Mental Health System Transformation in Manitoba – What you need to know as a Primary Care Provider

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Acknowledgements

- CPD U of M
- Department of Psychiatry
- WRHA Program Management Team
  - Joanne Warkentin, Kim Sharman, Debbie Frechette


My desire to be well-informed is currently at odds with my desire to remain sane.
©David Sipress

Disclosure

- UPTODATE
- PTSD Epidemiology

Primary care doctor wants to consult a psychiatrist for a non-urgent medication question. How long does it take to access a psychiatrist in Manitoba?

- A. 12 weeks
- B. Send them to the Crisis Response Centre or Emergency room
- C. <2 hours
- D. Too long, don't bother

Manitoba has higher rates of mental health and addiction than most other provinces

- True
- False

WRHA Consolidation in December 2018

1. Consolidate inpatient mental health beds to one site (HSC)
2. Consolidate inpatient mental health beds to two sites (HSC) and SBGH
3. Consolidate inpatient mental health beds to two sites (HSC), SBGH, and VGH
4. None of the above

Rapid Access to Addiction Medicine Clinics are for acutely violent and agitated patients

- True
- False

How many psychiatry residency spots per year at U of Manitoba

- 5
- 7
- 9
- 10
- 12

Objective

- Summarize Key findings of the Virgo Report (May 2018)
- Describe recent and current evidence based initiatives
- Describe upcoming challenges and opportunities

Virgo Report 2018

- “Manitoba stands out as the highest or very high on almost all [substance use/addiction and mental health] need indicators, including those related to health, social and justice-related factors. Behind the ‘numbers’ lies a huge financial drain on the province as well as an often tragic physical and emotional drain on communities, families and individual Manitobans. Taken together, the overall level of need clearly signals a call to action,

Mental Health and Addictions System

Addictions Foundation of Manitoba

Manitoba Adolescent Treatment Centre

Selkirk Mental Health Centre

Non-profit sector

First Nations and Indigenous Health

Regional Health Authorities

Private

Military and Veterans Health

James, a 28 year old veteran, is brought to ER after he took a large overdose of all his medications during a night of drinking alcohol and after having a fight with his wife.

History:

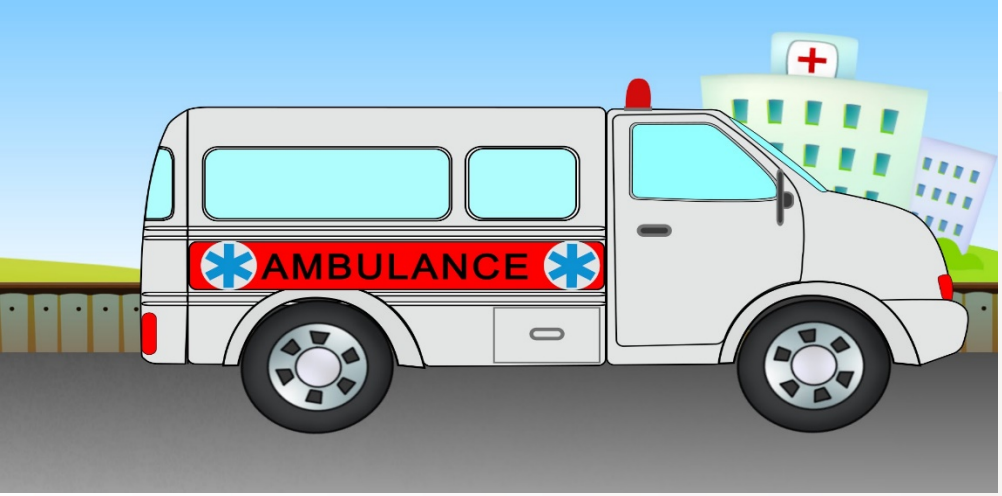
Alcohol use disorder, PTSD, chronic pain, Narcissistic personality disorder

Medications:

Venlafaxine, nabilone, gabapentin, mirtazapine, clonazepam (benzodiazepine).

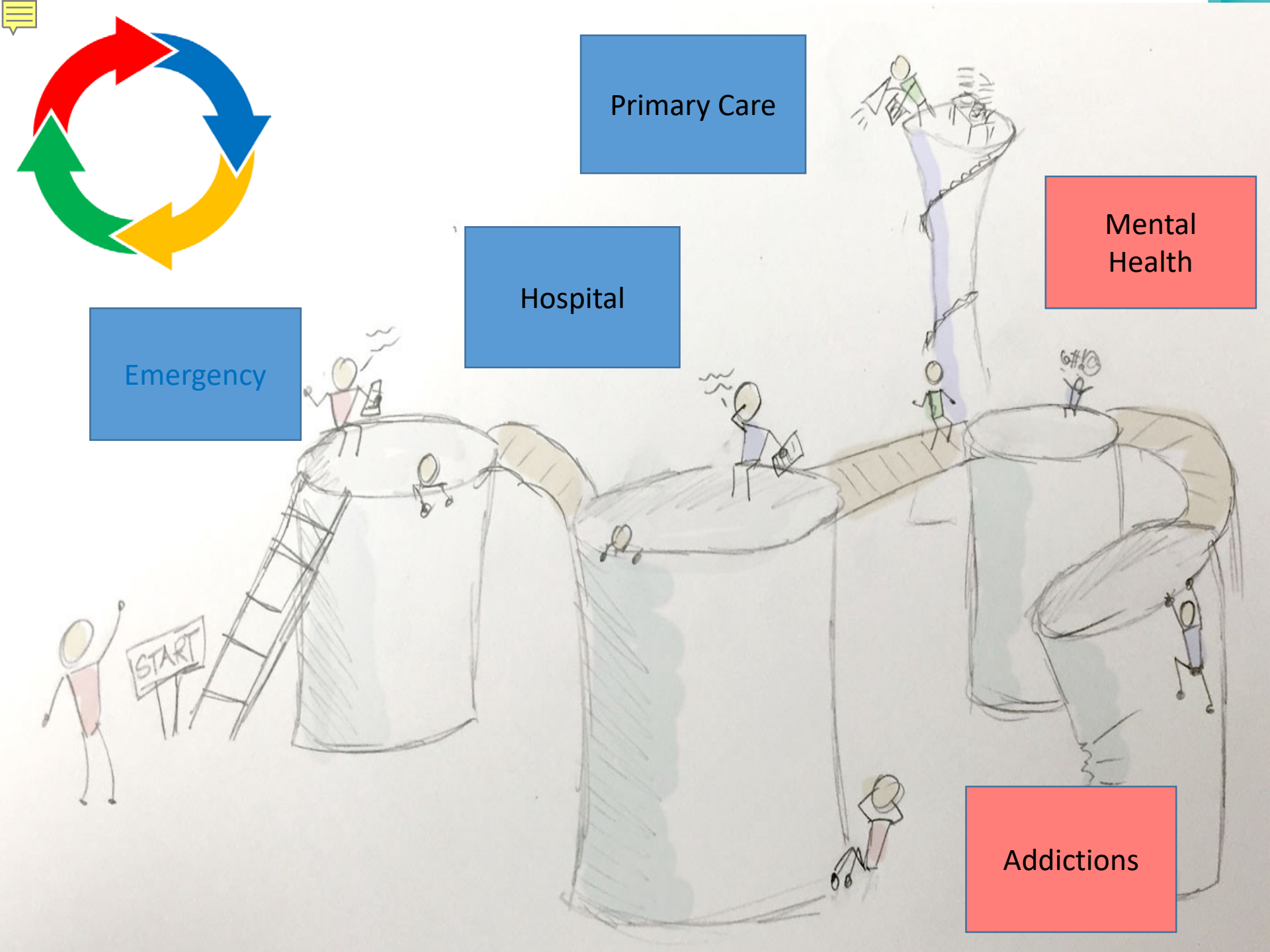
He is stabilized from his overdose and then assessed by the psychiatric team for his mental health status.

