connect

18th Canadian Collaborative Mental Health Care Conference (2017)

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

Overview of Child and Youth Shared Care in Canada

Helen R Spenser MD CCFP FRCP C

PRESENTER DISCLOSURE

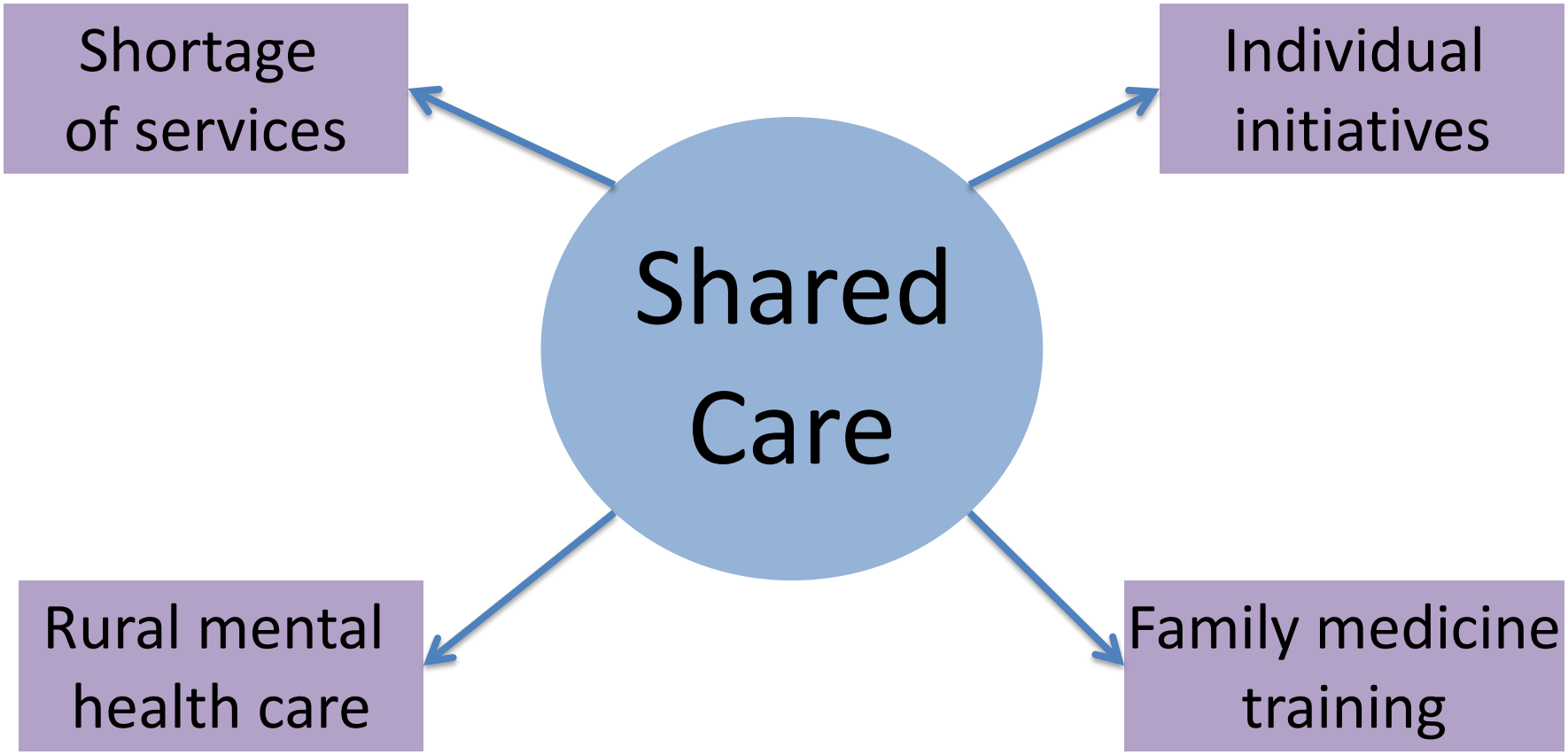
- **Presenter:** Dr. Helen R Spenser MD CCFP FRCP C
- Child and Adolescent Psychiatrist CHEO, Assistant Professor University of Ottawa

- **Relationships with commercial interests:**
  - **Grants/Research Support: CHEO Psychiatry Associates 5,000 seed grant research survey of family medicine programs in Canada re Child and Adolescent Mental Health Education**
  - **Speakers Bureau/Honoraria: Ontario Collaborative Mental Health Network a program that mentors family physicians re mental health care, Ontario College of Family Physicians, mentor for 15 Ottawa area family physicians**

LEARNING OBJECTIVES

1) **Learning Objective 1 to review origins and impetus for shared mental health care in Canada**
2) **Learning Objective 2 To introduce participants to key players by presenting historical overview of the field of child and youth collaborative mental health care since formation of Canadian Psychiatric Association/College of F.P. working group 1997**
1) **Learning Objective 3: Drs. Ritchie & Dr. Pajer will describe two exciting current ongoing programs multisite research based education programs for primary care physicians in Canada and the USA**

Four Contributing Influences



Thanks to Dr. Nick Kates (1999)

