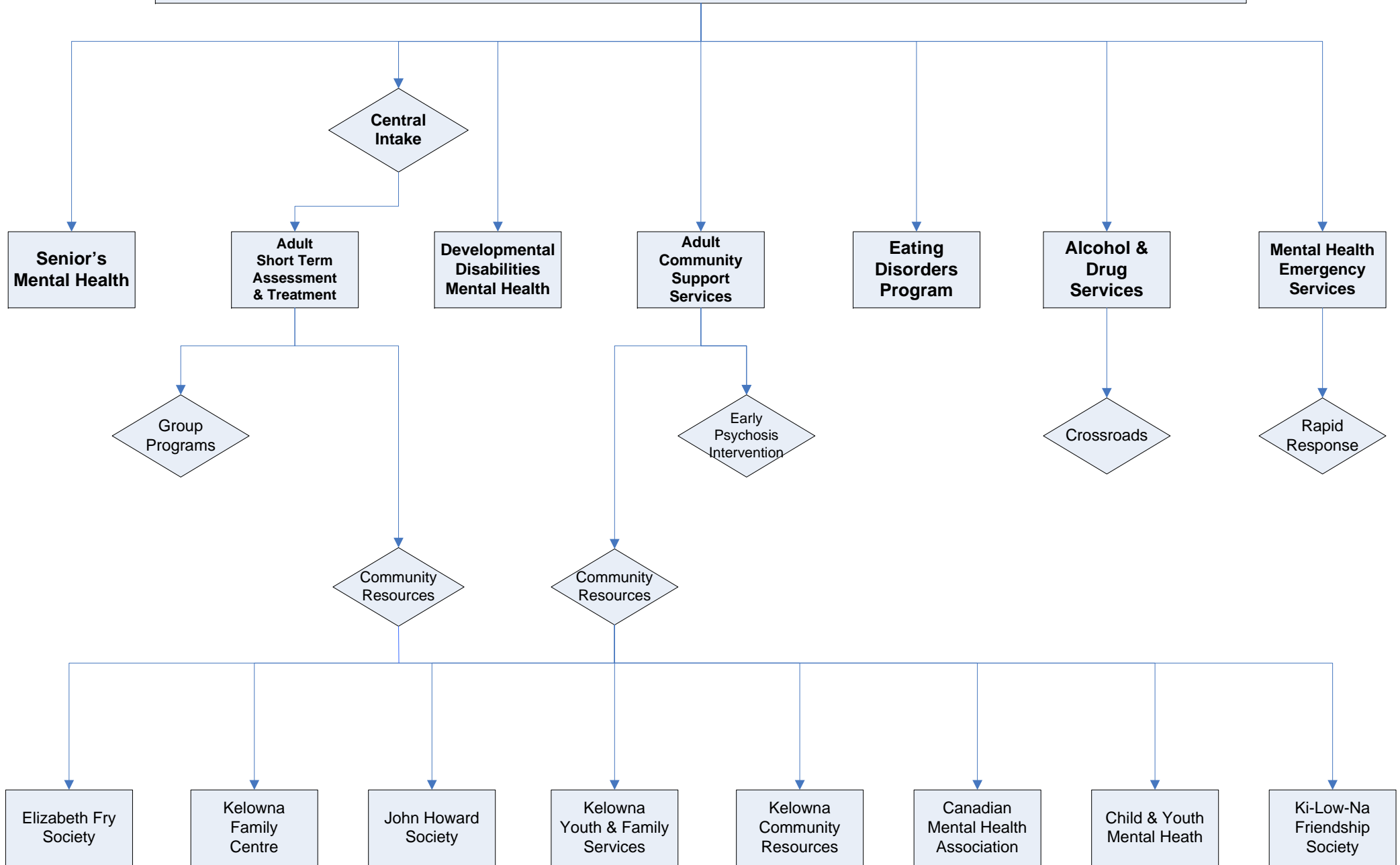


# MH & A REFERRALS



## **Central Intake**

The Central Intake Program (CIP) is primarily an initial screening resource for referrals to the Mental Health Center originating from the community's family doctors. An initial brief assessment with each referred client is completed either via a telephone interview or in person. The multidisciplinary screening committee determines the most appropriate follow-up resource for each client. CIP also assists with the provision of an urgent response service for individuals presenting at the Mental Health Center. Although this is not an emergency service, CIP staff is routinely called upon to deal with mental health concerns (i.e., self-harming behaviours, depression, and emotionally traumatized individuals).

