tasks	Moderate: 10 – 12 % of people with dd <ul style="list-style-type: none">• IQ-35-49• Noticeable delays, particularly speech• May have unusual physiology• Can learn simple communication• Can learn simple health and safety skills• Can participate in some self-care• Can perform supervised tasks• Can travel alone to familiar places
Severe: 3-4% of people with dd <ul style="list-style-type: none">• IQ 20-34• Significant delays in some areas• May walk late• Limited expressive communication skills• Can learn daily routines and repetitive activities• May learn simple self-care• Need direction and supervision socially	Profound: 1-2% of people with dd <ul style="list-style-type: none">• IQ <20• Significant delays in all areas• Congenital abnormalities present• Need close supervision• Requires attendant care• May respond to regular physical and social activity• Not able to do self-care

Reference: Youth in Transition Toolkit – Southern Network of Specialized Care
<http://www.community-networks.ca>

Based on the above information, 80 to 85% of people who have a developmental disability are categorized as functioning in the mild range. This can make identification of the disability very difficult unless time is spent getting to know the person and the difficulties they face.

Adaptive Functioning

Adaptive skills are the skills necessary for daily living. Standardized tests can also determine limitations in **adaptive functioning**, which consists of three skill types:

- Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Not every person will have the same strengths or difficulties, but some of the challenges people who have developmental disabilities often experience are with:

- **Home living:** ability to cook or clean, shop for food, or complete general maintenance
- **Self-care:** able to complete daily living activities like grooming, toileting, personal hygiene

- **Communication:** both expressive (spoken language) and receptive (ability to comprehend and apply what is said) language and difficulty interpreting body language of others
- **Self-Direction:** able to make decisions about their lives
- **Social skills:** difficulty making and keeping friends and understanding and applying social rules
- **Functional academic skills:** basic education learned in school for work in the world
- **Work:** ability to maintain a job
- **Leisure:** difficulty scheduling and attending activities that are fun like games, sports and going out for coffee with friends.
- **Health and safety skills:** making healthy food choices, making doctor's appointments with or without support, keeping doors locked, asking who is at the door before opening it, leaving home when fire alarm is sounded
- **Community integration:** difficulty using community resources like the bus, restaurants, places of worship, shopping centres – difficulty learning and maintaining skills to care for themselves and live independently

Reference: Youth in Transition Toolkit – Southern Network of Specialized Care
www.community-networks.ca

What is a Mental Illness?

Mental illness is characterized by alterations in thinking, mood or behaviour, or some combination thereof, associated with significant distress and impaired functioning. The symptoms of mental illness range from mild to severe, depending on the type of mental illness, the individual, the family and the socio-economic environment. Mental illness may take many forms, including mood disorders such as depression and bipolar disorder; schizophrenia; anxiety disorders such as obsessive compulsive disorder and post-traumatic stress disorder; eating disorders; and addictions.

[Reference: "Canadian Human Rights Commission's Policy and Procedures on the Accommodation of Mental Illness" online: The Canadian Human Rights Commission <http://www.chrc-ccdp.ca/pdf/policy_mental_illness_en.pdf> at 5 ("Canadian Human Rights Commission's Policy and Procedures on the Accommodation of Mental Illness").]

Mental disorders are comparable to physical illnesses in many ways: they take many forms, they are distinct from the people who experience them (so we refer to "an individual with schizophrenia" rather than "a schizophrenic"), and they are treatable. (CMHA Huron-Perth)

Mental disorders, which may also be called psychiatric disorders, include the following:

Schizophrenia

One of the most serious mental illnesses, schizophrenia affects about 1 percent of Canadians. Contrary to what many people believe, schizophrenia is not a "split personality." (CMHA-Huron/Perth)

Schizophrenia is a mental disorder characterized by a breakdown of thought processes and by a deficit of typical emotional responses.^[1] Common symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or

occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 1%. (Wikipedia)

Mood Disorders

These illnesses affect about 10 percent of the population. Everyone experiences 'highs' and 'lows' in life, but people with mood disorders experience them with greater intensity and for longer periods of time than most people. Mood disorders include bipolar disorder, depression, post-partum depression, seasonal affective disorder (SAD), and others (CMHA-Huron/Perth).

Examples of Mood Disorders Include:

Bi-Polar Disorder

Bipolar Disorder is an abnormal fluctuation in moods, varying between periods of extreme elation, or marked highs (mania) and profound lows (depression). The dramatic variation in mood is sometimes referred to an “episode” and the frequency, severity, and length of the episodes vary among individuals. Between these extreme episodes, there are periods of more or less “normal” moods. (CMHA Edmonton region)

Depression

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains, or digestive problems that are resistant to treatment may also be present. (Wikipedia)

When a depressed state persists for several weeks, deepens, and eventually starts interfering with work and everyday life it becomes an illness. Depressive illness brings about substantial changes in a person's mood, behaviour, and thinking. (CMHA Edmonton region)

Anxiety Disorders affect about 12 percent of Canadians. They include phobias, panic disorder, post-traumatic stress disorder and obsessive-compulsive disorder. (CMHA Huron-Perth)

Post-Traumatic Stress Disorder is an anxiety disorder characterized by reliving a psychologically traumatic situation, long after any physical danger involved has passed, through flashbacks and nightmares. (CMHA Huron-Perth)

Eating Disorders are most common in women under the age of 30. Common eating disorders include anorexia nervosa and bulimia. (CMHA Huron-Perth)

