

Responding to New Advances in Mental Health Care

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April 20, 2024



1 in 5 Canadians experiences a mental illness.

By the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness.

20 Canadians die a day from overdose.

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Mental Health and Addictions Crises During COVID-19

London

Deaths, ER visits due to opioid use jumped during pandemic, MLHU report says



Rise may be related to difficulties accessing services during the pandemic

CBC News · Posted: May 18, 2022 4:00 AM ET | Last Updated: May 18



New Brunswick

COVID-19 creates 'perfect storm' for people with eating disorders



Isolation, loss of support systems could lead some in recovery to relapse

Danielle McCreadie · CBC News · Posted: Apr 12, 2020 11:00 AM AT | Last Updated: April 12, 2020



People recovering from eating disorders are feeling the loss of their support systems during COVID-19 turning to online resources for help. (Shutterstock)

Doctors are noticing patients are drinking more, fuelling more hospitalizations

Statistics are latest evidence of how COVID has changed Canadians' drinking habits.



By **Nadine Yousif** Mental Health Reporter
Sat., Jan. 15, 2022 · 4 min. read

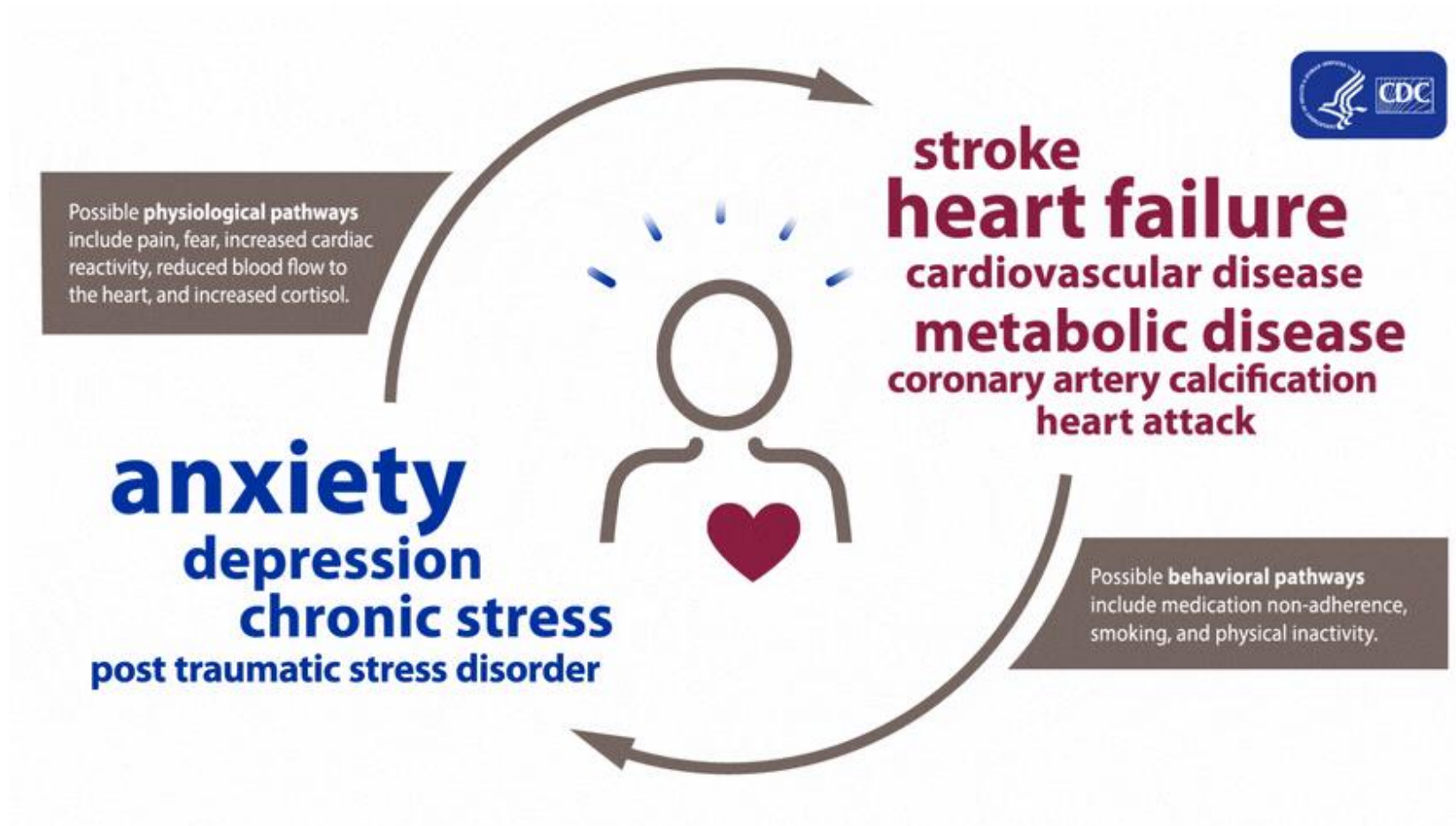
Article was updated Jan. 17, 2022



READ THE CONVERSATION

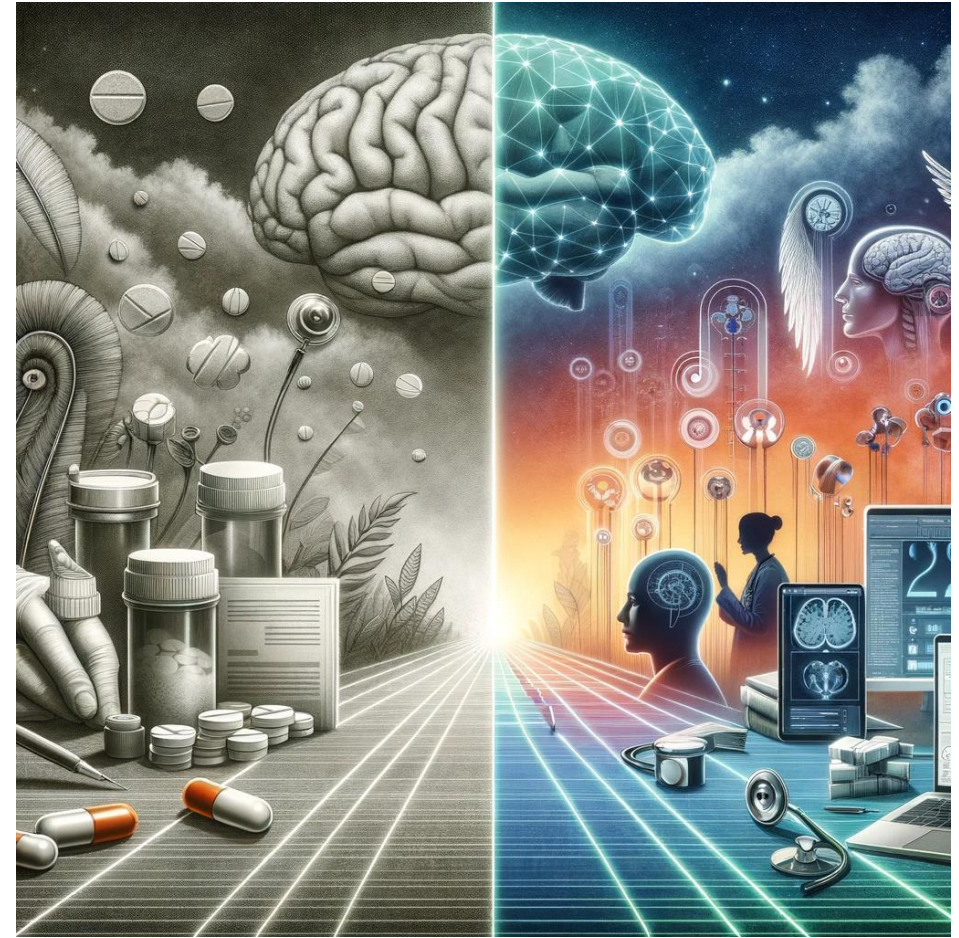


Mental Health Affects Physical Health



Four Advances in Mental Health Care over the Last 25 Years

1. Increased mental health awareness and reduced stigma
2. Advances in biological treatments
3. Spread of evidence-based psychological therapies
4. Virtual mental health care



1. Increased Mental Health Awareness and Reduced Stigma



mental
health
is
health



1. Increased Mental Health Awareness and Reduced Stigma



Survey over last 22 years showed reduction in stigma for depression

Continues to be stigma related to schizophrenia and alcoholism

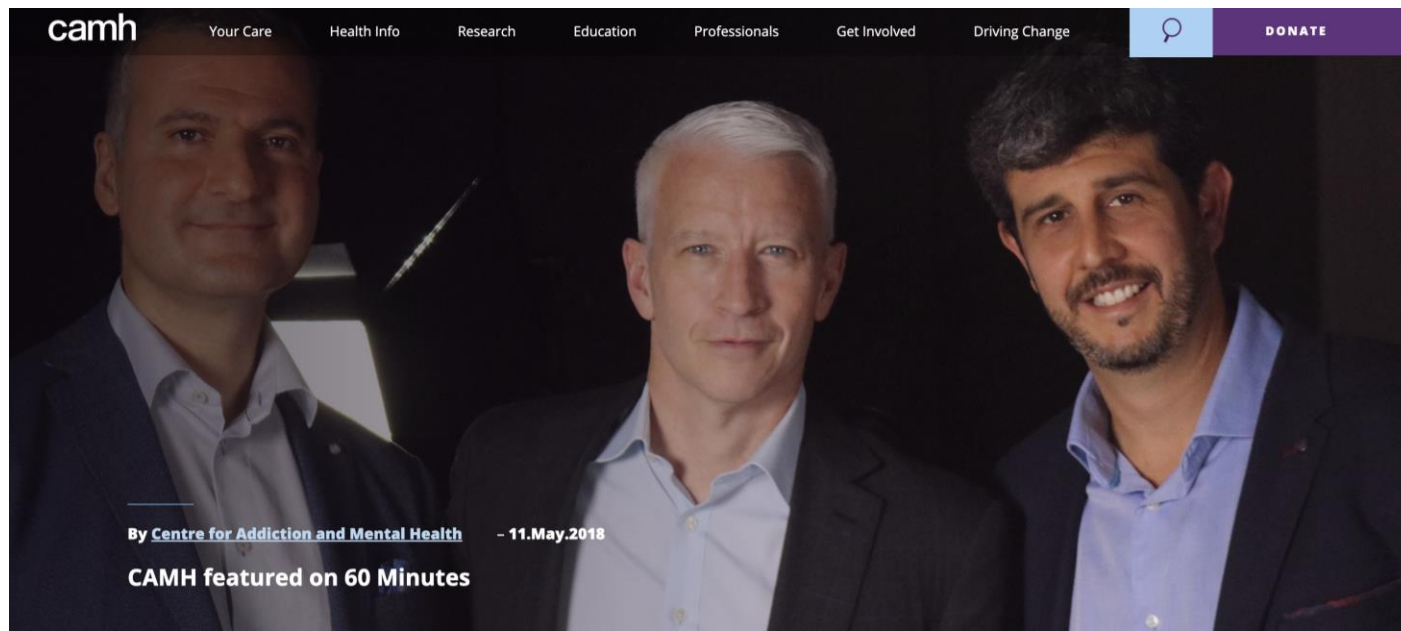
Increased acceptance of biological mechanism for depression, schizophrenia and alcoholism

2. Advances in Biological Treatments

- Number needed to treat (NNT) – the number of patients you need to treat to prevent one additional bad outcome
- NNT for antidepressants – 6-8 patients to improve depression
- NNT for cognitive behavioural therapy – 3-4 patients to improve depression

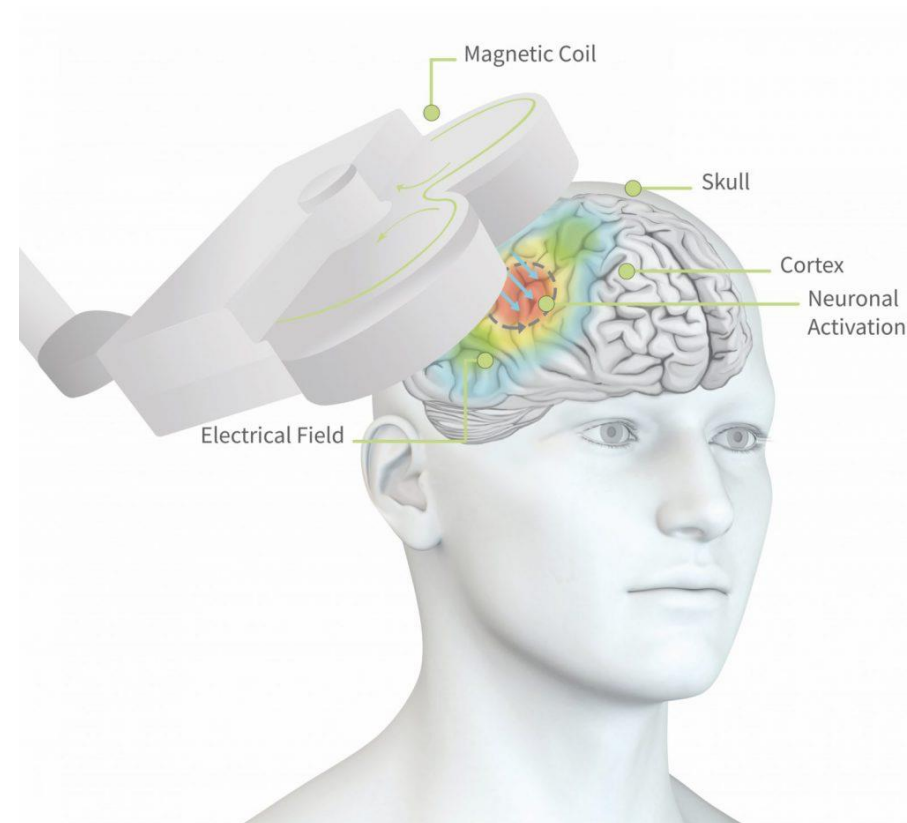
Compared to...