**Please see attached referral form.**





**KELOWNA MENTAL HEALTH CENTRE**

2<sup>nd</sup> Floor, 1340 Ellis Street, Kelowna, BC V1Y 9N1  
 Tel: (250) 868-7788 Fax: (250) 868-7791

**CENTRAL INTAKE REFERRAL FORM**

*Reason for Referral; Presenting Problem; Pertinent History*

Patient's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 PHN: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_  
 Psychiatrist: \_\_\_\_\_

**CURRENT MEDICATIONS/MEDICAL CONDITIONS:**

**OTHER INVOLVED AGENCIES/PROVIDERS:**

**LIVING SITUATION:**

**SYMPTOMS:** *(Please check appropriate boxes, adding a clarifying comment to positive factors)*

	N/A	MILD	MOD	SEVERE	COMMENTS
SOMATIC COMPLAINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MOOD					
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANXIETY OR PANIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THOUGHT DISORDER					
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEMENTIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTELLECTUALLY CHALLENGED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RELATIONSHIP ISSUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (Specify in Comments section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PRESENTING RISK FACTORS:**

	N/A	YES	PLEASE EXPLAIN:
IMPULSIVITY	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUICIDALITY	<input type="checkbox"/>	<input type="checkbox"/>	⇒ <input type="checkbox"/> Thoughts/Ideation <input type="checkbox"/> Stated Intent/Plan <input type="checkbox"/> Previous Self-Harm <input type="checkbox"/> Serious Attempts
VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>	⇒ <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Aggressive Behav. <input type="checkbox"/> History of Assault <input type="checkbox"/> Past/Present Charges
SUBSTANCE USE	<input type="checkbox"/>	<input type="checkbox"/>	⇒ Type _____ <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

COMMENTS:

**SHARED CARE AGREEMENT:** *(Please check either box or both)*

- I plan to remain involved in the patient's care and am willing to prescribe and monitor all medications.
- Please provide Mental Health updates as necessary.
- Consent to psychiatric consultation as needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Community Senior's Mental Health**

The Community Senior's Mental Health Program is an interdisciplinary mental health outreach service. This Program provides assessment, consultative services, treatment, and education for seniors (65+ years) with mental disorders and/or behavioural symptoms that compromise their overall health status, or that of their caregivers. Team members include outreach support workers, registered nurses, social workers, occupational therapists, and psychiatrists.

Specialized programs include therapeutic activation groups for men and women with depression, Prime Timers - a weekly support group for women, and psycho-social outreach support. As a designated agency under BC's Adult Guardianship Act, we have a duty to respond to adult abuse and neglect referrals.

Team members endorse the principle of client-centered care with the intent of maximizing quality of life by reducing distress, improving and maintaining functioning, and facilitating independence.

Anyone can refer to the program - physician, family, friend, or neighbour, Home and Community Care, RCMP, or self. Urgent referrals are screened daily.

**We serve clients from Peachland to Oyama who experience one or more of the following:**

- Depression
- Bipolar affective disorder
- Anxiety
- Psychotic disorders
- Delirium
- Complex dementia with psychiatric or behavioural problems
- Longstanding psychiatric disorders with age-related complications



**Our current waitlist is 6-8 weeks for direct clinical contact, unless intake determines that a referral is urgent.**



# Interior Health

## COMMUNITY SENIORS' MENTAL HEALTH PROGRAM

Kelowna Mental Health Centre

1340 Ellis Street

Kelowna BC V1Y 9N1

Ph: (250) 868-7788 Fax: (250) 868-7791

Name:  
Address:

Phone:  
D.O.B.:  
PHN:

