

Keeping Connected

JANUARY 2016

**SPECIAL
POINTS OF
INTEREST:**

- Alberta Mental Health Review
- AMH SCN Funding Opportunity

**Did you know?
Check for Fentanyl
Factoids throughout
this issue!**

Welcome to our new joint Newsletter!



Welcome to the first edition of the “Keeping Connected” newsletter! We are excited to launch a shared newsletter that provides readers with an update of the work occurring within the Addiction and Mental Health Strategic Clinical Network as well as information on provincial initiatives that are shaping the way Alberta Health Services is delivering addiction and mental health programs to Albertans. At Alberta Health Services, we know that an individual’s mental health plays a significant role in their overall health and well-being. We also recognize that by creating more opportunities for various health care disciplines, front line staff, researchers, community organizations, patients and their families to connect and share information with one another, we can continually enhance patient outcomes by developing and delivering quality health care programs and services. We hope you find the information informative and we encourage you to connect with us if you have any suggestions for future newsletters.

Barry Andres
Executive Director
Provincial Addiction and Mental Health

Marni Bercov
Executive Director
Addiction and Mental Health SCN

**INSIDE THIS
ISSUE:**

Policy Corner	2
AMH SCN Update	2
Alberta Mental Health Review	3
Better Together	4
Monitoring Anti-psychotic Use	4
Researcher Spotlight	5
Scientific Director Editorial	5

Accreditation

Christine Riddell, Lead, Clinical Projects/Clinical Standards

Addiction and Mental Health (AMH) will participate in the May 2 - 5, 2016 AHS Accreditation Canada on-site Survey visit. Accreditation is a process used by an organization to assess and improve the services it provides to its patients, families and stakeholders, and it is based on Accreditation Canada standards of excellence. Accreditation of health services is mandated by the Minister of Alberta Health.

The three specific quality Accreditation Standards that will be used in the 2016 Accreditation Canada On-site Survey visit for AMH include:

- * Mental Health Services (Inpatient),
- * Substance Abuse and Problem Gambling Services, and
- * Community-based Mental Health Services and Supports.

Becoming accredited demonstrates to patients, families, staff and other stakeholders, that AHS is committed to achieving the highest standards for delivering quality services. By achieving accreditation we demonstrate that AHS has sound ethical, health and safety practices in place, encourages environments that foster collaboration and manages risks effectively. These are just some of the benefits of accreditation that positively impact patient and family care.

To prepare for the upcoming Accreditation visit in May, managers, staff, and physicians can regularly review the standards, for example at team meetings; work with the Provincial AMH Service Excellence Team (SET), Zone leadership and assigned Accreditation Advisor(s); book a mock tracer for a unit or service; and participate in initiatives that help services to achieve the standards.

If you are interested in learning more about available resources, including accessing the list of sites and standards for the Accreditation visit, please visit

[Accreditation home](#) page on Insite:

For further information, contact:

christine.riddell@albertahealthservices.ca.



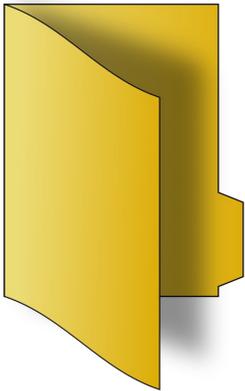
Policy Corner

Patricia Edney, Manager, Policy Development

Staff and Physicians: Are you getting ready for the revised inpatient policy suite? On December 2, 2015, thanks to 18 months of hard work by many staff and physicians from every zone plus patient/family representation, the revisions to the inpatient policy suite were approved. Effective April 1, 2016, inpatient staff and physicians will need to practice in accordance to the 2016 Addiction & Mental Health Inpatient Policy Suite.

Many aspects of the policy are the same as in the 2011 suite. Review the various documents on the AMH Policy [Education & Resources Insite page](#) to learn more. Some changes came directly from staff – e.g.: doing suicide risk screening versus assessments on every new patient. Some changes were recommended – e.g.: observing of respirations of patients who appear to be sleeping. But all are based on the AMH Principles of Care and reflect quality practice. Resources are posted on My Learning Link – search for AMH Inpatient Policy Suite. For more information, contact your zone lead.

For Patients and Families: We are pleased to have finished the revisions of the inpatient AMH policy suite. This policy suite directs staff in some specific aspects of practice on our inpatient units. We believe we have achieved a balance of safety and respect for patient autonomy by emphasizing key principles of care – welcoming and engaging patient-centred care; recovery oriented therapeutic engagement; practice excellence; inclusive care; accountability and transparency. Let us know what you think by contacting amhpolicy@ahs.ca.



Fentanyl is about 100 times more toxic than morphine, heroin, or oxycodone.

