# Improving on Best Practices: Lessons from an FHT-based client-centred e-mental health project

# Presenters Disclosure

- Kelly Buchanan is the Executive Director of the Huron community Family Health Team.
- Robert Shepherd is a practicing clinical psychologist, an employee of one of the Huron community Family Health Team, and a Co-Founder of Myndplan Inc.

# Potential For Conflicts of Interest

- Dr. Shepherd's blend of personal and professional interests implies numerous conflicts of interest of the sort that can bias judgment and distort the kind of information that makes up the following content.
- Specifically, Dr. Shepherd developed, licenses, distributes and benefits from sales related to a service that is discussed in this presentation: Myndplan Inc.

# Mitigating Bias

- Dr. Shepherd will limit his focus to discussion of data derived from a prototype evaluation study and related work in the Huron community FHT
- He will not make direct recommendations regarding Myndplan

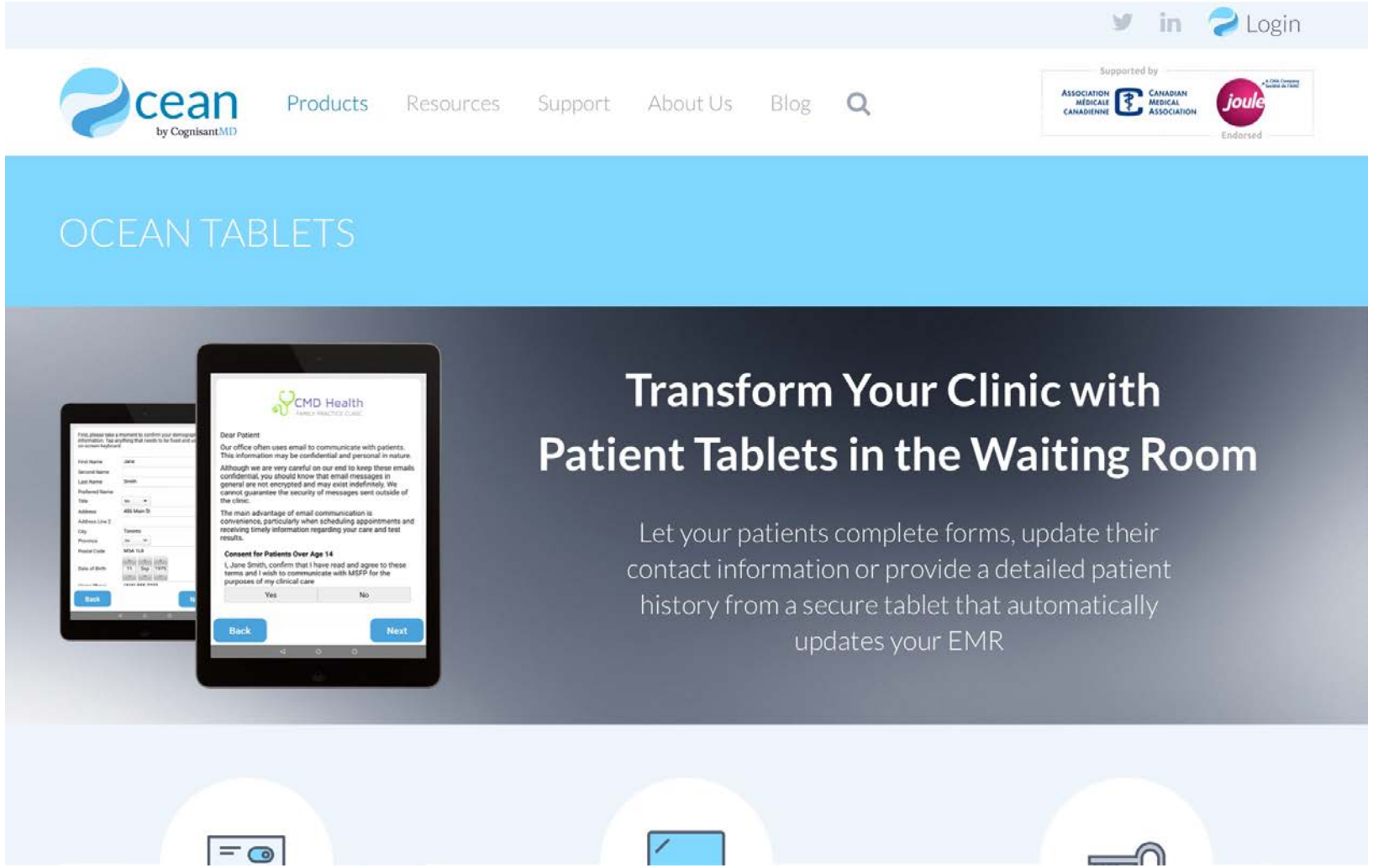
# Challenges in primary care mental health