### Community Seniors' Mental Health Program Referral

<b>Name of Referral Source:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>Family Physician:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>Urgent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Reason for Referral (Mental Health problem and severity of symptoms/behavior) and Expected Outcome:</b>			
<b>Symptoms: (Please check appropriate boxes, adding a clarifying comment to positive factors)</b>			
	<b>Mild</b>	<b>Mod.</b>	<b>Severe</b>
			<b>Comments</b>
Anxious <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Somatic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suspicious <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Labile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Depression <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mania <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hallucinations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Delusions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dementia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Specify: <input type="checkbox"/> _____			<b>Medical &amp; Physical Factors: (Include Diagnosis)</b>  <b>Medical Conditions:</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Arthritis <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Sensory Deficits <input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Incontinence <input type="checkbox"/> Falls/Mobility <input type="checkbox"/> GI Problems <input type="checkbox"/> Infectious Diseases (specify) <input type="checkbox"/> Other (specify)
<b>MMSE Score =</b> _____ <b>Date =</b> _____	<b>Previous Psychiatric History:</b> _____		
<b>Risk Factors:</b>			
Impulsivity:	<input type="checkbox"/> N/A	<input type="checkbox"/> Acute and Serious	<input type="checkbox"/> Chronic Problem <input type="checkbox"/> Sexually Inappropriate Behavior
Suicide:	<input type="checkbox"/> N/A	<input type="checkbox"/> Previous Self Harm	<input type="checkbox"/> Serious Attempts <input type="checkbox"/> Thoughts <input type="checkbox"/> Stated Intent
Violence:	<input type="checkbox"/> N/A	<input type="checkbox"/> Verbal Threats	<input type="checkbox"/> Aggressive Behaviors <input type="checkbox"/> History of Assault
Substance Use:	<input type="checkbox"/> N/A	<input type="checkbox"/> Type:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<b>Environmental Hazards:</b>	<input type="checkbox"/> Firearms	<input type="checkbox"/> Unsafe Building	<input type="checkbox"/> Unsafe Walkways <input type="checkbox"/> Aggressive Animals
<input type="checkbox"/> Other: (specify) _____			
<b>Comments</b>			
<b>LTC / CC Involved</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Case Manager:</b> _____ <b>Contact Number:</b> _____ <b>Other Professionals involved:</b> _____			
<b>Has Family Physician assessed client prior to CSMHP referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does Family Physician agree with referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Living Situation:</b> <input type="checkbox"/> Alone <input type="checkbox"/> Facility <input type="checkbox"/> Family <input type="checkbox"/> Other: (specify) _____ <b>Next of Kin (Contact Person):</b> _____ <b>Phone #:</b> _____	
<b>Date Received:</b> _____		<b>Date Assigned:</b> _____	
<b>Case Manager:</b> _____		<b>Waitlist Letter:</b> _____	

\*Lab Work Ordered: \_\_\_\_\_ Please send copy of results to Mental Health Centre.

Please complete Referral Form and Fax, including any additional information you deem pertinent, to (250) 868-7791

## **Adult Short Term Assessment & Treatment (ASTAT)**

The ASTAT team provides onsite crisis intervention, psychiatric assessment, short term treatment, and consultative services to adults who present with serious and acute mental health illnesses and/or problems (e.g. anxiety disorder, affective/mood disorders, personality disorder, relationship issues, grief/loss issues, and life transition difficulties). The ASTAT team provides both individual and group psychotherapy. A psychiatrist works with the team in a consultative role largely for medication management and diagnostic clarification of referred ASTAT clients. As well, ASTAT therapists provide consultative and educational services to the community's family doctors, social service agencies and other health care providers. The ASTAT team also provides urgent response coverage for the Mental Health Centre.

This team receives new referrals from family practitioners through Central Intake and also directly from the community psychiatrists. Currently, there is little or no waitlist for referrals to ASTAT.



## Developmental Disability Mental Health Services

### Program Description:

Developmental Disability Mental Health Services, (DDMHS) is an Interior Health Authority Mental Health program that provides specialized mental health consultation and treatment services for individuals with developmental disabilities (DD) age 14 years and older.



### The purpose of the Team is to:

- Provide specific, accurate diagnosis which encompass the global clinical issues;
- Determine the best intervention plan;
- Collaborate with the client's support team on the interventions to be used;
- Achieve the best quality of life for the individual.