Addiction and Mental Health SCN

Priority Update

Victoria Suen, Manager, AMH SCN

Recently the AMH SCN Core Committee underwent a priority setting exercise to determine where we would be focusing our energy for the next 12-24 months. We began with a list of over 15 potential areas of focus and have now reached consensus on 5 priority areas!

Choosing Wisely: 13 Choosing Wisely Psychiatry recommendations were released on June 2 2015. A working group has been established to review the recommendations and to pull data to identify where practice changes need to occur. Education for physicians and patients will be considered as well as the development of a monitoring program to provide feedback related to the recommendations.

Peer Support: The Calgary branch of the Canadian Mental Health Association (CMHA) in collaboration with the SCN completed an evidence review of the literature as well as an inventory of the peer support programs within Alberta. This information will be used to identify opportunities for expanding peer support programs throughout the province. Certification and evaluation will be key elements to the program expansion.

Naloxone Evaluation: Take-home Naloxone kits are being distributed throughout Alberta as one line of defense against the growing use of Fentanyl and Fentanyl related deaths. We will evaluate the outcomes, access, and process of this program and its expansion and report this back to Alberta Health and Alberta Health Services to measure and improve the established success of this program.

Care in the Emergency Department: Care for addictions and mental health patients in the emergency department often differs between and within Zones due to a number of variables including standards of education, medical clearance, access to psychiatric assessment teams, and established processes. Next steps include establishing the scope and identifying a lead for this work.

School Mental Health: Schools play an integral role in the delivery of programs intended to improve the mental health of children and adolescents. There are currently a number of school based initiatives that support mental health, social/emotional learning, stigma reduction, resiliency, drug and alcohol use, etc. There is an opportunity to develop a full continuum model for school mental health based on age and stage of development that identifies the top few programs that have demonstrated improved outcomes. More discussion around the scope of this work will continue before moving forward.

**Are you interested in any of these areas?
Would you like to get involved with the
Working Groups? If so, please let us know!
E-mail: Addictionmentalhealth.scn@ahs.ca**

Alberta Mental Health Review

Steven Clelland, Program Lead (Interim), Provincial Initiatives; Jesse Jahrig, Senior Program Consultant, Performance Measurement & Knowledge Exchange

In June 2015, Premier Rachel Notley announced that a committee, chaired by MLA Dr. David Swann (Calgary MLA - Mountainview) with members Danielle Larivee MLA - Lesser Slave Lake, Tyler White, CEO for Siksika Health Services (affiliated with Treaty 7), and Heather Sweet (MLA - Edmonton Manning) would lead a review of Alberta's addiction and mental health system. The Mental Health Review Committee's recommendations and report focus includes:

Increasing access to addiction and mental health services including:

- School-based programs for children and youth
- Community-based services.
- Preventative services
- Improving continuity of care across an integrated service delivery model
- In-patient support services
- Addiction services
- Geographic challenges, and
- Ensuring services are inclusive of, and culturally appropriate for, Alberta's diverse population.

Public and stakeholder engagement formally spanned August to October 2015, with the launch of a public questionnaire, focus groups and one on one presentations. The response was extraordinary and extensive compressed within a short time-period.

- Over **2800 questionnaires** were received;
- **175 individuals** (with specific front-line focus) attended 6 focus groups in the following areas: Seniors, Child, Youth and Families, Diverse and Vulnerable Populations, Urban Aboriginal and Frontline.
- **46 submissions** from organizations and across government;
- **Three days** of one on one presentations from organizations
- Meetings were held with **Treaty 6, 7 and 8**, including the Grand Chiefs.;

AHS frontline staff, physicians and leaders were involved in many of the focus groups and several of the one on one presentations. Engagement also included the AHS Patient and Family Advisory Group, as well as operational, provincial and executive leadership. AHS' contribution and support for the Review extended beyond engagement.

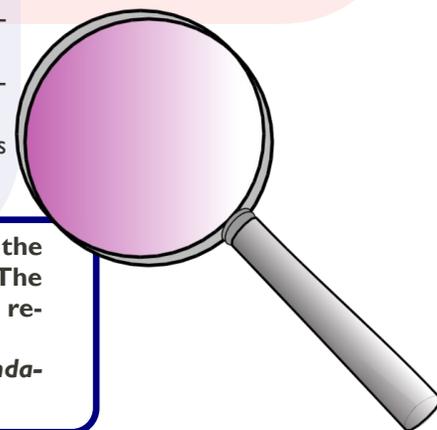
AHS provided support to the Review through literature reviews and synthesis, focus group analysis, and ad hoc data and information support. More than 25 AHS staff provided support to the Review team at Alberta Health. AHS made a detailed submission, which included a detailed summary of a series of shadow focus groups (6) that were conducted with AHS staff and physicians. This replicated the process and content areas used by the Review, adding to the evidence and knowledge gained during the Review.

Several consistent theme areas in the AHS Focus groups were heard including the following highlights...

