

The Grey Zone – Dealing with Ethical Issues on the Front Line

Sept. 12, 2014
Colleen MacPhee

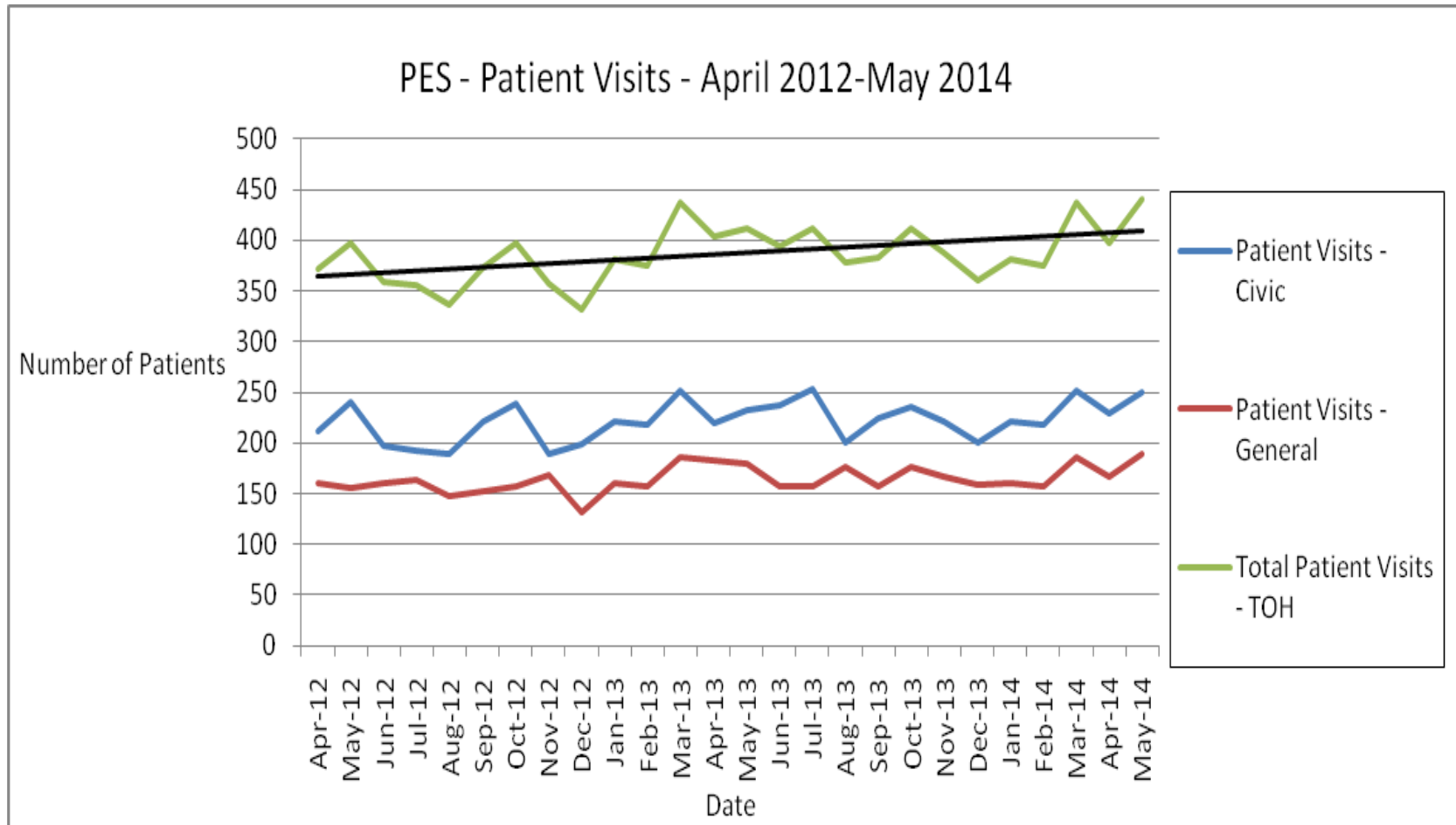
Overview

Crisis Services for Mental Health

Ethical concerns of front line staff