After treatment he is discharged home with a month's supply of his medications on the basis he is to follow up with his primary care provider as well as a recommendation to go to the Addictions Foundation of Manitoba for treatment of his Addictions. He doesn't follow up with his doctor but calls for an intake assessment at AFM which he doesn't attend the appointment.



3 weeks later he is brought to hospital by ambulance after another overdose of all his medications while on an alcohol binge. He is admitted to ICU for 4 days. He survives, is released, declines Addictions residential treatment.

Meanwhile his wife calls multiple places in desperation for treatment of her husband including Aurora (private), AFM (provincial government), Tamarak (non-profit).


Primary Care
Mental Health
Hospital
Emergency
START
Addictions

Scope of the Problem
Canadian Community Health Survey 2012
15 years and older (N=25,113)

	Canada % (95% CI)	MB % (95% CI)
Major Depressive Disorder	4.72 (4.33, 5.15)	7.01 (5.06, 9.63)
Bipolar Disorder	1.51 (1.29, 1.76)	1.38 (0.93, 2.05)
Generalized Anxiety Disorder	2.57 (2.30, 2.87)	3.51 (2.27, 5.38)
Alcohol Use Disorder	2.22 (1.94, 2.55)	3.83 (2.64, 5.52)
Substance Use Disorder	1.78 (1.57, 2.02)	2.34 (1.53, 3.56)
Any Mental Disorder	9.59 (9.03, 10.18)	13.63 (11.26, 16.40)
Suicidal Ideation	3.34 (3.02, 3.71)	5.12 (3.73, 7.00)
Suicidal Plans	1.14 (0.92, 1.41)	1.42 (0.76, 2.62)
Suicide Attempt(s)	0.53 (0.36, 0.76)	0.46 (0.22, 0.97)

Palay et al. Sareen in preparation

Developed by
The Manitoba Centre for Health Policy
Data | Insight | Information Solutions
and
The George & Fay Yee Centre for Healthcare Innovation

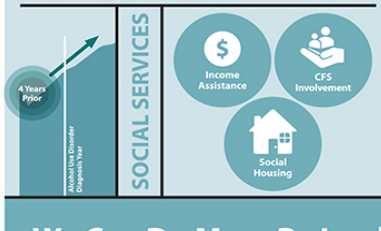
University of Manitoba | Rady Faculty of Health Sciences
Centre for Healthcare Innovation

MCHP Report - Health & Social Outcomes Associated with High-Risk Alcohol Use

We Often Miss the Early Signs of Alcohol Use Disorders in Manitoba

4 Years Before Diagnosis

There is a gradual increase in social service use

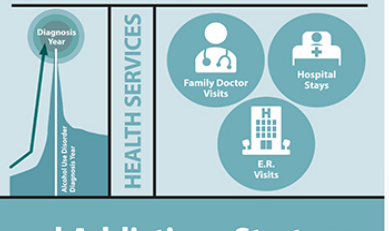


1 Year Before Diagnosis

There is a spike in charges for heavy users in the justice system

@ Time of Diagnosis

There is a spike in health services for heavy users



We Can Do More By Implementing the Mental Health and Addictions Strategy

Encourage Departments to Work Together

It's important that planners from the Health, Social and Justice sectors work together to protect Manitobans at risk of harm from alcohol.

Increase Awareness of Medications that Curb Alcohol Dependence

Creating greater awareness of medications that help curb alcohol dependence will potentially improve patients' well-being.

Identify Harmful Drinking Sooner

Finding ways to screen for heavy drinking earlier is a step towards reducing the harmful effects of excessive alcohol use.

1 in 5 Drinkers exceed Health Canada's Low-Risk Drinking Guidelines

There is an increase in Manitoban women who exceed the recommended daily and weekly drinking limits

Canada's Low-Risk Drinking Guidelines

Women
No More Than
2 Drinks
Per Day

Men
No More Than
3 Drinks
Per Day

Need Help with Alcohol Dependence?
Go to mbaddictionhelp.ca

Crystal Meth in Manitoba

Within the last 3 years Crystal Meth (methamphetamine) use has increased dramatically in Manitoba. There is no clear evidence to explain these increases. Police sources have informed AFM that:

- **Purity** of the drug has increased
- **Cost** of the drug has dramatically decreased while the **availability & marketing** of Crystal Meth has increased

Crystal Meth is one of the amphetamine family of stimulants, and is one of the more commonly used amphetamines. The drug has the most intense effect on the brain of any street stimulant. Compared to smoking Crystal Meth, injecting the drug can be more intense.

All of these factors contribute to larger numbers of users and more extreme behaviours such as aggression & psychosis.

Significant rise in reported Amphetamine use

48%
Number of AFM Youth: 61 to 90

104%
Number of AFM Adults: 415 to 848

Reported primary drug of use Past Year Usage
2014-15 to 2016-17

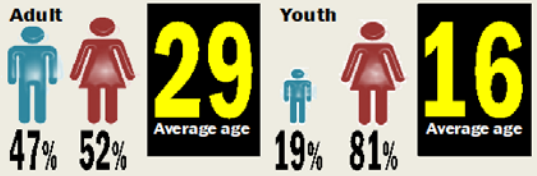
Injection Drug Use (IDU) - AFM

Between 2011 & 2017 past year IDU significantly increased or DOUBLED for AFM ADULT clients

From 2014-2016 YOUTH life time IDU rates almost DOUBLED from 3.6% to 6.8%

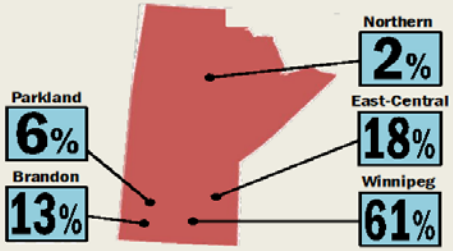
Gender & Age - AFM

Average % of clients reporting Amphetamine as primary drug of use 2014-15 to 2016-17