- The  quick screens we use typically over-diagnose problems like anxiety and depression, and overlook most other diagnoses
- Many treatments lack empirical validation
- Physicians can be quick to prescribe and slow to discontinue antidepressant medication, regardless of efficacy
- Mental health providers persist with ineffective methods indefinitely
- Most providers rarely measure patient outcomes
- Most providers rarely assess the therapeutic alliance
- E-mental health resources are underutilized
- Mental health agencies often create silos that limit collaboration

# E-Mental Health Resources offer a solution to many of these problems

- Research is emerging that suggests e-resources actually work
- E-resources are often more convenient and cost-effective to use than paper-and-pencil or face2face services
- Examples include
  - Screening to identify mental health problems
  - Online counseling services
  - Online apps and other treatment tools

# Screening tools are quickly gaining popularity

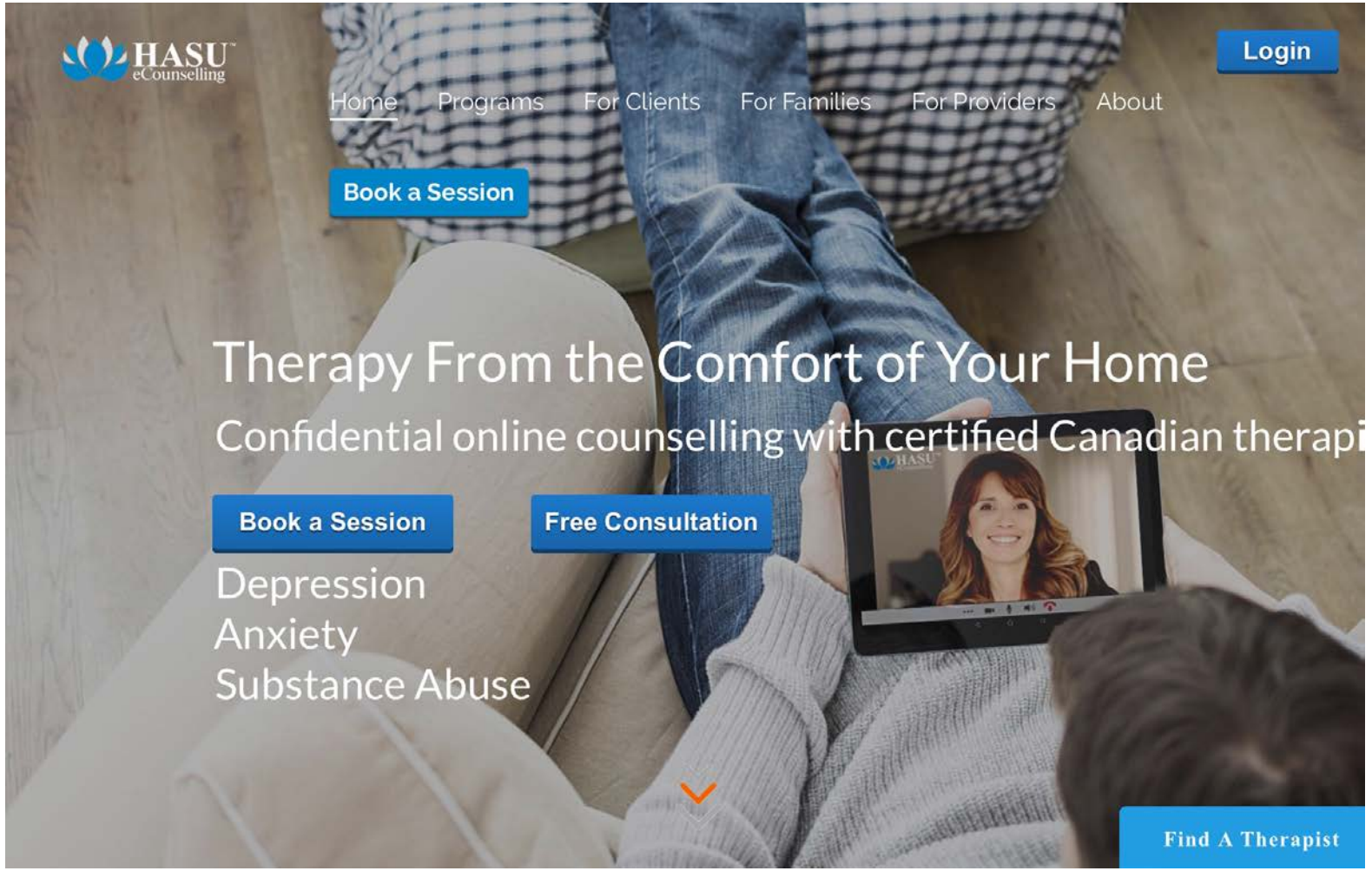


# Screening Pros & Cons

- PHQ-9, GAD-7 are the most common for mental illness
- CAGE, DAST-10 for addiction
- Services like Ocean are convenient, integrate with EMR

- Rely on public domain tools
- Cannot handle more complex algorithms and transformations
- Tend to over-diagnose, self-screening may not be beneficial without follow-up

