

## Increasing Access to Structured Psychotherapy – North Simcoe Muskoka

### FAQ for Referral Sources

In Scope for IASP Treatment
Client has a primary diagnosis of <u>anxiety and/or depression</u> . Please ensure that the 2 symptom screeners (GAD-7 and PHQ-9) are completed.
<b>Client is seeking treatment for one or more of the following:</b> <ul style="list-style-type: none"><li>▪ <b>Depression</b></li><li>▪ <b>Anxiety Disorder(s)</b>, including: generalized anxiety disorder, panic disorder, agoraphobia, social anxiety disorder, specific phobia, and health anxiety</li><li>▪ <b>Obsessive-Compulsive Disorder</b></li><li>▪ <b>*Post-Traumatic Stress Disorder (*Available in Fall of 2019)</b></li></ul>
Client resides in Ontario
Client is aged 18+
Out of Scope for IASP Treatment
Client is actively suicidal and with impaired coping skills and/or has attempted suicide in the past 6 months
Client poses a high risk to themselves, risk to others, or are at significant risk of self-neglect
Client is self-harming, which is the primary concern
Client is experiencing significant symptoms of mania or hypomania currently or has experienced these symptoms within the past year*
Client is experiencing significant symptoms of a psychotic disorder currently or has experienced these symptoms within the past year*
Client has a severe/complex personality disorder that would impact their ability to actively participate in CBT for anxiety or depression. NOTE: This program is not appropriate for clients for which personality disorder is the main problem descriptor (i.e., problem that is currently causing the most distress and impairment)
Client has requested only medication management
Client has moderate to severe impairment of cognitive function (e.g. dementia or acquired brain injury); or moderate/severe impairment due to a developmental disability or learning disability
Client currently has problematic substance use or has had problematic substance use in the past three months that would impact their ability to actively participate in CBT. Client requires specialized concurrent disorders treatment.
Client has a <b>severe</b> eating disorder that would impact their ability to actively participate in CBT for anxiety or depression

*\*This does not include symptoms induced by medication or substance use*

See Frequently Asked Questions on next page.

FAQ for Referral Sources

Frequently Asked Questions from Referral Sources

**1. Who is able to make a referral to the IASP program on behalf of a client?**

A referral from a primary care provider (family doctor or nurse practitioner) is preferred to access the service. Only in exceptional cases where a client does not have a primary care provider can another clinician make a referral on their behalf.

**2. Why is a completed Referral Form necessary including GAD-7 and PHQ-9 scores?**

All the information requested on the Referral Form is required in order for a client to be screened and assessed for suitability for the IASP program and as a part of the provincial evaluation of the program. A referring provider is encouraged to provide supplementary documentation and a clinical rationale to support a referral where appropriate.

If required information is missing from a referral, the IASP Intake Team will notify you via fax.

**3. If my client has very mild anxiety and/or depression (a score lower than 8 on GAD-7 and lower than 10 on PHQ-9), should I still refer to IASP?**

It may be better to consider a lower intensity intervention such as **BounceBack** (telephone coaching with a manual; [bouncebackontario.ca](http://bouncebackontario.ca)) or **Big White Wall** (online peer support; [bigwhitewall.ca](http://bigwhitewall.ca)). IASP is high intensity psychotherapy for depression and anxiety disorders. If lower intensity services do not help, the client can always then be referred to IASP.

**4. Is the IASP program suitable for a client with a diagnosis of bipolar disorder?**

No, the IASP program is not suitable for a client with bipolar disorder. The program is intended to treat clients suffering from anxiety disorders and/or depression. IASP therapists are not trained to treat bipolar disorder, and so clients must be redirected to appropriate services.

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- 5. Is the IASP program suitable for a client with a diagnosis of schizophrenia or schizoaffective disorder and/or significant symptoms of psychosis at present or in the past year?**

No, the IASP program is not suitable for a client with schizophrenia, schizoaffective disorder or psychosis. The program is intended to treat only clients suffering from anxiety disorders and/or depression.

- 6. Is the IASP program suitable for a client with a diagnosis of borderline personality disorder or who wants to address anger?**

Not if that is the main presenting concern. The IASP program is only intended to treat clients suffering from anxiety disorders and/or depression.

- 7. Is the IASP program suitable for a client who struggles with addiction concerns?**

Not if this is the primary concern and causes regular impairment in the client's functioning.

- 8. Is the IASP program suitable for a client with a cognitive impairment?**

Yes, the IASP program may be suitable for a client with a mild cognitive impairment. To assist the screening process, please provide a cognitive assessment (i.e. MoCA, etc.).

- 9. Is the IASP program suitable for a client who is seeking supportive counselling services (e.g. a client who is suffering from grief and loss or wants someone to talk to)?**

No, the IASP program is not a supportive counselling service. The IASP program provides weekly structured Cognitive Behavioural Therapy (CBT) for clients with anxiety and/or depression and clients are required to complete homework and engage in active practice between sessions.

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#### 10. If a referral to the IASP program is not suitable for my client what other services can they access?

Please consider other mental health and addiction services available in the community as well as **Big White Wall** and **BounceBack**.

#### 11. What happens after a referral to the IASP program is sent? When will the referring provider be updated on the status and treatment progress of their client?

The IASP Clinical Access Coordination Team will attempt to contact the client twice in order to book and conduct to a telephone screening appointment with one of our clinicians. After the screening, the client will either be sent for a comprehensive mental health assessment with an IASP therapist, or re-directed to a more appropriate service.

Please note that during the screening process clients will speak with a clinician from the IASP Clinical Access Coordination Team based at Waypoint but will not be registered at the hospital unless they decide they want to receive service specifically at the Waypoint site.

The referring provider will receive a letter from the IASP Clinical Access Coordination Team if the program was determined not to be a good fit for the client after screening, or if there was a waitlist for service. The referring provider will also receive a letter from the IASP therapist advising of the client's status after the mental health assessment and post-treatment (this process may look different if it's an internal referral).

#### 12. Where is the IASP program delivered in North Simcoe Muskoka?

The IASP program is available at a number of organizations across North Simcoe Muskoka including primary care, community mental health, family services, hospital outpatient and Indigenous partners.

For more information, please visit: [www.waypointcentre.ca/programs\\_and\\_services/IASP](http://www.waypointcentre.ca/programs_and_services/IASP) or contact the IASP Clinical Access Coordination Team:

**Tel.:** 1-877-341-4729 ext. 2883

**Email:** [IASP@waypointcentre.ca](mailto:IASP@waypointcentre.ca)

**Fax:** 705-549-7330