- NNT for statin (cholesterol lowering medication) – 20-30 patients to prevent cardiovascular event
- NNT for acetaminophen for migraines – 12 patients to improve migraines



New Brain Stimulation Treatments:

- Magnetic Seizure Therapy
- Repetitive Transmagnetic Stimulation



rTMS results in remission in ~30%

CAMH team has reduced treatments from 40-60 minutes/day to 7 minutes/day for 4-6 weeks

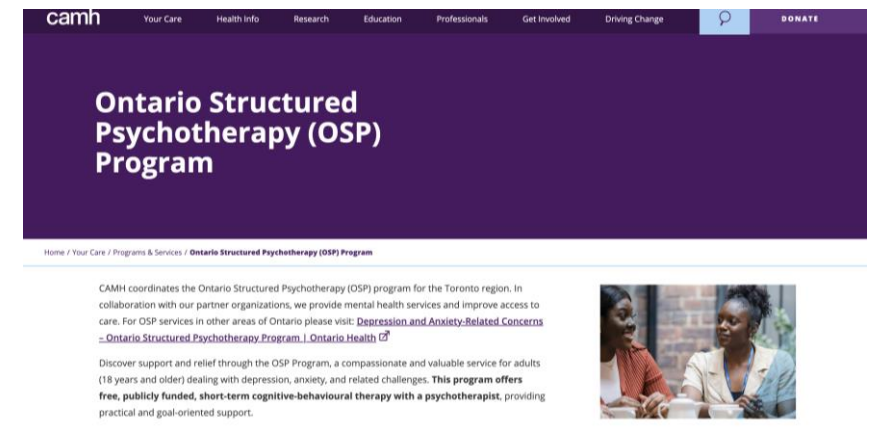
3. Spread of Evidence-Based Psychological Therapies

IAPT – Improving Access to Psychological Therapies



Talking Therapies

- Trained over 10,500 new psychological therapists
- Treats over 560,000 patients per year
- About 98% have measures on outcomes
- About 50% achieve recovery in the services



4. Virtual Mental Health Care



SCIENCE BRIEFS

Effective Modalities of Virtual Care to Deliver Mental Health and Addictions Services in Canada

Brian Lo, Gillian Strudwick, Linda Mah, Christopher J. Mushquash, Kwame McKenzie, Akwatu Khenti, Allison Crawford, Onil Bhattacharya, Upton Allen, Nicolas S. Bodmer, Karen B. Born, Anna Perkhun, Fahad A. Razak, Braden O'Neill on behalf of the Mental Health Working Group and the Ontario COVID-19 Science Advisory Table

Version: 1.0

Published: September 19, 2022

Citation: Lo B, Strudwick G, Mah L, et al. Effective modalities of virtual care to deliver mental health and addictions services in Canada. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 2022;3(66). <https://doi.org/10.47326/ocsat.2022.03.66.1.0>

Author Affiliations: The affiliations of the members of the Ontario COVID-19 Science Advisory Table can be found at <https://covid19-sciencetable.ca/>.

Declarations of Interest: The declarations of interest of the members of the Ontario COVID-19 Science Advisory Table, its Working Groups, or its partners can be found at <https://covid19-sciencetable.ca/>. The declarations of interest of external authors can be found under additional resources at <https://doi.org/10.47326/ocsat.2022.03.66.1.0>

About Us: The Ontario COVID-19 Science Advisory Table is a group of scientific experts and health system leaders who evaluate and report on emerging evidence relevant to the COVID-19 pandemic, to inform Ontario's response. Our mandate is to provide weekly summaries of relevant scientific evidence for the COVID-19 Health Coordination Table of the Province of Ontario, integrating information from existing scientific tables, Ontario's universities and agencies, and the best global evidence. The Science Table summarizes its findings for the Health Coordination Table and the public in *Science Briefs*.

The Mental Health Working Group comprises scientific experts and public health leaders with specific expertise in mental health. Their expertise spans mental health of children and youth, adults and geriatric populations, mental health of health care providers, women's health, mental health among LGBTQ persons, mental health among Black, Indigenous, and other racialized populations, and COVID-19. The Working Group evaluates emerging scientific evidence related to maintaining mental health during COVID-19, the mental health burden of disease and public health interventions on individuals across the lifespan, including children and adolescents, and the older adult population, as well as the need for assessment and recommendations

Key Message

The delivery of virtual mental health care by regulated healthcare professionals has grown substantially since the onset of the [COVID-19 pandemic](#). In the limited research conducted on this modality, virtual mental health care has been found to be efficacious for supporting patients with depression, anxiety, and post-traumatic stress disorder. However, there is limited comparative evidence between in-person and virtual modalities, or for severe mental illnesses such as schizophrenia or bipolar disorder. Thus, despite the surge in the use of virtual care during the pandemic, it is important to recognize that virtual care may not be an adequate substitute for in-person treatment for all populations or conditions. Further, while virtual mental health care has the potential to address barriers to access to care for rural and underserved communities, it may also propagate existing inequities in mental health care for under-resourced populations. Many challenges to the delivery of equitable care through virtual mental health remain. Enhancing technological literacy and access for clinicians and clients, and delivering culturally competent care that aligns with the needs of the local population and community is a largely unaddressed priority for advancing transparency, trust and equity.

Deliberate consideration of the specific needs and issues, preferences, culture and values of individual patients and communities is important to deliver culturally-competent virtual mental health models of care for equitable, accessible recovery. This should be done through close engagement and collaborative co-creation with patients, mental health researchers, practitioners and communities.

Summary

Background

Virtual mental health care, delivered by a regulated health professional in a synchronous manner, has experienced unprecedented growth in the last two years during the COVID-19 pandemic. Its benefits and widespread use by Ontarians have suggested a need to examine the current evidence and identify policy recommendations to enhance the delivery of quality virtual mental health care.

The current brief focuses on the synchronous delivery of virtual mental health care to adults by regulated health care professionals. While there is a growing number of self-help and asynchronous tools (e.g., internet-delivered cognitive behavioural therapy), evidence about these tools is outside the scope of this brief.

