

Client Name: \_\_\_\_\_  
 (last, first)

### Service Description

People in Ontario experiencing mild to moderate depression, anxiety, and anxiety-related concerns can now access publicly funded cognitive-behavioural therapy (CBT) delivered by the Ontario Structured Psychotherapy (OSP) program.

- CBT is evidence-based, goal-oriented, time-limited treatment that helps clients by teaching practical skills and strategies to manage their mental health and improve their quality of life.
- OSP is a stepped care program which typically begins with brief treatments that combine self-administered strategies (e.g. guided self-help, workbooks etc.) with support from a coach
- For those who require additional services, OSP also offers structured, therapist-led individual or group CBT.

OSP is not a crisis or emergency service. If your client requires immediate help, please direct them to the nearest emergency department or call 911.

### Submitting a Referral - Information for Referring Providers

- Please review the information below and **fax completed form to: 905-389-1152**
- To avoid delays, please ensure all sections of the referral form are accurate and complete.
- For more information about the OSP program and the process following referral submission, please see "OSP Information Sheet" appended to this referral. Please share this with your client when submitting a referral to OSP.

Eligibility Criteria	Yes	No
1. Client resides in Ontario, is age 18+, and has a primary concern of <b>depression, anxiety or anxiety-related concerns</b> (e.g. specific fears, obsessive-compulsive concerns, post-traumatic stress).	<input type="checkbox"/>	<input type="checkbox"/>
Exclusionary Criteria - Client is/has...	Yes	No
2. Active suicidality and/or has attempted suicide in the past 6 months, and/or currently self-harming/at high risk to harm self, others, or at significant risk of self-neglect, which is/are the <u>primary</u> concern(s).	<input type="checkbox"/>	<input type="checkbox"/>
3. Significant symptoms of mania/hypomania or psychosis currently, or within the past year (not due to medication/substance use).	<input type="checkbox"/>	<input type="checkbox"/>
4. A severe/complex personality or eating disorder which is currently causing the most distress/impairment.	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeking medication management <i>only</i> .	<input type="checkbox"/>	<input type="checkbox"/>
6. Moderate/severe cognitive impairment (e.g. dementia or acquired brain injury); or moderate/severe impairment due to a developmental disability or learning disability.	<input type="checkbox"/>	<input type="checkbox"/>
7. Problematic substance use currently, or within the past three months and requires specialized concurrent disorders treatment.	<input type="checkbox"/>	<input type="checkbox"/>

**If you've answered "yes" to items 1 and "no" to items 2 - 7, please complete the following sections and fax completed form to: 905-389-1152.** If you've answered "yes" to items 2 - 7, please refer to appropriate supports to address these concerns, as OSP is not a suitable fit for your client at this time. For more information about mental health and addictions services in your area, please contact ConnexOntario at 1-866-531-2600.

### Client Consent

Please be aware that information provided on this referral form may be used for treatment, communication and quality assurance purposes. Your submission of this referral form will be taken to explicitly mean that you have obtained appropriate permissions from the client to release the information contained to authorized OSP West care providers for coordination of care. This may include communication or consultation about the client's healthcare with authorized healthcare providers external to OSP West.

Client is aware of and consented to this referral?  Yes  No

Client Name: \_\_\_\_\_  
(last, first)

## Referral Source and Primary Care Provider (PCP) Information

Provider Name: \_\_\_\_\_  
(last, first): \_\_\_\_\_ OHIP Billing Number: \_\_\_\_\_

Specialty:  Family Physician  Nurse Practitioner  Psychiatrist  Psychologist  Social Worker  
 COVID-19 Program - Health Care Worker  Other \_\_\_\_\_

Referral Source Setting:  Primary Care (solo)  Hospital  Family Health Team (FHT)  Medical Walk-in Clinic  
 Community Health Center (CHC)  Other \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Postal Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please check this box if you are the client's Primary Care Provider (PCP) and continue to next section, "Client Information".

### If you are not the client's PCP, please include PCP's information below:

Provider Name: \_\_\_\_\_  
(last, first): \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization: \_\_\_\_\_ PCP is aware of and agreeable to this referral  Yes  No  Unsure  
Organization (e.g. FHT, CHC): \_\_\_\_\_

Please check this box if client does not have a Primary Care Provider (PCP).

## Client Information

Legal Name: \_\_\_\_\_  
(last, first): \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number & Version Code: \_\_\_\_\_  
YYYY-MM-DD

Home Address: \_\_\_\_\_  
Number Street City Postal Code

Telephone: \_\_\_\_\_  
Home Mobile Work

Preferred contact number:  Home  Mobile  Work Can a message be left at this number?  Yes  No

Primary Language: \_\_\_\_\_ Interpretation required?  Yes  No

Accessibility Concerns:  None  Hearing Impairment  Visual Impairment  Mobility/Fall Risk Other: \_\_\_\_\_

## Reason for Referral

### Primary reason(s) for seeking treatment:

- |  |  |
|--|--|
| <input type="checkbox"/> Depression and low mood   | <input type="checkbox"/> Generalized anxiety and worry |
| <input type="checkbox"/> Obsessive-compulsive concerns   | <input type="checkbox"/> Posttraumatic stress          |
| <input type="checkbox"/> Social anxiety and performance fears  | <input type="checkbox"/> Specific fears                |
| <input type="checkbox"/> Unexpected panic attacks/agoraphobic fear   | <input type="checkbox"/> Health anxiety                |
| <input type="checkbox"/> Other anxiety and stress related problems<br>(e.g. work stress, test anxiety, etc.) |  |

Client Name: \_\_\_\_\_  
(last, first)

Brief description of primary concern (e.g. functional impact on life, work, general functioning, relations, etc.):

Duration of concern(s):  0 - 3 months  4 - 12 months  More than 12 months  First Episode  Recurrent Episode

Has the client received any psychiatric diagnosis?  Yes \_\_\_\_\_  
 No  Unsure

Please list any involvement with other services (e.g. mental health services, Children's Aid, legal, etc.)