Goals of Shared MH Care

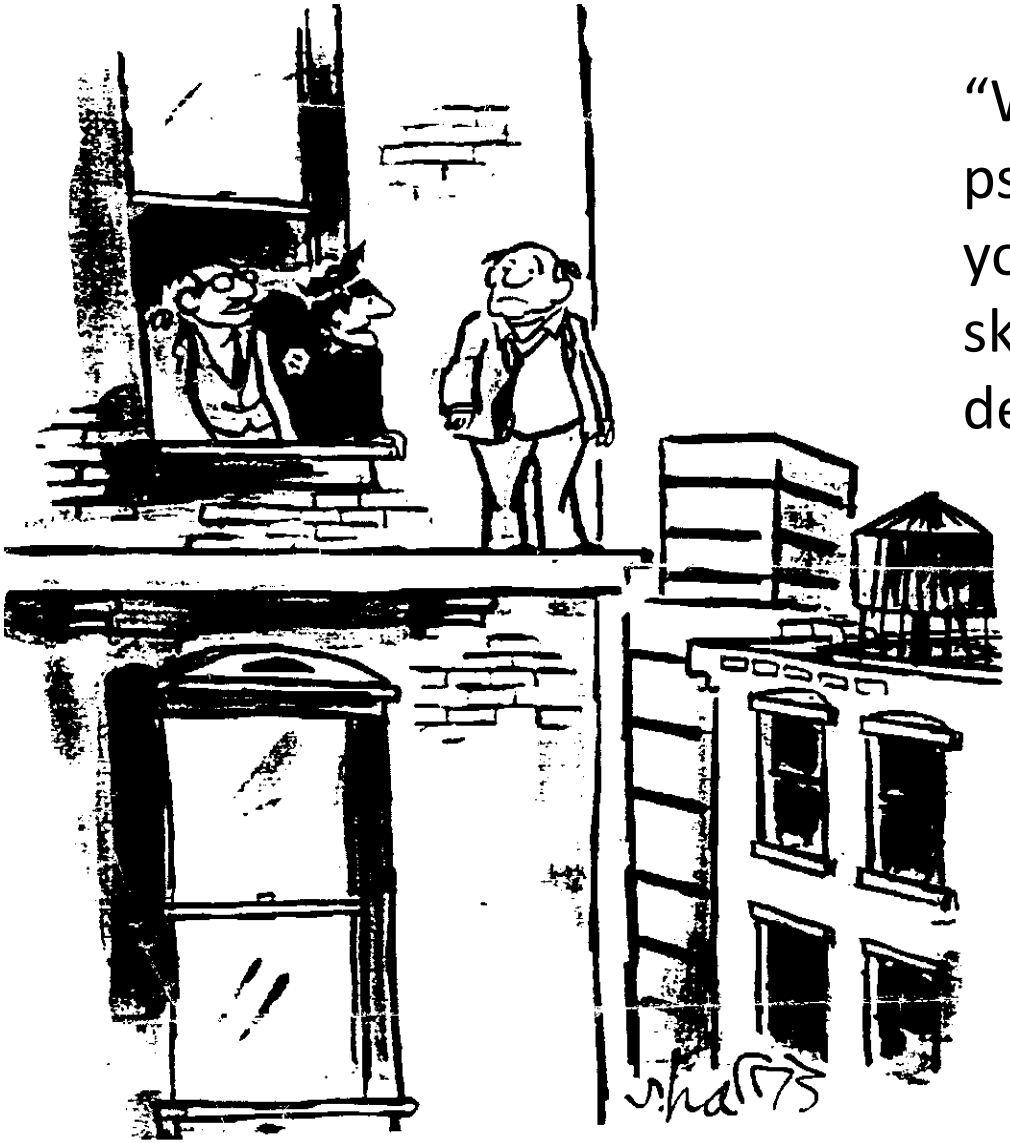
- Integrate MH services within PC settings
- Define and support the role of primary care within the mental health system
- Build the capacity of primary care to deliver effective mental health care (primary mental health care)
- Introduce system changes to support collaboration
- Demonstrate relevance to problems health systems Emphasise quality as a driver of change
- Increase and spread new knowledge
- Increase the skills of future providers

Origins of Shared Mental Health Care

- 1997, the CFPC and the CPA position paper on shared mental health care in Canada.
- two organizations established a collaborative working group aim: to foster and support collaboration between the psychiatrists and family physicians
- Between 2003 and 2007 Canadian Collaborative Mental Health Initiative—a Primary Health Care Transition Fund project—played

  leading role in promoting and supporting better

  collaboration.



"We couldn't get a psychiatrist, but perhaps you'd like to talk about your skin. Dr. Perry here is a dermatologist."

Goals of Collaborative Projects

Canadian Collaborative MH Initiative

Companion guide to collaborative initiatives services for children & youth

- CCMHI led by 12 national organizations representing community services, consumers, families self-help groups & other professionals
- Funded by Health Canada's Primary Health Care Transition Fund.
- Goal to improve MH and well-being of Canadians by increasing collaboration among PC and MH care providers specific to special population groups including first nations, rural populations and children and youth. (extensive resources listed)
- Committee : H. Spenser, H. Lipton, M. Steele P. McGrath, N. Stretch

Child and Adolescent Psychiatry

- Surveys reveal PC physicians not confident upon graduation from residency to identify and treat children & youth with mental illness (Steele, Spenser, add Year)
- Shortage of child psychiatrists in Canada (n=400)
- all centered in urban areas, inaccessible or long wait times
- Stable estimates of 1 in 5 children suffering from mental illness worldwide (Waddell & Shepherd, 2002).
- only 1 of 6 who require treatment receive any (Offord, 1987)

First National Conference on Shared MH Care, Toronto 2000

- Paper presented results of pilot study to implement shared care in Canadian Academic Child Psychiatry (Leverette & Parker, Queen's University)

  - Proposal for child psychiatrist to assist in developing detection and treatment protocols for family physicians following position paper suggestions
  - 1998 establishment of shared care model where child psychiatrist facilitated provider interaction, introduced skills of non medical mental health professionals
  - Developed case detection and treatment protocols relevant to family practice
  - Chart Audits undertaken pre and post to evaluate usefulness and timeliness of consults
  - Significant changes found in reduced time for FP referral to be completed and referrals over time deemed to be " more appropriate referrals " as per specialist attesting to increased knowledge of FP

Subsequent Annual Shared Care Conferences

- Brainstorming and networking breakfasts started annually
- Goal to bring together stakeholders interested in child & youth collaborative care.
- emphasis on initiating shared care to expand capacity building in child & youth MH
- chaired each year by:
    - H.Lipton (Healthy Children Healthy Minds)
    - H.Spenser (Child and Adolescent Toolkit Project)
    - B Mills, (Hamilton Family Health Team)

