



Association of General Hospital Psychiatric Services

The Association of General Hospital Psychiatric Services (AGHPS)

Jane Chamberlin Award 2021 Selection

Hospital: Brockville General Hospital

Candidate's Name: Linda Hunter

Position: Vice President, Clinical Services

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Recognizing the stresses and strains placed on primary care and other community resources by successive waves of the pandemic, which hospital personnel would have normally relied on, Ms. Hunter spearheaded the introduction of a hospital-wide integrated stepped approach to maintaining and restoring wellness. As a medium-sized schedule 1 community hospital, this required working creatively within an already limited envelope of resources.

Core to this initiative was the development of a Peer Support Team. The team was composed of regulated mental health providers who were assigned to specific clinical and non-clinical hospital departments, thereby promoting continuity and relationship building. WalkRounds enabled quick wellbeing assessments at the individual and team levels.

The first-line approach was that of psychoeducation, e.g. individual touchpoints, huddles that tackled here and now frustrations and stressors. In conjunction, a staff support-line was established for those hospital personnel who preferred greater anonymity when help seeking. WalkRounds were augmented by providing regularly scheduled virtual infosessions, which reinforced coping and self-management strategies.

The second-line approach was prompt access, usually within three business days, to brief focused therapy provided by a designated registered psychotherapist. The psychotherapist had weekly protected session slots to ensure the adequacy of service access. Access was either by self-referral, but most often was facilitated by members of the Peer Support Team based on their identification of hospital personnel requiring a higher intensity of service.

The third-line approach was triggered by the psychotherapist where complexity or safety concerns warranted psychiatric services engagement. The psychotherapist, with the staff member's consent, could either consult the participating outpatient psychiatrist or this psychiatrist would directly provide services through a fast-tracked referral process.

In sum, the introduction of this stepped intervention model, which was led by Ms. Hunter, was a needed augmentation of those services provided by our EAP/ EFAP; the latter were also struggling due to high demand, to provide timely access to counselling. Feedback received from both service recipients and participating providers was that this integrated stepped approach, which focused on both clinical and non-clinical personnel, provided an effective early warning system for organizational hotspots and a welcomed path to crisis resolution

Submitted by

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