Concurrent Disorders describes a condition in which a person has both a mental illness and a substance use problem. (CMHA Huron-Perth)

Obsessive Compulsive Disorder is an anxiety disorder characterized by persistent intrusive ideas, thoughts, impulses or images (obsessions) which often result in performing compulsive rituals over and over again. Typical compulsions are washing, checking and arranging things, and counting. These actions give individuals with OCD only temporary relief from their anxiety. With early diagnosis and the right treatment, people can avoid the suffering that comes with OCD. (CMHA Huron-Perth)

*For additional resources and information about mental illness, we recommend the Ontario CMHA website at http://www.ontario.cmha.ca/about_mental_health.asp?cID=7593

Mental Health Definitions accessed from: Canadian Mental Health Association-Huron/Perth website http://www.cmha-hp.on.ca/view.php?public/About_Mental_Illness
And Wikipedia

It can be complex to understand how a person's developmental disability relates to their mental health needs.

Symptoms of mental illness may look different or be less obvious for a person who has an intellectual disability. Although mental health concerns are evident in about 30% of people who have an intellectual disability, it can be difficult to properly diagnose. Mental illness can cause challenging behaviour that is not recognized as being caused by mental illness. The symptoms may be seen as "just a behavioural problem" or may be complicated by difficulties in communication. It can be complex to understand how a person's intellectual disability relates to their mental health needs.

On the other hand, it may not be easily recognized that a person who has a mental illness, also has an intellectual disability. People may be able to hide their struggles with daily life, using basic survival skills and their personal strengths. They may look as if they are coping or accepting a lifestyle, when they are actually struggling to survive.

If a person has a confirmed developmental disability, some common signs that they **may** also have a mental health issue/behavioural issue and, therefore, a dual diagnosis are:

- Hyper-vigilance: extreme worry, nervousness, may be compelled to complete repetitive behaviours, anxiety.
- Psychosis: loss of contact with reality, hallucinations such as hearing voices. (Staff must be cautious not to confuse self-talk with psychosis).
- Hyper-arousal: increased muscle tension, emotional tension, periods of excitable behaviour with insomnia (rapid speech, pacing, repeating phrases or words), irritability, for prolonged periods.

- Rapid mood swings.
- Noteworthy changes in sleep patterns (sleeping during the day and up in the evening).
- Unexplained decrease in skills of daily living: hygiene, self-care, or communication skills.
- Frequent complaints of not feeling well with no medical reason (pains and aches).
- Substance abuse or inappropriate self-medication.
- Lack of regret related to behaviour.
- Self-injurious or harmful behaviour.
- Changes in appetite (not eating as much as or eating more than normal for the person).
- Notable changes inability to complete tasks that previously could complete.
- Periods of sadness longer than normal for that person.
- Memory problems/changes in ability to remember.
- Increase in intensity or frequency of an established behaviour

If a person has a diagnosed mental illness some common signs that they **may** also have a developmental disability, therefore a dual diagnosis are:

- If they have been in a special classroom during school and may have attended until the age of 21
- difficulty with abstract thinking
- manage much better on concrete and structured tasks
- demonstrate poor judgment
- difficulty solving problems
- experience memory problems
- on the surface they appear to understand things but are unable to follow-through
- difficulty generalizing
- may seem to learn more slowly than others
- difficulty with money

How is a Dual Diagnosis Confirmed?

Determination of a dual diagnosis must be done through formalized assessment of a person's developmental level and their mental health status. This process involves:

- Consultation with and assessment by a Psychologist or Psychological Associate qualified to complete psychometric or psychological assessments to determine development level.
- Consultation and assessment by a Psychiatrist or Psychologist/Psychological Associate who is qualified to assess and diagnose mental health issues.

System Pathway

People with a Dual Diagnosis are at risk of crisis for many reasons including:

- ☐ Medication or medical complications
- ☐ Changing life circumstances
- ☐ Inappropriate or inadequate supports
- ☐ Flare up of their illness
- ☐ Substance abuse problems
- ☐ Genetics

Preventing Crisis

A coordinated team of **family/friends and professionals** working together with the person may reduce the risk of crisis. When someone has a Dual Diagnosis it is imperative that they work together with an interdisciplinary team which could include a Family Physician, a Psychiatrist, Developmental Service providers who can advocate, coordinate and provide services and supports as well as other services such as, Specialized Developmental Services, Community Mental Health programs who can provide specialized services and supports. Together a supportive team can increase the ability of individuals to have improved quality of life with supportive living environments, meaningful relationships, activities, and improved ongoing health.

A Crisis is any serious deterioration of a person's ability to cope with everyday life. It does not necessarily involve danger of serious physical harm to himself /herself or others.

Evaluating Risk of Crisis

Evaluating risk is a vital part of a good person-centered support to people with Dual Diagnosis. Ideally, issues of risk are discussed and a plan to address them is developed **before** a crisis occurs. Being able to identify when the person you support is escalating is critical to support the person well. When those around the person realize there is an escalation it is time to regroup and put plans in action to assist the person to deescalate. Areas to consider: damage or harm to self, to staff and/or to others around, to goods and/or property or deteriorating self-care. .

When behaviour is escalating to reduce risk consider:

What danger exists?

Is it possible that the person would:

Yell at someone?

Threaten someone?

Harm themselves, someone else, or damage property?

How great is that danger?

How likely is the behaviour?

If we provide more support, is the behaviour less likely to occur?

How often has it occurred?

When and where does it occur?