Shared Care Conferences; Descriptive programs but limited evaluative research

- Children's Mental Health/Primary Care Collaboration Across the Border: Experiences with Model Programs from two States Barry Sarvet and Read Sulik USA
- What's All this Fuss about the Early Years: The imperative for Primary care and children's mental health to work together, Jean Clinton
- Pediatricians and Child Psychiatrists Working Together for the Sake of the Children, H Spenser and A Gillies Ottawa
- Child and Youth Mental Health Who's on Our Team, Brenda Mills, Hamilton
- Designing Models for Rapid Access to Youth Mental Health Services in Canada What Can We Learn From a Contextualizing Scoping Review, Madeline Doyle McGill University
- Child and Youth Mental Health Promotion: The Role of Public Health , Jodie Murphy Maria Pavkovic Thunder Bay and Hamilton Public Health
- Partnership and youth mental health services in urban multi-cultural settings Lucie Nadeau Montreal

Child & Youth Care Initiatives in Canada

- McMaster Family Health Teams (Hamilton)
- Healthy Minds Healthy Children (Calgary)
- Evergreen and Rural outreach (Halifax)
- Tregellus (British Columbia)
- Telehealth (Tony Pignatiello; Sick kids, Toronto)
- Family health teams (FHIT; Hamilton Health)
  - MSW embedded & consulting child psychiatrist giving indirect consults & direct service to FPs
- Child & Adolescent Toolkit Project on Shared Care website
- PTCAP program (Steele)
  - Canadian survey of rural FPs on learning needs related to Dx & Rx child & youth mental illness with follow-up educational program

McMaster University Family Health Teams

Hamilton Wentworth HSO MH Program (began 1994)

- linking MH counselors & psychiatrists with 13 PC practices (HSO's)
  - 45 Family physicians serving 85,000 people
- Aim to enhance MH services and increase skills and comfort of FPs managing MH problems
- Child psychiatrist (Dr. Kondra; 2009 to present)
  - joined to consult to 170 FP's via indirect consultation with option to add direct consult if patient complexity high.
  - provides CME
- Statistics show decrease in referrals for ADHD and adolescent depression over time as FP's increased capacity

Healthy Minds Healthy Children

- Outreach effort of Southern Alberta Child & Youth Health Network (Created in 2003 by psychologist H. Lipton)
- Mandate to build the knowledge skills & confidence of all Alberta clinicians working with children and adolescents struggling with MH, addictions or behavioral problems
- Services include face to face, email, video consults and free on line accredited CME for MH professionals and teachers
- Staff include 12.5 psychologists, social workers and child psychiatrist
- Provides resource support to CanREACH program and first nations crisis support

Dr. Kutcher's Contributions to child & youth collaborative MH

- 2007 Under Dr. Kutcher's guidance P.S.P. (Practice Support Program) after needs assessment revealed critical need for support for mentally ill youth 80% of whom can be treated by FP's.
- In British Columbia funded by ministries of health, education and child and family development with Dr.'s of BC as stewards
- Goals: Increase capacity in primary care across province to identify and treat youth mental illness including first nations remote locations.
- Over 800 family physicians trained via CME
- Use of evidence based screening tools e.g SCARED, SNAP
- Phone consultations, school visits, education for school counselors
- Research showed rates of active depression ADHD and anxiety reduced with intervention

Dr. Kutcher's Contributions to child & youth collaborative MH

1. Child & Youth MH Module (Practice Support Program funded by BC Medical Association and Ministry of Health 2012)
   - 64 local action teams including youth & families.
   - teams involved telehealth,
   - physician recruitment & retention,
   - working groups re trauma informed care, prevention, substance,
   - advocates for integrated teams, capacity building for FPs & MH in schools

- Education to 800 FP's (resources & group learning sessions to assist with assessment, Dx & management of youth mental illness (Kutcher, Davidson, Mazowita)

Dr. Kutcher Contributions (cont'd)

2. Module for College of Family Physicians Dx & Tx of adolescent depression (funded by Memorial University & CMA)
   https://www.mdcme.ca/courseinfo.asp?id=178

3. Executive Training Program on Adolescent MH in PC (Queens U)

   - project completed with Dr. Garcia Ortega & Funded by Dalhousie Medical Research foundation
   - designed to enhance capacity of first contact health providers in identification diagnosis and treatment as well as support of teens with common mental disorders in PC settings
   - Evaluated in multiple setting to have increased knowledge in youth MH amongst primary care clinicians

Dr. Kutcher Contributions (cont'd)

4. Pathway to care: http:teenmentalhealth.org/pathwaythroughcare
   - Innovative method to integrate education and healthcare by increasing mental health literacy and establishing access to mental health care in the school locations where youth spend their time (B.C and Nova Scotia)

5. Evergreen: Child & Youth MH Framework for Canada
   - Child & youth Advisory Committee of the MH Commission of Canada
   - created the first national child & youth MH framework for Canada
   - led by Dr Kutcher with assistance from students, parents & MH profs.
   - Includes values & strategic directions to enhance & improve MH care for youth
   - Set of principles include 1. upholding human rights 2. dignity and respect for diversity 3. Best Evidence 4. choice opportunity balanced perspective 5. Collaboration Continuity Community 6. Access to info, programs, services

Telehealth Project Tony Pignatiello Toronto

- 1997 - Sick Kids carried out pilot project to use videoconferencing to provide support to rural PC settings including first nations
- 2000 - Became full fledged program TeleLink MH Program with mission to enhance knowledge skill set & confidence of children's MH clinicians using bilingual video-conferencing for timely access to specialist services
- Began with 23 U of T child psychiatrists available for distance consults
- Program hub still Toronto and added 15 primary MH agencies refer, youth detention centre, community physicians funded by ministry of children and youth services (across Ontario)
- Child's case manager required to be present
- 2000-2010 - 7,056 clinical consultations (21% were follow-ups) education, support & guidance to clinicians provided in schools & MH clinics

Dr. Margaret Steele P.T.C.A.P.