### Referrals:

Individuals may be referred to the program by their family physician, a Registered Clinical Psychologist, Ministry of Children and Family Development, Mental Health and Addiction Services or Community Living B.C. provided that they:

- Have a developmental disability (meet the diagnostic criteria for MR as defined by DSM-IV – (IQ under 70 and low adaptive functioning);
- Have a mental illness, and/or;
- Require diagnostic assessment due to a serious emotional, psychological, or psychiatric condition.
- Exceptions to these criteria are up to leadership team of DDMHS which includes the following: the Senior Manager, Clinical Director, Team Leader or Clinical Practice Leader.

**Referrals are screened by the Team Leader, Clinical Practice Leader, Clinical Director or treating psychiatrist and the team to determine appropriateness of referral and the team's ability to meet service needs.** When a referral is not accepted, the team contacts the referring party to offer alternative support strategies. Treatment of each individual is up to the discretion of each treating psychiatrist.



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**REFERRAL FORM FOR DEVELOPMENTAL DISABILITY MENTAL HEALTH SERVICES****PLEASE FAX TO 868-7791**

Date of Referral: \_\_\_\_\_

Referring Agency/Person (include contact number): \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) Male  
 Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: (*day/month/year*) \_\_\_\_\_ PHN: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

GP: \_\_\_\_\_ Phone: \_\_\_\_\_

Level of Handicap: \_\_\_\_\_

Chronic Medical/known Syndromes or conditions: \_\_\_\_\_

Specialist Involvement? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Agencies Involved? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

CIC File? (Child in Care) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_



Current Situation:

---

---

---

Is this person on any medications? List: \_\_\_\_\_

---

---

---

Sleep: \_\_\_\_\_

---

Appetite: \_\_\_\_\_

---

Mood: \_\_\_\_\_

---

Thoughts: \_\_\_\_\_

---

---

Energy: \_\_\_\_\_

---

Concentration: \_\_\_\_\_

---

---

Any other relevant findings: \_\_\_\_\_

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## **Adult Community Support Services (ACSS)**

The ACSS program provides services to adults diagnosed with a serious and persistent mental illness who are unable to cope effectively with daily living. The staff includes social workers, psychologists, psychiatrists, and nurses. Due to the varied needs of clients, the staff relies extensively on external resources and often work in partnership with caregivers, agencies, and other organizations in the community.

The goal of all intervention is to promote independence, optimal health, and well-being. This is achieved by enhancing the ability of the individual or family to interact effectively with their environment and by expanding the capacity of the community to embrace policy and practices that reduce the incidence, prevalence, and impact of mental health concerns.

### **ACSS Services Offered:**

- **Adult Psychiatry Program** provides assessment, consultation, and case management services to individuals who can benefit from psychiatric intervention.
- **Community Outreach** provides support and consultation to the mental health clientele.
- **Assertive Community Treatment** provides increased support to clients with difficult-to-manage symptoms and behaviours and a history of frequent hospitalizations.
- **Residential Services** provide a continuum of residential options ranging from supported independent living to facility care.
- **Injection Clinics** for anti-psychotic medications.



ACSS does not have a standard referral form. Referrals are accepted by way of:

- Central Intake
- Walk-in's
- McNair Unit, KGH
- Doctor's referral via fax, telephone, letter, etc.

## **EATING DISORDERS PROGRAM**

The Kelowna Eating Disorders Program is an outpatient service that provides assessment, consultation, and treatment to individuals who have been diagnosed with anorexia nervosa or bulimia nervosa. Treatment services include therapy groups, education groups, family therapy, individual therapy, nutritional therapy, and psychiatric consultations. The program is open to youth (under 19) who live in the Central and South Okanagan, as well as adults (19 & older) who live in the Central Okanagan.

Eating disorders are very complex in nature. Current research suggests that various combinations of genetics, personality traits, neurochemistry, psychiatric, co-morbidity (depression, anxiety, post-traumatic stress, obsessive-compulsive disorders), environmental stressors (family, school, work), cultural/societal influences, and psychological disturbances contribute to a person's susceptibility in developing an eating disorder. Therefore, an interdisciplinary approach is important to treatment. The Eating Disorders team is composed of a small group of health care disciplines: psychiatrist, dietician, social worker, and a nurse specialist/coordinator. Given the potential severity of medical complications with eating disorders, all referrals must be made by a family physician or paediatrician.