# Online counselling is also gaining a foothold

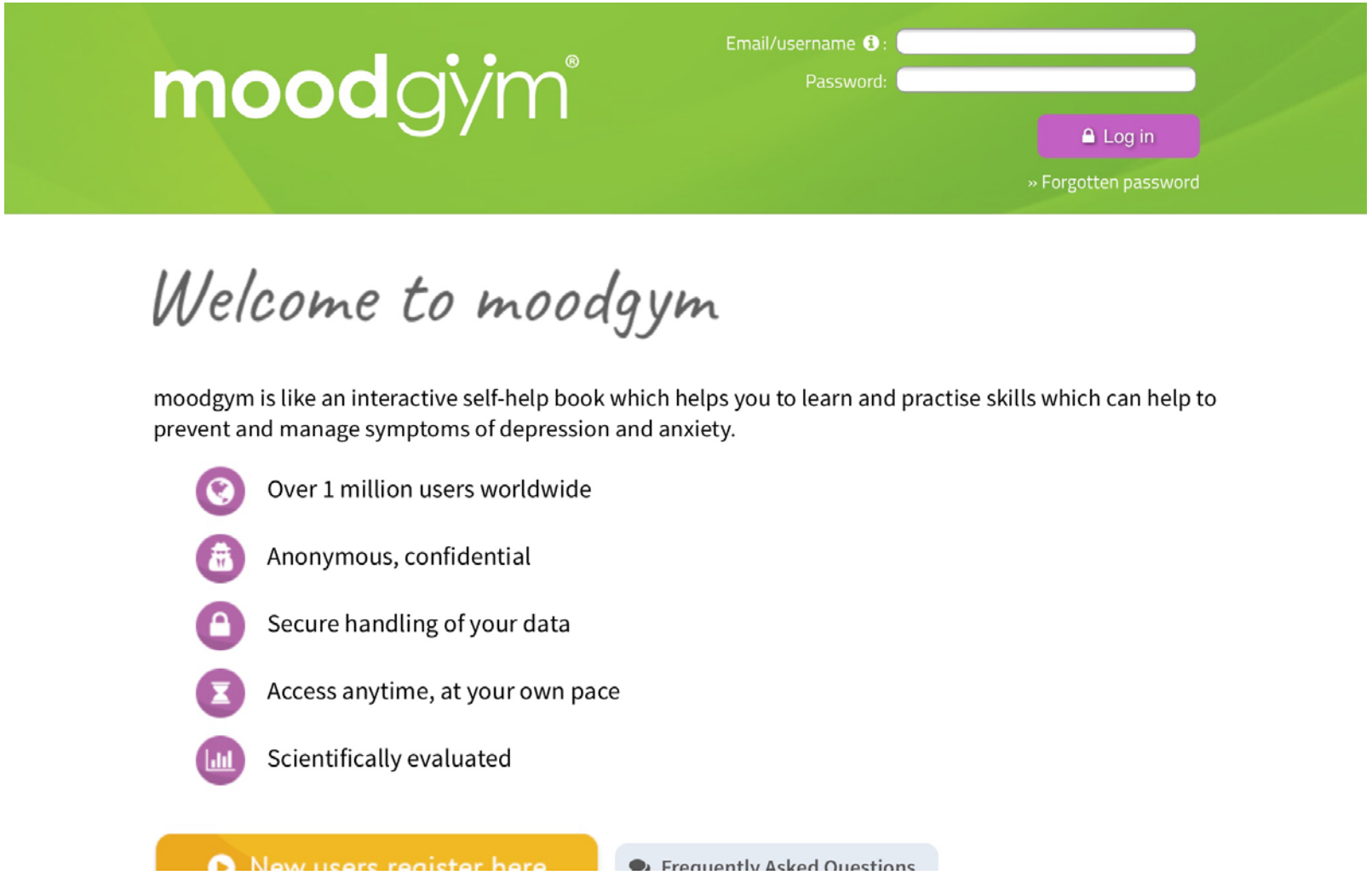


# Online Counselling Pros & Cons

- Multiple formats are available
  - Messaging, Live chat, Live phone, Live video
- Can be funded through 3rd party benefit providers
- As effective as face2face

- Many services recruit uncertified/unlicensed counsellors to save $
- Most regulated professionals must respect regional boundaries
- Advertising and billing practices may fail to meet professional standards