Physician Training in Child and Adolescent Psychiatry

- Dr. Steele 2000 spearheaded a large scale cross Canada survey of rural family physicians in each province as to perceived knowledge skill and interest in Dx & Tx child & youth MH problems

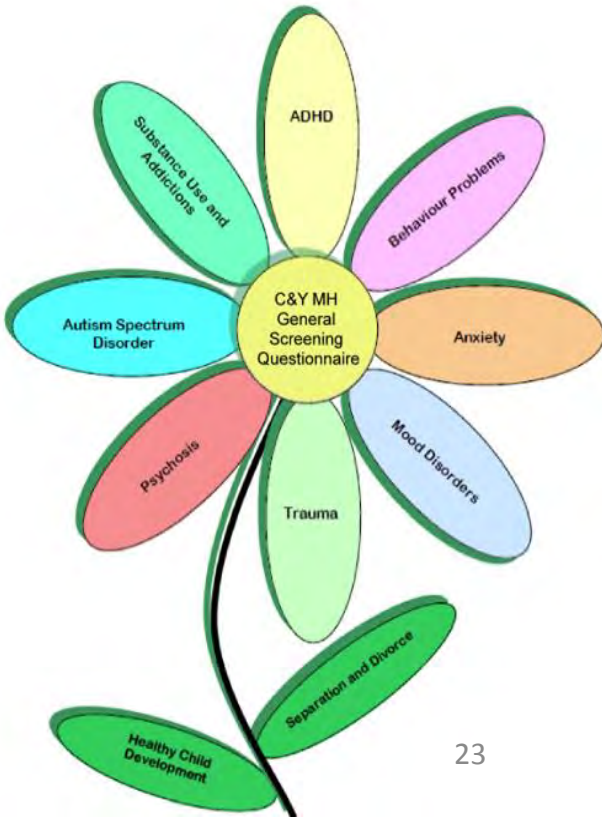
- Subsequent educational pilot program to evaluate curriculum for teaching rural FP how to diagnose and treat child and youth mental illness
- Didactic presentations by child psychiatrists & FP's using videos & small group interactive learning to deliver CME to rural areas
  - evaluated as effective (Stretch et al., 2009)

- Steele et al., Referral Patterns and Training Needs in Psychiatry among Primary Care Physicians in Canadian Rural and Remote Areas *J Can Acad Child Adolesc Psychiatry* Feb 27th 2012

Drs. Spenser, Ritchie, Kondra and Mills

Child and Adolescent Toolkit Project

- 2019 shared MH care fellowship (Dr. Blair Ritchie) with Spenser in family medicine training site, Ottawa U.
- Developed practical easily accessible tool to assist PC physicians screen & provide handouts re: mental illness in children, youth & families
- Joined by Drs. Kondra & Mills in Hamilton
- web-based maintenance by Sari Ackerman on shared-care.ca



Shared/Collaborative Mental Health Care Now Mainstream!

- 2009 a month long Shared Care Rotation became a Royal College requirement of all Psychiatry Residency Programs in Canada
- 2013 The College of Family Physicians added the domain of mental health to the accreditation standards and suggested the shared care model as an excellent way to teach the collaborator role

Two Recent Multi-Centre Programs for Child & Youth MH Capacity Building in PC

- CanREACH presented by Dr. B. Ritchie

CanREACH

- Project ECHO presented by Dr. K. Pajer

Project ECHO®
Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

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The CanREACH Pediatric Pharmacology Program

Blair Ritchie

PRESENTER DISCLOSURE

- **Presenter:** Blair Ritchie

- **Relationships with commercial interests:**
  - **Grants/Research Support:** Alberta Children's Hospital Foundation
  - **Speakers Bureau/Honoraria:** The REACH Foundation
  - **Consulting Fees: n/a**
  - **Other: n/a**

MITIGATING POTENTIAL BIAS

- **Presenter:** Blair Ritchie

- **Mitigation of conflict:**

Alberta Children's Hospital Foundation Grant is arms length. We are required to present material that is peer reviewed by REACH institute but they have allowed us to update material to make it applicable to Canada.

LEARNING OBJECTIVES

1) **What the CanREACH program is**
2) **What is unique about CanREACH**
3) **Research support for CanREACH**

CanREACH Pediatric Psychopharmacology Program

Developmental Timelines

- 2006 REACH PPP Concept Formation
- 2009 Attended REACH-lead PPP training in Canada
- 2009 – 2013 Funding efforts proved unsuccessful
- 2013 Anonymous Donor through the ACHF
- 2014 First CanREACH session is delivered

Through this donation = CanREACH (partnership with REACH)

5-year Project (2014-2018)

Approximately 250 primary care providers to be trained through the delivery of 10 PPP training sessions (currently at session 5)

CanREACH Pediatric Psychopharmacology Program

Methodology

- How we do what we do
  - 6 month Fellowship in two parts
  - Evidence based content and delivery
  - Learning Philosophy: mind and emotions (heart) of learner
  - CanREACH clinic

CanREACH Pediatric Psychopharmacology Program

Methodology : Curriculum Components (Barriers and Solutions)

DAY ONE	DAY TWO	DAY THREE
- Common Grounds and Gaps between mental and physical health - Psychopharmacology overview - Importance of Assessment - How to Assess (including tools and measures) - Assessment and Treatment of Anxiety Disorders	- FDA Boxed Warnings - Assessment and Treatment of Depression - Pediatric Bipolar Disorder - Assessment and Treatment of ADHD - Psychiatric Comorbidities and Tough cases in ADHD	- Assessment and Treatment of Aggression - Psychosis - Adverse effects and monitoring of medication - Ongoing learning through the consultation calls - Coding and Billing - Next steps for Practice

Main Principles

1: Developmental / Contextual Assessment

→ Do a thorough diagnostic & bio-psycho-social evaluation and include the child's network (friends, family, school, neighbors, etc.)

→ Medications cannot replace needs for family support, safety, parenting skills, friends, meaningful hobbies, self-esteem, etc.

2: Team Formation, Communication, and Decision-Making

→ Fully involve family & child in decision-making re: medications use (shared decision making) and treat the primary diagnosis / most impairing first

3: Do No Harm

→ Children & youth are different than adults e.g. developmental differences for efficacy & side effects. Start low, go slow, may need higher doses.