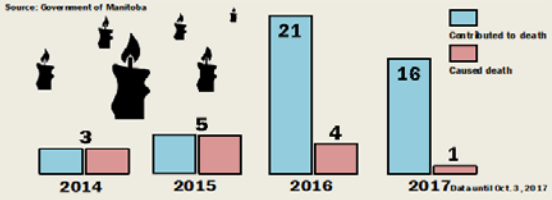
Amphetamine use in Manitoba - AFM

Areas - % of clients reporting Amphetamines as primary presenting issue 2014-15 to 2016-17



Manitoba deaths related to Amphetamines

Source: Government of Manitoba



Massive ER "Meth" visits increase

Source: Winnipeg Regional Health Authority

1700%
monthly increase 2013 - 2017
January 2013 - 10 visits - December 2017 - 180 visits*

*Approximations - includes Concordia Hospital, Grace Hospital, HSC Adult, Seven Oaks General Hospital, St Boniface General Hospital, Victoria General Hospital, Miseracordia Health Centre

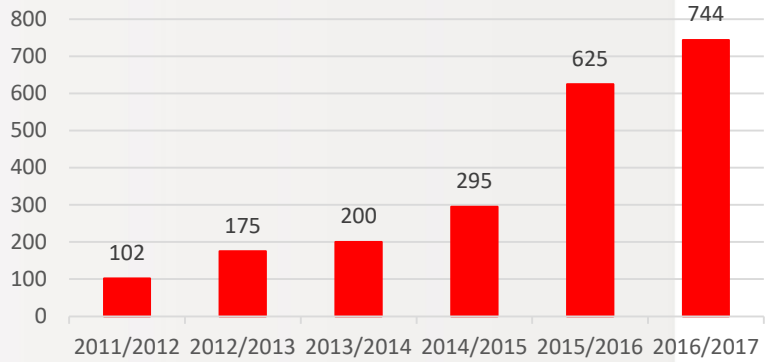
What is AFM Doing ?

- Collaborating with primary health care in providing services to patients experiencing harms due to amphetamine use
- Modifying programming to meet the needs of clients & their family & friends
- Providing staff, stakeholders & the public - education, research & evidence
- Providing training to frontline staff
- Engaging with staff & stakeholders in identifying gaps & improving services for individual experiencing harms due to amphetamine use

Research:
Iceland has significantly decreased substance use among youth. The decline is associated with a targeted state led plan that includes replacing drug use with the "natural highs" of sports and other activities. The community development model brings together parents, schools, communities & other sectors to improve the well-being of children & youth.

Created by AFM Data and Evaluation & Manitoba Addictions Knowledge Exchange

Number of people in publicly-funded addictions treatment programs* (not including AFM) who reported meth use in the 12 months prior to entering treatment



Key Findings

- Provincial context is evolving – including during the review process itself
- Needs are extremely high and increasingly complex
- Investments are significant but below the national average – strong business case for investment as well as emerging opportunities
- Gap analysis – qualitative – significant concerns with access and coordination and broader contextual issues that impact access and coordination – confirmed in consultations, validation events, on-line survey

Cross-cutting themes

- High enthusiasm, engagement and expectations (*this felt different*!)
- Many workforce challenges, but managers and staff remain the heart and soul of the system
- Need and demand have significantly outstripped capacity to respond – it's costly – wait times too high
- Children and youth at risk – significant resources and coordination needed for prevention, early intervention and treatment
- Need for multi-dimensional response – bio-psycho-social-spiritual-cultural
- Governance overall a challenge, too many siloes

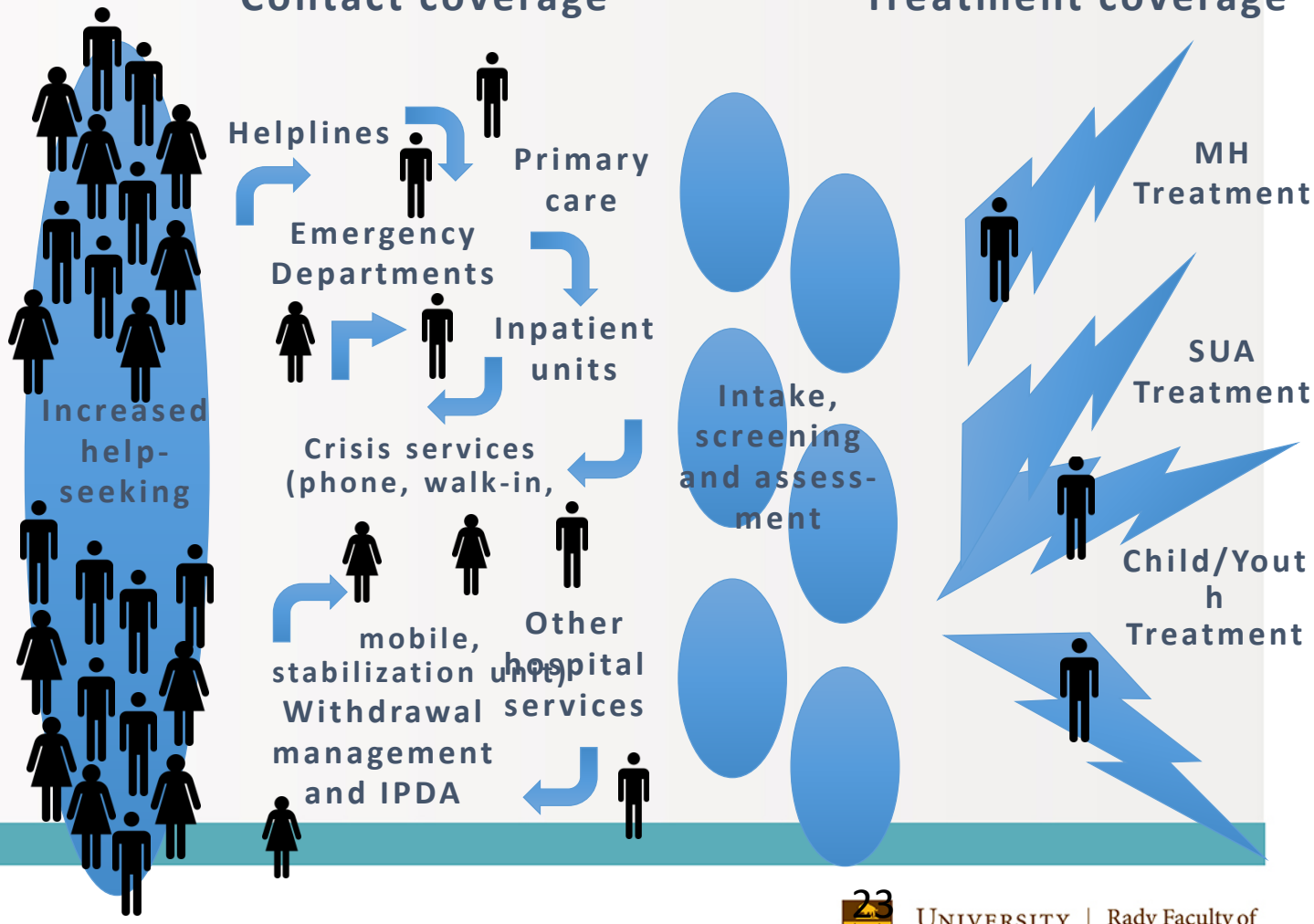
cross-cutting themes (cont'd)