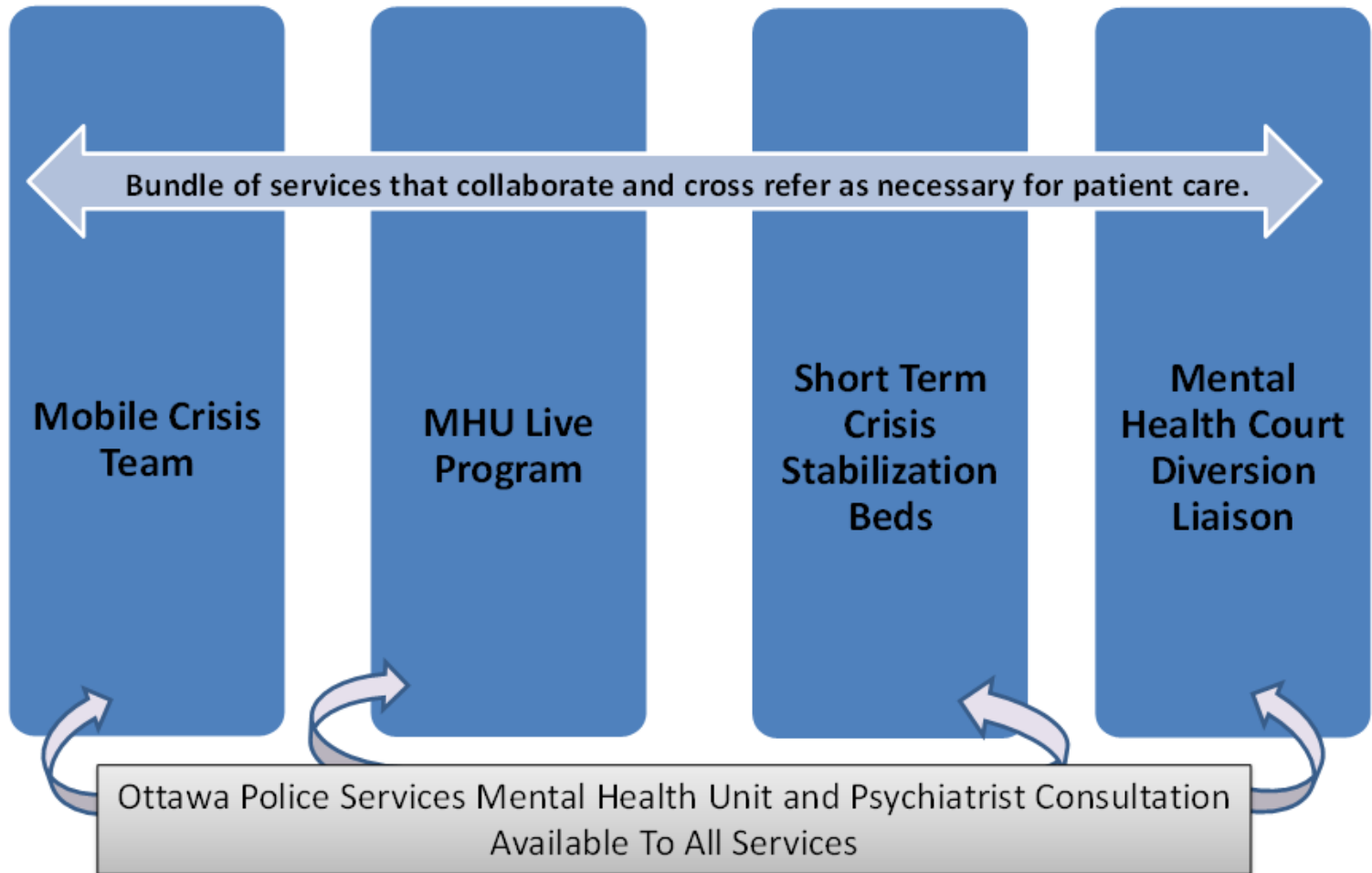
Take home messages

TOH – Psychiatric Emergency Services

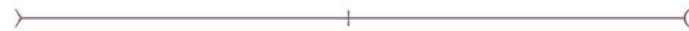


Reflects an 11% increase in volumes over the past 2 years.

