Addiction & Mental Health Strategic Clinical Network Update

The primary focus of this project is to ensure that evidence-based, cost-effective interventions are being used to treat adult depression in the primary care environment.

A four arm clinical trial began in November to assess the effectiveness of different interventions within a clinical pathway for the care of depression. The interventions include a control group for comparison, a group that receives screening alone, a group that is offered a self-guided online based intervention, and a group that is put on an Alberta developed clinical pathway. The clinical trial will inform decision making regarding the interventions that are most appropriate for the treatment of depression.

Electronic screening of patients using the PHQ-9 and the EQ-5D began on November 12th in two clinics within the South Edmonton Primary Care Network. Very early enrolment numbers show a high participation rate (40% enrolment) among patients attending the clinic. These patients are then randomly assigned to an arm in the trial. Watch for the SCN to report some early findings over the next six months.

Discussions are progressing to add three more clinics to the trial beginning in February 2014.

In This Issue

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Depression Clinical Trial Update</td>
<td>1</td>
</tr>
<tr>
<td>The Patient Journey Project Conclusions</td>
<td>2</td>
</tr>
<tr>
<td>The Voice of the Patient</td>
<td>3</td>
</tr>
<tr>
<td>Repetitive Transcranial Magnetic Stimulation Project</td>
<td>3</td>
</tr>
<tr>
<td>EMS Pathways</td>
<td>4</td>
</tr>
<tr>
<td>Research Network Update</td>
<td>4</td>
</tr>
</tbody>
</table>
The Patient Journey Project Conclusions

The Patient Journey project aimed to identify gaps in services for youth (16-24) who misuse alcohol by looking at the patient perspective of what is working well, which gaps they experience, and ideas for change in the services they receive related to their alcohol use. Findings from this project can also contribute to other Strategic Clinical Network (SCN) projects, such as the adolescent pathway for depression.

The project involved 43 youth and also included 1 parent and 16 addiction professionals. Addiction professionals were included because the target group was young and their experience with alcohol related services was limited.

The data was collected between mid August and ended November 2013 through face to face interviews, the use of a focus groups and a questionnaire. The questionnaire consisted of six main topics on the current state of services related to alcohol misuse.

What is helpful from the perspective of youth:
- Group sessions
- One on one sessions with an addiction professional and/or a mental health therapist
- Learning a daily life routine
- Availability of a family program and resources
- After care plan

Five main gaps were identified by youth:
- Not clear where appropriate treatments and services can be found
- No structural and coordinated exchange of patient information between health care providers
- Accessibility of appropriate treatments and services difficult due to wait times and treatment profiles especially for youth with concurrent disorders
- Some rules and lack of facilities at detox programs are counterproductive in supporting clients
- More hands on support regarding after care is needed

Two unintended effects result from these gaps:
- Youth become trapped in a “revolving circle”
- Difficulties in organizing seamless care

Four key recommendations were identified:
- Implement the concept of a continuous case manager
- Develop programs which are strength-based (harm reduction, self-empowerment activities, group homes, halfway transition homes) for youth with concurrent disorders, in particular
- Develop partnerships between different service providers
- Organize integrated services at one location

These four recommendations will prevent youth from becoming trapped in a ‘revolving circle’ and will increase the opportunities to organize ‘seamless care’. The recommendations will also improve the effectiveness and efficiency of current treatments and services for youth with alcohol problems in Alberta.
The Voice of The Patient

“I miss discussions about mental health issues. I know something is ‘wrong’ in my head, but they mainly focus on becoming and staying sober. I feel frustrated and I do not know if I will finish this program. I feel I’m wasting my time.”

“Group sessions are really helping me. I see that I’m not the only one who is struggling. The staff and other patients supported me to come out of my shell and I’m feeling safe and not afraid anymore to talk about my emotions.”

“Where can I go with my daughter who has addiction and mental health issues? For example, she is not able to access detox, as she has mental health problems. She is not receiving help at the ER, as she is not sober. Most of the time she will get arrested to ‘sober up’ in jail without getting appropriate help. This goes on for many years. I feel so powerless.”

Interviews with patients will help us put the puzzle pieces of mental health care together.

Repetitive Transcranial Magnetic Stimulation Project

In January 2013, the Addiction and Mental Health Strategic Clinical Network submitted Repetitive Transcranial Magnetic Stimulation (rTMS) for Treatment Resistant Major Depressive Disorder (TRMDD) to the Alberta Advisory Committee for Health Technology (AACHT) for review under the Alberta Health Technologies Decision Process (AHTDP) in order to develop provincial policy pertaining to this technology. The primary policy question under review is: Should rTMS be established as a publically funded service for persons with TR-MDD?