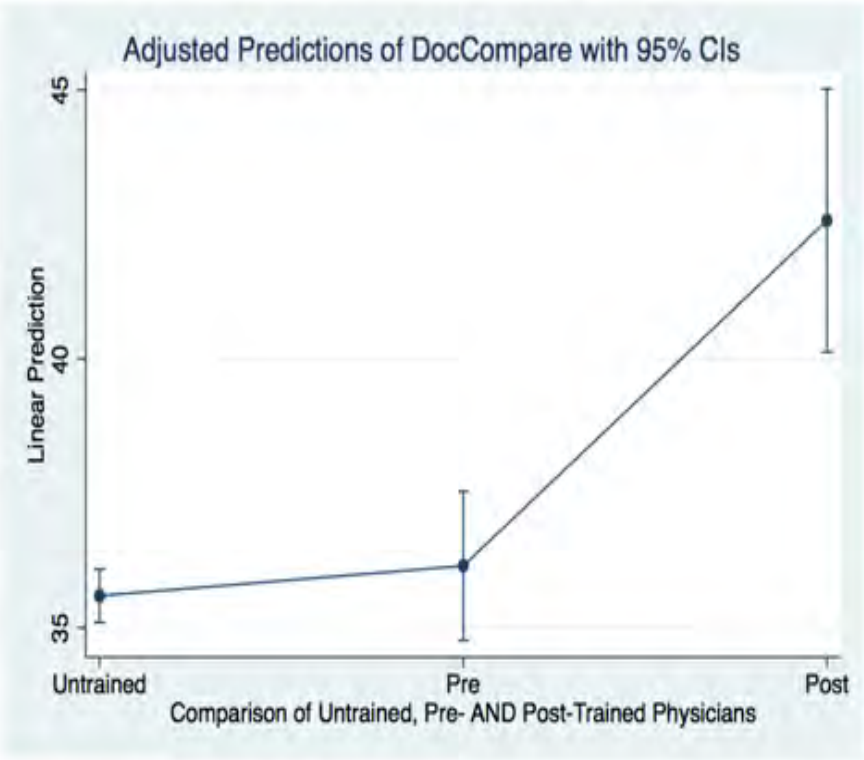
4: Evidence-based Prescribing Practices

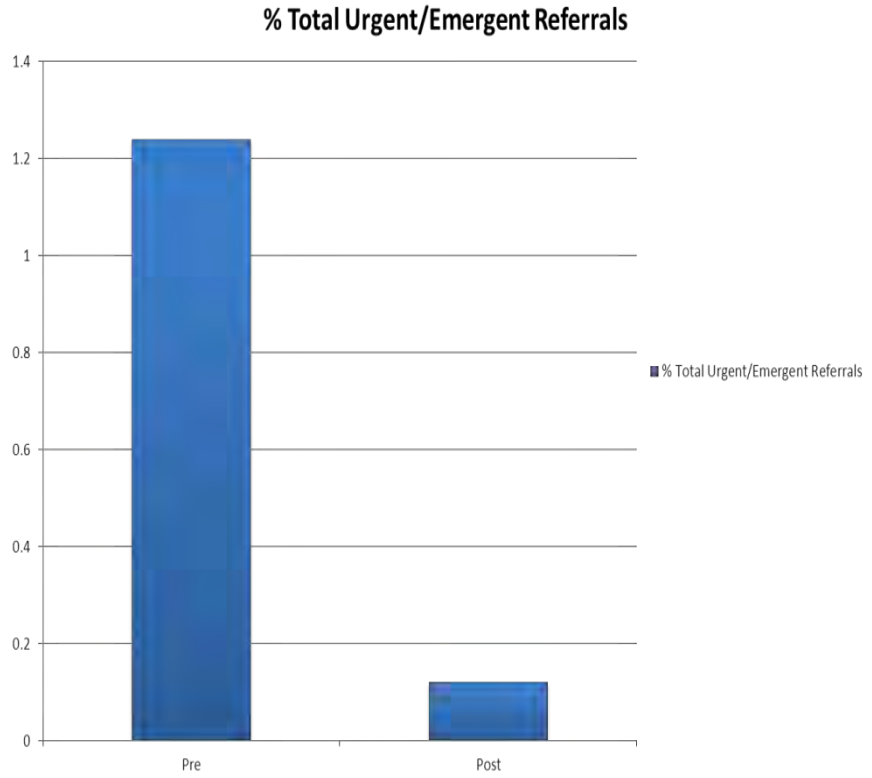
→ Use medications supported by double-blind RCTs for this age group and diagnosis, and minimize use of multiple medications

CanREACH Pediatric Psychopharmacology Program

Impact and Outcomes

- Materials, Resources, and Support for Participants
- Data to support that CanREACH is working!!!





What your colleagues are saying!

"CanREACH bridges the gap between evidence based medicine and real life clinical practice. The 3-day course set the foundation, with amazing change and growth over the 6-month fellowship. A great experience!"

- Dr. Daniel Dada

"This training took challenging, and often nerve racking, clinical content and made it approachable and practical through excellent content, memorable presentations, and great resources, all delivered by a superb faculty." - Dr. Dan Ross

What your colleagues are saying!

"CanREACH was fantastic. In 20 years of attending conferences, this is in my Top Three! I would suggest this training be considered mandatory for all residents, family physicians, and pediatricians".

- Dr. John McSorley

"I wish I would have had the tools and confidence that I gained from CanREACH years ago. If I had, my patients would not have had their treatment delayed. I am now able to diagnose and treat my clients in their medical HOME, primary care."

- Dr. Tammy McKnight

CanREACH Pediatric Psychopharmacology Program

IMPACT IS EVERYTHING!!!!

CONTACTS:

The REACH Institute: www.thereachinstitute.org
Lisa Khan Kapadia, Program Director
Dr. Peter Jensen, President and CEO

CanREACH: www.hmhc.ca/canreach.html
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Project ECHO® Ontario Child and Youth Mental Health (CYMH)

Kathleen Pajer, M.D., M.P.H., Clinical Director
William Gardner, Ph.D., Research Director
Josée Blackburn, M.S.W., RSW, Manager
Cindy Dawson, CYC (Cert.), System Navigator

We all teach and we all learn – every week.

CHEO

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Project ECHO® Children's Hospital of Eastern Ontario

ECHO ® - Extension for Community Healthcare Outcomes

One standard of care for everyone, no matter where they live.

Deliver specialty level mental health care to kids in every corner of Ontario by moving knowledge, not people.