- Achieve seamless, coordinated care through improved service awareness, navigation, case management.
- Address gaps in service demand thorough partnerships, modifying models of care (e.g., culturally sensitive) and increased investment across the continuum of care.
- Enhance community services to alleviate unnecessary use of more intensive services.
- Improve prevention and early intervention by providing dedicated resources.
- Strengthen leadership and governance by clarifying core services, roles and responsibilities (within and outside of AHS).

The Review Committee submitted the final report and recommendations to the Minister of Health and the Government of Alberta on December 23, 2015. The Minister of Health has acknowledged public release of the report following a review of the Committee findings and recommendations.

***At the time of this Newsletter being produced, the final report and recommendations has not been made available publicly**



Better Together: Enhancing Integration through Person-Centered Collaboration

Doug Vincent, Director, Provincial Planning & Capacity Management

Alberta Health Services, Community, Rural & Mental Health, Calgary Zone and Human Services, Disability Services, Calgary Region hosted the **Better Together: Enhancing Integration through Person-Centred Collaboration** event on October 21, 2015 at the Calgary Croatian Cultural Centre. This event brought together Human Services, Alberta Health Services leadership and key stakeholders to discuss and develop opportunities for cross ministry collaboration and integration, across the province and provided an opportunity for participants to learn about the Calgary Zone/Region Medically Fragile & Aging Initiative

Participants were asked to consider how they could work together collaboratively in ways that address the unique needs, challenges and opportunities across regions/zones.

The event highlighted the Calgary Zone/Region Medically Fragile & Aging Initiative which began in February 2014 as a response for the

need to develop better client experiences (flow), joint system capacity and interactive service protocols, between AHS and Persons with Developmental Disabilities (PDD) Services. With the main focus of the work on integrated, collaborative service delivery for PDD eligible individuals who are Medically Fragile and/or Aging.

The event was graphically recorded by Sam Bradd who synthesized, and drew in real-time, the thoughts and ideas that emerged throughout the day. Event participants included frontline and senior leadership from Human Services and Alberta Health Services. Key stakeholders from across the province were represented including; Alberta Works, AHS Strategic Clinical Network, AHS Integrated and Continuing Care, Disability Services South, Central and North, Office of the Public Guardian, Children's Services, Provincial Addiction & Mental Health Services, Human Services Information Sharing and Strategy, Human Services, Housing and Homeless Supports, AHS Pediatric Home Care, AHS Acute Care, Resicare and URSA.



Better Together: Enhancing Integration through Person-Centered Collaboration
 Alberta Health Services and Alberta Human Services
 October 25th, 2015

live graphic recording | Drawing Change

Monitoring the Safety of Antipsychotic Use in Adults

By: Margaret Agnew, Director, Zone Integration & Clinical Standards; Rekha Jabbal, Pharmacy Clinical Practice Leader, Pharmacy Services; Heather Scarlett-Ferguson, Manager, Knowledge Exchange

Did you know that the [Antipsychotics Monitoring Record for Adults](#) has been updated? It now has more detail to make it easier to use. This guidance document is designed for use in adults who are taking antipsychotics and can also be used as a patient engagement tool to help identify needs and formulate care plans. Clinicians are encouraged to consider the recommendations in the context of their patient's specific clinical situation. It is not intended to reflect a complete list of appropriate monitoring, but provides many examples of information that might be

helpful for you to consider for your patients taking antipsychotics. You can tailor it to meet the needs of each of your patients. If you have questions about completing the record, there is an [FAQ](#) that answers your questions. There are links to MyHealthAlberta.ca information about [diet](#) and [exercise](#) to help facilitate discussion with your patients. A demonstration of the assessment of the neurological side effects of antipsychotics is presented in an [AHS created video](#). Information about smoking cessation is also available from [Alberta Quits](#). As a visual reminder about safety monitoring of adults taking antipsychotics, a [poster](#) was also developed. Links to all of these tools are available on the AHS website [here](#).



Researcher Spotlight: Cameron Wild, PhD

Dr. Wild received a PhD in Psychology from the University of Alberta, completed a Postdoctoral Fellowship in the Human Motivation program at the University of Rochester (New York), and was a staff Scientist of the former Addiction Research Foundation of Ontario. He was the first Associate Dean (Research) in the School of Public Health at the University of Alberta, where he is currently a Professor and Director of the U of A's Addiction and Mental Health Research Laboratory. Dr. Wild's research interests include: epidemiology of substance misuse, injection drug use, and comorbid addictions and mental disorders; randomized trials and quasi-experiments of clinic and community-based prevention and treatment interventions, motivational factors influencing client retention in addiction treatment, compulsory treatment policies and outcomes, and organization of service systems in relation to population severity and need. Dr. Wild has published over 130 peer-reviewed articles on these topics, and has successfully supervised 33 graduate students and postdoctoral fellows working in these areas.