What factors may be causing the situation?

What can be done to minimize the risk?

What supports can we add?

What steps can we take to keep the person and others safe?

How can we prepare to manage the risk?

Call relevant specialized providers to see if there is something that can be done to deescalate the situation.

Resource Options

- call the Help Line **1-888-829-7484** at the hospital to problem solve about other resources that may help stabilize the person without going to hospital e.g. how can we support your team, may have a consult with the Psychiatrist
- call the person's Psychiatrist's office to let them know what is occurring
- call Developmental Service Ontario (DSO) for behavioural support, if already involved with Regional Support Associates (RSA) consult the clinician for consideration of In home/Safe Space/Treatment Space
- call the Social Worker or Out-patient Nurse at Regional Mental Health Care – London, Dual Diagnosis Program for consultation
- Consultation with Case managers or key people in person's life.
- If involved with local health care team consult with staff for direction, i.e. nurse practitioner, social worker, doctor, psychologist, etc.
- Dial 211

Re-assessing risk

Risks will change as the person's situation changes. For example, the likelihood of someone self-harming is much less if the person is supervised in a supported setting, than if the person is on his or her own in the community. You will need to regularly re-assess risk to reflect the person's current state, environment and level of support.

In a Crisis

Follow Crisis Care Plan.

Call the Help Line – let them know you are coming to the hospital

1-888-829-7484 (Help Line)

24 hour Telephone support

Crisis Face to Face consultation can be arranged between the hours of 8:30 am -11:00 pm by calling the crisis line number.

An **emergency** is a situation in which there is an immediate danger that the person will harm either himself or herself or someone else. Examples of emergencies include threats of suicide, threats of physical violence or extreme impaired judgment caused by problems such as psychosis or intoxication.*

If this is an emergency and the person needs to go to hospital go to your local emergency room. A crisis worker may be dispatched to your location to help determine the next steps.

If the police need to be called - make the 911 call providing as much information as possible about the individual and the situation. If the person has a crisis care plan let the dispatcher know so the protocol can be followed.

After any emergency situation – trip to the emergency room or inpatient stay – the **crisis care plan** (CPP) needs to be reviewed to see if any changes are necessary. The case manager/primary support person will be responsible to review and revise the CCP. The team supporting the person, including all clinical providers and other professionals involved, need to participate in the review. If someone does not have a Crisis Care Plan it may be helpful to have one developed.

The **key is to develop rapport and relationship with all of the professionals involved so you can work together** to provide critical information to inform decision-making and to develop the best treatment plan for the person.

Working together helps to ensure the person with Dual Diagnosis has a supportive living situation with a positive support plan, good medical care, meaningful relationships and activities, in order to reduce the chance of ER visits and hospital stays and for improved overall physical and mental health.

Resources in the Community that can assist in supporting people with a Dual Diagnosis:

Developmental Services

Developmental Services Ontario South West Region - DSO SWR

The key function of **Developmental Service Ontario** is to coordinate access to various services and supports for adults with a developmental disability. Developmental Service Ontario is the single point of access to services for adults with a developmental disability living in Huron Perth.

Developmental Services Ontario – South West Region (DSO SWR)

171 Queens Avenue, Suite 750, London, On N6A 5J7

Telephone: 519.438.4783 or toll free at 1.877.480.2726

Website – www.dsontario.ca

Agencies and services listed below provide and advocate for a full range of community-based services for individuals with intellectual disabilities including accommodation, supported independent living, employment, social, recreation, planning and family supports.

L'Arche Stratford

400 Huron St. P.O. Box 522 Stn Main, Stratford, On N5A 6T7

Telephone: 519.271.9751 Fax: 519.271.1861

Email: info@larche.stratford.on.ca

Website: www.larch.ca

Anago Resources Inc.

364 Huron St. East, Exeter, On N0M 1S2

Telephone: 519.235.2963/519.235.4275 Fax: 519.235.1250

Website: www.anago.on.ca

Community Living North Perth

820 Main St. East, P.O. Box 220, Listowel On, N4W 3H4

Telephone: 519.291.1350, Fax: 519.291.2747

Email: clnp@shm.ca

Community Living St. Mary's and Area

300 Elgin St. East, P.O. Box 1618, St. Mary's On N4X 1B9

Telephone: 519.284.1400 Fax: 519.284.3120

Email: info@communitylivingstmarys.ca

Website: www.communitylivingstmarys.com

Community Living Stratford and Area

112 Frederick Street, Stratford, On N5A 3V7

Telephone: 519.273.1000

Email: info@clsa.ca Website: www.clsa.ca

Community Living Wingham and District

153 John St., P.O. Box 818, Wingham, On N0G 2W0

Telephone: 519.357.3562 Fax: 519.357.4283

Website: www.wdcla.org

Community Living - Central Huron

267 Suncoast Dr., P.O. Box 527, Goderich, On N7A 4C7

Telephone: 519.524.7362 Fax: 519.524.1511

Email: clch@hurontel.on.ca

Website: www.clch.ca

Community Living South Huron

146 Main St. P.O. Box 29, Dashwood, On N0M 1N0

Telephone: 519.237.3637 Fax: 519.237.3190

Website: www.clsh.ca

Family Services Perth Huron

142 Waterloo St South, Stratford, Ontario N5A 4B4

519-273-1020

- Foundations (Perth)
- Family Home (Huron, Perth, Grey, Bruce)
- Adult Protective Service (Huron/ Perth)
- SSAH/Passports (Perth)
- Clinical Counselling (Perth)
- Credit Counselling (Huron/ Perth)

Specialized Services**Adult Protective Service Worker**

For individuals 18 years and over whom have a developmental disability and are living on their own in the community. Call Family Services Perth Huron at 519-273-1029 (Stratford) or 519-482-5833 (Clinton) for further information.

