

Keeping Connected

Addiction and Mental Health News - April 2017



Youth and their families will soon have input into their experience accessing emergency services when dealing with addiction and or mental health issues.

Accessing AMH in EDs for youth

Across the province, there has been an increase in the number of children and youth going to emergency departments with mental health and addiction related issues.

“While emergency departments can help in times of crisis, services do not always best match what youth and their families need,” says Dr. Nicholas Mitchell, Senior Medical Director of the Addiction and Mental Health Strategic Clinical Network.

Over the next few months, a survey will be available for youth and family members to share their experiences when dealing with an addictions and/or mental health related crisis.

The information collected will create a patient journey and visual map how children, youth,

and their families experience the ED as well as the time leading up to the crisis and after their ED visit. This Patient Journey will paint a picture of experiences including gaps and areas for improvement.

In order to make meaningful, patient-driven change for children and youth with addiction and/or mental health issues, we must clearly understand what their experiences are like when they go to the ED.

Stay glued to the SCN's website and twitter (@amh_SCN and @emergency_SCN) for a link to the survey and for updates about the project.

For more information contact:
Marni Bercov at
Marni.Bercov@ahs.ca

Harm Reduction policy review survey

The Harm Reduction Steering Committee is reviewing the *Harm Reduction for Psychoactive Substance Use Policy* that came into effect on December 16, 2013. The policy recognizes that harm reduction is an important part of a comprehensive continuum of care that AHS delivers to individuals who use psychoactive substances. As part of this review, we would appreciate the feedback of AMH directors, managers, physicians and staff on the policy by completing a survey.

The survey and policy can be found on Insite at: <http://insite.albertahealthservices.ca/10059.asp>. The survey will close on April 30, 2017.

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Question, comments or feedback? Email: addictionmentalhealth.scn@ahs.ca



Engaging patients to reduce unnecessary testing

Choosing Wisely Canada (CWC) is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

Thirteen recommendations specific to psychiatry were released. The primary purpose of creating these recommendations is to reduce prescribing practices and ordering of diagnostic tests that are not supported by evidence. One of these recommendations has already been implemented in the Calgary Zone.

In 2014-15, the Addiction and Mental Health SCN (AMH SCN) partnered with Calgary Zone to

reduce unnecessary stat toxicology testing in emergency departments. Evidence shows that qualitative toxicology testing in emergency departments does not impact the care provided to patients. Implementation of that project resulted in a decrease in stat toxicology testing by 96 per cent over a six month period.

Currently the AMH SCN is focused on four recommendations related to the prescribing of antipsychotics. Data specific to each of the zones has been pulled and a strategy is underway to address higher levels of antipsychotic prescribing practices that do not align with the Choosing Wisely Psychiatry recommendations.

Healthcare providers will be



engaged to help support the development of an implementation plan that will include educational materials and support tools.

For more information related to the Choosing Wisely Canada Initiative please visit: <http://www.choosingwiselycanada.org/> or contact Victoria Suen: Victoria.Suen@ahs.ca

SCN evaluation

Naloxone safer practice

One part of Alberta's response to the opioid crisis has been the distribution of take home naloxone kits (THNK) to people at risk of opioid overdoses. This vital response has increased safety for many in the province.

The distribution has been through multiple organizations and taken place in an ever changing environment of regulations.

The SCN is leading a collaborative, province-wide evaluation of the THNK program evaluation with participation from

diverse areas within AHS, Alberta Health and community organizations such as ACCH.

The group has been working to create consistent reporting and incorporate best practices throughout the province.

The team has designed and is instituting a province wide reversal reporting form to be used by AHS, community organizations and community pharmacies. This first step is vital for consistent data and has demonstrated the strength of the collaborations on the team.

For more information contact: Kay Rittenbach: Katherine.rittenbach@ahs.ca

FEEDBACK

It's been a year since the Addiction and Mental Health SCN and the Addiction and Mental Health Provincial Program came together to create one newsletter, Keeping Connected. We want to know what you think about the information you receive in the newsletter. Please complete this short survey by clicking on this link <https://survey.albertahealthservices.ca/TakeSurvey.aspx?SurveyID=94KImm252>.

The survey should take about 5 minutes to complete and your responses will remain anonymous. We appreciate your feedback!

Foundation event

The Edmonton Mental Health Foundation hosted their annual Mental Health Breakfast, where over 600 people came to learn about Repetitive Transcranial Magnetic Stimulation (rTMS), an innovative and safe technology that can be used to help individuals with treatment resistant depression.

AMH SCN's Scientific Director Dr. Frank MacMaster was joined by patient advocate Tim Hay, who shared his 17 year journey of battling treatment resistant depression. Aided by both this scientific and personal insights, the foundation raised \$275,000.

The AMH SCN is working closely with zones to establish standards and clinical protocols for rTMS and to develop implementation models specific to each zone's local context.

Further questions related can be sent to:
AddictionMentalHealth.SCN@ahs.ca

2016/17 Recipients

Inaugural Clinical Connections Grant Competition

The Addiction and Mental Health Strategic Clinical Network Scientific Office held its inaugural Clinical Connections Grant competition this year in partnership with the Neuroscience and Mental Health Institute at the University of Alberta and the Mathison Centre for Mental Health Research and Education at the University of Calgary.

The funding opportunity supports translational projects that foster and strengthen connections between basic scientists and clinicians/clinician scientists to improve addiction and mental health services in Alberta.