The following are examples of service delivery:

### **Treatment Groups:**

#### **“Why Eat?” Psycho-education**

- 90 minutes per week for five weeks
- Designed for clients and significant others
- Offered six times per year

#### **“Finding Compassion: Beyond Weight & Shape” Psychoeducation**

- 90 minutes per week for 12 weeks
- Designed for clients only
- Offered twice a year

#### **“Open Talk” Group Therapy**

- 120 minutes per week for six weeks
- Designed for graduates of Finding Compassion
- Offered four times a per year with mini breaks

#### **“Family Matters” Psychoeducation (New for February 2009)**

- 90 minutes per week for six weeks
- Designed for family and friends only
- Planning to offer once every four to six months depending on need and availability
- Also planning a Family Support group for graduates of Family Matters



### **Individual Treatment**

- Nutritional counselling for graduates of Why Eat? usually 1 – 2 weeks to start)
- Individual therapy (varies depending on need and availability)
- Psychiatric consultation (once every 4 – 6 weeks, or as needed)

### **Clinical Consultations**

- Referral sources i.e., GPs, Psychiatrists, Paediatricians
- Allied health professionals
- Community partners

### **Our current waitlist:**

For youths under 19:            Seen and fully assessed within four weeks of referral

For adults 19 & older:        Offered “Why Eat?” within four weeks of referral from Central Intake or sooner  
Full EDP assessment within four to six months although recent urgent (KGH) referrals have been seen within two weeks; quite variable



**Date:** \_\_\_\_\_

**NEW REFERRAL**
**Referral Criteria:**

*The Kelowna Eating Disorders Program offers assessment and treatment to clients who have been diagnosed with anorexia nervosa, bulimia nervosa or eating disorders not otherwise specified, excluding binge-eating disorders or compulsive over-eating problems. Only adults (19 and older) who reside in the Central Okanagan, and youth (under 19) who reside in the Central and South Okanagan, are eligible.*

**NB: If the diagnosis for an eating disorder is uncertain, please refer to a local psychiatrist for confirmation, as this program does not offer a screening service.**

<b>Referral Source: (Please identify: Family Physician, Paediatrician or Psychiatrist)</b>	
Name:	
Office Phone:	Office Fax:
Address:	

**Client Information – Please complete:**

Client's Surname:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Client's First Name:	DOB: (mm/dd/yy)
Current Address:	Care Card #:
Home Phone #	Work Phone #
Marital Status:	# of Children:
Current Height: _____ Current Wt: _____ Lowest Wt: _____ Age: _____ Highest Wt: _____ Age: _____ Client's Desired Wt: _____	_____/_____/_____ Date obtained: (mm/dd/yyyy)

**Eating Disorder Related Behaviours:**

**Restricting:**  Yes  No  History of Restricting  
 Daily intake:  less than 1 meal/day  1 meal/day  2 meals per day or more  
**Purging:** (over the past 3 months)  
 Vomiting  Yes  No **Frequency:**  daily ~  twice/week  less than once/week  
 History of purging, if not purging currently  Yes  No

**Over Exercising:**  Yes  No  
**Laxatives:**  Yes  No  History of Laxative Abuse  
 Type(s) used: \_\_\_\_\_  
 Frequency:  1 to 10  10 to 20  more than 20

**Other Purging Methods:**  
 Diuretics  Thyroid Medications  Ipecac  Appetite Suppressants

**Binge Eating** (Objectively large amount of food within any 2 hour period)  
 Yes  No Frequency:  daily  weekly  monthly

<b>Medical History:</b>	
Medical causes of low weight or vomiting ruled out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amenorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No      LMP _____
History of Amenorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
BCP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No      Week of Pregnancy at Referral: _____
Diabetes: (insulin dependent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
GI Disorders (i.e. Crohn's, Celiac Disease):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:	
Current Medications (Please list type and dosage):	
<b>Psychiatric History:</b>	
Please describe any psychiatric symptoms of concern, or current diagnoses:	
Suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Self Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Substance/Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which substances?	
Treatment:	
Current Treatment for ED /Psychiatric concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please indicate who else is providing services for this client (i.e. psychiatrist / Private Practice Counsellor)	
<b>Diagnosis:</b>	
<input type="checkbox"/> Anorexia Nervosa, Restricting type	<input type="checkbox"/> Bulimia Nervosa, Purging type
<input type="checkbox"/> Anorexia Nervosa, Binge-eating/Purging type	<input type="checkbox"/> Bulimia Nervosa, Non-purging type
	<input type="checkbox"/> Eating Disorder Not Otherwise Specified
<b>Lab Work – Please provide current copy of the following:</b>	
CBC, LUTES, CA, MG, P04, ZN, Ferritin, CR, UREA, ALK Phos, AST, B12, T.Bili, Folate, Free T4, TSH, U/A R&M,	