The AACHT approved this technology for review, and the University of Calgary was commissioned to develop a Health Technology Assessment (also known as an STE Report) relating to the clinical and economic effectiveness of this technology. The STE Report was reviewed by an Expert Advisory Group composed of clinical and research experts within Alberta Health Services and is now available on the Alberta Health website at http://www.health.alberta.ca/documents/AHTDP-rTMS-Resistant-Depression-UofC.pdf. The STE Report will be presented to the Addiction and Mental Health Strategic Clinical Network for their feedback.

The AMH SCN has an opportunity to impact introduction and implementation of rTMS, if approved by Alberta Health. A strong data system will have to be in place so the information can be analyzed. The SCN will be looking for zone leadership, physicians, and clinicians to be involved in planning for and implementing this technology.
EMS Pathways

EMS is currently examining how to better care for clients who access EMS on a “frequent” basis (defined as accessing EMS 15 or more times in a 6 month period). Data from the Edmonton zone was pulled in August 2012 showing that there were 38 patients identified with 15 or more calls to EMS over a 6 month period. In order to provide better care for this population and to understand their needs, these patients were cross matched against addiction and mental health services as well as physician services. The following table highlights the needs of the users group as well as some of the associated costs:

<table>
<thead>
<tr>
<th>Addiction &amp; Mental Health Service Utilization</th>
<th>Physician Utilization and the Associated Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 34 out of the 38 were identified as having received mental health services</td>
<td>• 37 out of 38 individuals received physician services in the 2011/12 fiscal year</td>
</tr>
<tr>
<td>• 19 of the 38 have received both addiction &amp; mental health services</td>
<td>• 37 individuals generated 4,137 contacts with physicians during the fiscal year (an average of 112 contacts/person, compared to an average of 5 contacts with a physician for mental health purposes in the general population)</td>
</tr>
<tr>
<td>• 13 of the 38 were hospitalized for mental health and/or substance related problems</td>
<td>• The total cost associated with the 4,137 contacts with physicians by the frequent users of EMS in 2011/12 was $366,085.44, or a cost of $9,894.20/person.</td>
</tr>
<tr>
<td>• 13 were enrolled in programs in community mental health clinics</td>
<td>• In comparison, in 2002, the cost per treated person consulting a physician for mental health and/or substance related problems was $2,547. Adjusting this figure by 3% annual inflation rate would estimate a cost of $332/person treated for mental health and/or substance related problems in 2012.</td>
</tr>
<tr>
<td>• 9 received treatment at the Addiction Recovery Centre (detoxification services)</td>
<td></td>
</tr>
<tr>
<td>• 90% of the frequent users of EMS had mental health problems, and this population also utilized the health system for a wide range of conditions other than mental health related problems</td>
<td></td>
</tr>
</tbody>
</table>

Planning for this project involves three specific opportunities to improve outcomes for patients with addiction and mental health issues:

- Seek to understand the multiple issues for why these patients access EMS.
- Develop Assess, Treat and Refer Protocols for EMS to use for these patients
- Develop a model for the use of Patient Navigators to act as bridges between emergency services and the services required of these.

Discussions have occurred with Addiction and Mental Health services in all five zones. Should the project successfully reduce the use of EMS services as well as enhance the provision of appropriate services for patients with addiction and mental health concerns, the project will be expanded to the other zones.

Research Network Update

The Addiction & Mental Health SCN was unsuccessful in procuring a PRIHS grant at this time. The Research Network will be looking at areas around depression and the mentally ill, alcohol related projects, and the EMS project to be submitted for the next round of the PRIHS grant request.

The research network is awaiting a response to their Collaborative Research and Innovative Opportunities (CRO) application. CRO aims to bring together experts in different disciplines, fields, and areas to tackle health research problems in areas of strategic priority that would benefit from an interdisciplinary approach.

- Grant is for $250,000/yr for 3 years.
- Letter of Intent has been submitted for PRIHS projects
- Submissions were due by year end.

The Research is also awaiting a response for the Transformational Research in Adolescent Mental Health (TRAM) grant request. The network is part of one of the national groups that has reached the final stages. There are three national groups to reach this stage.

More Information

In the coming months we will keep you posted on the work of our Addiction & Mental Health SCN. If you wish to learn more, or become more involved, please contact:

Addictionmentalhealth.clinicalnetwork@albertahealthservices.ca