Becoming a Trauma-Informed Clinic: Embedding Sociodemographic Data Collection Within the Mental Health Pathway

- **Organization:** Plantagenet Family Health Team; plantagenetfht.ca/en/
- **Author(s):** Caroline Prévost, Executive Director; caroline.prevost@plantagenetfht.ca

Overview

Plantagenet Family Health Team redesigned its Mental Health Program pathway as part of a long-term organizational commitment to becoming trauma-informed. The initiative introduced a structured social worker-led telephone screening and triage process that embeds sociodemographic and socioeconomic data collection into mental health intake. Previously, patients were referred directly to mental health clinicians without a consistent process to assess urgency, barriers to care, safety concerns or the most appropriate service. The revised pathway helps the team understand each patient's clinical needs, lived experience, strengths and social context, including factors such as poverty, food insecurity, housing instability, transportation barriers, social isolation, language barriers and trauma history. By identifying these needs early, the clinic can match patients to the right clinician, service or community support, reduce repeated storytelling and delays, improve equitable access, and support both patient and provider well-being.

Key Elements of Initiative

Change Ideas Tested or Implemented

Formalized the Mental Health Program pathway; introduced social worker-led intake, screening and triage; embedded sociodemographic and socioeconomic questions; used tools such as PHQ-9, GAD-7, OQ-45 and ACEs alongside clinical judgment; created EMR referral, consent, questionnaire and policy tools; added wait-list check-in calls; and developed a stepped model of care that connects patients to clinicians, physicians, psychiatry, community agencies or other supports.

Objective of Change Ideas

Create a consistent, equitable and trauma-informed intake pathway that identifies clinical and social needs early, matches patients to appropriate care, reduces avoidable delays and repeated disclosures, and supports patient safety, trust and provider well-being.

Équipe de Santé Familiale
PLANTAGENET
Family Health Team

Ontario Health

Team Members Involved

Social workers, psychologist, lead physician/mental health champion, executive director, administrative staff, clinic physicians and health professionals, external trauma-informed care experts, and University of Ottawa doctoral students who supported a needs assessment.

Target Population

Patients referred to the Mental Health Program, with broader benefits for all clinic patients and staff through a trauma-informed organizational culture.

Measurement Progress

Wait-list length, time from referral to screening, time from screening to service, urgent/non-urgent access times, missed appointments, patient satisfaction and feedback, referral appropriateness, staff retention, team feedback, EMR reports, and identification of socioeconomic needs and community-resource connections.

Implementation Experience: Successes & Challenges

Results/Early Wins

Non-urgent mental health wait times are generally maintained at one to two months, urgent concerns are usually assessed or connected to support within one week, missed appointments have decreased, patients are more consistently matched to appropriate services, and socioeconomic concerns are identified earlier.

Enablers of Success

Strong interdisciplinary collaboration, visible physician and executive leadership, social worker expertise in social determinants of health, psychologist expertise in trauma and program development, administrative involvement, regular team meetings, customized EMR tools, annual retreats, and strong knowledge of community resources.

Challenges and Solutions

Challenges included building staff and physician engagement, finding trauma-informed training relevant to all roles, creating protected time, responding to needs when community resources are limited, asking sensitive screening questions respectfully, and addressing unconscious bias. The team responded through training, clinical examples, staff involvement, regular meetings, transparent consent, patient choice, reflective discussion and shared problem-solving.

Advice for Other Teams: Treat trauma-informed care as an ongoing journey, protect time for improvement work, involve administrative staff and leaders as well as clinicians, establish clear intake and triage processes while allowing flexibility, explain why sociodemographic questions are asked, include staff wellness, and use both quantitative data and lived experiences to understand impact.

Future Steps & Sustainability

- Increase trauma-informed care awareness among medical learners, embed trauma-informed education into onboarding, strengthen collaboration with other Family Health Teams and community agencies, participate in research with the University of Ottawa, publish lessons and resources, apply trauma-informed design principles in a new clinic location beginning January 1, 2027, and update the clinic website.

- **Embedding into Practice**: The pathway is now part of routine workflow and supported by EMR tools, referral forms, consent documentation, screening questionnaires, program information and policies. Sustainability is supported through regular team meetings, annual retreats, onboarding, Mental Health First Aid and trauma-informed training, external consultation, internal teaching, continued leadership, and routine review of wait-list and program data.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca
Document disponible en français en contactant info@OntarioHealth.ca

Équipe de Santé Familiale PLANTAGENET Family Health Team
Ontario Health