CHEO

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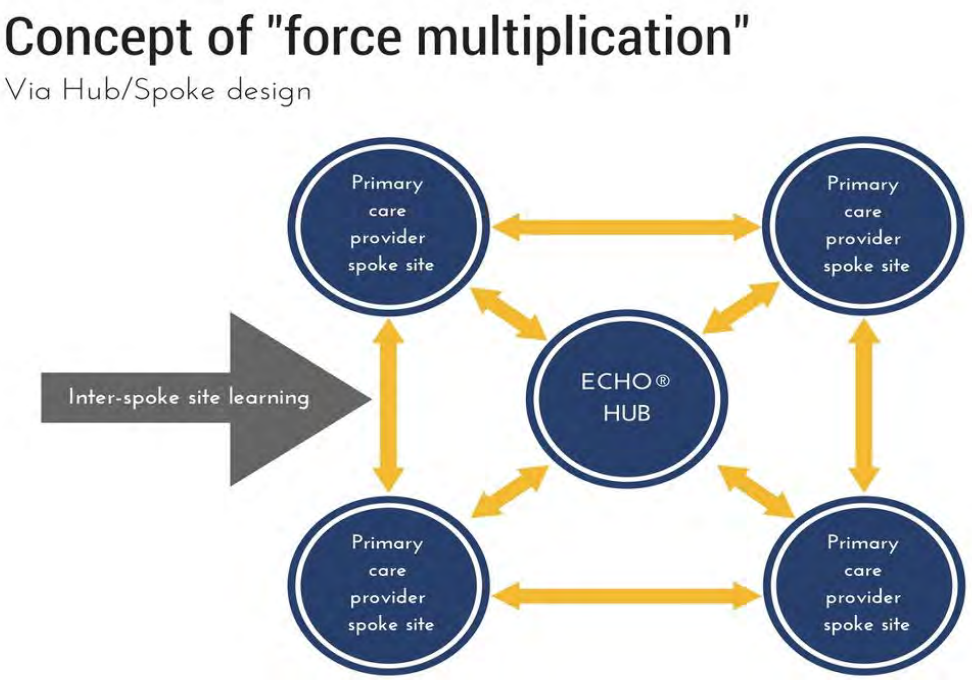
Project ECHO
Children's Hospital of Eastern Ontario

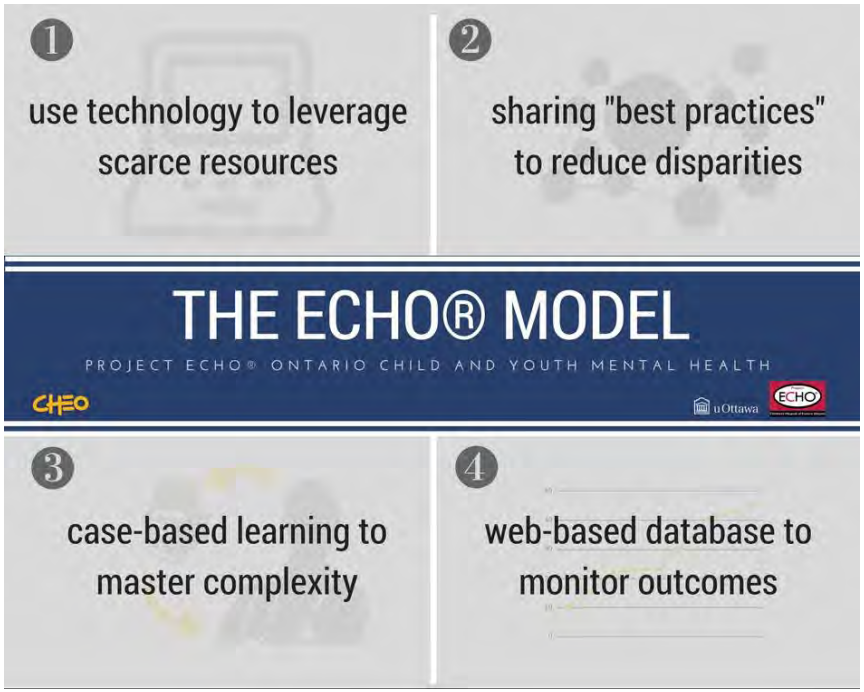
Key Principles of ECHO

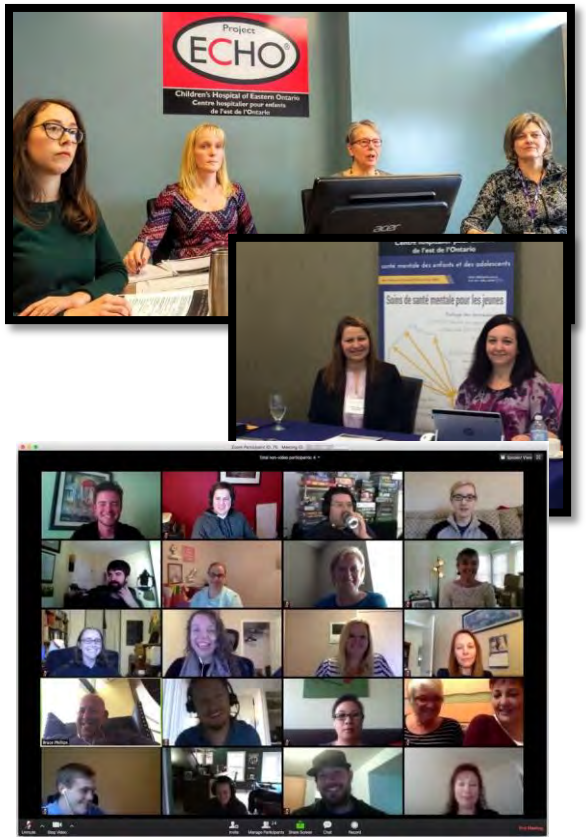


Our 6 Goals

1. Increase PCP capacity.
2. Decrease demand for specialists.
3. Create local experts.
4. Reduce mental healthcare disparities.
5. Collaborate to innovate.
6. Build a Community of Practice.

