The goal of the Addiction & Mental Health Strategic Clinical Network (AMH SCN) is to engage stakeholders in the dissemination and implementation of best evidence practices to prevent, treat and improve outcomes in addiction and mental health.

**Adolescent Depression Pathway (the Resiliency Project)**

As there is evidence that prevention at several different stages in childhood can mitigate the risk of mental illness and addiction, the AMH SCN has joined with Alberta Health, Education, Human Services and Justice to work together differently to support youth in our communities. A research project is being initiated to target students in grade 6 to 9. This project will have the opportunity to screen students and deliver interventions to enhance their health and wellness. The project involves questionnaires, lessons on resiliency, as well as guided online modules for students that would benefit from additional supports. The program will be able to evaluate the results of school interventions and can be adjusted to best meet the needs of diverse communities across Alberta.

This program is scheduled to be piloted in Red Deer in January 2014 in collaboration with AMH, Central Zone, Red Deer Public Schools and the local PCN.

**Special points of interest:**

- Patient Journey project initiated in June 2013.
- Letter from Dr. Michael Trew regarding the changes in the DSM-5 and what it means for Alberta Health Services.
- Addiction and Mental Health Knowledge Resource Services Website launch.
- Watch Insite for an update to the SCN webpage!
In 2002, the total cost of alcohol abuse in Alberta was estimated at $1.6 billion, and included $855 million in lost productivity, $407 million in direct healthcare costs and $275 million in law enforcement costs, as indicated by the report “Costs of Substance Abuse: Alberta in Perspective” (AHS, 2006). Furthermore, as reported by the 2008 Alberta Youth Experience Survey, heavy episodic drinking in the group of 12 to 19 year olds increased from 13% in 2002 to 19% in 2008 and according to the 2011 Canadian Community Healthy Survey, youth between 18 and 24 years old are most at risk of misusing alcohol.

In other words, due to the high costs related to alcohol abuse in Alberta and the high risk for youth to misuse alcohol, the Addiction and Mental Health Strategic Clinical Network (AMH-SCN) initiated the Patient Journey project. This project is a first step to improve the delivery of services to Albertans who use and misuse alcohol.

The aim of this project is to get insight into what is working well and what is missing regarding the delivery of addiction and mental health services from a patient’s perspective. We are interviewing young people between 16 and 24 years old who have accessed services from a variety of settings including AHS based services, such as medical detox and residential programs, as well as community based services, such as Streetworks in Edmonton and the Alex in Calgary. Their views and ideas will help us to make these services more effective (better outcomes for the patients in the end) and more efficient (better value for money). An example of one of the recurring themes so far is the challenge for youth to access residential programs right away after their detox in order to deal with their alcohol problem in a sustainable manner. This challenge is also recognized by professionals in the field and some innovative initiatives are already undertaken, for instance developing cooperation between different services such as detox and housing services in order to create seamless activities.

The timeframe of the Patient Journey is six months (from June till the end of November 2013). The findings will be used to identify improvements in the current addiction and mental health services for youth who are misusing alcohol in Alberta. If you are interested in learning more about the project or would like to get involved, please get in touch with us!

One Patient’s Perspective

I tried to get into a medical detox program three times last year. The waiting time was around a month each time. I also tried to get an intake at a rehabilitation program. They had a waiting time for a month too. I was fed up with it and gave up trying. However, I still need help, as I’m homeless and I want to get my life in order. At this moment, I’m visiting a drop in centre every day. They support me in organizing activities, which keeps me busy and distracted from drinking. What do I think would help keep me from using alcohol? What would be really cool is to have an apartment that I could live in where other addicts live and staff were there to help us. We could support each other and even have some 12 step programs.
Addiction & Mental Health Knowledge Resource Services Website

The Knowledge Resource Services Website is where you’ll find all the most relevant information and resources to stay up to date and guide your research in the behavioral sciences. Using the tabs, you’ll find e-journals, e-books, social media, databases, and current awareness tools on psychology, psychiatry, addiction, and other behavioral science topics. You’ll also find links to other useful sites and associations, as well as patient information to help guide your patient interactions. Through Quick Links you can ask a question, request a literature search, an article or a book. There are guides regarding drug information, knowledge management, etc. Here is the link: http://krs.libguides.com/mentalhealth

Alcohol Care Pathway

In consultation with key researchers and zone stakeholders, the SCN is exploring the opportunity to examine and compare patient outcomes and costs for brief interventions, an outpatient day program, a residential treatment program and an inpatient program. These four levels of intervention will be delivered to a group of clients who use alcohol services, with outcomes being compared between treatment types. A secondary analysis will examine what factors in particular in regards to social determinants of health create positive outcomes for alcohol treatment. Which treatment modality works best for which population will be a key finding, as well as comparing value for money and examining levels of patient satisfaction.

The Strategic Clinical Network has been taking this project to all of the Alberta Health Services zones across the province to gage interest and begin conversations.

The AMH SCN has also submitted a Letter of Intent to Partnership for Research and Innovation in the Health System (PRIHS) for two projects relating to alcohol work. PRIHS is a partnered funding opportunity that targets high impact research activities with the Strategic Clinical Networks. The two projects submitted are:

- Increasing efficacy and effectiveness of addiction care in alcohol dependent adults.
- Evaluation of an extended community residential program for addiction issues in complex high needs populations (CHNP).

We are waiting to hear further regarding these submissions.
Changes in the DSM-5

September 3, 2013

Dear Zone and Physician Leads,

Recent discussion has been occurring across the province regarding the introduction of the DSM-5 that was unveiled in May 2013. It is understood that the changes in the DSM have province-wide ramifications and require setting plans for clinician training and system modification. Although some areas within Addiction and Mental Health across the province have started planning for the change such as creating educational resources, providing physician training, and preliminary discussions with IT, there have not been any decisions made to date about a provincial plan for implementation.

In speaking with Zone and IT leads, plans will be made for a provincial “go-live” date of the DSM-5 for the spring of 2014. Until then, there will not be a widespread implementation of the DSM-5. Preliminary conversations about clinician training needs, IT solutions and other considerations are occurring and we are eager to have anyone that is interested in this area to be involved in the conversation and planning. We understand that some clinicians are eager to receive training on the DSM-5 in the meantime and we encourage you to connect with your local staff Educator, check Insite or connect with your regulatory body for more information on training resources.

Communication regarding the roll out of the DSM-5 within Alberta Health Services will continue, in particular around “go-live” dates and resources for training. As decisions are made, information will be posted on Insite.

Thank you for your patience.

Sincerely,

Dr. Michael Trew MD,
FRCP Senior Medical Director
Addiction & Mental Health Strategic Clinical Network Alberta Health Services
michael.trew@albertahealthservices.ca

Complex High Needs Population

It has been well established that Alberta spends the second highest amount on health care in the country but cannot generally attribute the best clinical outcomes. Recent examination of the costing data suggests that a very small proportion of the population uses the majority of the resources. The organization is in the midst of trying to identify these high users of health care so that we can better understand their needs and plan for their care so as to produce better outcomes and reduce overall cost to the system. Some of the most expensive costs are incurred by frequent calls to Emergency Medical Services (EMS) either to provide treatment and release, or transport to emergency departments (ED). This initiative will develop and implement new care pathways for the emergency medical system for those patients suffering from mental health and addictions concerns which will result in better care for patients and reductions in use of emergency services. This project would be piloted in a large urban centre and the learnings will be shared across the province.

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: Andrea Allen at andrea.allen@albertahealthservices.ca