



# Tele-Mental Health Frequently Asked Questions (FAQ) for Case Managers

A Tele-Mental Health consultation is when one of our professionals provide a mental health assessment to a client/family with their mental health team. They will be from one of our three Hubs: Children's Hospital of Eastern Ontario (CHEO) in Ottawa, The Hospital for Sick Children (SickKids) in Toronto, or Vanier Mental Health and Wellness in London. The consultant may support a diagnosis and/or provide recommendations for the client's case manager or referring provider to implement. The consultation will not provide court-ordered assessments or parenting capacity assessments. This service is not for urgent cases or to provide immediate risk assessments – please refer to your local Emergency Department.

## Referral Package

- 1. I have just started working with the client and have little information available, what is the bare minimum required to request a consultation?**
  - The completed referral package;
  - Signed consent;
  - Case summary/review of current concerns and work done with youth to date.
  - Assessment screeners and/or school observations may also be requested by the Hub, prior to the consultation;
  - Information on current medication. If available, please provide information on past medications or medication reconciliation if multiple medication trials have been done.
- 2. My client is turning 18 soon, can they still be referred?**
  - Yes, a referral will be accepted up until the client's 18th birthday. If the client requires a follow up, they can be seen one more time once they turn 18.

## Reports

- 3. The primary care provider and referring agency both want a copy of the report, how do I make sure that happens?**
  - Ensure the doctor's name/agency's name and fax numbers are listed on the consent form (first section)
  - If the patient, parent/guardian want the report to go to anybody else, they will have to indicate this (and sign) on the consent form

- 4. The report has already been sent to me, I forgot to put the doctor on the consent, can I give them a copy?**
  - The report is the property of your agency and can be shared in accordance with your internal policies. No further consent from the Hub is required.
- 5. How long after the consult will I get the report?**
  - The report is faxed 10-15 business days after the consult.
- 6. What should I do if I need to make amendments to the report?**
  - Contact the case manager who coordinated the consultation.

## Consents

- 7. Parent/guardian has sole custody but can't find the documents, what can I do?**
  - Whenever possible, have the youth sign a consent
  - If youth cannot sign, have parent/guardian write and sign a letter confirming sole custody.
- 8. There is no formal documentation, but parent/guardian has not been involved in years, can I still have a consult?**
  - Yes, if possible have youth sign a consent;
  - If youth cannot sign, indicate on the referral form or in another note that parent/guardian has been absent for X# of years and are unable to be located to sign the consent.
- 9. There is joint custody but parent/guardian is unable to locate the other parent/guardian.**
  - Whenever possible, have the youth sign a consent;
  - If youth cannot sign, have the parent/guardian write a note saying they have made every attempt to contact the other parent/guardian to get consent and have not been successful but would like to proceed with the consultation.
- 10. Is verbal consent accepted?**
  - Verbal consent is not accepted;
  - Consent can be digitally signed;
  - Parent/guardian/youth can take a picture of the consent and email it;
  - Parent/guardian/youth can use the markup function to sign and date on a phone/tablet;
  - Parent /caregiver can send an email stating they provide consent (similar to the actual consent form). That email is added to the TMH package.

## Consult

- 11. The case manager should talk to the patient/family ahead of time to prepare for the consultation in the following ways:**
  - Appropriateness of the location for the consultation (see below)
  - A safety plan should be put in place ahead of the consultation in the event of an emergency (use clinical judgment)
  - Ensure patient/family has access to equipment required for virtual consultation

**12. Who needs to be at the consultation and what is their role?**

- Client and a case manager must be present at the consult
- Be on site at the same location as the child/adolescent, or available virtually and by phone for the duration of the consultation
- Assist in safety plan in the event of an emergency

**13. What is an appropriate location to have the consultation?**

- In a private, quiet space with a working camera, headset and speakers/microphone
- In a safe, fixed location (e.g., not a moving vehicle or in a busy public area) as movement can cause distraction
- Always be in full view of the camera and sit in a location without windows or bright lights behind you

**14. Can I invite school staff or other support?**

- Other participants including family, physician and school staff are encouraged to participate. Speak with your client to determine who they would like in attendance.
- However, try and limit the number of people attending, as too many in attendance can become overwhelming.

**15. What should I bring with me the day of the consultation?**

- Copies of the documents you sent with the referral would be beneficial for reference;
- For younger clients, have a quiet activity available in case they need a break.

**16. Who should I contact if I experience technical difficulties?**

- Follow the instructions provided in the booking confirmations
- Please include your contact details on the referral cover sheet in case the hospital needs to contact you quickly during the consultation

**17. Professional consultations**

- Should the patient/family miss their appointment, or cancel at the last minute, you can still proceed with a professional consultation. The consultant cannot provide a diagnosis but can recommend treatment options that may be helpful.