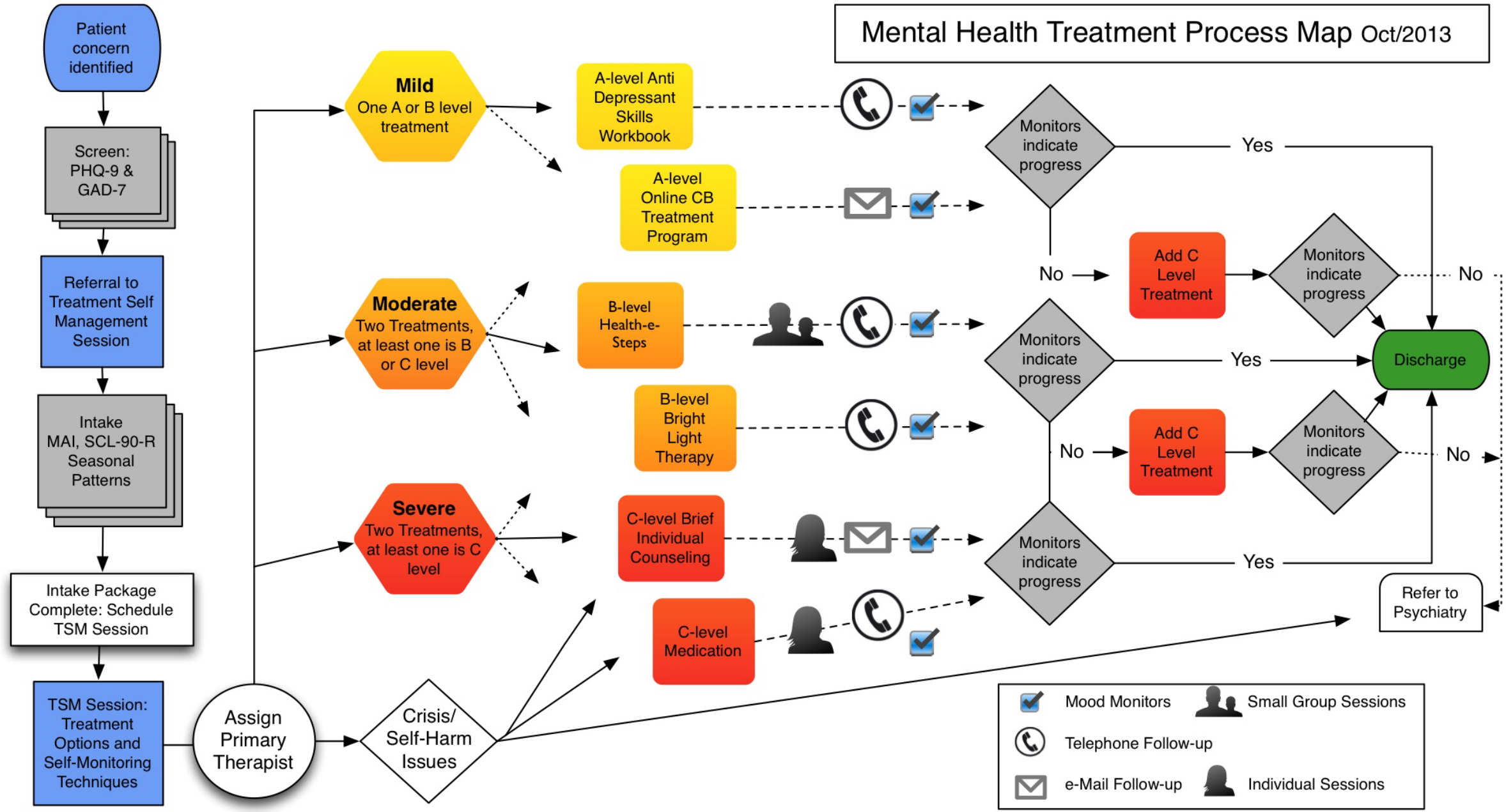
# Online self-help is well established



# Online self-help pros and cons

- Many are using empirically validated techniques
- Wide range of costs
  - free (Antidepressant Workbook)
  - modest (MoodGym 39$)
  - expensive (Sleepio 300$)
- Evidence suggests they are as good as face2face counseling

- Some can only be accessed through corporate sponsors (Workguru)
- Many are completely ineffective
- Most are “gamified” – can exploit vulnerable populations


Mental Health Treatment Process Map Oct/2013
Patient concern identified
Screen: PHQ-9 & GAD-7
Referral to Treatment Self Management Session
Intake MAI, SCL-90-R Seasonal Patterns
Intake Package Complete: Schedule TSM Session
TSM Session: Treatment Options and Self-Monitoring Techniques
Assign Primary Therapist
Crisis/ Self-Harm Issues
Mild
One A or B level treatment
Moderate
Two Treatments, at least one is B or C level
Severe
Two Treatments, at least one is C level
A-level Anti Depressant Skills Workbook
A-level Online CB Treatment Program
B-level Health-e-Steps
B-level Bright Light Therapy
C-level Brief Individual Counseling
C-level Medication
Monitors indicate progress
Yes
No
Add C Level Treatment
Monitors indicate progress
No
Yes
Discharge
Monitors indicate progress
No
Add C Level Treatment
Monitors indicate progress
No
Yes
Monitors indicate progress
Yes
Refer to Psychiatry
Mood Monitors
Small Group Sessions
Telephone Follow-up
e-Mail Follow-up
Individual Sessions

Neuroscience can de-stigmatize mental illness

What if assessments were truly client centred?

