

Community Mental Health Support Services Dual Diagnosis

Dual diagnosis services provide specialized services under the bio-psycho-social-spiritual model to adults living in the Kenora/Rainy River District who meet the criteria for dual diagnosis. Dual Diagnosis refers to the co-existence of an intellectual disability and a mental health concern. This includes individuals who have had a history of unclear diagnoses and complex issues who have had difficulty accessing resources in their communities. Referrals can be made by individuals, family, physicians, psychiatrists or other service providers. A brief list of available services are described below:

Psychiatric Services:

Dual Diagnosis Psychiatry services are provided through a clinical consultative model including medication review, specific assessment, assistance, recommendations and advocacy.

Behavioral Therapy Services:

Behavioural Therapy services are provided on a consult basis for support with identifying and altering unhealthy, maladaptive, or destructive behaviours through assessment and recommendations.

Community Support Worker

Based on the recommendations from our service providers, the Dual Diagnosis Community Support Worker offers individualized 1:1 support to implement strategies within the community.

Community Mental Health Support Services Dual Diagnosis Referral Form

Consent to Disclose: written verbal Release of information attached

Name: _____ Referral Date: _____

Indigenous/Non-Indigenous: _____ Date of Birth: _____

Spirit Name: _____ First Nation Community: _____

Clan: _____ Spirit Colors: _____

Gender: _____ Marital Status: _____ Preferred Language: _____

Health Card #: _____ VC: _____ Expiry date: _____

Address: _____ Postal Code: _____

Phone Number: _____ Permission to Contact? Yes No

Referring Person: _____ Address: _____

Phone Number: _____ Permission to Contact? Yes No

Physician: _____ Phone Number: _____

Physician OHIP Provider #: _____

Service request explanation:

Please be specific in your requests

Presenting Issues:

- Activities of Daily Living
- Occupational/educational/vocational
- Relationship problems
- Financial management
- Physical abuse
- Sexual Abuse
- Other: _____
- Substance Abuse
- Legal
- Seriously mentally ill
- Suicidal
- Housing
- Trauma
- Chronic pain/Fatigue

Legal status: No legal problems Civil Criminal

Legal status continued:

- On parole
- Conditional discharge
- Court diversion
- On probation
- Awaiting sentence
- Conditional sentence
- Unfit to stand trial
- Charges withdrawn
- Restraining order
- Awaiting trial
- Not criminally responsible
- Peace bond

Living arrangement:

- Unknown/declined
- Private house/apt/owned/market rent
- Hostel/shelter
- Private non-profit housing
- Municipal non-profit housing
- Retirement home/seniors residence
- Private House/apt/subsidized
- Approved homes/homes for special care
- LTC facility/nursing home
- Correctional/probation facility
- Other specialty care hospital
- Psychiatric hospital
- General hospital
- Supportive housing congregate living
- Supportive housing assisted living
- Domiciliary hospital
- Homeless
- Rooming/boarding house
- No fixed address
- Other: _____

Residential Support:

- Unknown/Declined
- Independent
- Assisted/supported
- Supervised Facility
- Supervised non-facility

Please indicate areas of concern:

- Prescription abuse
- Drug/alcohol illicit abuse
- Current/history of arson
- History of child abuse
- Current/history of weapon use
- Other: _____
- Current/history of violence toward others
- Medical complications
- Non-compliance with medications
- Current/history of police involvement
- Special Diet

Please indicate the following for the past year prior to referral:

Number of emergency room visits related to mental health: _____

Number of emergency room visits related to chronic health: _____

Number of admission to schedule 1 psychiatric hospital: _____

Number of days admitted to schedule 1 psychiatric hospital: _____

Number of police contacts: _____

Severity of incidents involving police (high, medium, low): _____

Number of days incarcerated: _____

Number of days in stable housing: _____

Case Manager
/Service Coordinator: _____ Phone Number: _____

Power of attorney: _____ Phone Number: _____

Medical alerts (conditions, diseases, illnesses): _____

Existing mental health diagnosis? Please list: _____

Intellectual disability? Please list syndrome if known: _____

Please circle: mild / moderate / severe / profound IQ if known: _____

The referral source will receive a response regarding service eligibility and acceptance within a timely period. The timely period begins when there is sufficient information provided by the referral source.