CAMH TeleMental Health Provincial Referral Model

Referral Protocol

Email: TeleMentalHealth@camh.ca
Phone: 416 535 8501 x 34778 or toll-free at 1(800) 463-2338

1. Overview

CAMH TeleMental Health provides consultation and assessment for general psychiatry consultations. Ongoing treatment or therapy is not currently offered through CAMH TeleMental Health. Please ensure that the client/patient you are referring is aware that the consultation will take place via videoconference and that they consent to participating in this model of care.

***Please note that this is NOT a crisis service.*** Clients/patients who are experiencing a mental health crisis should be provided appropriate crisis services based on your organization’s protocol for such circumstances, or go to the nearest emergency department.

Inclusion Criteria

- Clients/patients must be 18 years of age or older. Please check with the psychiatrist before referring any client/patient under 18.
- Clients/patients looking for a consultation or assessment in general psychiatry.
- Clients/patients must be referred by a physician or nurse practitioner.
- Clients/patients must be willing to participate via videoconference on CAMH approved platforms.
- Clients/patients in the North East, North West and North Simcoe Muskoka LHIN regions and/or self identifies as a Partner Site in Ontario (regardless of LHIN).

General Exclusion Criteria

- Clients/patients 17 years of age or younger. Please check with the psychiatrist before referring any client/patient under 18.
- Clients/patients in crisis who require immediate care.
- Clients/patients currently being followed by a psychiatrist.
- Clients/patients seeking assessment as requested by a third party (e.g., legal/court purposes, child services, insurance, work disputes).
- Clients/patients who refuse to participate via videoconference on CAMH approved platforms.
- Non-Partner Sites in all other LHIN regions excluding North East, North West and North Simcoe Muskoka LHIN regions.

*IMPORTANT: Clients/patients must have access to either a telemedicine suite or their
own video and audio-enabled technology. The CAMH physician may choose not to proceed with the consult if they are unable to establish a video connection with the client/patient.

2. Referral Requirements

Referrals should be faxed to: **416-260-4186**

If you have questions, please call: 416-535-8501 ext. 34778 or email TeleMentalHealth@camh.ca.

The completed CAMH referral form and any additional forms can be submitted directly from referring providers to CAMH TeleMental Health through the following methods.

- Fax TeleMental Health at **416-260-4186**
- Online: [https://www.camh.ca/en/your-care/access-camh/referral-form](https://www.camh.ca/en/your-care/access-camh/referral-form)

Referral forms must be legible, and completed with up-to-date information as described in the box below. Please visit our TeleMental Health website for all relevant forms, including but not limited to: clinical protocol, referral form, fax cover page, and assessment scales. [https://www.camh.ca/en/your-care/programs-and-services/telemental-health](https://www.camh.ca/en/your-care/programs-and-services/telemental-health)

If a referral is submitted with missing information or on an incorrect referral form, you will be contacted with a request for additional information, which will delay scheduling of the appointment. Appointments will only be scheduled when all necessary information is received. **Please do not submit a client/patient's referral to multiple psychiatric services.**

The following must be submitted as part of a complete referral (please find the referral form attached below).

- Completed CAMH Referral Form (clearly legible, or typed)

  1. Signed by a Family Physician or Nurse Practitioner, with applicable OHIP number. Please include a contact number where messages can be left.

  2. If submitted by another clinician or Telemedicine Coordinator, **the referring physician or NP's name and OHIP number must be included on the form.**

  3. Indicate if voicemails can be left on client/patient's contact number. Referrals may be cancelled if the client/patient cannot be reached on second attempt.
The following documents should be included, if available:

- Completed CAMH TeleMental Health Fax Cover Page
- Appropriate scales (e.g., PHQ-9, GAD-7, ASRS and WURS)
- Medical profile of client/patient
- Lab test results
- Pharmacy records of client/patient’s past and current medications
- Cognitive testing, if relevant and available

If complete information is not received, the referral will not be accepted, and a letter will be faxed to the referring physician.

3. Preparation Requirements

Client/Patient Preparation

- Client/patient should provide updated lab test results, pharmacy records, cognitive testing (if applicable and available) to their family physician or telemedicine coordinator to fax to psychiatrist for review prior to appointment.
- Client/patient should arrive fifteen minutes prior to appointment to fill in any necessary paperwork and receive introduction to telemedicine from telemedicine coordinator or clinician. If the client/patient is being seen from home or another private location, the client/patient should connect using the provided videoconferencing link from CAMH TeleMental Health at least ten to fifteen minutes prior to the appointment.
- Client/patient should have a clear understanding of who they can contact at the local site if they are in crisis or need assistance.