Note: All referrals for APSW support will be received first by the Developmental Services Ontario (DSO) 1-855-437-6797 www.apsao.org

Regional Support Associates

RSA offers a team-based and collaborative Bio Psycho Social approach in working with people and their support system(s) to provide the following services; Short- term direct treatment in challenging situations, Dual Diagnosis Consultation, Specialized Assessments including: Psychological, Behavioural, Cognitive, Psychiatric, Speech-Language, Swallowing, Nursing. They provide Training and Education and Dual Diagnosis Justice Case Management (DDJCM). Please note that all referrals except Dual Diagnosis

Justice Case Management are made through Developmental Services Ontario (DSO) Referrals to the DDJCM can be made through 1.800.640.4108.

Visit the website at www.regionalsupport.on.ca

Enhanced Specialized Services

Has been developed to provide intensive clinical support, assessment and short term treatment, for individuals who are experiencing significant challenging behaviours and/or mental health concerns. Specially trained support staff will work with the individual's support group under the clinical supervision of Regional Support Associates, will assist in implementing behavioural strategies, gather data, model intervention techniques for caregivers and reinforce a holistic team approach to support. This is not a crisis service, but part of a continuum of preventative community service that can provide support on an urgent basis. "Urgent service" means when the situation is stable but the person and their supports need clinical assistance as soon as possible to prevent the person and situation from becoming a crisis state. Enhanced Specialized Services flows from RSA clinical involvement. If you are not connected to RSA as an active case, you will need to be referred through the DSO for RSA support. Contact Regional Support Associates at 1-800-640-4108.

Interim Enhanced Community Response (IECR):

The SWR Interim Enhanced Community Response (IECR) mechanism is a program designed to support collaboration among service providers and the broader community service systems, to address the specific unexpected, urgent needs of persons who may have exhausted other supports available to them. Persons, families, agencies and others in a person's support network are encouraged to provide information to the DSO with respect to the person's unexpected change in support needs. The DSO will attempt to match the person to existing, available and appropriate resources. If an appropriate resource is not available, and the person may benefit from a short term response, the DSO may refer the person to the IECR mechanism. Local IECR networks in each community will utilize enhanced problem solving to explore options to meet the person's specific, urgent, short term need.

Dual Diagnosis Program, UWO - St. Joseph's Regional Mental Health Care-London

The Dual Diagnosis Program at St. Joseph's Regional Mental Health Care London provides specialized assessment, treatment, rehabilitation, and support services to adults between the ages of 18-64 years of age with a developmental disability and mental illness or severe behaviour disorder.

Developmental disability includes these criteria defined by the DSMIV and Ministry of Health and Long Term Care:

- Significant deficit in intellectual functioning (IQ of 70 or below)
- Onset of impairment before age of 18 (Impairment is not attributable to brain injury resulting from any causation or chronic psychotic illnesses of early onset)
- Significant deficit in two or more adaptive skills (communication, adaptive skills, motor functioning)

The program consists of a 15 bed tertiary inpatient unit and a specialized time limited outpatient consultative service.

Admission routes:

Inpatient: transfer from a schedule one facility - referral made to the Coordinated Access Team (CAT)
http://www.sjhc.london.on.ca/sites/default/files/pdf/mentalhealth_referralform.pdf

Scheduled elective admission of a registered outpatient

Outpatient: requests for an outpatient consultation are accepted from community psychiatrists and or/family physicians

Contact Program Secretary 519-455-5110 ext. 47697 fax 519-452-4396 and referral package will be sent

The Southern Network of Specialized Care

The SNSC works to enhance services to adults with a developmental disability who need specialized care for co-existing mental health and/or behavioural issues. They provide opportunities to access additional training and resources, research; promote evidence based best practices, creates awareness of employment opportunities in the field. They work with cross sector service providers to discuss ways to improve service delivery by identifying service gaps, assisting to find ways to meet these gaps and by providing a unified community voice at the provincial and senior government levels.

Contact Lynda Legge, Facilitator, Huron, Perth, Grey, and Bruce at 1.800.640.4108 or 519.881.0922 ext. 2405

Visit the website at www.community-networks.ca

Mental Health Services

Hospital Based Services

To find a psychiatrist: Family physicians may fax referrals to the Psychiatry department, for non-emergency referrals. If you do not have a family physician consult with a local Family Health Team or ask a Nurse Practitioner.

www.hpha.ca

In Huron

Phone: 1.877.695.2524 or 1.519.524.8316

Fax: 519.524.9349

In Huron your initial appointment with the Psychiatrist will be at the Hospital.

Other appointments will be at the closest Community Psychiatric Clinic. The Clinics are located at:

Clinton, Exeter, Goderich, Seaforth, Wingham

To reach Dr. Conlon, Dr. McAuley or Dr. Hudson call the Alexandra Marine and General Hospital at 519.524.8323

In Perth

Phone: 519.272.8210

Fax: 519.272.8226

In Perth your family physician may refer you to the **Dual Diagnosis Clinic** offered in Stratford and Listowel by Dr. Sayeed Ahmed. Your initial appointment will be at the Special Services Building of the Stratford General Hospital or at Mental Health Outpatient Services building at the Listowel Hospital. The referring Doctor will complete the referral form for the clinic.