TOH Community Mental Health Crisis Services



IF IT'S A **CRISIS** TO YOU,
IT'S A TO US.



1.866.996.0991

JUST CALL.

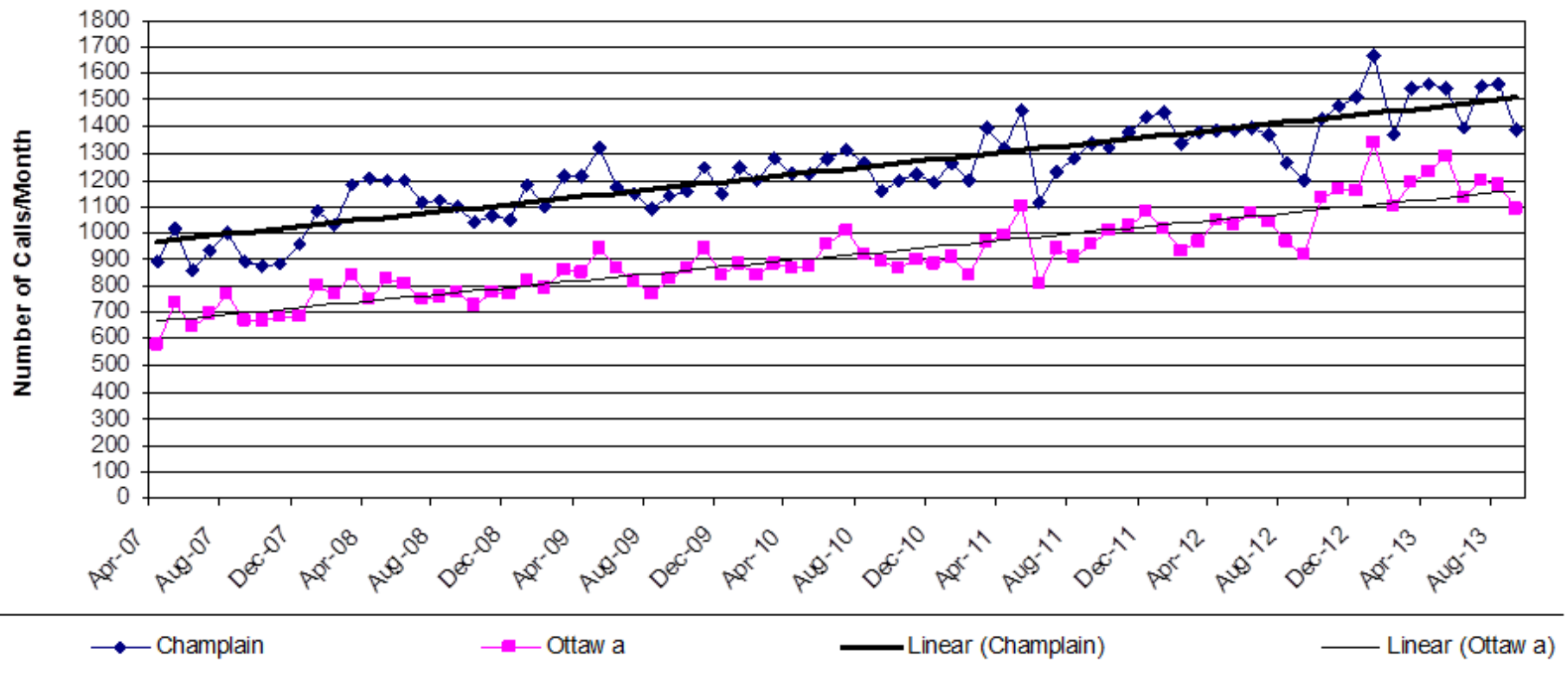


CRISIS LINE | LIGNE DE CRISE

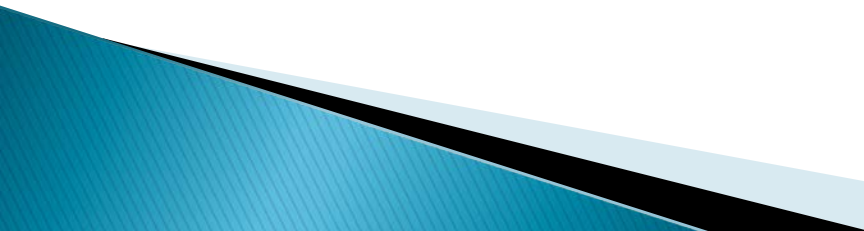
CRISLINE.CA

Mental Health Crisis Line

Champlain District Mental Health Crisis Line April 2007 to Sept 2013



More identified crisis in community –

- ▶ There has been an **11 percent** increase in PES patient visits over the last two years.
 - ▶ Much of this increase can be seen across the emergency department as a whole.