We also mix up traditional groups and mix in online tools

# RELIEF

# PRACTICAL SOLUTIONS FOR CHRONIC PAIN

## WHEN

**April 6-27th**
**10am till noon**

## WHERE

**Seaforth Medical Centre**
Group Room

FEATURING · Mastering the Mind · Getting Your Game Back · Beating Fatigue · Natural Pain Control ·

## WWW.HCFHT.CA

**FOUR/4/IV WEDNESDAY MORNINGS**

## OPEN TO ALL

A free program from your FHT

## WORKS FOR EVERYONE

Find out how you can tune out pain

## GUIDED BY:

Dr. Robert Shepherd
Psychologist

## MORE INFO?

Talk to anyone at the Huron community Family Health Team
Check our website
Or call us at:
519-600-2273

# RELAX STRESS MANAGEMENT MADE EASY

## WHEN
**March 9-30th**
**10am till noon**

## WHERE
**Seaforth Medical Centre**
Group Room

FEATURING · Meditation Methods · Dealing with Fears · Sleep Better Tricks · Worry Busting Tools ·

**WWW.HCFHT.CA**

**FOUR/4/IV WEDNESDAY MORNINGS**

## OPEN TO ANYONE
A free program from your FHT

## GOOD FOR ANYONE
Learn how to slow down and smell the roses

## GUIDED BY:
Dr. Robert Shepherd
Psychologist

## MORE INFO?
Talk to anyone at the Huron community Family Health Team
Check our website
Or call us at:
519-600-2273

# ACTIVATE!
# EXERCISE FOR PEOPLE WHO HATE EXERCISE

## WHEN
**April 7-28th**
**10am till noon**

## WHERE
**Huron East Medical Centre**
Group Room

FEATURING · Dealing With Discomfort· The Power of Positive Thinking · Gym Free Methods · Relapse Prevention ·

## WWW.HCFHT.CA

**FOUR/4/IV THURSDAY MORNINGS**

## OPEN TO ANYONE
A free program from your FHT

## REALLY OUT OF SHAPE?
Find out how to get back on track

## GUIDED BY:
Dr. Robert Shepherd
Psychologist

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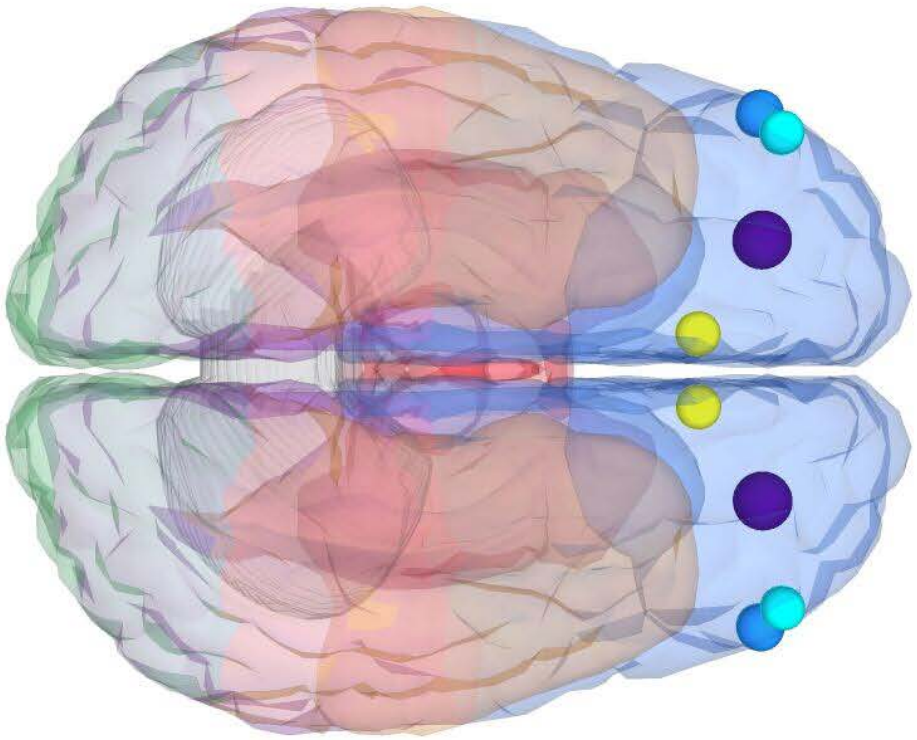
We’ve learned that even kids think neuroscience is neat



# The Myndplan Beta Prototype Project

- Inspired by a Health Technologies Fund call for submissions
- Required a health technology business to collaborate with a health institution
- Goal is to support home and community care through virtual, digital and mobile health care technologies that connect services
- Combined Huron community FHT resources with prototype software developed by Myndplan inc.