## MEDICAL MONITORING CHECKLIST

Dear Medical Colleagues:

**RE: MEDICAL MONITORING OF CLIENTS WITH EATING DISORDERS**

The Kelowna Eating Disorders Program has moved to a Group Therapy Model in an effort to address waitlist concerns. This shift in service delivery means that clients are receiving fewer individual sessions with therapists. Therefore, we need assurance that clients are staying medically safe while attending this program.

We have developed a Medical Monitoring Checklist as a way for you to provide us with ongoing information regarding the medical status of clients. It is important for clients to be medically monitored at least once per month and more frequently if they are vomiting, abusing laxatives, continuing to lose weight or maintaining clinically concerning underweight status. Please complete the attached checklist for each medical appointment and fax it back to 862-4001.

Thank you for your ongoing support.

Sincerely,

Michael A. Ocana, M.D., F.R.C.P. (C)  
Program Psychiatrist

Mary Lamoureux, R.N., M.S.N.  
Clinical Nurse Specialist & Program Leader  
(250) 862-4198

**\*Please complete this checklist at *each* Medical Monitoring appointment and FAX to:  
Kelowna Eating Disorders Program, Fax: (250) 862-4001**

**CLIENT NAME:** \_\_\_\_\_ **DATE SEEN:** \_\_\_\_\_

- 1) ↑ Current Weight: \_\_\_\_\_ (Weight to be taken, after voiding, in a gown with back to scale.)  
↑ Current Height: \_\_\_\_\_ (BMI target 20-25 kg/m<sup>2</sup>)
  - **CONCERN: weight loss of >1 kg/week or 4 kg in one month OR if unable to keep any food down.**
  
- 2) ↑ Blood Pressure supine \_\_\_\_\_ and standing \_\_\_\_\_
  - **CONCERN: >30 mmHg postural drop or self-report "I feel dizzy."**
  
- 3) ↑ Heart Rate supine \_\_\_\_\_ and standing \_\_\_\_\_
  - **CONCERN: Bradycardia <40 bpm**
  - **CONCERN: >30 bpm postural change from supine to standing**
  
- 4) ↑ Temperature (if significantly underweight): \_\_\_\_\_
  - **CONCERN: <36 degrees celcius**
  
- 5) ↑ Neurological signs (please describe if present): \_\_\_\_\_
  - **CONCERN: Confusion, loss of consciousness, seizure, tetany, ataxia**

- 6) ↑ Muscular signs: (please describe if present): \_\_\_\_\_
- **CONCERN: Rapidly diminishing exercise tolerance, frequent exercise-induced chest pain**
- 7) ↑ ECG (if cardiac abnormalities detected or suspected e.g. bradycardia, arrhythmias, hypokalemia)
- **CONCERN: Prolonged QTc Interval >450 msec**

**NB: The above noted concerns are *serious* and may indicate risk for death and need for medical stabilization via brief hospitalization.**

- 8) Bloodwork\* and Hydration Status (especially if vomiting, laxative/diuretic misuse):
- ↑ Baseline: CBC, potassium, BUN, Creatinine, AST, Alk Phos, magnesium, calcium, phosphorus, Ferritin, B-12, RBC Folate, zinc.
- ↑ Regular (monthly at minimum but increase to biweekly if frequent vomiting or laxative abuse):
- Potassium: **concern if <3.5 mmol/l (If not correcting with supplement, suspect low Mg)**
- Magnesium: **concern if <0.7 mmol/l (Mg load test required & infusions may be needed.)**
- Phosphorus: **concern if <0.8 mmol/l (Potential risk for hypophosphatemia with refeeding)**
- Sodium: **concern if <137 mmol/l**
- 9) Frequency of binge eating: \_\_\_\_\_ (per day and per week)
- Frequency of vomiting or purging: \_\_\_\_\_ (per day and per week)
- Severity of restricted intake: \_\_\_\_\_ (approx. calories per day)