Questions

To what extent is virtual mental health care efficacious for improving outcomes?

Effective for most mental illnesses (i.e., depression, anxiety and post-traumatic stress disorder)

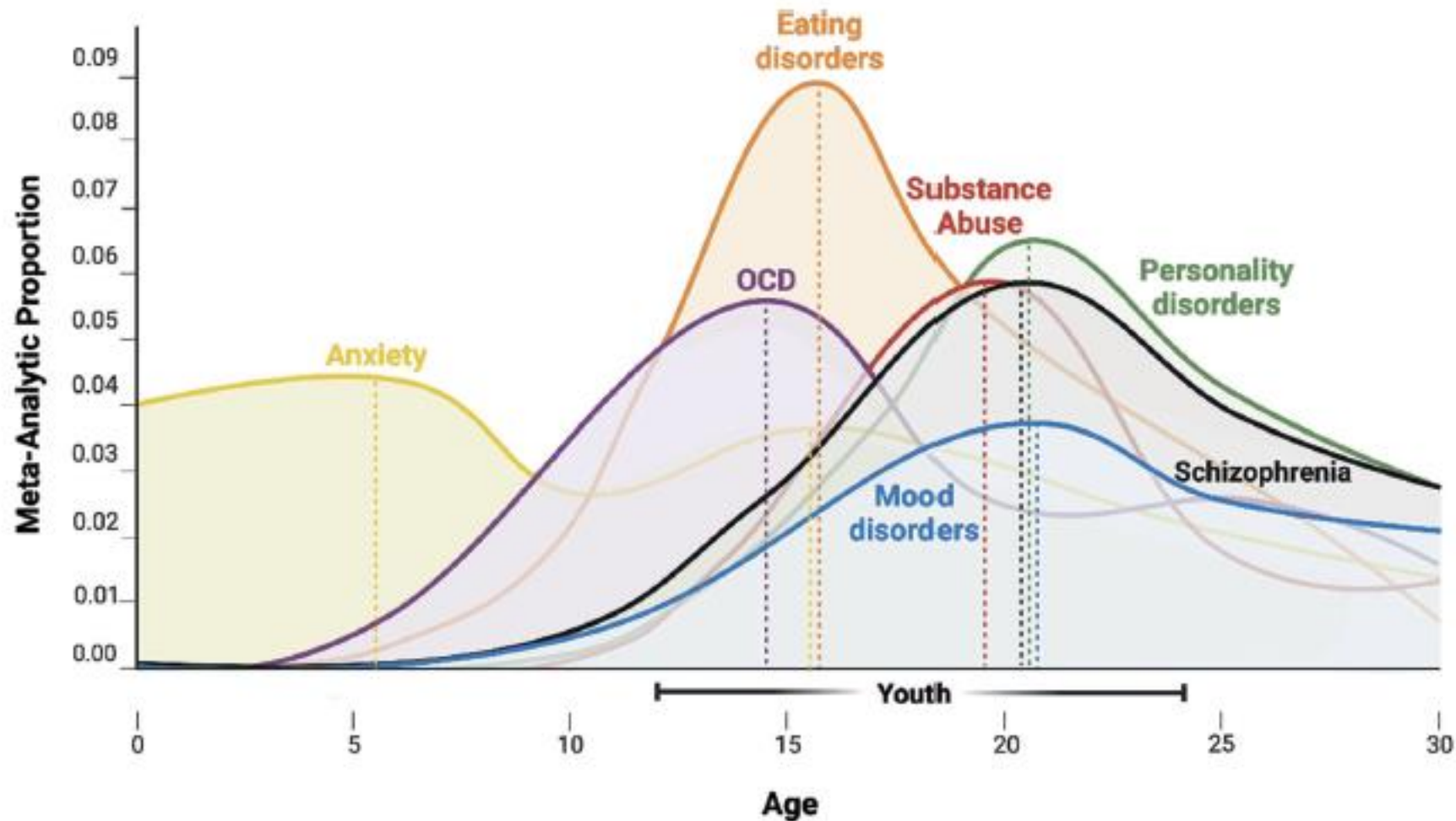
Continued balance with in person care but has increased access

CAMH increased >750% (3000—4000/year)

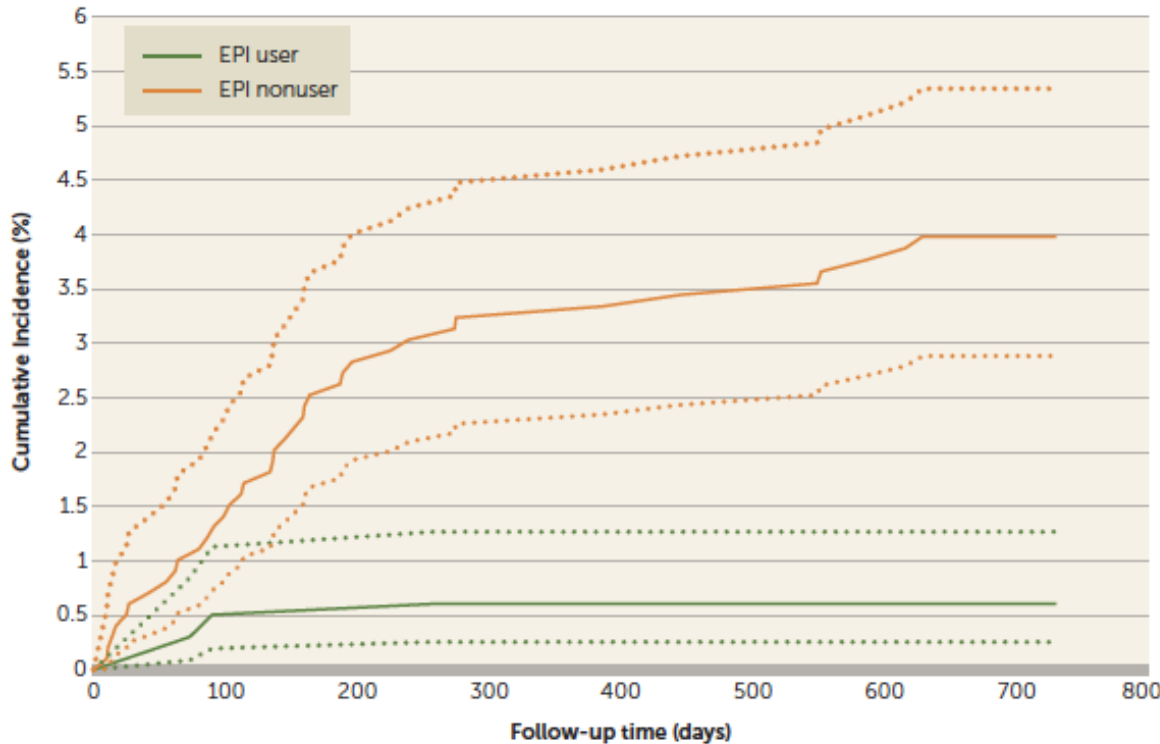
Future Trends and Promise in Mental Health Care

- Early intervention and prevention of mental illness
- Evolution of effective integrated mental health care
- Novel treatment approaches resulting from research
- The promise of artificial intelligence in mental health care

Onset of Mental Health Conditions Between Ages 12 to 25 Years



Evolution of Effective Integrated Mental Health Care: Implementation Research



Patients who used early psychosis intervention programs had 4 times **lower** mortality!