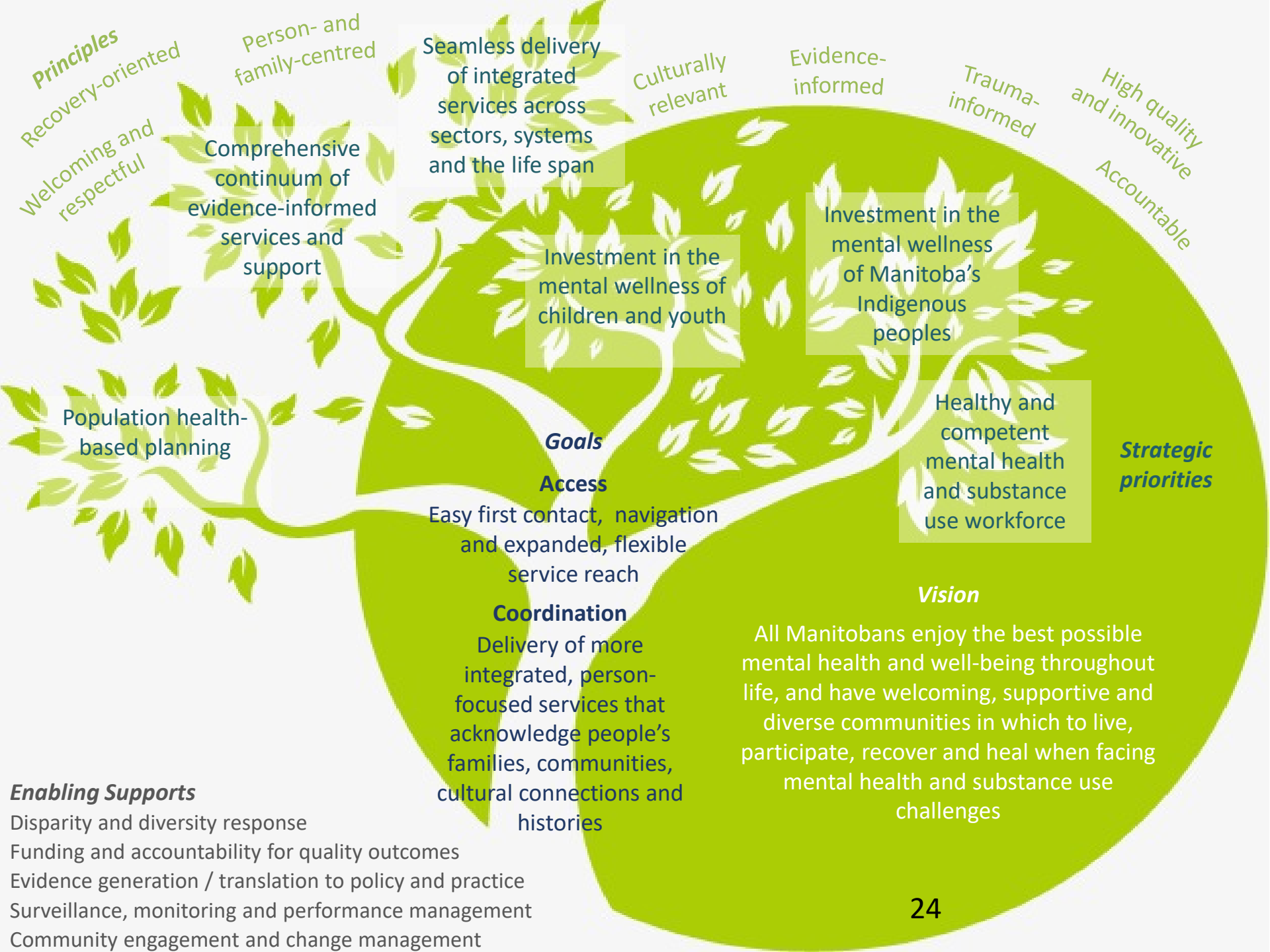
- Integration of mental health and addictions a major challenge
- But also need multi-sectoral "whole system response"
- High Indigenous needs and cautious but critical support based on hope and community resilience
- Strong role advocated for "pushing services to community level" incl'g informal and peer supports
- Information systems and performance measurement are critically weak
- Challenges with scale-up, implementation and follow through on effective demonstration projects and strategic planning

SUMMARY OF ACCESS / COORDINATION CHALLENGES (cont'd)