Other appointments will be at the same locations. Referrals to other community services will be made as necessary.

To Refer to Other Mental Health Services contact 519.272.8210 ext 2205 or 2570

Intensive Case Management Program provides time-limited, in home support by a multidisciplinary team with goal-specific community treatment including medication monitoring, relapse prevention, psycho-education, advocacy and liaising with community agencies. (For this program call 519.524.8316)

Assertive Community Treatment Team provides long-term treatment 7 day a week in the client's home and community focusing on relapse prevention, medication monitoring, psychiatric consultation and goal-specific treatment by a multidisciplinary team. Referral to ACTT must be through a psychiatrist.

Community Treatment Order Services provides advocacy, coordination, case management and education to clients, psychiatrists and community resources. This must be facilitated by a psychiatrist.

Huron Perth Seniors Mental Health Program provides assessment and treatment provided for older adults experiencing depression, anxiety, confusion, cognitive impairment and changes in behaviour. Services are time limited and include community treatment, assessment, consultation, counseling, advocacy and education. In-service training provided to Long Term Care Homes, community groups and residential care homes. They offer psycho-geriatric clinics, psycho-educational groups for caregivers and psychiatric resource consultation.

Community Based Mental Health and Addiction Services

Canadian Mental Health Association (CMHA)

Huron Perth Branch Locations:

540 Huron St., Stratford, On N5A 5T9

92 Goderich St. W, Box 1139, Seaforth, On N0K 1W0

Telephone: 519.273.1391 or 1.888.875.2944 Fax: 519.273.0505

Website: www.cmha-hp.on.ca

CMHA serves individuals with a serious mental illness by providing programs and they will provide information to the general public.

Programs include:

Community Support Program - offers individualized community-based support for people, 16 years of age or over with a serious mental illness, aimed at improved quality of life through community integration. Case Managers assist with housing, financial planning, development of supportive network of family and friends, life skills, involvement in meaningful activities and linking with other professionals and community agencies.

Court Support & Diversion - Mental Health Court Support Services are available for persons with a mental illness who come into conflict with the law. This service provides court diversion, pre-charge diversion, case management, support and consultation through the criminal justice system. The Release Planner component provides planning for release from incarceration and serves individuals 16 years and

over.

Concurrent Disorders - provides linkages to assessment, treatment and psychosocial rehabilitation for service recipients who have a serious mental illness and addiction disorders.

Housing Initiative/Rent-Geared-to-Income/Enhancement/750 - sublets units to eligible participants with serious mental illnesses at a reduced rent equal to an individual/family's maximum shelter allowance under the Ontario Works or Ontario Disability Support Programs. Rent-geared-to income (RGI) units house up to 26 individuals (4 units are used as transitional housing up to 3 months for individuals looking for permanent housing) and 3 market rent units in Seaforth.

Consumer Peer Support Initiative - provides meaningful programs and activities which are planned and operated by consumer/survivors. Groups offer members: involvement in community activities; information on services and supports; hope, reassurance and support to prevent set-backs.

Family Support Group - offered to family and friends of people/clients with a serious mental illness

Education Program - organizes workshops and educational presentations, information displays, public awareness and mental health week promotion. Resource Centres are in Seaforth and Stratford with books, videos and brochures on mental health topics.

CMHA Middlesex

Goderich Site

274 Huron Road

Goderich, ON N7A 3A2

Office Telephone: 519-440-0450

Office Fax: 519-440-0776

Email: exeter@cmhamiddlesex.ca

Office Hours of Operation: 9:30 a.m. – 4:30 a.m., Monday – Friday

Exeter Site

149B Thames Road West

Exeter, ON N0M 1S3

Telephone: 519-235-0335

Fax: 519-235-3180

Email: exeter@cmhamiddlesex.ca

Hours of Operation: 8.30 a.m. – 4:00 p.m., Monday – Friday.

CMHA Middlesex provides a range of mental health supports to individuals living in Exeter and surrounding southern Huron County as well as the town of Goderich. Through life skills education and applied experiences, each individual is empowered to reach their goals for personal growth and recovery. CMHA Middlesex offers the following programs and services:

Permanent Supportive Housing (Exeter): Four residences in Exeter (with four tenants in each) provide safe and affordable housing where rent is geared to income. Tenants receive on-going support as they gain greater independence.

Supportive Housing for individuals who are homeless or at risk of becoming homeless: (Exeter & Goderich): Rent – subsidized apartments provide independent living for tenants. Individuals are supported as they re-integrate into the community.

Case Management: Case Management staff help individuals develop skills, increase self-sufficiency, and become more connected with their community. CMHA Middlesex offers community supports with varying levels of intensity and participates in shared care arrangements with other community support providers.

Vocational Rehabilitation Services (Exeter): Employment education and a range of in-house applied work experiences offer individuals the opportunity to increase their skills, sense of accomplishment, and economic independence. As each individual pursues community employment opportunities, both employee and employer are supported.

Community Integration (Exeter): CMHA Middlesex provides opportunities for individuals to enhance their leisure skills, life skills, and community engagement. This can help them increase their sense of personal wellness and quality of life.

Phoenix Survivors Perth County
95 Frederick St., Stratford, On N5A 3V6
Telephone: 519.273.7780 Fax: 519.273.0807

Peer support network for people over 16 years coping with mental illness. They are an employer of people who have/had a mental illness.