*Huron Perth Helpline*
*& Crisis Response Team*

Toll Free #: 1-888-829-7484

CANADIAN MENTAL HEALTH ASSOCIATION
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

Choices For Change

*Clinton*

**Family Health Team**

Box 69, 105 Shipley St.,
Clinton, ON N0M 1L0
**Tel**: 519-482-3000
**Fax**: 519-482-7648

HURON COMMUNITY
FAMILY HEALTH TEAM

*Maitland Valley*
Family Health Team

the clarity group
PSYCHOLOGICAL SERVICES

Alzheimer Society
HURON COUNTY

# Early Results: Utilization

- 7 clinicians registered 40% of total client sample
- 1 intake worker registered 60% of total client sample
  - Twice as many chose paper and pencil version
  - As many as 50% drop out during registration process

- Myndplan workshops saw 83% of participants register

# Retention

- Onboarding: the more an individual has support and a personal stake in the change process the more likely they are to make use of the service
- Happy Churn: No matter how useful the service, without a reason to return no one will come back
- Clinician Churn: Anything that requires extra time or energy will not be utilized
- Utility over content: People really really like anything that saves them time and effort

# Lessons Learned

- Clients like having access to assessment results
- User experience is critical: must be easy to use or will fail
- Messaging and peer support is over-rated
- Clinicians want symptom monitoring and treatment support
- But…Clinicians hate criticism, can’t say no, & are bad scientists
- Clients want help understanding diagnosis and building treatment plan – knowledge translation is the key to real change
- Neuroscience that is not rocket science can give a powerful boost to knowledge transfer efforts

# Scan Data

- Transdiagnostic: Most problems fall within 5 main clusters
- Simple screens can predict treatment response or resistance
  - Flexibility 10x better outcomes
  - Intrusive Thoughts, Irritability 2-3x poorer outcomes
- Data can also be used to accurately discriminate between healthy adults, typical clients, and addiction clients

# Monitor Data

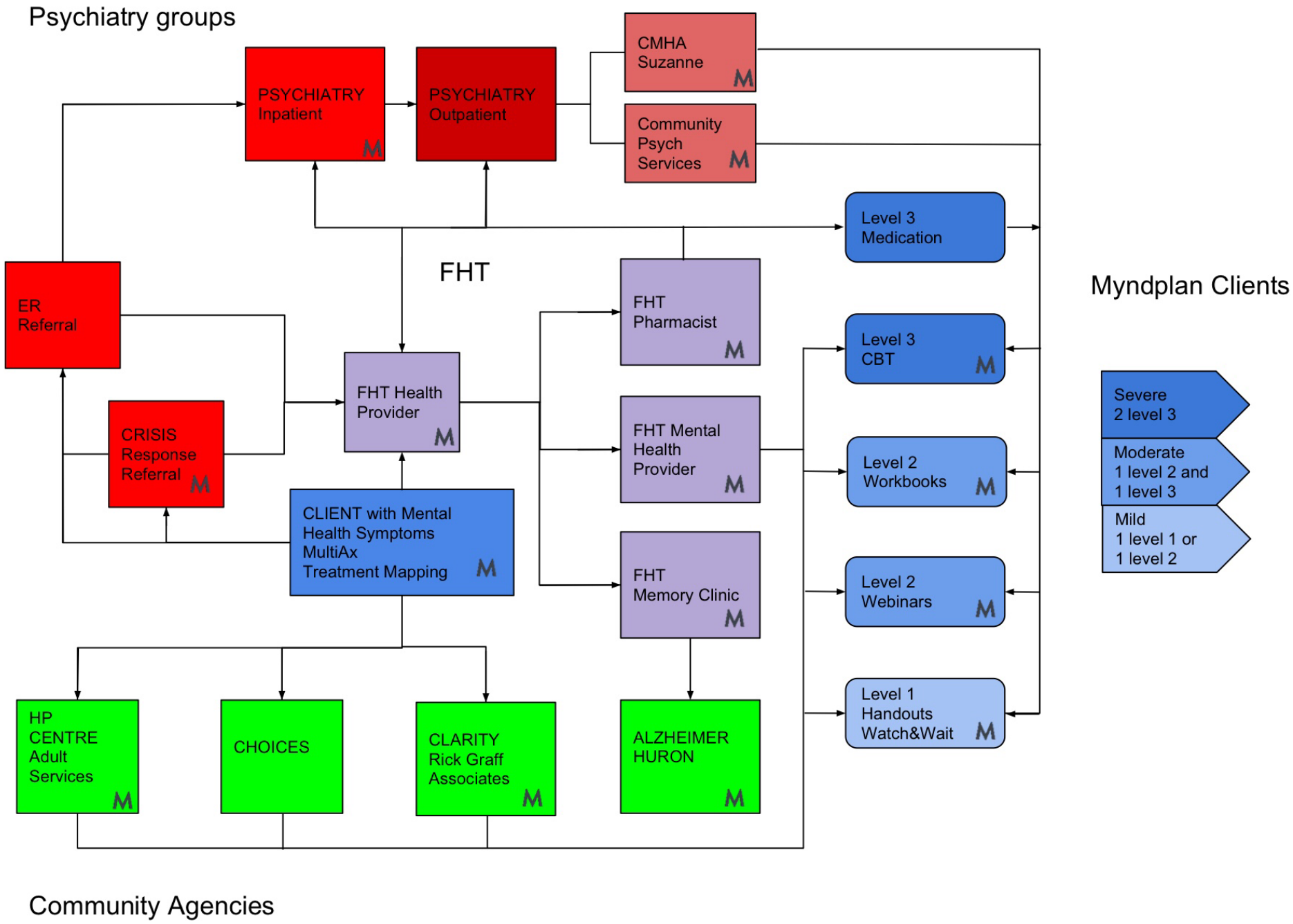
- The average client will improve .5 points per session
- Initial monitor scores indicate severity and predict level of final monitor scores
- Average change from session to session can be quantified and used to estimate progress or worsening of key symptoms
- Variance of change from session to session can be used to estimate volatility
- Final monitor score can help predict termination readiness
- Frequent sessions + shorter duration of therapy = better outcomes