BMJ Open Early Psychosis Intervention-Spreading Evidence-based Treatment (EPI-SET): protocol for an effectiveness-implementation study of a structured model of care for psychosis in youth and emerging adults

Nicole Kozloff ^{1,2}, George Foussias ^{1,2}, Janet Durbin ^{2,3}, Sanjeev Sockalingam ^{2,4}, Jean Addington ⁵, Donald Addington ⁵, Augustina Ampofo ⁶, Kelly K Anderson ⁷, Melanie Barwick ^{2,8}, Sarah Bromley ¹, Jasmyn E A Cunningham ^{1,9}, Simone Dahrouge ^{10,11}, Lillian Duda ⁵, Catherine Ford ¹², Sheila Gallagher ¹³, John D Haltigan ^{2,14}, Joanna Henderson ^{2,15}, Alexia Jauich ³, Dielle Miranda ^{1,16}, Patrick Mitchell ¹², Josette Morin ¹⁷, Claire de Oliveira ^{16,18}, Valerie Primeau ¹⁷, Eva Serhal ^{16,19}, Sophie Soklaridis ^{2,4}, Diana Urajnik ^{20,21}, Krista Whittard ²², Juveria Zaheer ^{2,18}, Paul Kurdyak ^{2,18}, Aristotle N Vineskos ^{1,2}

CAMH Research Leading Novel Treatment Approaches

Preventing PTSD through a novel protein peptide (Dr. Fang Liu from CAMH)



Psychedelic treatment – 1st Psilocybin Trial for Treatment Resistant Depression in Canada (Dr. Ishrat Hussain from CAMH)



The Promise of Artificial Intelligence in Mental Health Care

- Detection and screening
- Precision and personalized medicine
- Increased access to treatment (e.g. chatbots)
- Monitoring and predicting outcomes

<https://digital.camhx.ca/>

Digital and AI Mental Health Certificate

Preparing you to incorporate
technology and innovation
into your health care practice

[VIEW AVAILABLE COURSES](#)



Our Strategy 2024-2030 – Connected CAMH

Available:
<https://www.camh.ca/-/media/driving-change-files/connected-camh-stratplan-2024-2030-pdf.pdf>



CONNECTED **camh**
Strategic Plan 2024–2030

CAMH: A Transformation

1850



January 26

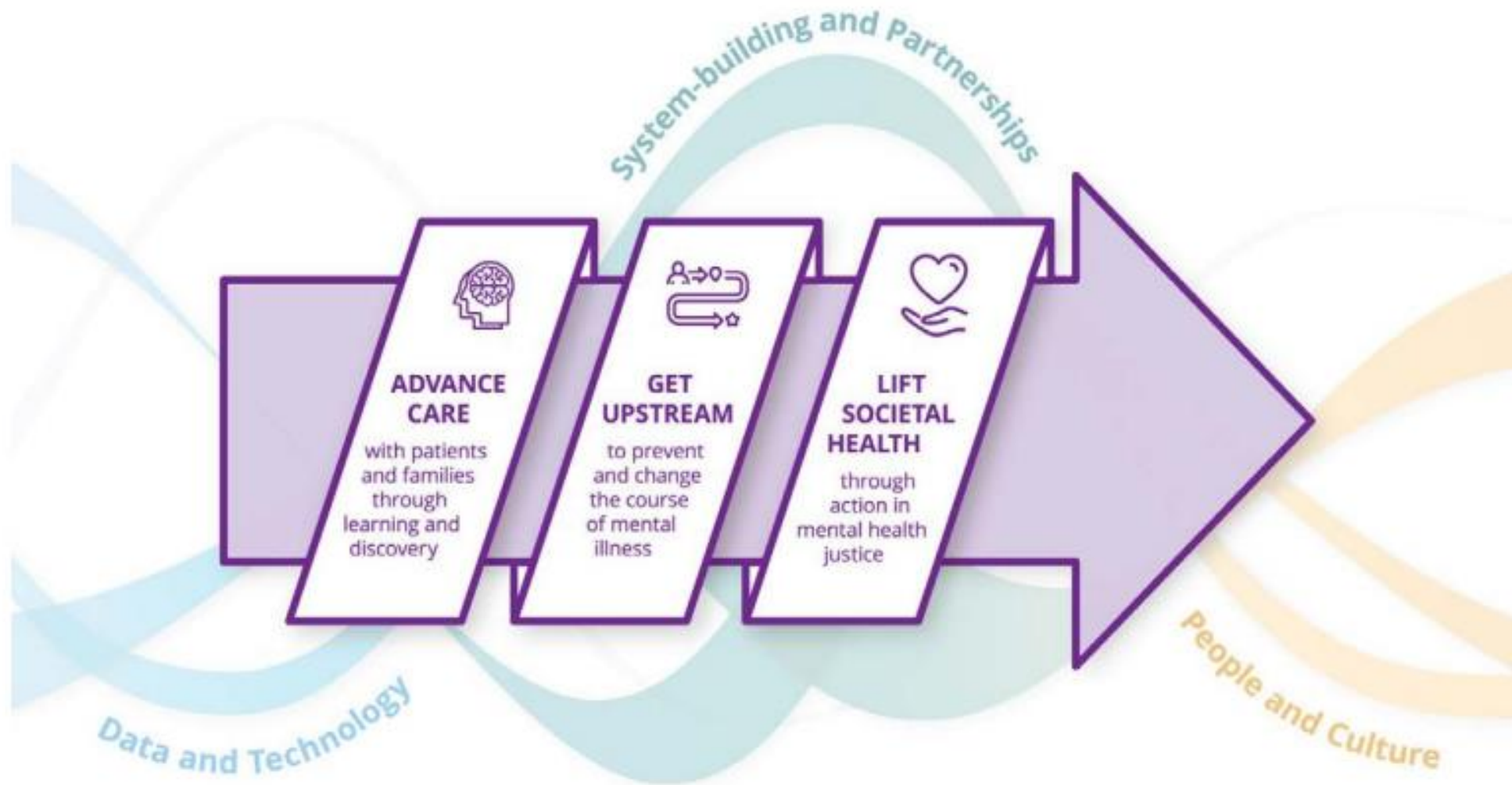
The Asylum opens its doors to its first 211 patients, transferred from the temporary asylum, a former jail.