Do you have additional information (e.g. consultation reports, psychiatric assessments) that you would like to include?

Yes  No If yes, please append information to fax upon referral submission with client identifiers.

### Referral Submission Note

The referral is nearly complete. Once this form is submitted, your client will be contacted to complete brief questionnaires. Once questionnaires are completed, the referral will be processed. Questions? Contact us by telephone **905-387-8361** or email [OSPwest@stjoes.ca](mailto:OSPwest@stjoes.ca).

Please note, our triage process can take between 4-6 weeks once completed questionnaires are received from the client. OSP is not a crisis or emergency service. If your client requires immediate help, please direct them to the nearest emergency department or call 911

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Credentials YYYYY-MM-DD

## Ontario Structured Psychotherapy West Region (OSP West) Information Sheet

The **Ontario Structured Psychotherapy (OSP)** program offers free, evidenced-based, time-limited cognitive-behavioural therapy (CBT) to Ontario residents aged 18+ experiencing:

- ✓ Depression and low mood
- ✓ Generalized anxiety and worry
- ✓ Health anxiety
- ✓ Unexpected panic attacks and agoraphobic fears
- ✓ Social anxiety and performance fears
- ✓ Specific fears
- ✓ Obsessive-compulsive concerns
- ✓ Posttraumatic stress
- ✓ Other anxiety and stress related problems (e.g. work stress, test anxiety)

### What is Cognitive-Behavioural Therapy (CBT) and how can it help?

- Helps people change patterns of behaviour and thinking that affect the way they feel
- CBT is structured, time-limited, problem-focused and goal-oriented
- Helps develop lifelong skills to build resilience and manage mental health concerns
- Supported by research showing that people's symptoms are reduced, and their quality of life is enhanced

### The OSP approach

- OSP is a stepped care program.
- Clients typically begin with brief CBT strategies that combine self-led learning (e.g. workbooks, activities) with support from a coach by telephone.
- For those who require additional services, OSP also offers structured, therapist-led one-to-one or group CBT, virtually or in person.
- Long-term treatment or follow-up is not available.



### What are the expectations for participating in OSP?



regularly  
completing  
questionnaires



keeping track of anxiety or  
depression-related thoughts  
and behaviours



reading  
about  
strategies



meeting  
a CBT coach  
or therapist



practicing strategies  
for managing anxiety  
and depression

### Is there anyone who isn't eligible for OSP?

OSP will not meet the needs of everyone. It is not suited to individuals in crisis, or those with complex or severe mental health and addictions that require urgent care.

## What to expect after a referral is submitted:



Upon referral submission, clients will be contacted by phone to begin the intake process. Our intake team will make two (2) contact attempts from a private/no caller ID number. If no contact is made, file will be closed and a letter sent to referring provider.



The intake process requires completion of brief questionnaires. Once completed questionnaires are received from the client, they are again contacted by our team.



If it is determined OSP may be helpful, an intake assessment is scheduled. This appointment will take approximately 60 minutes and does not guarantee OSP treatment. The purpose is to:

1. Confirm the main presenting problem,
2. Confirm appropriateness of OSP,
3. If appropriate, identify the best treatment plan within OSP.

The outcome of this assessment will be communicated to the referral source and client. Where OSP may not be the best fit, an attempt will be made to connect the client to a more suitable service(s). This will be communicated to referral source/client.



Our triage process can take between 4-6 weeks. OSP is not a crisis or emergency service. If **immediate help** is required, attend the nearest emergency department or call 911. For 24-hour telephone crisis support in your area, contact ConnexOntario at 1-866-531-2600 or see below:



### Canada-wide

- Crisis Services Canada: 1-833-456-4566
- Crisis Text Line: text HOME to 686868
- Good2Talk: 1-866-925-5454
- Kids Help Phone: 1-800-668-6868 or text 686868

### Hamilton, Niagara, Haldimand, Brant

- Brant (St. Leonard's): 1-866-811-7188
- Burlington/Halton COAST: 1-877-825-9011
- Haldimand Norfolk CAST: 1-866-487-2278
- Hamilton COAST: 905-972-8338
- Niagara COAST: 1-866-550-5205

### Erie St. Clair

- Chatham Kent: 1-866-299-7447
- Lambton: 1-800-307-4319
- Windsor-Essex: 519-973-4435

### South West

- Grey Bruce County: 1-877-470-5200
- Huron Perth: 1-888-829-7484
- Reach Out (Elgin, Middlesex, Oxford, London): 519-433-2023 or 1-866-933-2023 text: 519-433-2023

### Waterloo Wellington

- (including Guelph, Cambridge, Kitchener)
- Here247: 1-844-437-3247 or 519-821-3582



Questions about OSP or the status of your referral?  
Contact us at 905-387-8361 or [OSPwest@stjoes.ca](mailto:OSPwest@stjoes.ca)