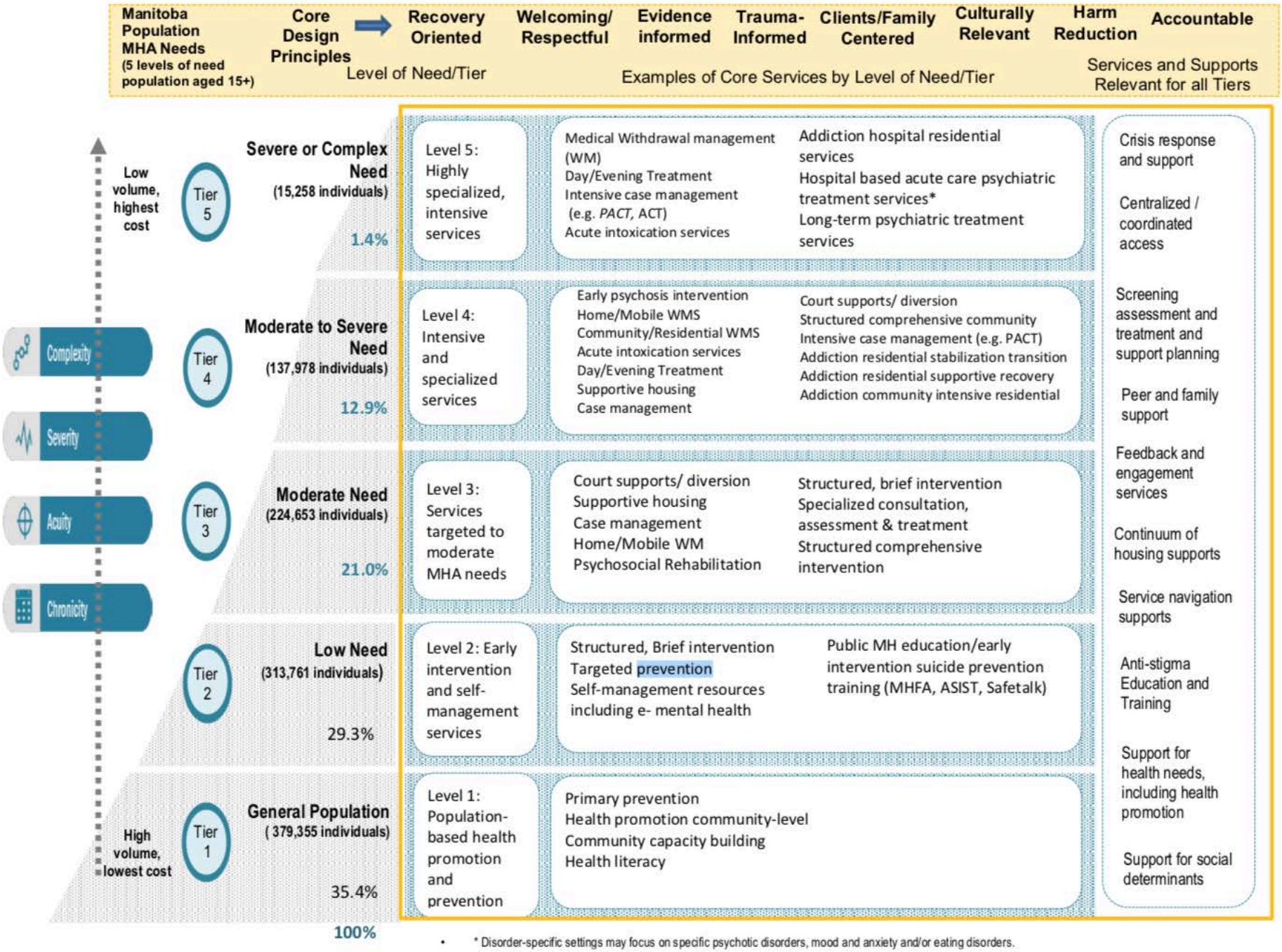
Drivers

- Social determinants of health
- Deinstitu-tionalization
- Availability of alcohol and other drugs
- Residential schools / historical trauma
- Children in care
- Reduction in stigma and discrimination
- Increasing acuity and complexity
- Fiscal restraints



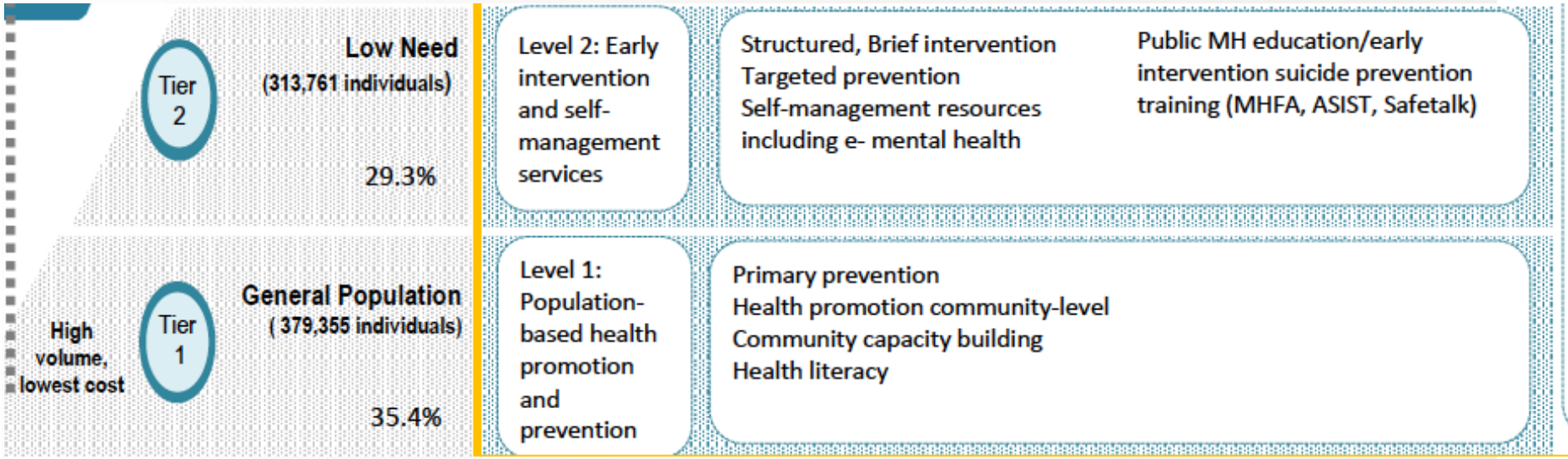

Principles
Recovery-oriented
Person- and family-centred
Welcoming and respectful
Seamless delivery of integrated services across sectors, systems and the life span
Culturally relevant
Evidence-informed
Trauma-informed
High quality and innovative
Accountable
Comprehensive continuum of evidence-informed services and support
Investment in the mental wellness of children and youth
Investment in the mental wellness of Manitoba's Indigenous peoples
Population health-based planning
Goals
Access
Easy first contact, navigation and expanded, flexible service reach
Coordination
Delivery of more integrated, person-focused services that acknowledge people's families, communities, cultural connections and histories
Healthy and competent mental health and substance use workforce
Strategic priorities
Vision
All Manitobans enjoy the best possible mental health and well-being throughout life, and have welcoming, supportive and diverse communities in which to live, participate, recover and heal when facing mental health and substance use challenges
Enabling Supports
Disparity and diversity response
Funding and accountability for quality outcomes
Evidence generation / translation to policy and practice
Surveillance, monitoring and performance management
Community engagement and change management

Mental Health and Substance Use/ Addiction Treatment System Framework for Manitoba

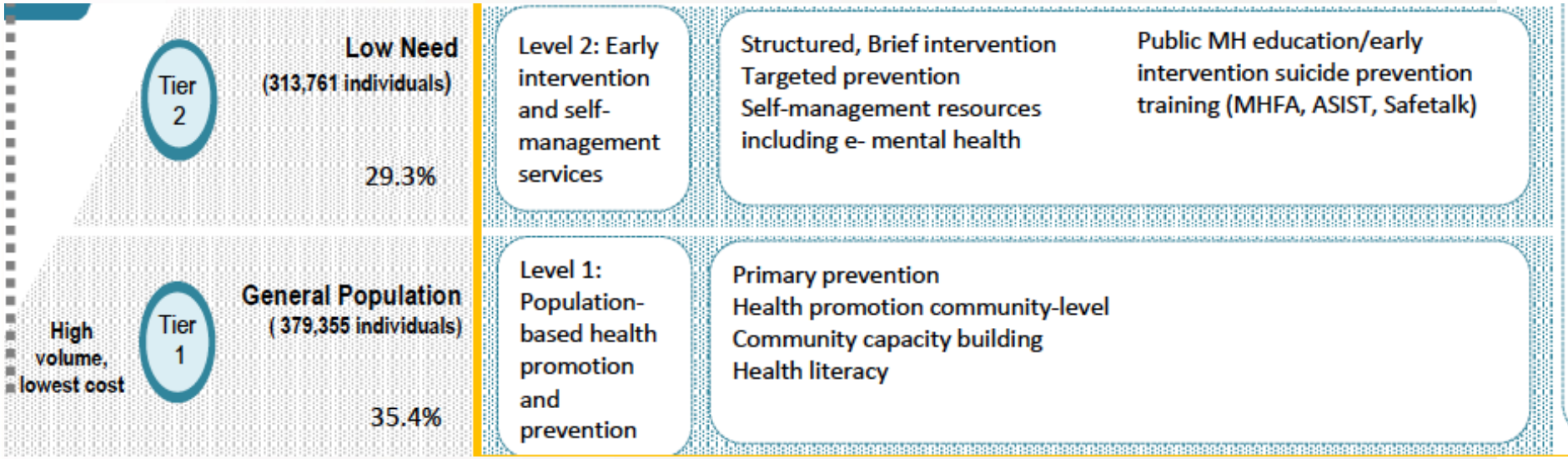


* Disorder-specific settings may focus on specific psychotic disorders, mood and anxiety and/or eating disorders.