# Clinical Insights

- Almost all referrals to primary care mental health professionals, and in private practice, involve more than one diagnosis
- Many referrals have been on at least one antidepressant medication, often in combination with a benzodiazepine, for years
- Many of the rest are prescribed medication prior to starting counselling
- Very few clients have an appropriate diagnosis
- Providers will continue ineffective treatment indefinitely
- Providers tend to stick to a single treatment modality

# Treatment Process Map

Technology can help create a stepped model of treatment in a broader circle of care



# Keep in Touch

- K.buchanan@hcfht.ca

- Robert@myndplan.com

# Articles

DIAGNOSIS | MAKING MYNDPLAN

## What lies beyond severe? 7 trends that go with extreme symptom levels

MAKING MYNDPLAN

## Booking appointments 4 things that therapists & their clients need to know

# Domains

Broad groups of items that explain human functioning and behavior.

High interest groups

## Emotional domain

11 ELEMENTS

Elements in the emotional domain are often connected, and are separated into immediate, future, and consistent threats.

Click on an element to learn more.

ELEMENTS OF INTEREST:

Worry
PTSD

ACUTE THREAT

| | |
|---|---|
| Phobia | No issues |
| Worry | 96 |

POTENTIAL THREAT

| | |
|---|---|
| General anxiety | 24 |
| Health anxiety | 40 |

SUSTAINED THREAT

| | |
|---|---|
| PTSD | 90 |

## Suggested Monitors

You have 2 suggested monitors. Set them up to start tracking your progress today!

View monitors

# Your path

Now that you have completed your scans and checked out the results. Below are some suggested next steps.

## Check out your suggested guides

### Alcohol abuse

1-2 HOURS

### Bulimia

45 MIN

### Generalized Anxiety

45 MIN

## Connect to a health provider

# Alcohol abuse

GUIDE

Start here
Symptoms

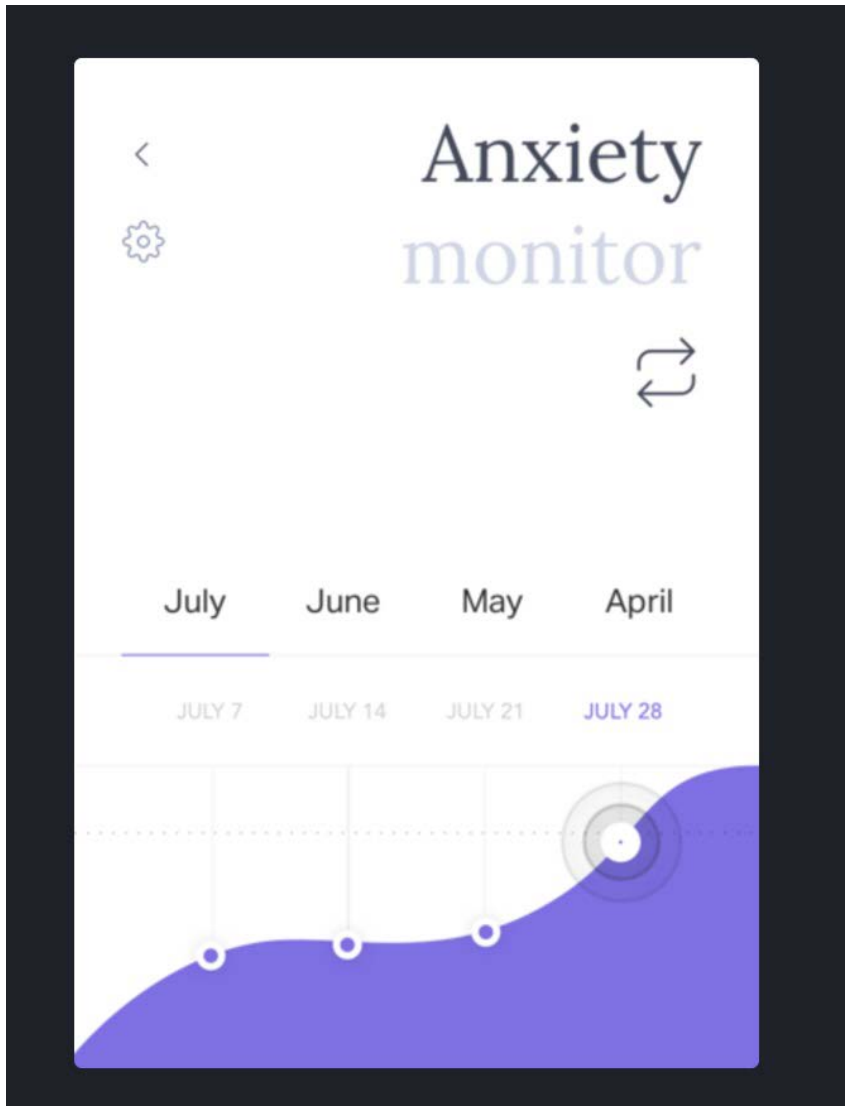
Most professionals consider 2 or more of the above problems to be a pretty reliable indication that alcohol abuse is a serious problem. While that may not seem like a lot, each item on its own is actually a pretty serious warning sign, so even a couple are enough evidence to suggest that your drinking is out of control.