Clubhouse - Drop-In Centre offers peer support, arts/crafts, leisure activities and outings. Bimonthly newsletter outlining activities and events is available at locations throughout Stratford. To find out about evening activities and outings contact the office at 519-273-7780

Youth program – for youth 16-30 years old coping with mental illness or for those who have a family member with mental illness. Operates at 2 locations: Mondays from 11:00 am -3:30pm - Drop-In Centre (Frederick St.); Wednesdays + Fridays from 11:00 am -3:30pm – Crossing Bridges (Knox Church, downtown Stratford).

Weekly Peer Support Meetings in Perth County:

Listowel - 6-8 pm Mondays at Trinity United Church, 230 Barber Ave N

Mitchell - 7-9pm Tuesdays - call 519-273-7780 for location and information

[Addiction Services](#)

Choices for Change: Alcohol, Drug & Gambling Counseling Centre

Provides assessment, referral and out-patient counseling to individuals affected by their own or someone else's substance use or gambling behaviour for Huron and Perth.

In Huron

Seaforth Community Medical Clinic, 28 Centennial Dr. Seaforth, N0K 1W0
Phone: 1.877.218.0077

In Perth

10 Downie St. 3rd Floor, Stratford, On N5A 7K4

Phone: 1.877.218.0077 or 519.271.6730 Fax: 519.271.2746

Website: www.choicesforchange.ca

Community Withdrawal Management Program

Supports people to withdraw from substances within the community.

Call 519-271-6730, 519.482.7820 or 1-877-218-0077

Located at the Festival Square Building, 10 Downie St, 3rd Fl, Stratford, ON N5A 7K4

Huron Perth Addiction and Mental Health Alliance

The Huron Perth Addiction & Mental Health Alliance brings together six agencies dedicated to helping clients and families dealing with addiction and mental health issues.

The agencies include:

- Alexandra Marine and General Hospital (AMGH)- Mental Health Services
- Canadian Mental Health Association (CMHA)
 - Huron Perth
- Canadian Mental Health Association (CMHA)
 - Middlesex (formerly WOTCH)
- Choices for Change - Alcohol, Drug & Gambling Counseling Centre
- Huron Perth Healthcare Alliance (HPHA)
 - Mental Health Services
- Phoenix Survivors Perth County

Call the Helpline for details: 1-888-829-7484

KIDS HELP PHONE: 1.800.668.6868

Health Related Resources**Alzheimer's Society**

Staff and volunteers provide support programs, educational resources and referral services to ease the burden of care and improve the quality of life for people living with Alzheimer's disease and other dementias. Services are free for as long as they are needed.

Alzheimer Society of Huron

P.O. Box 639, Clinton, On N0M 1L0,

Phone: 519.482.1482 Fax: 519.482.8692

Email: admin@alzheimerhuron.on.ca

Website: www.alzheimerhuron.on.ca

Alzheimer Society of Perth County

1020 Ontario St., Unit 5, Stratford, On N5A 6Z3

Phone: 519.271.1910 Fax: 519.271.1231

TF: 1-888-797-1882

Email: alzperth@wightman.ca info@alzheimerperthcounty.com

Website: www.alzheimerperthcounty.com
Satellite Office: 820 Main Street E., Listowel N4W3L3

Community Care Access Centre

The **South West CCAC** gets people the care they need to stay well, heal at home and stay safely in their homes longer. When home is no longer an option, we help people make the transition to other living arrangements.

Seaforth

32 Centennial Drive
P.O. Box 580
Seaforth, ON N0K 1W0
Admin Fax: 519-527-1255
Client Services Fax: 519-527-0470
Office Hours: 8:30 am – 4:30 pm Monday–Friday See Stratford after hours

Stratford

65 Lorne Avenue East
Stratford, ON N5A 6S4
Admin Fax: 519-273-2139
Access Fax: 519-273-2847

Office Hours: 8:30 am – 4:30 pm Monday–Friday
Client Services Access: 8:00 am – 8:00 pm Monday-Friday
8:30 am – 4:30 pm Weekends and holidays

Email: gethelp@sw.ccac-ont.ca Website: www.ccac-ont.ca

Health Care Facilitator, Southern Network of Specialized Care call 519-421-4248 or 1-800-640-4108

The Health Care Facilitator works to improve access to primary care for individuals with a developmental disability, and to build capacity with health care professionals through training, education and support. Consistent with the provincial mandate of the Community Networks of Specialized Care, the Health Care Facilitator partners with community agencies, service providers, caregivers and provincial Ministries to ensure current best practices in providing health care to individuals with developmental disabilities are available, and integrated into care.

Financial Resources

Ontario Disability Support Program

Provides income and employment supports for adults with a disability.
581 Huron St., Stratford, On N5A 5T8
Phone: 519.271.1530 or 1.800.565.5762 TTY: 519.271.0124
Website: www.mcass.gov.on.ca

Ontario Works

Provides income and employment assistance for people who are in temporary financial need. You must be a resident of Ontario, in immediate financial need and willing to participate in employment assistance activities.

82 Erie St., Stratford, On N5A 2M4

Phone: 519.271.3773 ext. 254 or 1.800.669.2948 Website: www.mcass.gov.on.ca

Online Resources

The Health Line

Go to www.southwesthealthline.ca for a listing of mental health services and developmental services in Huron and Perth. It has program descriptions and contact information.

ConnexOntario

Go to www.connexontario.ca for Health Services information for help with substance abuse, problem gambling or mental health issues.