The winners of the 2016/2017 Clinical

Connections Grant Competition are:

Principle Investigator: Dr. Scot Purdon
Project title: Effects of Cannabis on Cognition in Patients with Psychosis and Healthy Controls Amount: \$30,000

Principle Investigator: Dr. Catherine Lebel
Project Title: Mental Health and Brain Abnormalities in Children with Multiple Risks Amount \$30,000.

We are grateful to all who applied and were impressed by the quality of the applications throughout Alberta. For more information contact: Kay at Katherine.Rittenbach@ahs.ca

New accredited learning opportunity

Empowering community and primary health care staff to identify, assess, manage and refer the suicidal person in the community is an important step in suicide prevention.

The Suicide Prevention, Risk Assessment and Management (www.ahs.ca/SPRAM) training program is an interactive, online learning series.

It was developed to enrich the knowledge and skill of physicians and frontline staff in prevention of suicide through the early identification of risk and appropriate interventions that support clients and their families, within the Alberta Health Services, Addiction and Mental Health program.

SPRAM is accredited, for Continuing Medical Education credits, under the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada, and approved by the University of Calgary Office of Continuing Medical Education and Professional Development.

For further information and/or to be placed on the Professional Development Opportunities e-mail list, contact: concurrent.disorders@ahs.ca



Minimizing the use of restraints while in care

AHS is finalizing a provincial policy suite called *Restraint as a Last Resort*, to help reinforce our commitment to setting consistent standards for the use of restraints as part of a treatment plan and to minimize the use of restraints at times of behavioral emergencies.

Implementation plans are being developed by the AHS Provincial Restraints working group to ensure that staff are aware of the policy and are trained to meet its requirements. Eight areas throughout AHS such as Emergency, Continuing Care and Addiction and Mental Health (AMH) have developed related procedures to address the unique health and safety needs of their patients.

The AMH procedure, which applies to all AMH inpatient units, supports the work of physicians, health care professionals, and staff in creating welcoming, hopeful, strength-based, trauma-informed partnerships with patients and their families. The procedure emphasizes the importance of a thorough admission assessment, including a history of any behavioral emergencies and/or restraint use, patient-centered treatment decisions and the importance of trauma-informed, recovery-oriented care.

“We know that our inpatients often have personal histories of trauma,” says Pat Edney,

Manager, AMH Policy Development and a member of the AHS Provincial Restraints working group.

“By using a trauma-informed and recovery oriented approach, staff can better understand the patient’s personal history, potential triggers and his/her emotional and behavioral responses,” she adds. “By understanding and anticipating the patient’s perspective, staff can work with the patient to develop strategies to prevent behavioral emergencies or successfully de-escalate behavioral emergencies with minimal use of restraints.”

Anytime a restraint is used to de-escalate a behavioral emergency clinical teams need to review the situation to promote new learnings and improvement. When mechanical, physical or environmental (seclusion) restraints have been used, staff are, if clinically appropriate, to meet with the patient to debrief. Based on these discussions, the patient’s safety plan may be revised. “Across AMH, staff are already using many of the components of this new procedure,” concludes Edney.

The story from staff at Alberta Hospital, Edmonton, illustrates some of the great work staff on AMH inpatient units are doing with patients to create safe and recovery oriented environments.

“Our staff admitted a patient who had an extensive history of trauma. As per best practice in using restraints as a last resort, the team began safety planning prior to the patient’s admission. Part of the safety plan included identifying a Psychiatric Aid who would constantly observe the patient and choosing a bedroom with good sight lines. The team on shift met to ensure that all members were aware of the patient’s history. When the patient became severely agitated, and started banging his head against the wall, we assessed the situation to determine if the patient was a danger to himself or others. Since he was not in danger of hurting himself, and based on our knowledge that the patient had a history of trauma, we knew that using a restraint could re-traumatize him. We decided that the best course of action was to leave him in his bedroom while staff provided him with caring and supportive messages. With the support and encouragement of staff, the patient was able to calm himself down without the use of a restraint.”

For more information contact: Patricia Edney, patricia.edney@ahs.ca Manager, AMH Policy Development, Clinical Initiatives and Policy.

Enhancing client and staff safety in Addiction and Mental Health

As part of its commitment to promote client and staff safety, Addiction and Mental Health (AMH) has developed a policy suite called the *Transportation of Patients*:

<http://insite.albertahealthservices.ca/assets/policy/clp-amh-ahs-transport-pts-pol-amh-05.pdf>.

Providing transportation to clients for appointments is not a usual part of health care service. Many addiction and mental health clients need to travel to different locations as part of an AMH program, or don't have transportation means to get to care sites, agencies or appointments. Providing transportation to these clients is an important service AMH staff may offer.

Thomas Mountain, Director, AMH, South Zone West and a member of the AMH provincial working group that developed the policy suite says "with a recovery focus in mind, staff provide transportation for a variety of reasons, usually because clients are unable to travel independently, lack of financial resources or community support to access community services.

"Providing transportation also becomes a valuable tool to engage clients in treatment that they would otherwise not connect with," says Mountain.

Key features of the policy suite include:

- staff may provide transportation for clients to routine and/or scheduled care as part of the service plan if other transportation options do not exist. Staff must also obtain their manager's approval, the client's consent to the transportation plan, and Alberta Health Services (AHS) Fleet Services authorization;
- each client must have a Patient Transport Safety Assessment completed by a clinical team member at a minimum, on an annual basis;
- and, staff can, based on their clinical judgement, decide not to transport a client for safety or other reasons.

"The new policy provides a structure and tools for staff to safely provide transportation while considering how the transportation supports the individual's treatment goals," adds Mountain.

"Ultimately, this will support a better overall service that includes safe and appropriate transportation that will benefit a client's care."

For more information contact:

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