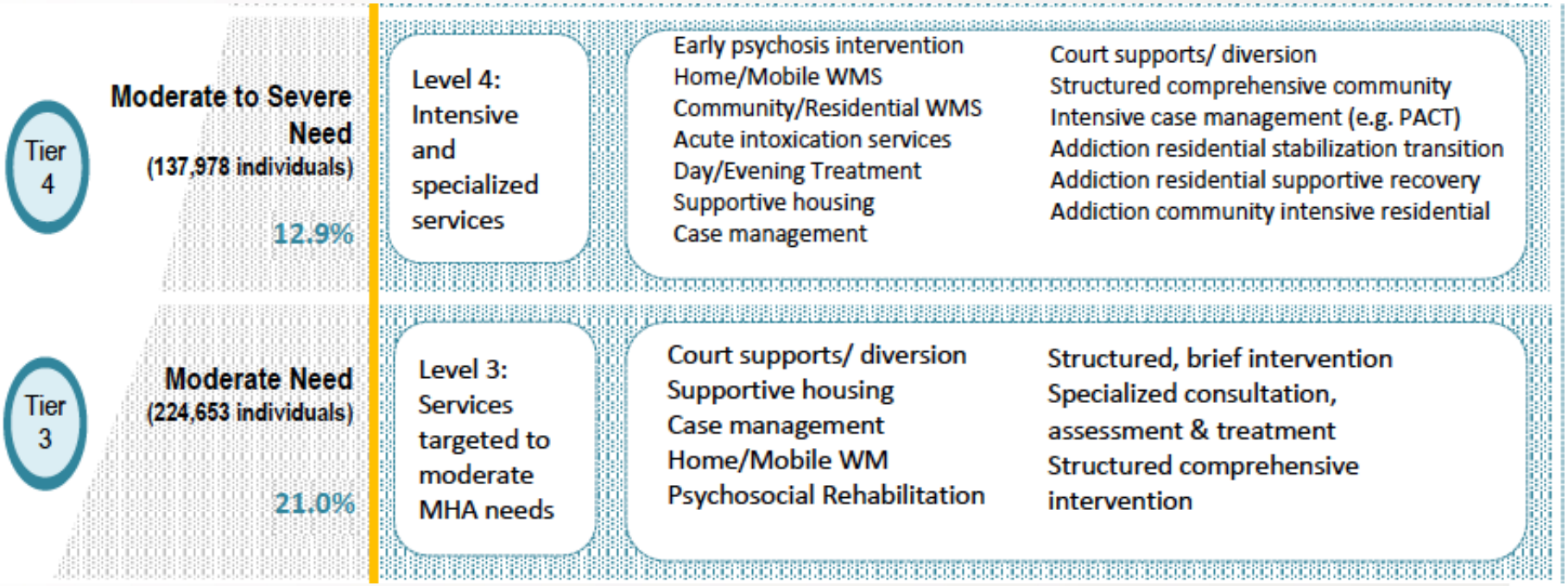
Virgo Tiers


Tier 2
Low Need
(313,761 individuals)
29.3%
Level 2: Early intervention and self-management services
Structured, Brief intervention
Targeted prevention
Self-management resources including e- mental health
Public MH education/early intervention suicide prevention training (MHFA, ASIST, Safetalk)
High volume, lowest cost
Tier 1
General Population
(379,355 individuals)
35.4%
Level 1: Population-based health promotion and prevention
Primary prevention
Health promotion community-level
Community capacity building
Health literacy

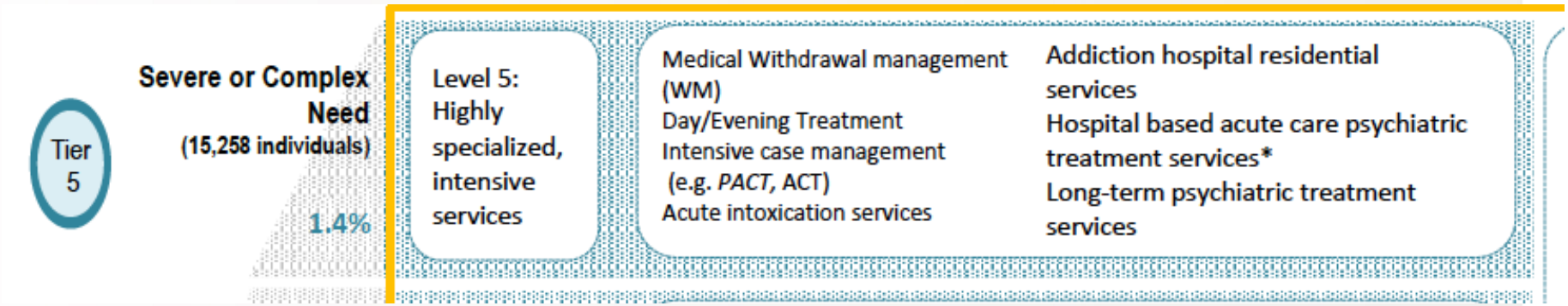
Virgo Tiers 1-2



Virgo Tier3-4



Virgo Tier 5


Tier 5
Severe or Complex Need
(15,258 individuals)
1.4%
Level 5: Highly specialized, intensive services
Medical Withdrawal management (WM)
Day/Evening Treatment
Intensive case management (e.g. PACT, ACT)
Acute intoxication services
Addiction hospital residential services
Hospital based acute care psychiatric treatment services*
Long-term psychiatric treatment services

Virgo Recommends being reviewed & implemented

- Manitoba Health
- Shared Health
- WRHA
- Regions

Primary Care accessing psychiatrists

- Shared Care or Collaborative care
  - ~20% of the primary care clinics have access to Shared care counsellors & psychiatrist consultation
  - Strong evidence base
  - Wpg, approximately 1300-1400 new psychiatric consultations per year, not including follow-up consultations
  - ~3800 people seen by Shared Care counsellors

Primary Care accessing psychiatrists

WRHA Centralized Intake psychiatrist consultation

~70-80 consults per week

- Waiting times 8-16 weeks
- Usually one-time assessment
- Ongoing follow-up care may be challenging

Mental Health Team

- Access Winnipeg West, Fort Garry, Seven Oaks Inkster
- Interdisciplinary team that provides mental health services to the community area
- Not available in all areas

Rapid Access to Consultative Expertise

- Successful program in BC
- Pilot Launched in 2016 in Manitoba
- Pediatrics, Family physicians, and Nurse Practitioners can call for non-urgent questions
- Psychiatrists answer within 2 hours or 24 hours
  - Adult, Child and Adolescent, Geriatrics, Addictions