2024



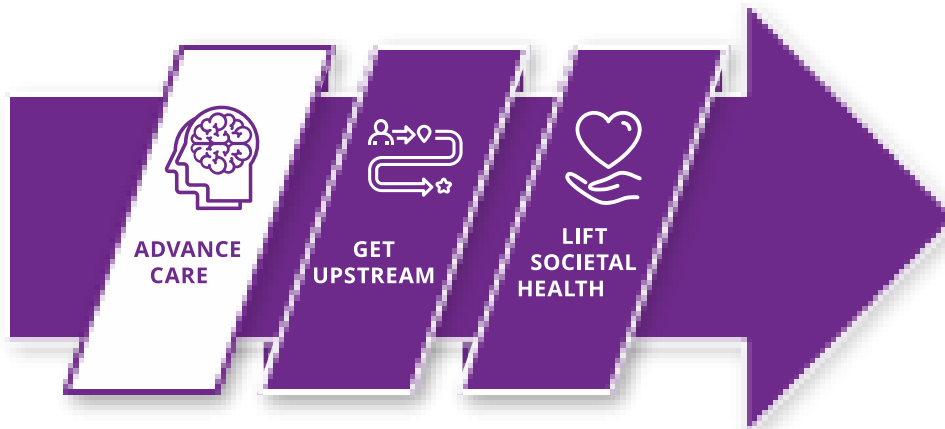
2027





ADVANCE CARE

with patients and families
through discovery and learning

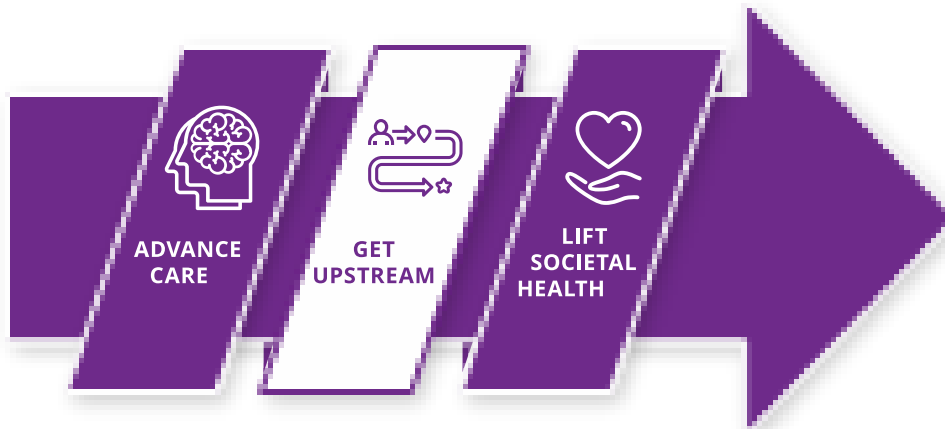


- Leverage our strength as a **comprehensive academic mental health centre** to treat the most serious mental illness with programs that care for and support patients at all stages of life.
- Expand access to high-quality treatment and supports **through seamless care pathways** within our own programs and within the broader health care system.
- Drive precision health care—**targeted to the individual needs of patients and families**—using advancements in research, artificial intelligence and technology.
- Integrate teaching and research into clinical care, **translating new discoveries** into improved treatments faster.
- Complete CAMH's **historic redevelopment**: construct the Secure Care and Recovery Building for patients in contact with the justice system and the Discovery Centre for world-leading research and innovation.
- Train the mental health teams of the future to ensure that they have the skills to meet the evolving needs of patients and families

Strategic Directions

GET UPSTREAM

to prevent and change
the course of mental illness

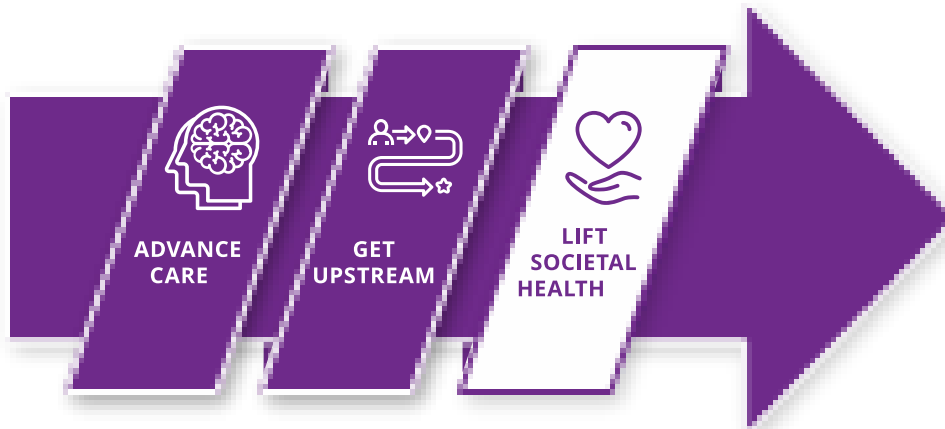


- Identify mental illness sooner and ensure timely access to care **by forging connections across health, education and social sectors** that build capacity for early intervention and prevention beyond the hospital setting.
- **Invest in the healthy development of children, youth and emerging and young adults** by facilitating rapid access to high-quality services, creating new treatments and working with partners to develop public health approaches to preventing mental illness.
- Advance knowledge of brain development and **create innovative ways to intervene at key points in patients' lives** to promote brain health, improve outcomes and prevent people at all stages of life from developing serious and chronic illness.
- **Adopt a public mental health approach** that focuses on health promotion, prevention of mental illness and early intervention.

Strategic Directions

LIFT SOCIETAL HEALTH

through action in
mental health justice



- **Be transparent and resolute in addressing health disparities** that people from structurally marginalized groups face.
- Address the **prejudice, discrimination and disparities that people who live with serious mental illness experience.**
- Ensure at CAMH that **we are equitable, diverse, inclusive, accessible and anti-racist.**
- **Expand services focused on First Nations, Inuit and Métis health** through Shkaabe Makwa, and deepen our organizational commitment to Truth and Reconciliation.
- **Prioritize the health of Black patients** and families through partnerships with the Black community, expanded access to culturally responsive care and increased research.
- Invest in research, education, clinical care and action to **respond to the compelling evidence that climate change impacts** the developing brain and the mental health of people around the world.
- Amplify the voices of the mental health movement to create public policy that reduces health disparities and improves social determinants of health for everyone.