 - ▶ Over the same time period we have seen a 25% increase in the number of calls to the Mental Health Crisis Line (YSB has a children's help line).
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Asking colleagues – front line staff.

What ethical issues do you face?



Organizational
policies

Wait Lists -
Access -
Partnerships

Least Restraint
Last Resort

Legislation

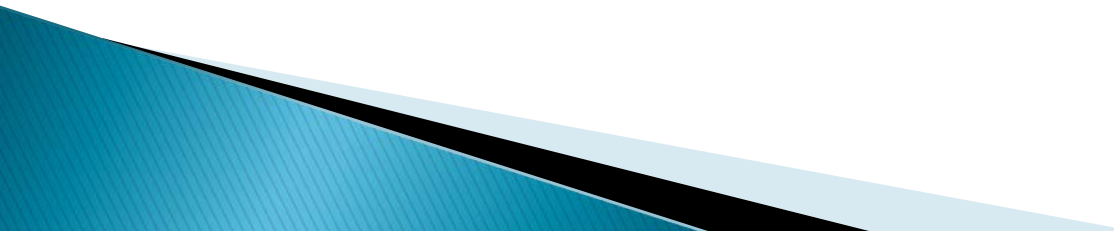
Consent and
Capacity
Funding

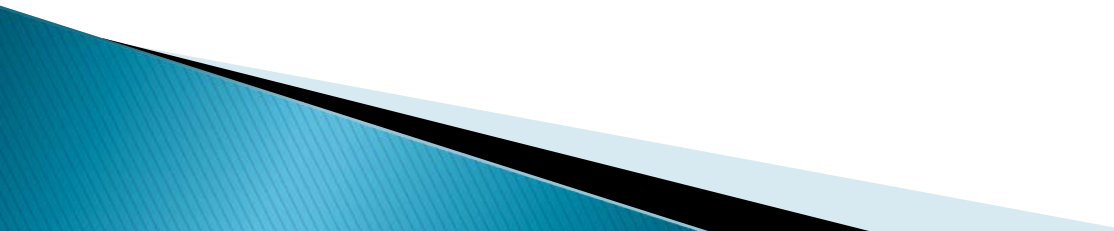
Mental Health
Act
Human Rights

Lived Experience
(professional
and personal)