- 9-4pm - 204-940-2573

Rapid Access to Consultative Expertise

- Medication related or diagnostic questions
- <10 min

- http://www.wrha.mb.ca/staff/familyphysicians/files/Race.pdf

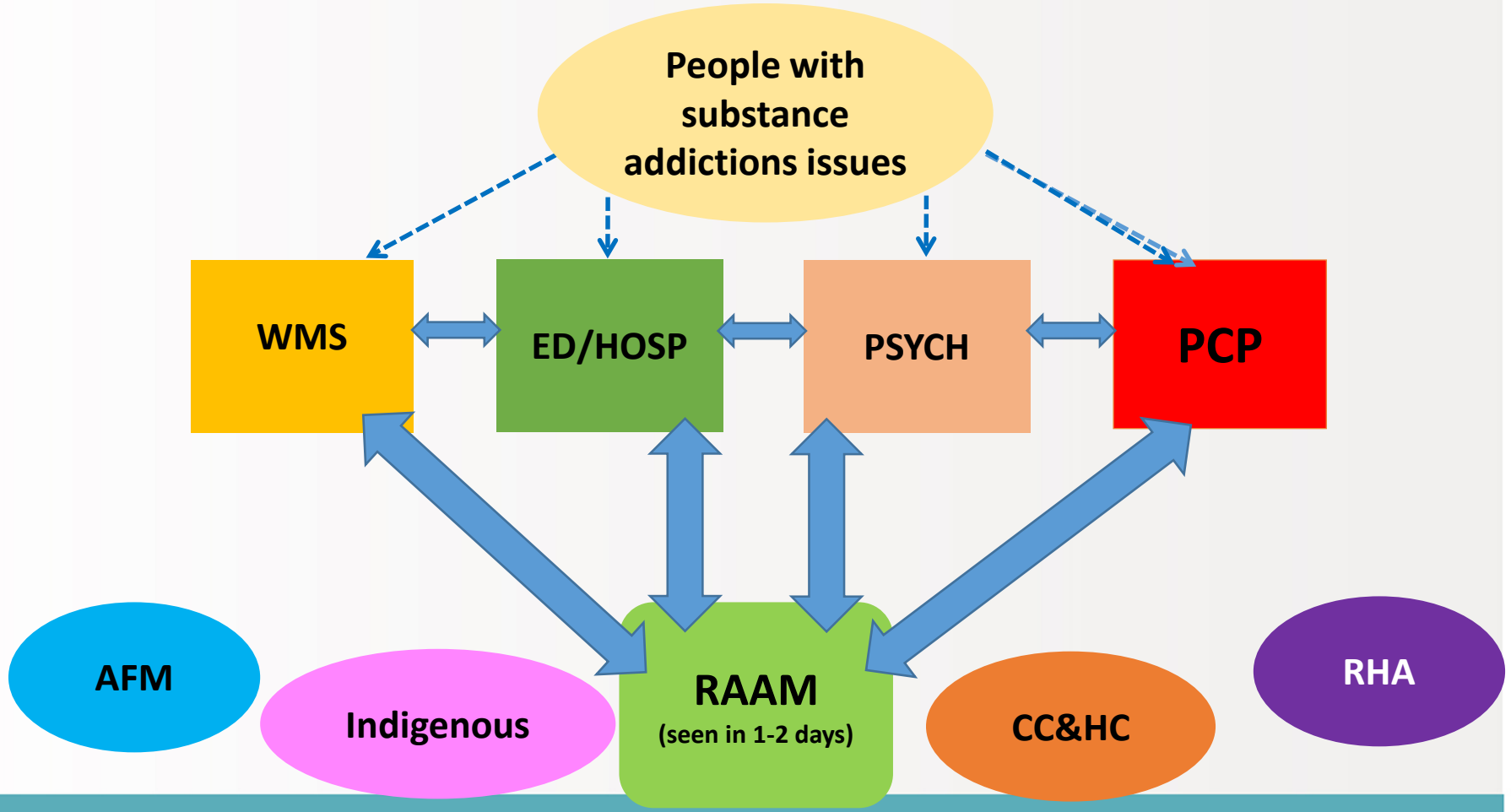
- Both the physician calling and receiving the call can bill MB for the service

Strengths & Limitations of RACE

- Strengths
- Province wide
- Provides immediate access to consultant
- Efficient and reduces in-person and ER visits

- Limitations
  - Psychiatrist unlikely to get to know the patient or primary care provider over time.

Rapid Access Addictions Medicine (RAAM) Clinics Manitoba Care Pathway: An Integrated System



RAAM Clinics in Manitoba

- Based on Ontario model
- Strong evidence for reducing ED visits and improving outcomes for people with addictions

- http://mbaddictionhelp.ca/services/rapid-access-to-addictions-medicine-raam/

- http://metaphi.ca/provider-tools.html

RAAM

- **RAAM clinics** are **walk-in** clinics for adults (ages 18+) looking to get help with high-risk substance use and addiction.
- This includes people who want to try medical assistance to reduce or stop their substance use.
- They may experience frequent intoxication or overdose symptoms, as well as unpleasant withdrawal symptoms when attempting to reduce or stop their substance use.
- **No referral is needed.**

RAAM Exclusion criterion

- RAAM clinics are **not** for people needing urgent medical attention for serious physical problems or mental health symptoms such as psychosis (paranoia, delusions, hallucinations), agitation; who are at active risk of harm to self or others, or who require police/security involvement.