Method


1
use technology to leverage scarce resources
2
sharing "best practices" to reduce disparities
THE ECHO® MODEL
PROJECT ECHO® ONTARIO CHILD AND YOUTH MENTAL HEALTH
CHEO
uOttawa
ECHO
3
case-based learning to master complexity
4
web-based database to monitor outcomes



How does Project ECHO® CYMH work?

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Project ECHO Children's Hospital of Eastern Ontario

What topics are in the Clinical Pearls Series?

- The Depressed Teen: Just Use Meds, Right?
- Brief CBT in PC Practice
- Help! My Child Is So Aggressive!
- The Big Hunt: Finding MH Services in Ontario:
- MI: Getting Unstuck with Patients and Parents
- How to Assess Self-Harm in Children and Teens
- ASD: Can Meds Help? If So, How?
- Myth Busters: Talking to Patients and Families About Marijuana

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Provider Benefits

1. CPD credits
2. Clinical reviews, screening instruments, treatment guidelines
3. Urgent consultation
4. Community of Practice
5. Permanent membership in ECHO

Provider Challenges

1. 24-week commitment
2. TeleECHO™ clinic series from 12-1:30 p.m.
3. Presentation of CYMH cases
4. Open discussion of cases

Which PCPs should join ECHO®?

1. Providers keen to learn about diagnosis and treatment of child and youth mental illness.
2. Providers whose practice sees a lot of children and youth with mental illness or mental health problems.
3. Providers who want to be part of a Community of Practice on CYMH.

ECHO Compared to Other Technology Based Programs

Program	What is it?
ECHO®	Provincial free educational program funded by MOHLTC for PCPs; innovative, technology-enabled collaborative learning program to share knowledge about CYMH amongst PCPs and with tertiary care specialists; offering CME/CPD for PCPs.
Telepsychiatry	Telehealth for psychiatry, direct CYMH clinical care (assessment and treatment) provided by CHEO and The Royal Youth Program using OTN.
TeleMental Health Service	Provincial program funded by MCYS; referral source is MCYS agency; service provides that provides a one-time CYMH assessment to patients via OTN; also used for agency consultations and education; no direct connection to PCPs.
eConsult	A web-based consultation platform that enables PCPs to access specialist advice for their patients; any time by sending an e-mail consult to specialists.
Phone consult	PCP to Psychiatrist phone consultation scheduled from CHEO Centralized Intake.

Project ECHO® CYMH Innovation: System Navigation

- Unique perspective on needs of entire family
- Provides resources per case/LHIN
- Searches for strengths
- We provide contacts, wait times, etc.

Typical Case from PCPs

ECHO ID 11703: 15 YO boy with a three month history of aggression and irritability. He is particularly angry at his father who has alcohol dependence. He had separation anxiety disorder until the age of 12. He has started carrying a knife because he is afraid for his safety. His mother is very worried because he has occasionally expressed suicidal Ideation when he gets really angry. He is withdrawing from friends, family, and school.

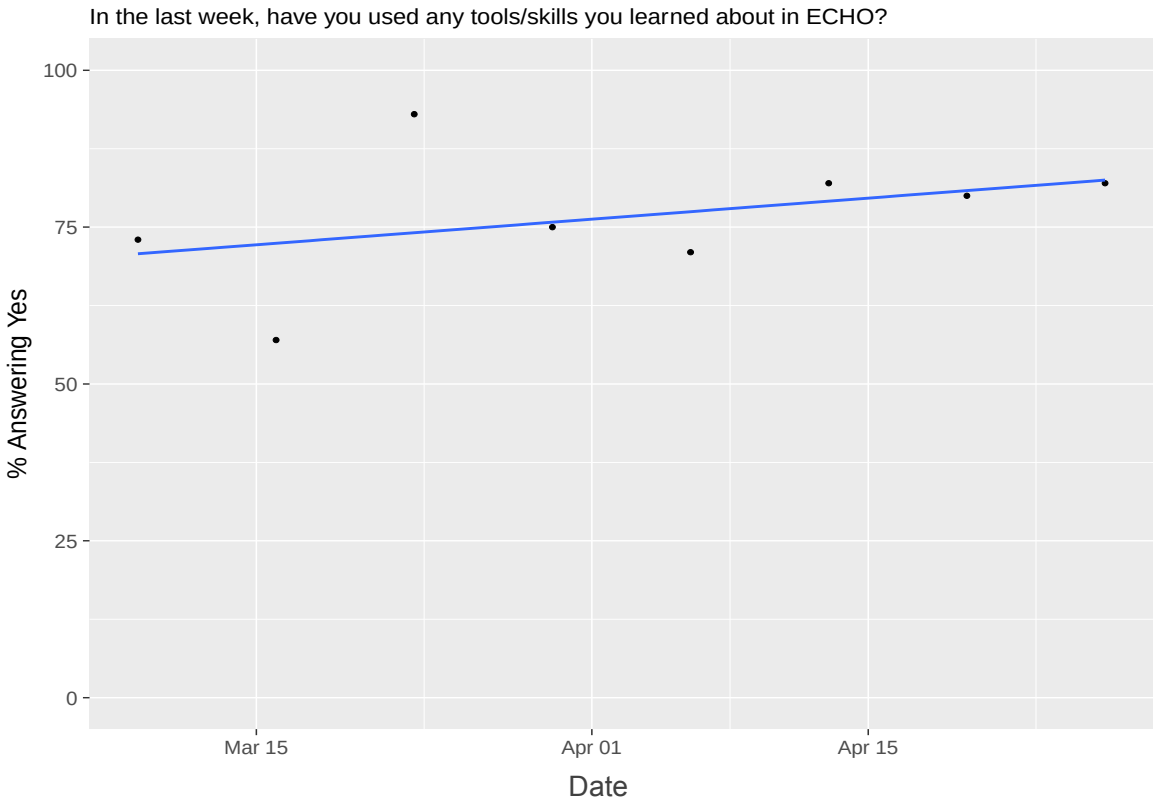
The PCP practices in Lanark County.
Her question is: How do I stabilize and manage this boy? Do I need to send him to the ED?