Strategic Directions

Our Role As Part of a Broader Health Care System

- Working with patients and families to co-design changes and improvements in care, within CAMH and across the system
- Partnerships with the community, housing and organizations addressing the social determinants of health as part of more holistic approach to care
- Advancing a model of coordinated access to care
- Canadian initiatives, like 988, have introduced important new nation wide services

988

camh

Background

- Suicide affects people of **all ages and backgrounds**.
- Every day, **approximately 12 people die by suicide** in Canada – 4,500 per year.
- For every person who dies by suicide, **as many as 135 people** can be impacted by the loss.
- Research shows that the simple **power of connection** can create newfound hope and start a path to recovery.

- **9-8-8: Suicide Crisis Helpline**, Canada's **new three-digit suicide prevention helpline**, launched November 30th, 2023.
- The **Centre for Addiction and Mental Health (CAMH)** in Toronto, Ontario is leading and coordinating the delivery of 9-8-8 nationwide.
- Funded by the Government of Canada, through the **Public Health Agency of Canada** (\$158.4 million).

9-8-8 makes it as simple as possible to get help, when it's needed most.

- ✓ Easy to remember number.
- ✓ English and French.
- ✓ 24 hours a day, seven days a week.
- ✓ Available across Canada.
- ✓ Live support by phone and text.
- ✓ Toll-free.



Who Should Call or Text 9-8-8?

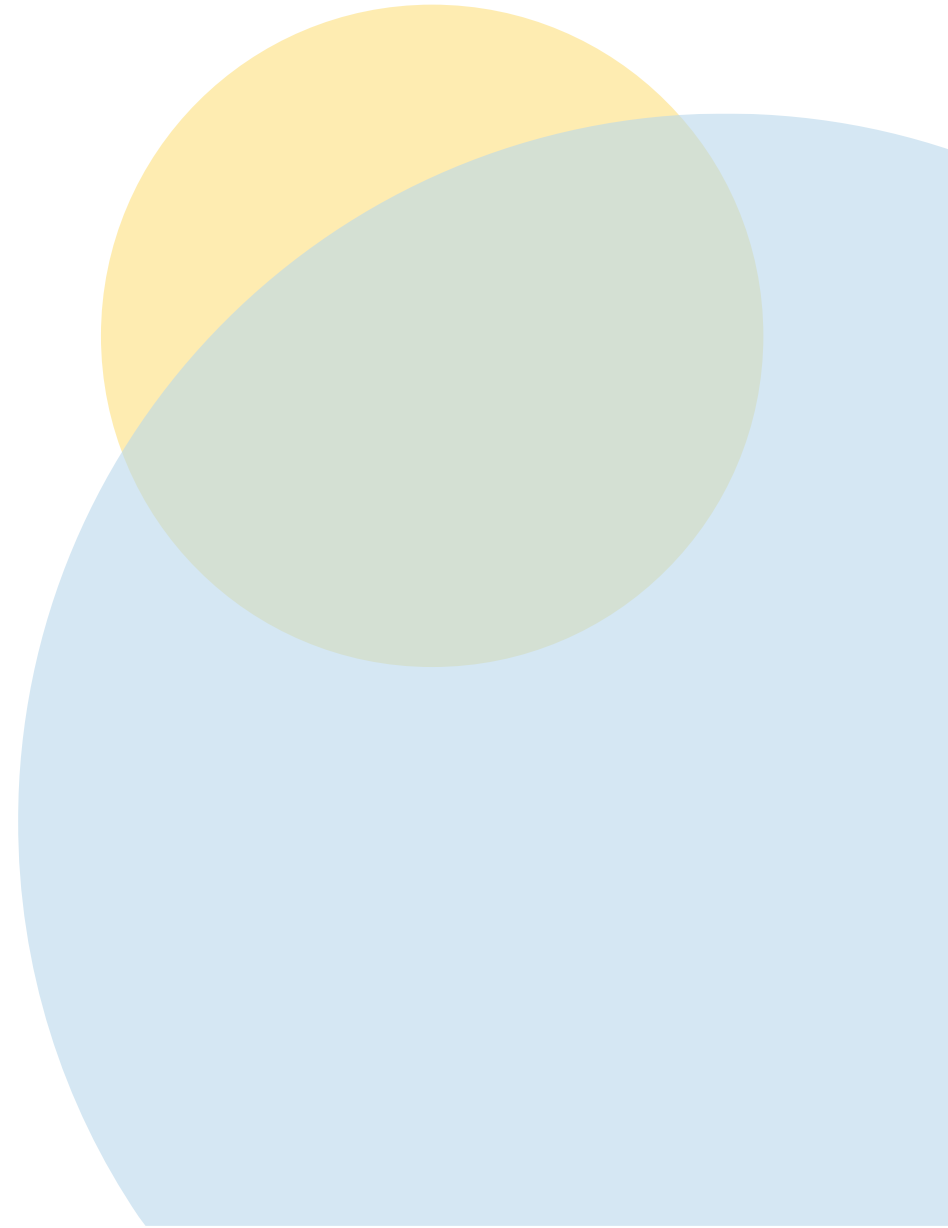
- 9-8-8 is here for anyone who is **thinking about suicide**, or who is **worried about someone they know**.
- Everyone who reaches out to 9-8-8 will be assessed for suicide risk.
- The goal is to prevent suicide by making it as simple as possible for people to get the help they need **in the moments they need it most**.

No one who reaches out to 9-8-8 will be turned away.

How 9-8-8 Works

9-8-8

9-8-8: Suicide Crisis Helpline



What happens when you call or text?

1

You will hear or see a brief recorded message to let you know you are in the right place.

2

You will be able to choose options to make sure you get the support that works best for you, including whether you'd like to connect in English or French.

3

You will hear or see an important message about privacy, and a link to where you can find out more.