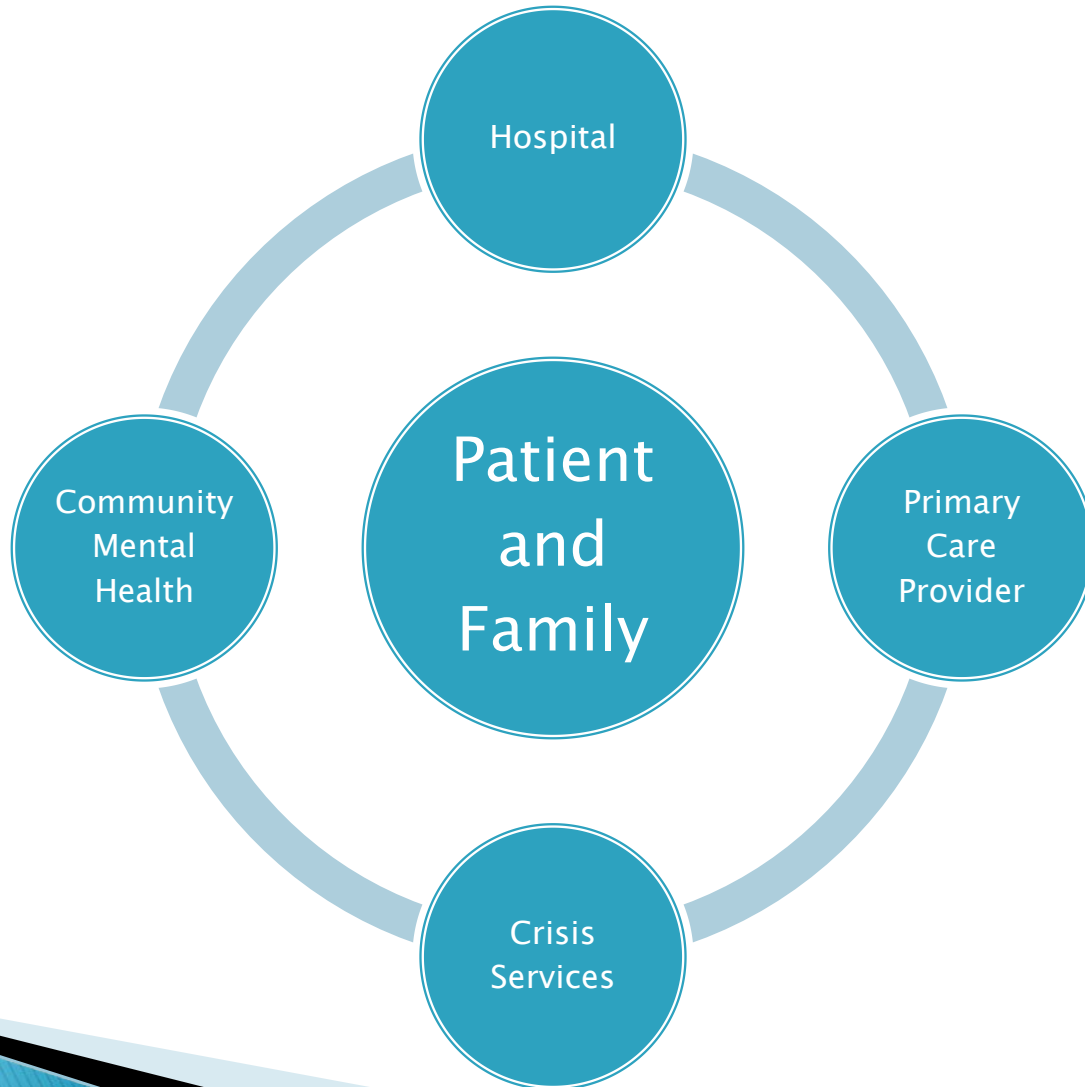
Case Reviews /
Mentoring
Transitions

Teams
Support

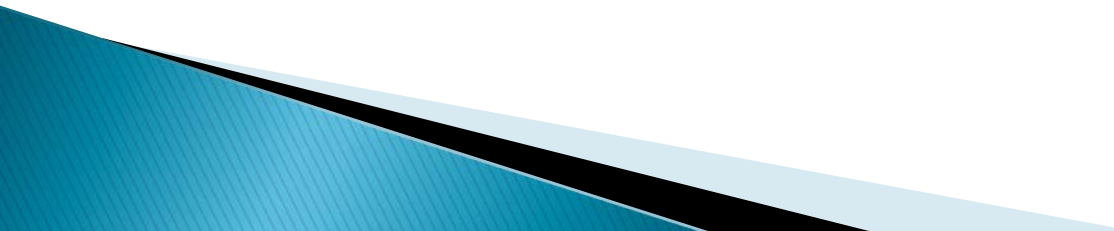
- ▶ Patient's asking for a copy of their notes – I am worried about how they will react.
 - ▶ Duty to report to CAS – not that easy to determine some times.
 - ▶ Restraint use – chemical and/or physical
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- ▶ When I feel the power of attorney is not acting in the best interest of the patient
 - ▶ Worry factor – “this is not going to have a good outcome”
 - ▶ Social determinants of health – they live at risk and we are discharging them back to that.
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Top 5 Picks – Circle of care



Circle of Care

- ▶ Development of community programs to work with hospitals (familiar faces)
 - Memorandum of understanding
 - ▶ Transitions in care
 - Patient safety issues arise if accurate information not transferred with patient/family
 - Medication Reconciliation
 - Form 1 from community (information is key)
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Top 5 Picks