**Physician Signature & Printed Name:** \_\_\_\_\_

**\* Please instruct the lab to copy reports to the Kelowna EDP @ 250-862-4001.**

F:\EDP\Lamoureux,Mary\Forms\Medical Monitoring Checklist Updated January 2009  
 Revised by Linda Trepanier, RD, BHE April 2006



## **KELOWNA ALCOHOL & DRUG SERVICES**

### **Addiction Services**

Interior Health provides a wide range of alcohol and drug services, from prevention to intensive treatment for all ages. The goal is to improve the health and well-being of people with substance abuse problems.

*Prevention* programs are available to both adult and youth populations. Programs are community and school based, with an emphasis on encouraging children, youth and adults to learn to make healthy lifestyle choices.

*Outpatient Services* offer counseling, support and educational services for people wishing to reduce or quit their use of substances. In collaboration with their clients, the counselors develop treatment plans, which may include referral to other services.

*Withdrawal Management* programs include medical and non-medical support and supervision to help minimize the negative physical and psychological effects of withdrawal from alcohol and other drugs. A typical stay in a withdrawal management program is five days.

*Outpatient Groups* are offered through our outpatient clinic for registered clients of Alcohol & Drug Services. These groups include:

### **Open Psycho educational Groups**

Triggers and Cravings	Monday 11:00am - 12:00 pm
Depression and Anxiety	Tuesday 11:00 am - 12:00 pm
Stress and Wellness	Thursday 10:00 am - 11:00 am
Post Acute Withdrawal and Acute Intoxication	Thursday 2:00 pm - 3:00 pm

### **Closed Groups**

**Family Awareness Group:** An educational group designed for individuals with a family member or significant other, who has a substance abuse issue.

**Concurrent Group:** This is a group provided to individuals who have a mental health issue together with substance use concerns.



Residential Treatment Programs offer intensive short-term therapy designed for clients ready to make significant changes to their substance use patterns in a safe, alcohol and drug free living environment. Treatment programs are typically 28 days in length; follow-up is provided through outpatient counseling services.

Supportive Housing Programs offer stable, safe living environments for people in various stages of the change process. Supportive housing offers the opportunity for residents to benefit from a stable living environment while receiving supports through outpatient services.

### **REFERRAL PROCESS:**

Intake is available every afternoon at the Kelowna Alcohol & Drug Services Clinic. Clients can attend Monday to Friday 1:00 – 4:00 pm and will be seen by an intake worker for a brief appointment (approximately 15 minutes). If a client is not able to attend during these hours they can contact Alcohol & Drug Service and speak to the intake worker to discuss service provision. There is currently a two – three week wait for individual counseling. There is no wait time for the psycho-educational groups. Client can be seen at intake daily, there is no wait time for this service.

### **KELOWNA ALCOHOL & DRUG SERVICES**

100 – 540 Groves Ave.  
Kelowna BC V1Y 4Y7

PH: 250-870-5777  
FAX: 250-870-5774



## **Mental Health Emergency Services (MHES)**

Urgent mental health services are available from 8 a.m. to 1 a.m., seven days a week. Services are provided throughout the community, Emergency Department at KGH, Mental Health Centre, and Outreach Urban Health.



## Group Programs

Group therapy is an integral part of the Mental Health service delivery continuum and generally yields outcomes similar to individual therapy. The Community Mental Health Group Program provides a range of cognitive-behavioural, behavioural, interpersonal, and longer term group therapy services to adults presenting with a wide range of acute and persistent mental health difficulties. Emphasis is placed on delivery of specialized time limited interventions around a core of evidence-based comprehensive group treatments for anxiety and depression. Team members include a Master's level mental health therapist, psychiatric nurse, psychologist, and consulting psychiatrist. Referrals are accepted from Physicians, Psychiatrists, Mental Health Clinician, Central Intake, and Inpatient Psychiatry.

