The mission of the Addiction & Mental Health Strategic Clinical Network is to improve addiction and mental health patient care and health outcomes in Alberta by engaging stakeholders in identifying meaningful, evidence based opportunities for transformational change.

I sit on the Core Committee to contribute to the SCN.

We are a recruitment site for the adult depression trial.

We are screening all of our students for early identification of mental health.

PRIHS grants have connected me with experts in Knowledge Translation and statistics.

Find out how you can contribute
Check our website: http://www.albertahealthservices.ca/7698.asp
Follow us on twitter
Email us at: addictionmentalhealth.clinicalnetwork@albertahealthservices.ca

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PROJECT UPDATES

Adult Depression Clinical Trial Update

In August we completed recruitment at Ermineskin Clinic in the South Edmonton PCN where we recruited an average of 10 patients each day. We then began recruitment in Heritage Clinic, also in the South Edmonton PCN, and will continue to recruit there until the end of September. At Heritage we have had high recruitment with between 10-20 patients per day. By the end of September we estimate having 1800 patients enrolled in the trial.

Recruitment of clinics to participate in the trial has been challenging. Of particular concern, has been the willingness of clinics to participate in the full depression pathway. The pathway does require use of clinic resources and requires specialized education, which some clinics do not have or are unable to attend to. This has caused some delays in recruitment of patients, and we are connecting with PCN Councils and Zone leadership to enlist other clinics for recruitment.

Work has also started on a Knowledge Translation plan which identifies key stakeholders for the spread of the RCT findings and appropriate tactics to engage with them.

EMPATHY Project Update (Employing a Multisectoral Pathway to Health Youth)

The EMPATHY Project was launched in 5 Red Deer Public Schools with 7 coaches in September, 2013 and we completed a very busy and satisfying year 1 by the end of June. The year began with international experts arriving from the Netherlands in the coldest week of winter to train 15 staff members from Red Deer Public Schools, Addiction & Mental Health, and Red Deer Primary Care Network on OVK in February, 2014. In March of 2014, training on working with adolescents was provided to Red Deer PCN staff. During this time, students in grades 6—8 were given 8 weeks of OVK (resiliency) lessons which were incorporated into the health curriculum. As those students who screened as higher risk for self harm would receive online interventions, agreement with the creators of these evidence based interventions was reached. The interventions included This Way Up for depression and anxiety and Breaking Free Online for alcohol and drug use.

Universal screening of all students for mental health and substance use issues in the five schools using a 50 question iPad app created from 5 assessment tools was completed in February 2014 and then again in June 2014. Analysis of the results showed:

- The relationships between the measures of depression, anxiety, self-esteem and quality of life were strong; however the relationship between those measures and substance use was weaker.
- Over 30% of middle school students and 50% of high school students show signs of depression with similar results for anxiety.
- 5% of students are suffering from severe depression.
- 95% of grade six students report no use of alcohol or substances which decreases to 60% not using in grade nine and 25% not using in grade twelve.
- In all screening measures, there is an overall trend towards older students scoring worse than younger students indicating that as youth age, their mental health appears to worsen.
- On average 6.35% of students screen in with being at risk of suicide.
- Students in grade eight show an increased risk for suicide – this could be due to grade eight being a year of transition between junior and high school.
- 10% of the screened students were offered guided, online intervention by the Coaches which began in late March, 2014.

As year 2 begins the project will be expanded to include 10 schools within the Red Deer Public School District and the resiliency lessons will be expanded from 8 lessons to 16 lessons. Work has also started on integrating pathways with Human Services and Justice.

As we look to the future we need to consider future funding opportunities and the spread of this project to other jurisdictions.
Transformational Roadmap

The Transformational Road Map (TRM) is our strategic plan that helps to align our initiatives with our mission and to influence transformation and change in AMH care. By identifying priority areas of need, developing evidence-based interventions to address those needs and moving from plan to action, and partnering with other stakeholders in the area to maximize the impact and achieve better outcomes and sustainability. The TRM will be reviewed annually to ensure the priorities remain relevant, aligned and feasible.

Beginning in March 2013, the Addiction and Mental Health SCN used a process of purposeful dialogue with its members to define and articulate the key strategies and priority areas of AMH SCN work for 2013-2017. Different engagement and communication techniques were used to facilitate discussions and dialogue which included:

- Group Discussions and discussions during core committee meetings
- On-line survey was used to reach bigger audience for feedback
- Individual consultations with experts gave insights into specific areas of AMH

In June 2014 AMH SCN conducted a survey among Core stakeholders to validate the key strategic directions and relevance of initiatives, to identify any missing areas and any other change/revision required for the TRM. The on-line survey was sent to physicians, researchers, government representatives, representatives from Non-for-profit, health care administrators, nurses, patients or their family representatives and allied health professionals in all 5 zones.

More than 85% of respondents agreed with the relevance and importance of the initiatives. There were a number of additional priority areas identified, all of which were important and would address a number of gaps and challenges in the system. However, we had to ensure that the priorities are in line with our strategic directions to be able to move forward with a focused approach and targeted and prioritized interventions.
rTMS Project (Repetitive Transcranial Magnetic Stimulation)

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 was presented to the Addiction and Mental Health Strategic Clinical Network for their feedback.

Alberta Health is currently reviewing the assessment and will be making a policy decision in upcoming months. The review indicates the rTMS is clinical effective, safe, and cost-effective. Introduction of rTMS will require the development of a Clinical Care Pathway indicating which patients would receive ECT and which would receive rTMS.

At this time a policy is in development with recommendations to be made to the Health Minister in September, 2014. In turn the decision will be sent in the form of a letter to the AHS CEO. Subsequent to this a clinical pathway guideline would be developed. The AMH SCN has an opportunity to impact introduction and implementation which will be in the zones. A strong data system will have to be in place so the information can be analyzed.

Upcoming Events

- SCN Connections Conference, Banff, Alberta: September 11 & 12, 2014
- Alberta Family Wellness Initiative, Calgary, Alberta: October 5 to 10, 2014
- Improving Mental Health Conditions Consensus Development Conference, Edmonton, Alberta: November 4 to 6, 2014