- ▶ What if they didn't tell me the truth “we rely on information at the time”
 - Collateral Information
 - Suicide risk – acute vs chronic
 - Friday afternoon calls



Top 5 Picks

- ▶ How to handle it when families want information but patient refuses to allow us to communicate with them.
 - We need to continue to ask during treatment about family involvement.
 - Discharge plans



Top 5 Picks

▶ Hoarders

- Is coercion an appropriate tactic
- “If you don’t clean this up we will have to take you to the hospital”
- Safety risk for providers



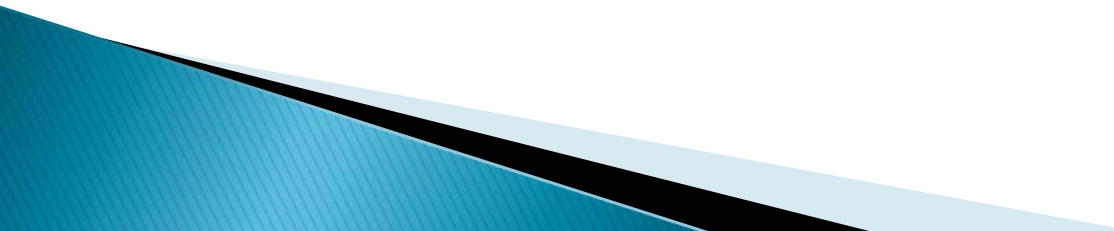
Top 5 Picks

When we are the employer as well as provider of care.

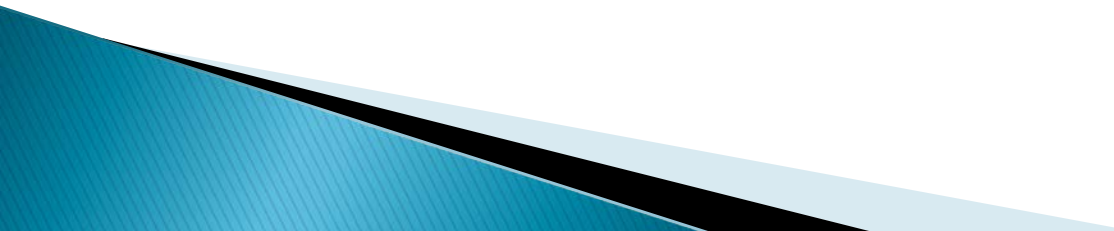
- Privacy issues
- Capacity issues



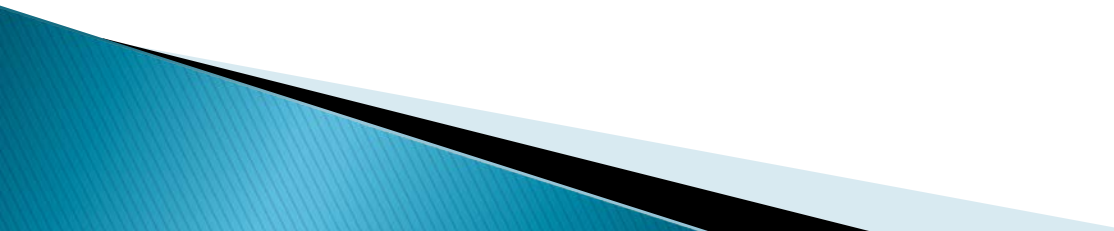
Take Home Messages

- ▶ We can always learn something from every case.
 - ▶ Value of working together among different agencies – mechanisms need to be in place to allow for sharing of information between health care providers
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Take Home Messages.....

- ▶ Case reviews are very important – reflecting back needs to be part of the work flow
 - ▶ Mentoring for new staff – support as it is difficult when you feel the client is making a decision that could lead to poor outcomes.
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Take home messages.....

- ▶ It is a privilege to have our patient's share their stories with us.
 - ▶ Write every note with the thought that the patient will be reading it.
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Special Thanks:

Victoria Maxwell – “Crazy for Life” video
exerpt used in vacation (9:00–13:00)

Colleagues within TOH Mental Health
Program who shared their comments with
me on etical issues they face in their day
to day work on the front line.

Contact: cmacphee@toh.on.ca