

## **Mental Health Services – Elgin Community Health Hub**

You are referring to **Mental Health Services** at the Elgin Community Health Hub (ECHH). Mental Health Services include the Primary Care Mental Health and Addictions Navigator for Elgin County and the Mental Health Counsellor. There is no fee for these services. Please note that services will be offered in-person or virtually during the ECHH's regular hours, Monday to Friday, 8am-4pm. The Hub is located at 230 First Avenue – Suite 109, St Thomas.

Please note that this is **NOT** a crisis service. If your patient is in **crisis** and in need of **immediate support**, please consider the following:

Reach Out (CMHA Thames Valley Addiction & Mental Health Services)	1-866-933-2023
Kids Help Phone	1-800-668-6868 or text 686868
Wellkin Child and Youth Mental Health Services Urgent Service	1-877-539-0463
Valora Place	1-800-265-4305
Elgin Family and Children's Services	1-800-260-6960
Althosa Family Healing Services Crisis Line	1-800-605-7477
Senior Safety Line	1-866-299-1011
St Joseph's Sexual Assault & Domestic Violence Treatment Program	519-646-6100 x 64224

### **Inclusion Criteria:**

The following **MUST** apply to the patient to be considered eligible for program referral:

- Patient is at least **18 years** of age. At this time, please continue to refer children and youth to Wellkin Child and Youth Wellness and/or Tele-mental Health Services
- Patient resides in Elgin County
- Patient is experiencing challenges related to navigating or accessing services related to their mental health and/or addictions
- Patient is aware of this referral

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### **Service Descriptions:**

Services are provided by, or in combination with the Mental Health Counsellor (MHC) and the Primary Care Mental Health and Addictions Navigator (MHAN). An initial screening of referrals will be provided to collaboratively determine a treatment plan with consideration to the patient's needs, readiness, and preferences. Services provided may include service navigation to community supports, referrals to group programming, self-directed resources, online mental health support or individual counselling.

Individual mental health counselling is provided by the MHC if deemed appropriate and based on patient's preferences. Counselling provided by the MHC is geared towards patients struggling with mild-moderate mental health concerns and is offered on a short-term basis. Typical concerns addressed in primary care mental health services include: mild to moderate anxiety or depression, grief/loss, stress, emotional regulation, chronic disease management, and interpersonal relationship difficulties.

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## **Referral Form for Mental Health Services at Elgin Community Health Hub**

<b>Referral Source:</b>		<b>Referral Source Contact Number:</b>	
<b>Patient's Primary Care Physician:</b>			
<b>Patient's Name:</b>		<b>Patient's Preferred Name:</b>	
<b>Patient's Address:</b>			
<b>Health card number:</b>		<b>Patient's Date of Birth:</b>	
<b>Primary Language:</b>			
<b>Interpreter Required:    YES        NO</b>			
<b>Accessibility or Safety Concerns:</b>			
<b>Best Contact Number:</b>			
<b>Can a message be left at this number:        YES        NO</b>			
<b>Email address:</b>			
<b>Do we have permission to connect with an alternate contact if necessary?        YES        NO</b>			
<b>Alternate contact name, relationship and contact information:</b>			
<b>What is the primary mental health or addiction issue that the patient is experiencing?</b>			
<input type="checkbox"/> <b>Depression/Anxiety</b>	<input type="checkbox"/> <b>Adjustment Issues</b>	<input type="checkbox"/> <b>Community Resources Navigation</b>	
<input type="checkbox"/> <b>Substance Abuse</b>	<input type="checkbox"/> <b>Sleep Issues</b>	<input type="checkbox"/> <b>Relationship Issues</b>	<input type="checkbox"/> <b>Grief/Loss</b>
<input type="checkbox"/> <b>Chronic Pain</b>	<input type="checkbox"/> <b>Family Conflict</b>	<input type="checkbox"/> <b>Parenting concerns</b>	<input type="checkbox"/> <b>Neurodiversity</b>
<input type="checkbox"/> <b>LGBTQ2+ support</b>	<input type="checkbox"/> <b>Self-Harm</b>	<input type="checkbox"/> <b>Advanced Care Planning</b>	
<input type="checkbox"/> <b>Suicidal ideation</b>	<input type="checkbox"/> <b>Housing/Financial needs</b>	<input type="checkbox"/> <b>Criminal Involvement/Legal Issues</b>	
<input type="checkbox"/> <b>Other:</b>			
<b>Which services have you or the patient attempted to access in the past?</b>			
<b>Has the patient received any psychiatric diagnoses? If so, please describe:</b>			
<b>Is there any history of past or present substance use? If so, please describe:</b>			
<b>Is there any history of trauma that the team should be aware of?</b>			

**PLEASE FAX COMPLETED FORM TO THE ELGIN COMMUNITY HEALTH HUB: 519-286-6516**