Possible Recommendations

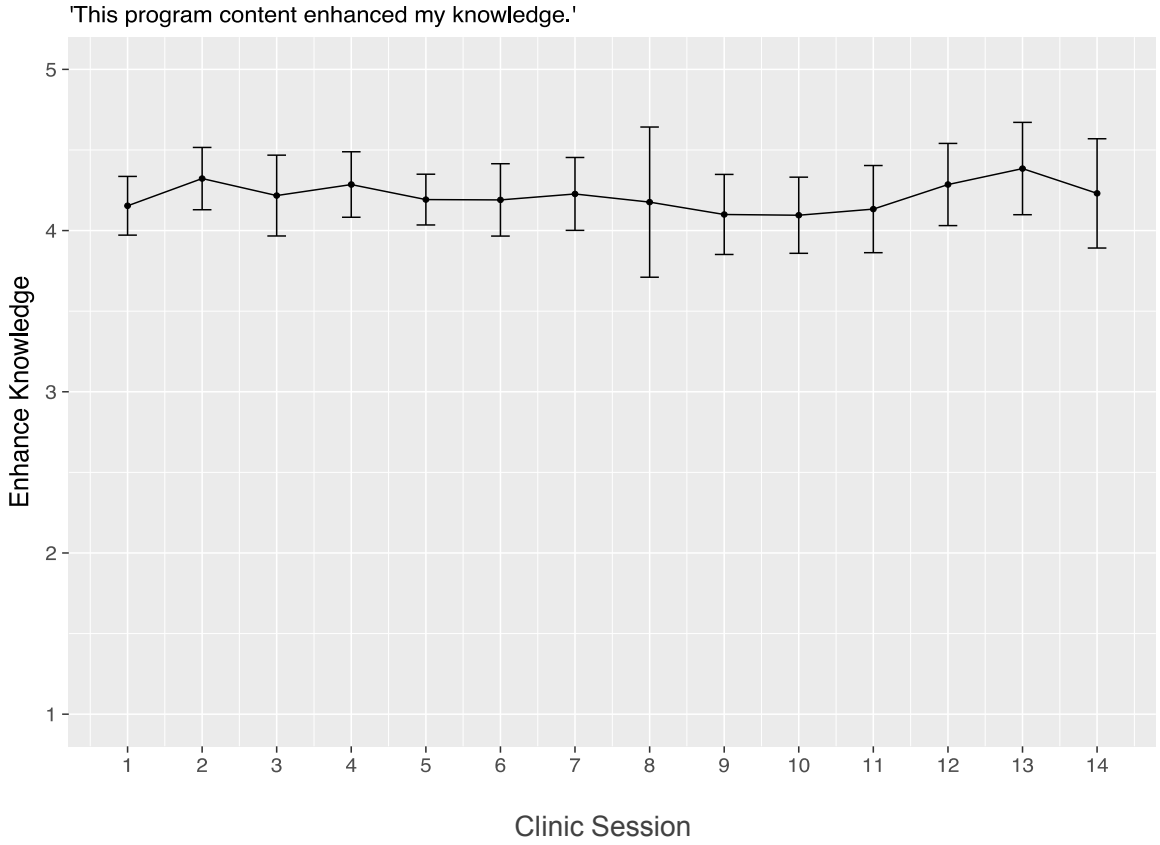
1. Quantify suicidal ideation as demonstrated in previous ECHO Clinic, send to ED if he is in “red zone” (Columbia Suicide Severity Screener), create safety plan as taught.
2. Use multi-symptom instrument, e.g., SDQ, to profile symptoms.
3. Next use more specific instruments to drill down to differential diagnosis (including substance use disorders).
4. With clearer picture of diagnosis, use methods from previous ECHO Clinics to start psychopharmacologic treatment as indicated; refer for appropriate therapy
5. **Contact community mental health agency Open Doors in Lanark for psychotherapeutic treatment. Wait time: 2-3 weeks.**
6. **Access addictions support services for family of alcoholics – i.e. Alanon and Alateen.**
7. **Referral to CCAC Mental Health and Addictions Nurse at school.**

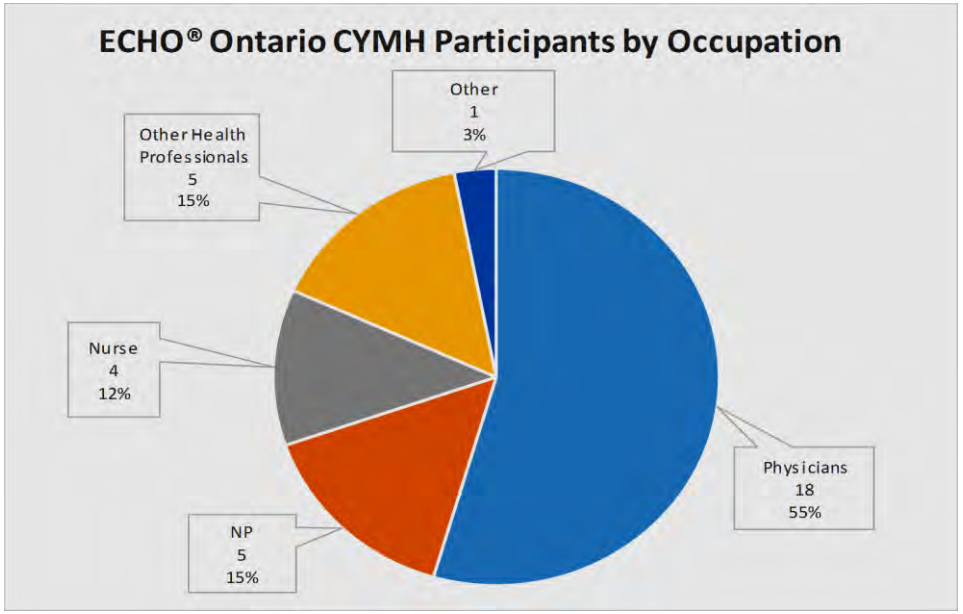
How are we doing so far?

POLLING QUESTION: USING MATERIALS OR KNOWLEDGE?



POST-CLINIC SURVEY QUESTION: KNOWLEDGE GAINED?





In our first cohort, we have **16 Spoke Sites** and **33 participants** from two LHINS: Champlain and North Simcoe Muskoka.

For more information contact:

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