Preparation by Telemedicine Coordinator/Clinician at Client/Patient Site

- Support client/patient to complete all necessary forms (including TC LHIN Hospital Demographic Form)
- Validate OHIP Card
- Have clear protocol to support client/patient in case of a crisis, including access to a Form 1
- Provide brief explanation to client/patient about nature of telemedicine consultation, including privacy and details about protection of personal health information (please see checklist for full details)

Telemedicine Studio or Virtual Visit Preparation

- Client/patient should be sitting close enough to camera that their face is clear
- Ensure client/patient site or device is not on mute before leaving room
• Ensure video connection and quality is appropriate.

**CAMH Site**

• Ensure the consulting physician has all necessary documentation prior to the consultation
• Ensure the consulting physician knows who to contact for connection issues, or other troubleshooting
• Ensure microphone is not on mute
• Ensure video connection and quality is appropriate before leaving room.

4. **Telemedicine Session**

**Starting Telemedicine Sessions**

**Telemedicine Coordinator/Clinician at Client/Patient Site**

• Telemedicine Coordinator/Clinician verifies the identity of the client/patient.
• Telemedicine Coordinator/Clinician explains how the system works to the client/patient and reviews how their personal health information will be protected and kept private (Checklist)
• Provides the consulting physician with a direct call phone number for a clinician at the client/patient site in case of an emergency.

**Virtual Visit**

• Client/patient ensures audio and video connection and quality is appropriate.
• Client/patient should connect using the provided videoconferencing link from CAMH TeleMental Health.

**CAMH Site**

• The consulting physician introduces themselves to the client/patient before the assessment begins.
• The consulting physician will confirm and document the following information at the onset of the appointment:
  o The client/patient’s identity, in accordance with [CAMH policy for Client/Patient Identification](#); This will include showing government issued identification for first time visits.
  o the client/patient’s home address;
  o the client/patient’s current geographic location;
  o if the client/patient is participating in the virtual care appointment from a clinic or health care setting in the community, the contact information for that location;
o an alternative phone number at which the client/patient can be reached during the virtual care appointment (if available); and
o details of an emergency contact person (if the client/patient is able and willing to provide such details).

5. Scheduling / Cancellations/ No-shows

a. Scheduling Appointments

i. Referrals will be booked in the order that they are received. Urgent referrals or clients/patients in crisis should be directed to their nearest Emergency Department.

ii. CAMH staff will attempt to contact the client/patient twice to schedule an appointment. If we are not able contact the client/patient after our second attempt, we will contact the referring site, asking them to connect with the client/patient and have them call our department. If we do not hear from them within a week, we will cancel the referral.

CAMH will attempt to contact the client/patient at the contact information provided in the referral. If the client cannot be reached, CAMH TeleMental Health will contact the referring provider to ask them to contact the client, and have them contact our clinic. If we don’t hear from the client/patient within ten business days, we will notify the referring provider and may have to cancel the referral.

b. No Shows

Definition: A missed appointment will be considered a “no-show” for those clients/patients who do not inform the CAMH TeleMental Health (or their local clinical telemedicine coordinator (CTC) or clinic administrator equivalent), of their inability to attend their appointment and/or who provide no explanation a minimum of 2 business days (i.e., 48 hours) prior to their scheduled appointment. This excludes weekends and holidays. The clinic will recognize extenuating circumstances that lead clients/patients to notify service providers within the 2 business day (48-hour) window before their scheduled appointment, on a case by case basis.

i. If a client/patient does not give 48 hours notice (excluding weekend and/or holidays), prior to canceling an appointment or they do not show up for their
scheduled appointment, the appointment will be considered a no-show. We will send a letter to the referring physician, nurse practitioner or coordinator notifying them of the no-show, and requesting that the referring site contact the client/patient, and have them call or email our office to confirm they still require an appointment. If we do not hear from the client/patient within 10 business days, we will cancel the referral. All clients/patients who still require an appointment will be queued to the end of our referral list.

Useful Links:
1. Referral Form
2. Socio-demographic Form (Client/Patient to complete)