Regional Support Associates www.regionalsupport.on.ca

Southern Network of Specialized Care www.community-networks.ca

Arch Disability Law Centre (formerly ARCH) www.archdisabilitylaw.ca

CAMH Path to Home www.camh.net/path_home/introduction/index/html

National Association on Dual Diagnosis www.thenadd.org

Ontario Association on Developmental Disabilities www.oadd.org

National Coalition on Dual Diagnosis www.care-id.com

Surrey Place Centre www.surreyplace.on.ca

Canadian Mental Health Association www.cmha.ca

Community Living Ontario www.communitylivingontario.on.ca

Healthy Ontario www.healthyontario.ca

Ministry of Community and Social Services www.mcass.gov.on.ca

Fetal Alcohol Spectrum Disorder Ontario Network of Expertise www.fasdontario.ca

Fetal Alcohol Spectrum Disorder and Justice www.fasjustice.ca

University of Western Ontario Developmental Disabilities Division www.psychiatry.med.uwo.ca/ddp

Great website with lots of links!

Great website for young people and emerging adults to access information, resources and tools during tough times www.mindyourmind.ca

Joint Policy Guidelines on Dual Diagnosis

Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis – December 2008 – for the full report go to this link;

http://www.mcass.gov.on.ca/en/mcass/publications/developmentalServices/joint_policy_guide/toc_joint_policy.aspx

Ministry of Community and Social Services - 519.352-5040

1023 Richmond Street West, P.O. Box 685

London, ON N7M 5K8

www.mcass.gov.on.ca

Administer Ontario Disability Support Plan (ODSP) – Income Support and Employment Support– funds to help with costs of shelter, food, employment

Primary Care Consensus Guidelines and the Toolkit for the Primary Care of People with Developmental Disabilities <http://www.surreyplace.on.ca/Primary-Care/Pages/Home.aspx>

<http://www.surreyplace.on.ca/Primary-Care/Pages/Tools-for-primary-care-providers.aspx>

Dual Diagnosis: An Information Guide by Dr. Yona Lunskey and Dr. Jonathan Weiss

https://knowledgex.camh.net/amhspecialists/specialized_treatment/dual_diagnosis/Documents/dual_diagnosis_infoguide.pdf

South West Local Health Integration Network (SW LHIN)

201 Queens Avenue, Suite 700

London, ON N6A 1J1

Phone: 519-672-0445 or toll free 1-866-294-5446

Email: southwest@lhins.on.ca

Website: www.southwestlhins.on.ca

KIDS HELP PHONE: 1.800.668.6868

Protocol for Linkages between Schedule I Hospital (Huron Perth) Community Based Hospital and Development Service Provider & Community Mental Health

The purpose of this document is to outline how crisis response between the mental health and development service providers will coordinate their services for the care of people with a dual diagnosis.

Definition of Target Client Population:

The target population will be defined as “persons who have a intellectual disability and a co-existing mental health issue or symptoms consistent with a mental health issue.” (Dual Diagnosis)

Guiding Principles:

- Build on existing strength in the system
- Share consistent information between providers
- Plan ahead to prevent admission and deterioration of the individual’s condition
- Utilize Schedule I admissions appropriately
- Develop an interactive and proactive process to support individuals prior to and during their admission to local Community/Schedule I hospital