Dr. Wild collaborates with the Addiction and Mental Health SCN as Nominated Principal Investigator of the Prairie Node of the Canadian

Research Initiative on Substance Misuse (CRISM), a pan-Canadian network of addiction researchers, service providers, and policy-makers. CRISM is conducting research on treatment models for prescription opioid abuse, screening and brief interventions for illicit drug problems, and ways to enhance retention in addiction treatment. Dr. Wild also has a longstanding research program on harm reduction. He currently leads a National project taking stock of harm reduction policies across the Canadian provinces. At the local level, Dr. Wild continues to work with partners to institutionalize these important, but under-utilized prevention activities among people who use drugs.



Time to get off the road to nowhere

Frank MacMaster, Scientific Director, AMH SCN

"Well we know where we're going, but we don't know where we've been"

- Road to Nowhere, Talking Heads

Years ago, my wife did not believe me when I said it was time to go to the hospital. She said the time between contractions was not changing and it was (another) false alarm. Armed with my skills and knowledge as a doctor (not the kind that helps people, but the kind the measures stuff), I leaped into action with my pencil and graph paper.

I graphed the contractions over time and even plotted the inverse correlation, which showed clearly that the time between contractions was indeed shortening. Yes, that is a true story, we are still married, and the baby that was coming is now a scruffy teenager. Yay, statistics!

The message is that the foundation of understanding and action is measurement. You cannot evaluate outcomes or implement change without first measuring, to do so is akin to trying to swim the English Channel by simply thrashing about. You'll get wet, you'll get tired, but only blind luck will get you to the other side.

In Addiction and Mental Health, this means measuring **clinically meaningful change**. As an example, something like a Hamilton Depression Rating Scale or even the Beck Depression Inventory could be used in depression.

Some say "You can't use different scales in different clinics and then compare outcomes!" (I always envision somebody rolling their eyes while they say this). You actually can, with statistics. To continue with the example of depression, a reduction of 50 per cent in a depression severity rating scale (either of those listed above) is widely considered response. We can easily turn differing scales into simple binary variables (response versus no response) when we need to compare groups that use different scales.

New Grant Opportunity!!

The Addiction & Mental Health Strategic Clinical Network is pleased to announce the 2015-2016 Clinical Engagement Grant funding competition. These two \$10,000 awards are designed to encourage and support research initiated by front line clinicians and to improve the quality of care for Addiction & Mental Health patients in Alberta. Projects that address addiction and/or mental health issues in other populations are included in this call.

Please contact Dr. Kay Rittenbach (Katherine.Rittenbach@ahs.ca) for more information about this opportunity including the application form.

We've been paralyzed by our need to be a little more clever about it.

We also don't need to reinvent the wheel, consensus definitions abound. For example, the ACNP outlines some pretty solid methods for describing response, remission, and recovery in depression. They even consider treatment resistant and suggest allowances to be made for clinically complex and difficult to treat populations.

What could we do with this information? Make decisions that capture what works and move past what doesn't. To test new approaches by evaluating them and against norms of practice. Without this information, we are missing opportunities to discover and then scale and spread effective practice from our clinics. We could also miss gaps where we need to do better.

What does it cost? Time and effort like everything else. Does the reward outweigh the cost? If you want to perform better, if you want to serve more people more effectively, then yes.

New York Mayor Ed Koch was famous for always asking voters "How am I doing?" Expecting our health care system to do the same is the first step towards improving it.

*...But the fact is:
You never really
know what you
are getting*

Congratulations!

Congratulations to the research team being led by **Drs. Fabreau, McBrien & Nguyen** who have been invited to submit a full application for the Partnership for Research and Innovation in the Health System (PRIHS) competition. Their project of implementing and evaluating a Coordinated Care Team at the Calgary Urban Project Society (CUPS) as a community-based intervention for some of the Complex High Needs Population in Calgary is being supported by the AMH, Emergency and Primary Health Care SCNs.



For more information on Fentanyl, please visit the [AHS website](#)

Stay up-to-date on what's happening in Addictions and Mental Health!

1. [Subscribe](#) to our newsletter
2. Check out our websites:

[AMH SCN](#)

[AMH Provincial](#)

3. Follow the AMH SCN on twitter: [@amh_scn](#)

Contributors to this issue:

- Annette Bereznicki
- Barry Andres
- Cameron Wild
- Christine Riddell
- Doug Vincent
- Frank MacMaster
- Heather Scarlett-Ferguson
- Jesse Jahrig
- Katherine Rittenbach
- Margaret Agnew
- Marni Bercov
- Patricia Edney
- Rekha Jabbal
- Steven Clelland
- Victoria Suen

We appreciate your feedback!

Questions, comments and feedback on this new joint newsletter can be sent to:

Addictionmentalhealth.scn@ahs.ca