Who are we?
The Halton Geriatric Mental Health Outreach Program (HGMHOP) is an unique and innovative program dedicated to seniors with late onset mental health problems and/or behavioural disturbances and their caregivers.

We provide a continuum of specialty mental health services of clinical assessment and intervention, education and community development.

We provide assistance and support to seniors experiencing serious mental health problems, their families and service providers through:

- Consultation
- Advocacy
- Research
- Education
- Service development

"HGMHOP ... An integrated, shared-service model of community outreach providing specialized services to seniors with complex mental health needs"

Administration
St. Joseph’s - Centre for Mountain Health Services (Hamilton) is the designated administrative program leader. As part of a larger Regional Geriatric Psychiatry Program affiliated with St. Joseph’s Healthcare and McMaster University, we are part of a teaching hospital environment and are able to tap into clinical resources and expertise found within:

- An inpatient geriatric psychiatry behavioural unit located at St. Joseph's Centre for Mountain Health Services, Hamilton
- 4 community-based specialized geriatric psychiatry outreach programs located in Brant, Halton, Hamilton and Niagara,
- McMaster University, Division of Geriatric Psychiatry.

We are appreciative of the Ministry funding and resources from our partner organizations which are committed under a partnership agreement:

- Joseph Brant Memorial Hospital,
- Halton Community Care Access Centre (CCAC),
- Halton Healthcare Services, and
- St. Joseph’s Healthcare, Hamilton

“HGMHOP ... An integrated, shared-service model of community outreach providing specialized services to seniors with complex mental health needs”

Please call us if you have any questions about our services or the referral process.

Tel.: 905-681-8233
Who do we serve?
We serve adults 65 years of age and over residing in the region of Halton. The age range is flexible for adults with age-related memory impairment (e.g. early onset Alzheimer Disease).

Typical concerns include:

- Severe mental health problems (e.g. depression, anxiety)
- Behaviour and/or mental health problems associated with cognitive (e.g. memory) impairment
- Chronic mental illness (e.g. schizophrenia, depression) complicated by an age-related decline in physical and mental health

Our team and services include:
Our team is multidisciplinary with training in:

- Geriatric psychiatry/medicine
- Nursing
- Social work
- Occupational therapy
- Education

How to make a referral?
Referrals are accepted from a wide range of sources to include physicians, specialists, community support agencies, families and long term care facilities. Self-referrals are also accepted.

Referrals to the program must have the approval of the family physician. We encourage those considering a referral to the HGMHOP to speak with the family physician. We are a ‘shared-care’ model of service. A range of recommendations are made to the family physician and others for consideration/implementation.

Referrals to the program are screened for criteria and priority.
When making a referral, please provide:

- a valid health card number,
- presenting mental health problem
- relevant history
- relevant clinical information (e.g. medication, blood work, consults etc.)

To make a referral, please FAX a HGMHOP referral form to:

Halton Geriatric Mental Health Outreach Program
Fax: 905-681-8628

Our Clinical Service
We provide clinical outreach service to those seniors who cannot or will not seek traditional service.

- Each active client is assigned an individual case manager, who provides service in-person and by telephone.
- Outreach home visits are mutually arranged. The case manager visits the client where they reside (e.g. own home, LTC facility).
- An initial assessment is completed and recommendations are provided. A geriatric psychiatry physician will assess the client and provide recommendations to the family physician.
- Follow up support, interventions and monitoring are provided as needed.

We work collaboratively with our care partners in the assessment, treatment and intervention phases of care. It is our goal to stabilize the presenting issue and to enhance the quality of life for the senior and their family/caregivers.

Education and Community Development
We actively participate in educational and community development initiatives, in consultation and through partnerships. We strive to be a resource to front line and primary care health and social services, building community capacity to serve seniors with complex mental health problems.

Complimentary to the case management staff are the services of the Psychogeriatric Resource Consultants (PRC).