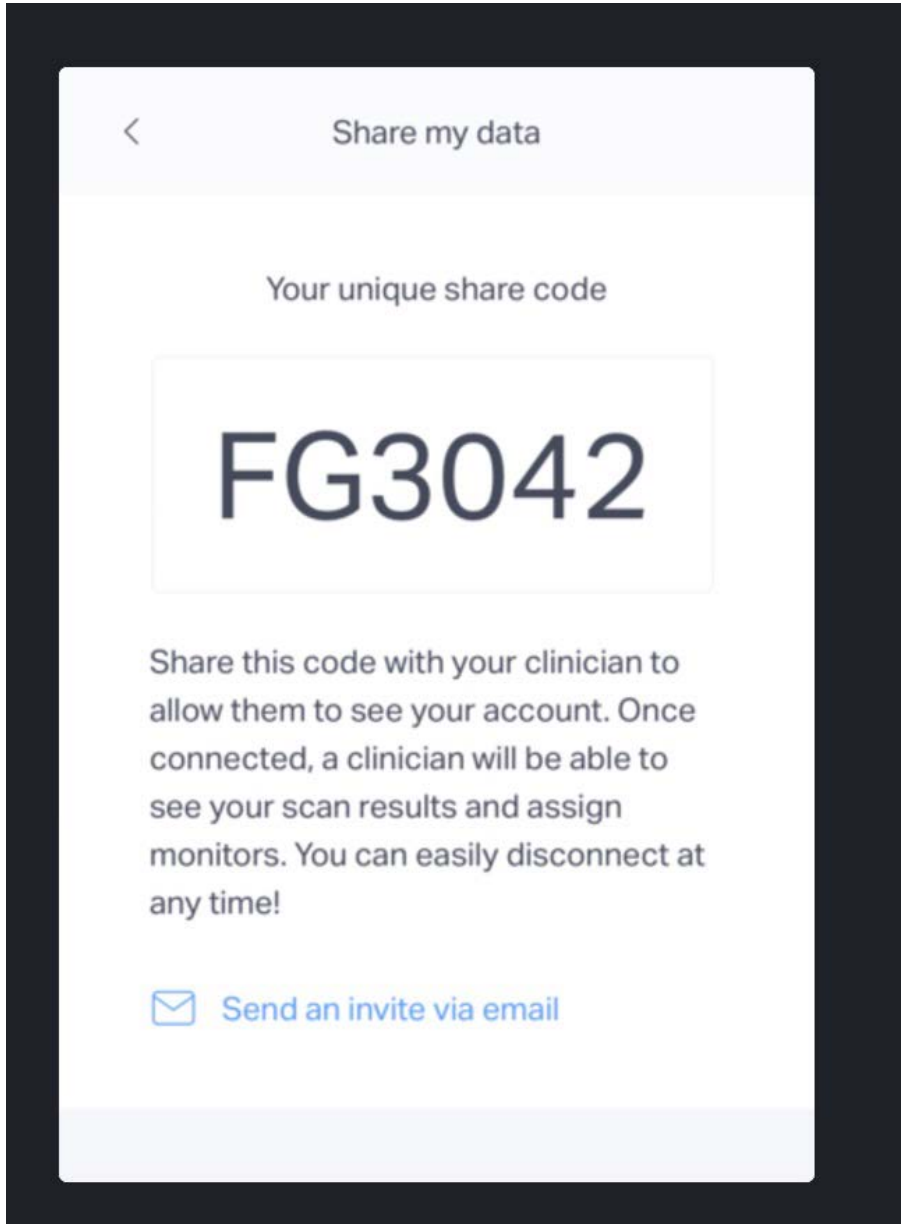
## Your related trends

8-12
DRINKS PER WEEK

Moderate
CONSUMPTION

## Chapters


Anxiety
monitor
July
June
May
April
JULY 7
JULY 14
JULY 21
JULY 28


Share my data
Your unique share code
FG3042
Share this code with your clinician to allow them to see your account. Once connected, a clinician will be able to see your scan results and assign monitors. You can easily disconnect at any time!
Send an invite via email