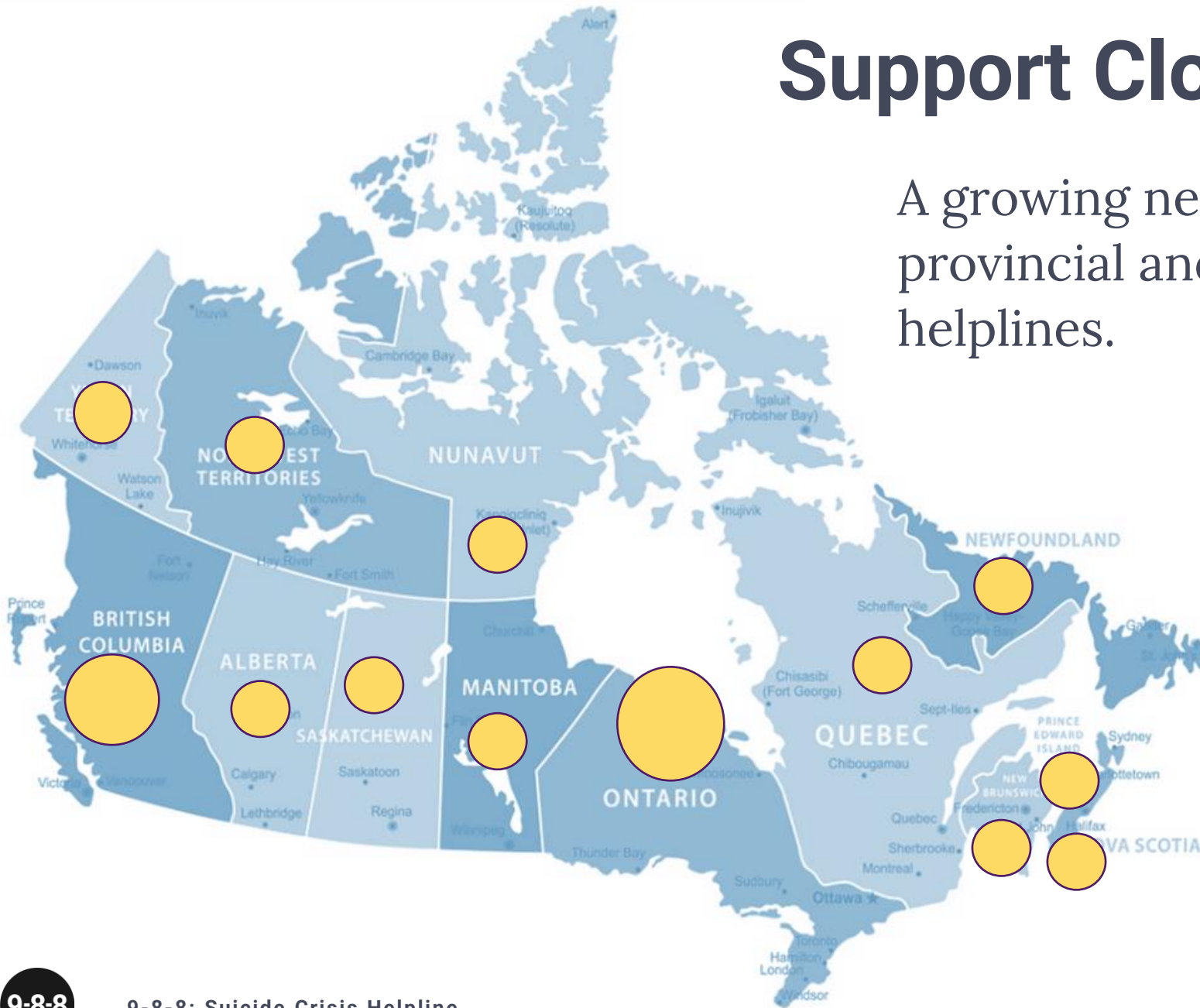
4

You will reach a responder, who will:

- Listen and give you space to talk.
- Offer empathy and compassion.
- Help you find ways to create safety when things feel overwhelming.

Support Close to Home

A growing network of experienced local, provincial and territorial, and national helplines.

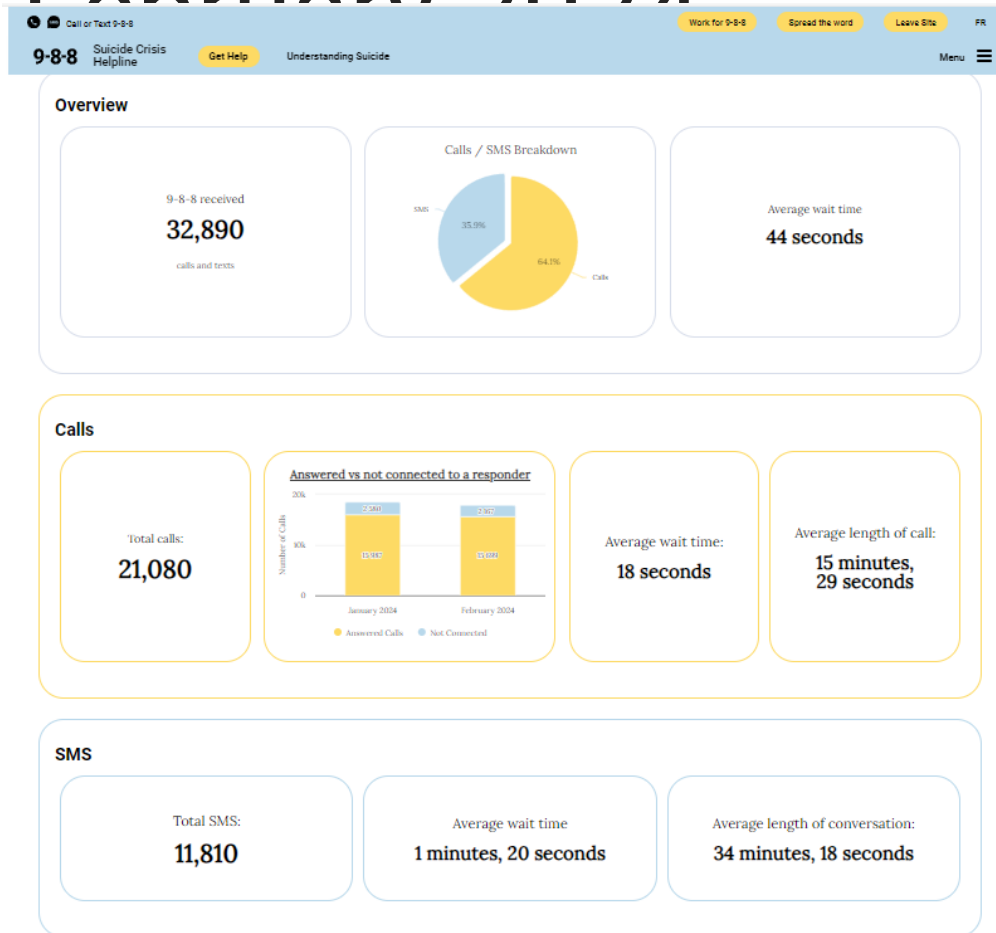


National partners

- Talk Suicide Canada National Hub
- Hope For Wellness
- John Howard Society of Fredricton, Chimo Division
- Kids Help Phone

How is the service being used?

February 2024



- Average of approximately 1130 interactions a day
- 2/3 calls, 1/3 text
- Wait times are short, the network model works
- Interactions have been growing since we launched in November

Imagine the impact.....

“I would like to say that I had a great experience calling your service last week. The person on the other line was kind and helpful. I also appreciated that I got a call back. It is a great feature when I felt that nobody cared about me. It made my day and gave me hope. “

Concluding Remarks

Learn more: <https://www.camh.ca/>

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