### Group Programs Offered:

#### **Anxiety Disorders Group**

This 10-week group follows the Cognitive-Behavioural model of treatment, focusing on:

- Reduction of physiological reactivity (Relaxation Training)
- Changing self-talk that causes fear and anxiety (Cognitive Therapy)
- Developing insight into communication styles (Psycho-education)
- Introduction to reducing avoidant behavior (Behaviour Therapy)



#### **Behavior Therapy Group**

This 12-week group is a follow-up to the Anxiety Disorders Group, focusing on:

- Helping individuals reduce the avoidance and safety behaviors of social phobia
- Panic disorder with agoraphobia through the use of Cognitive Behavioral and Exposure-Response Prevention therapies.
- OCD and simple phobia through the use of Cognitive Behavioural and Exposure-Response Prevention therapies.

#### **Depression Group**

This 12-week group focuses on:

- Changing inactivity, isolation, negative thoughts, and low mood through Cognitive-Behavioral strategies.
- Increasing daily activities through scheduling, goal setting, and prioritizing self-care.
- Learning to identify and re-evaluate the distorted and negative view of self, situations, and the future.

## **Cognitive Interpersonal Therapy Group**

This is a 12-week group that focuses on:

- Building awareness of interpersonal style of relating
- Learning how past experience influences present relationships
- Identifying thoughts and feelings that influence behaviours
- Behavioural Analysis
- Healthy communication skills such as assertiveness and listening skills
- Learning to make oneself count in relationships
- Mindfulness techniques

## **Dynamic Psychotherapy Group**

This is a minimum of 26 weeks with 1-1/2 hour weekly sessions that focus on:

This is a long-term closed group, for clients with chronic generalized difficulties in establishing and maintaining relationships. Therapy approaches are designed to reduce symptoms and maladaptive coping styles using interpersonal relationship learning techniques. Clients must be able to tolerate confrontation and demonstrate the capacity for insight. They will be assessed by the group therapists prior to acceptance.



## **EPI Peer Support Group**

The EPI Peer Support Group is a regular held group for individuals who are part of the EPI program. It provides the opportunity for these individuals to be involved in a variety of special activities that encourage interaction with others, support and re-integration with their peer group and their community. The goals of this informal group are to socialize, normalize, promote healthy life styles and improve self-esteem.

## Early Psychosis Intervention (EPI)

EPI provides support and counselling to individuals and families experiencing the recent onset of a psychosis-related illness. The program also performs community educational services.

Assessment, treatment, and education in the early stages of illness greatly improve the long term outcome.

Anyone between the ages of 19 and 30 who has a suspected psychosis can be referred. Referrals are accepted from family physicians, school counsellors, family members, or the individual affected.

### **A referral to EPI is a good idea if some of these signs are present:**

- A definite change in normal personality, which lasts weeks or months
- A change in speech, either sped up or very slow, and hard to follow (makes no sense)
- The individual appears suspicious, guarded and fearful
- A severe change in sleep pattern
- An inability to function at their normal level
- A preoccupation with unusual ideas (e.g. Thinks they hear God's voice or believes the TV is talking to them).

### **EPI Peer Support Group**

The EPI Peer Support Group is a regular held group for individuals who are part of the EPI program. It provides the opportunity for these individuals to be involved in a variety of special activities that encourage interaction with others, support and re-integration with their peer group and their community. The goals of this informal group are to socialize, normalize, promote healthy life styles and improve self-esteem.

**For referrals to the EPI program please contact:**

**Elliot Chan                      250-868-7829**  
**Karen Winters                 250-868-7784**



## **Rapid Response Clinic**

An MHES assessment may lead to a referral to the Rapid Response Clinic, a service available through the Mental Health Centre. This clinic was created to help decongest the Emergency Department for those who do not require hospitalization, but require an urgent psychiatric assessment.

The Rapid Response Clinic runs Monday thru Friday. Appointments are booked thru MHES or Central Intake for assessments. Short term support is available, if required, or referral to other appropriate MH teams, Alcohol & Drug Services or available group programs.

This program is working to provide urgent psychiatric services, but does not take the place of anyone in emergent need of medical support. Anyone who has a life threatening illness should still be directed to go to the Emergency Department or to call 911.