RAAM Clinics in Winnipeg

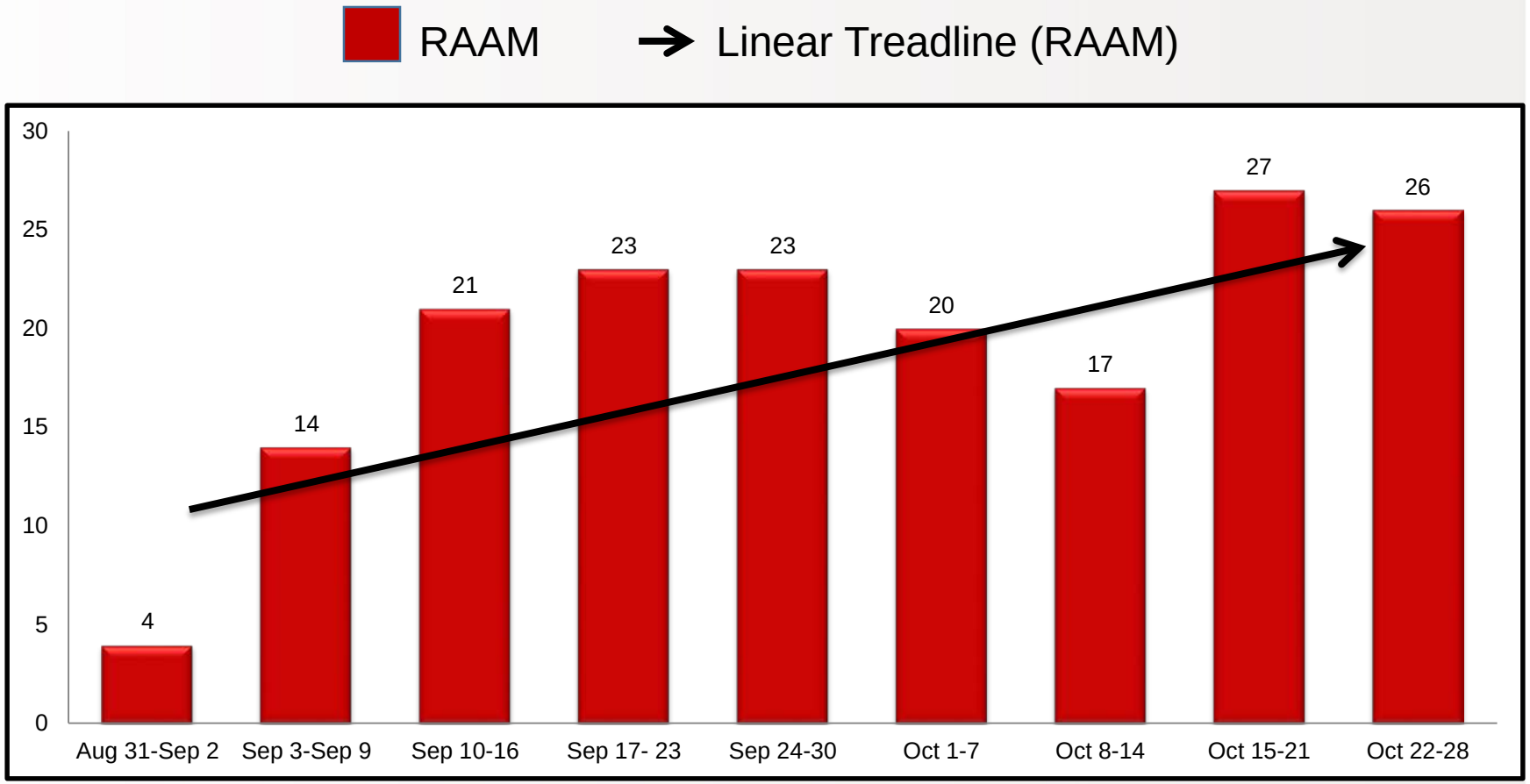
- **Where:** Crisis Response Centre
  817 Bannatyne Avenue, Winnipeg
  Regular Hours: Tuesdays, Wednesdays, and Fridays from 1 to 3 p.m.
- **Where:** River Point Centre
  146 Magnus Avenue, Winnipeg
  Regular Hours: Mondays from 1 to 3 p.m. and Thursdays from 9:30 to 11:30 a.m.

RAAM outside Winnipeg

- **BRANDON**
- **Where:** 7th Street Health Access Centre
  Regular Hours: Tuesdays and Wednesdays from 11 a.m. to 1 p.m.
- **SELKIRK**
- **Where:** Selkirk Community Health Office
  Regular Hours: Tuesdays from 12:30 to 3:30pm.
- **THOMPSON**
- **Where:** Eaglewood
  90 Princeton Drive, Thompson
  Regular Hours: Tuesdays from 9:30 a.m. to 12 p.m. and Thursdays from 1 to 4 p.m.

RAAM-Rapid Access to Addictions Medicine

Presentations/week from 31-Aug-18 to 28-Oct-18



Source: Crisis Response Services Director, manual data collection

Nov 7, 2018 - RAAM Clinic Service Delivery Update: CRC

CRC- Clinic opened August 31, 2018

-Total clients to date: 209 seen in 28 clinic

~7-8 clients /2 hour clinic

-1. Stimulants (meth) 2. Opiates. 3. Alcohol

River Point Centre (RPC)- Opened Sept 13, 2018

- Total clients to date: 64 seen in 15 clinics
- -4-5 clients /2 hour clinic
- **1. Alcohol 2. Stimulants (meth) 3.Opiates**

RAAM Strengths/weaknesses

- Strengths
  - Improves access
  - Reduce ER visits
  - Enhanced capacity
- Limitations
- Increased demand for follow-up services that are current at capacity
- Withdrawal management beds
- Psychosocial supports

CBTm Classes – www.cbtm.ca

- Manitoba Patient Access Network Grant
- 2014
- Enhance access to CBT
- Over 2000 people served
- Over 200 Facilitators trained
- Mood Disorders Association of Manitoba
- Access Centres
- HSC
- SBGH
- Interlake
- AFM

Future Changes

- WRHA Clinical Consolidation
- Mental Health and Addiction Strategy
  - Virgo Report
- Shared Health Provincial Clinical Services Plan
  - Peachey Report
  - All areas of health being reviewed

Benefits of Consolidating the Mental Health Program

- Services are currently characterized by long waits to access services, and gaps in the continuum of care.
- Plan consolidates inpatient mental health services at three hospitals: HSC, Victoria and St. Boniface.
- Concentrates psychiatric expertise and improves on-site treatment and counselling facilities.
- Plan also includes improving coordination between acute hospital and community-based mental health services.

Consolidation Changes– Fall 2018

- Move of services from Grace and Seven Oaks to Victoria Hospital in December, 2018.
- Consolidation of ECT services to HSC/VGH
- Enhanced ER Telehealth Services
- Combination of on-site and Telehealth coverage for GGH/SOGH/Concordia

Capital Changes

VGH Redevelopment:

- 2 new Mental Health Units @ VGH, renovation of current mental health unit
- Redeveloped main floor space for outpatient clinics – December 2018.

SBGH Redevelopment:

- Expand the mental health-specific area in ED. Scheduled to be open in fall of 2019.
- The ED will continue to remain open and provide patient care throughout construction phases.

Enablers

- Program transfer for most mental health inpatient staff
  - Moving from SOGH and GGH to VGH
  - Experienced team
- Increase in number of psychiatrists graduating annually
  - 8.5 EFT of psychiatrists hired 2018

Access to Services

- No wrong door – mental health services available in all Emergency Rooms/Urgent Care Centres
- Continued access through Mobile Crisis Service
- Continued access through Crisis Response Centre
- Enhanced use of Telehealth to minimize patient moves for assessment
- Enhanced psychiatric coverage to all hospitals
- No changes planned to community mental health services related to clinical consolidation

Primary care doctor wants to consult a psychiatrist for a non-urgent medication question. How long does it take to access a psychiatrist in Manitoba?

- A. 12 weeks
- B. Send them to the Crisis Response Centre or Emergency room
- **C. <2 hours - RACE**
- D. Too long, don't bother

Manitoba has higher rates of mental health and addiction than most other provinces

- **True- Virgo Report**
- False

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4. None of the above

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- True
- **False**

How many psychiatry residency spots per year at U of Manitoba

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Conclusions

- Lots of exciting and important changes in Mental Health and Addictions in Manitoba
- Multiple opportunities to access services
- Suggest patience and persistence
- Develop networks of psychiatrists.