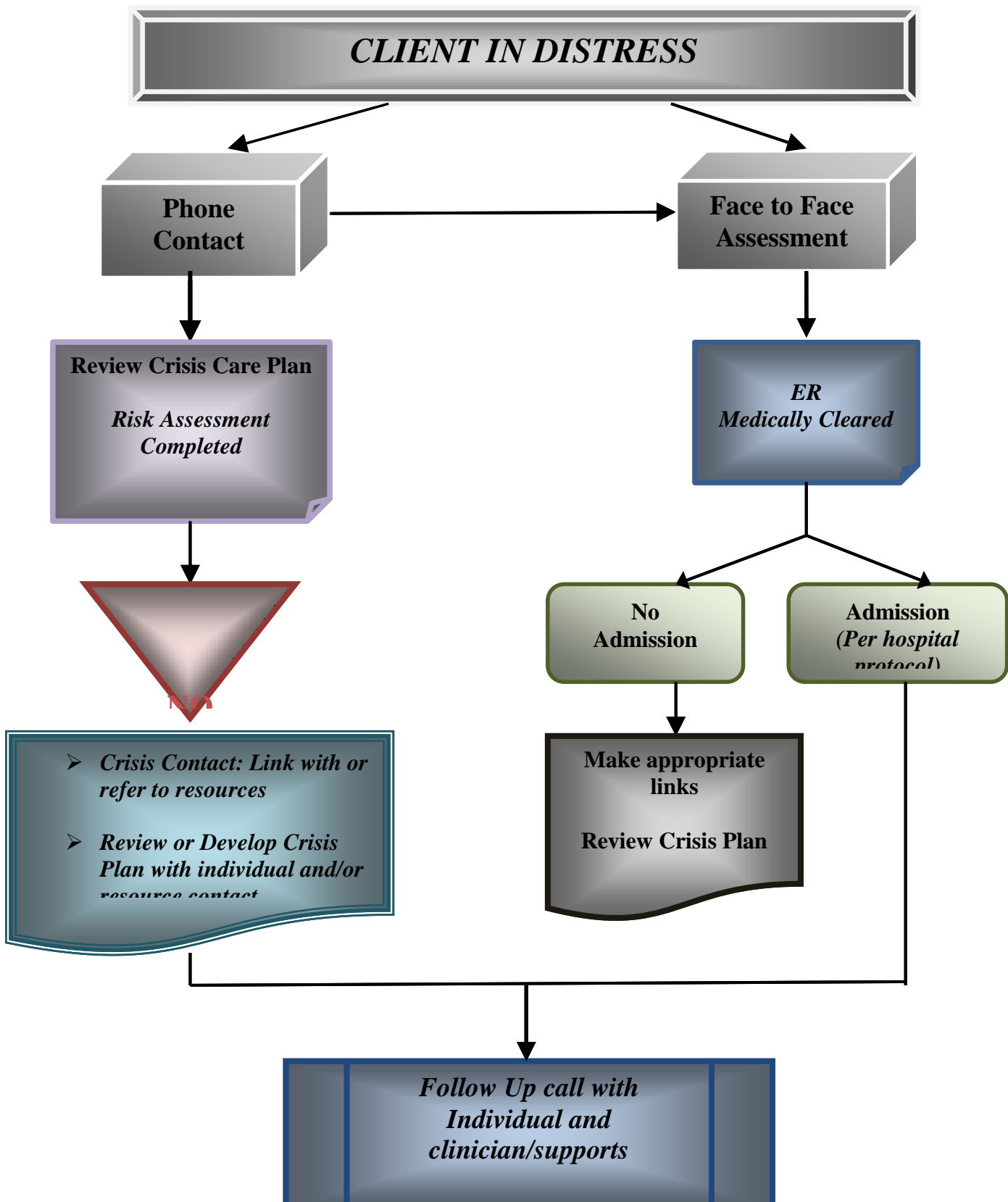
Process

1. Crisis Care Plans (CCP) will be developed by the primary service provider, the client and his/her support system which may include crisis team staff, Regional Support Associates, or other specialized providers involved. The care plan shall be copied to the crisis service, family physician, local emergency department and any other specialized provider/community partner as appropriate.
2. Crisis Program will be alerted if an individual is going to be transported to an emergency department by community staff. Crisis will meet the individual and their community based supports in the Emergency Department of the hospital between the hours of 0830 and 2200. The CCP will be brought to the ER by the individual or their support person.
3. If the client presents at an emergency department the emergency staff will contact the crisis service as appropriate or at the request of the community based staff. CCP will be forwarded by Huron Perth Crisis Intervention Program to the appropriate ER.
4. The need for a face to face meeting with Crisis staff will be assessed in collaboration with community emergency and crisis staff.
5. Emergency physician evaluates the need for admission in collaboration with Crisis and community based staff.

6. Admission protocols as established by existing policy and procedure for inpatient units will be followed.
7. When a person presents themselves, without a community agencies' knowledge, to the Emergency Department, the HPCIP staff will make referrals to the appropriate developmental service or mental health service provider and then link them into the treatment planning process. If the person is involved with an agency, they will ask permission to call the agency and Crisis will follow up with a call. If a referral to a psychiatrist is recommended, this must be completed through a family physician. If supports are not in place for the individual Crisis Staff will facilitate a referral through the person's family doctor.
8. In-patient unit staff will extend an invitation to developmental and mental health service providers to meet with team member to case conference and develop an integrated care/treatment plan when appropriate.
9. Developmental and mental health service providers will attend the unit to provide ongoing support and consultation when appropriate and identified in the individual's treatment plan. The roles of staff in the provision of this support will be clearly stated and will not overlap the duties and responsibilities of hospital staff. Ongoing communication between staff will be important.
10. If the treatment plan requires referrals to Regional Mental Health Care London or other specialized services the hospital staff will complete the necessary processes in conjunction with the support team.
11. Discharge plans and time frames will be shared with all those involved in the care/ treatment plan. Each agency involved will identify a key liaison staff to share this information.
12. An updated crisis plan will be developed prior to discharge and distributed to the crisis service, community agency and family.
13. A list of Resources for People with Developmental Disabilities and Dual Diagnosis will be made available for staff of the Schedule I Facilities and Community Hospitals.
14. This Protocol for Linkages with Hospital, Community Mental Health and Developmental Services was originally developed by Susan Melkert, Caroline Simons, Ruth Beckman, Penny Cardno, Nancy Newman, Maria Reynolds and Glen Walker. This has been revised by a sub-committee of the Huron Perth Mental Health and Addictions Committee comprised of Michele Pardo, Jody Henderson and Lynda Legge. It has been reviewed and approved at the Mental Health and Addictions and Dual Diagnosis Committees.
May 2011

CRISIS INTERVENTION PROCESS

FOR INDIVIDUALS WITH A DUAL DIAGNOSIS



A Very Special Thank you to the CAMH Path to Home Website for their helpful information in preparing this document. All areas marked with an * are taken from their website.

* Dual Diagnosis Implementation Committee of Toronto (2006) *Building the Path to Home: Links to Sustainable Housing for People with Dual Diagnosis*. Toronto: Centre for Addiction and Mental Health

Additional Acknowledgements;

Thanks to the following groups and websites for the resources used to develop this pathway to service for people living with a Dual Diagnosis in Huron Perth.

Huron Perth CMHA Website

CMHA Website

Supports and Services for People who have a Dual Diagnosis - How to find services in Chatham-Kent

Wikipedia

The South West Health Line

Southern Network of Specialized Care – website and
Dual Diagnosis Resource Manual
Youth in Transition Took Kit
