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Canadian Research Initiative in Substance Misuse

Initiative Canadienne de Recherche en Abus de Substance

# Understanding Barriers to Treatment and Virtual Solutions in Addictions Services in PEI

June 30, 2021



**Health PEI**
One Island Health System

# Committee Members/ Presenters

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# Overview

1) Research Presentation

- Substance Use Needs and Barriers identified through Lived Experience

- Stigma as a Barrier to Seeking Help

- Provincial Research on Treatment Barriers

- Virtual Solutions in Prince Edward Island

2) Facilitated Discussion

- Remaining Challenges

- Lessons Learned

- Next Steps

# Substance Use Needs and Barriers identified through Lived Experience

# Substance Use Needs and Barriers identified through Lived Experience

# STIGMA

# What is Stigma

- Stigma is any attitude, belief or behavior that discriminates against people.

- According to a 2018 article in the International Journal of Drug Policy, wider support of life saving interventions are more likely to occur when language is shifted to more accurately reflect the nature of the health condition.

- It is important to remember that a substance use disorder is a medical condition and should be treated as such.

- International studies by the World Health Organization show hazardous alcohol and drug use disorders are among the most stigmatized conditions.

- This is a sad reality that prevents individuals from seeking treatment and keeps them sick.

# Words Matter

- Language can be used to promote or decrease stigma therefore, we need to choose our words wisely.

- Person first language recognizes that people are people first. The focus needs to be put on the individual first not the diagnosis.

# 3 Types of Stigma

According to the Government of Canada there are 3 types of stigma:

- Self stigma
- Social stigma
- Structural stigma

# Substance Use Disorder
# vs
# Abuser and Addict

- We are not bad people trying to be good, we are sick people trying to be well

# Changing Language

We can all learn to change the language we use as a start to ending stigma.

Try:

- Person with substance use disorder vs abuser or addict
- Person in recovery vs former addict
- Regular substance use vs drug habit
- Positive/negative drug screen vs clean/dirty urine

# Reducing Stigma

- Education is key in reducing stigma. People often stigmatize others due to fear and lack of knowledge.

- Be aware of your attitudes and behavior. Take time to reflect on your words and judgments.

- Educate others. Be a positive role model, pass on positive attitudes and challenge stereotypes.

- Be supportive of those seeking treatment.

- Use person first language.

# Research on Barriers in PEI

**Opioid Replacement Therapy (ORT) Initiatives Project (Peters-Vuozzo & Hudson, 2020)**

- Funded through Health Canada's Emergency Treatment Fund
- ORT client survey - gathered qualitative & quantitative data
- Identified key barriers (i.e.: transportation, stigma, medication costs)

**Take Home Naloxone Program Survey (PEI Department of Health & Wellness, 2018)**

- Survey of 18 participants found 72% reported feeling stigmatized as an opioid user

**Injecting on the Island: a qualitative exploration of the service needs of persons who inject drugs in Prince Edward Island, Canada (McCutchen & Morrison, 2014)**

- Interviews with eight individuals who self identified as injection drug users in PEI
- Found reported experiences with stigma, including perceived stigma from health care professionals

# PEI's Opioid Replacement Therapy (ORT) Initiatives Project

- Funded through Health Canada's Emergency Treatment Fund - which provided one time funding to Canadian provinces and territories to address the opioid crisis.

- PEI's proposed initiatives included: implementing a peer support program, providing telehealth capabilities and mobile service delivery.

- Recognized a need to include the client voice.

- REB approval received for a client survey.

- Client survey ran June 2020 - Sept 2020.

# Opioid Replacement Therapy (ORT) Client Survey

**Mixed-methods Study** (N=119) approx. 12% of all ORT clients in PEI

- Physician run private clinic (n=32)
- Provincial MH&A sites (n=80)
- Provincial Correctional Centre (n=7)

**Nominal and Ordinal Questions**
- Initiation (how they started using opioids)
- Retention (difficulties staying in treatment)
- Satisfaction (overall satisfaction in ORT)
- Endorsement of new initiatives (peer supports; telehealth/mobile service delivery)

**Open-ended Questions**
- Reasons for (dis)satisfaction
- Feedback on new initiatives

**Table 1. Participant Demographics.**

|  | N | % |
|---|---|---|
| **Gender** | | |
| Men | 59 | 49.6% |
| Women | 60 | 50.4% |
| **Ethnicity** | | |
| Caucasian/White | 116 | 97.5% |
| Indigenous | 2 | 1.7% |
| Other | 1 | 0.8% |
| **Age** | | |
| 19-30 | 41 | 34.5% |
| 31-45 | 62 | 52.1% |
| 46-59 | 15 | 12.6% |
| 60 or older | 1 | 0.8% |
| **Area of Residence** | | |
| Prince | 17 | 14.3% |
| Queens | 83 | 69.7% |
| Kings | 14 | 11.8% |
| No Answer | 5 | 4.2% |
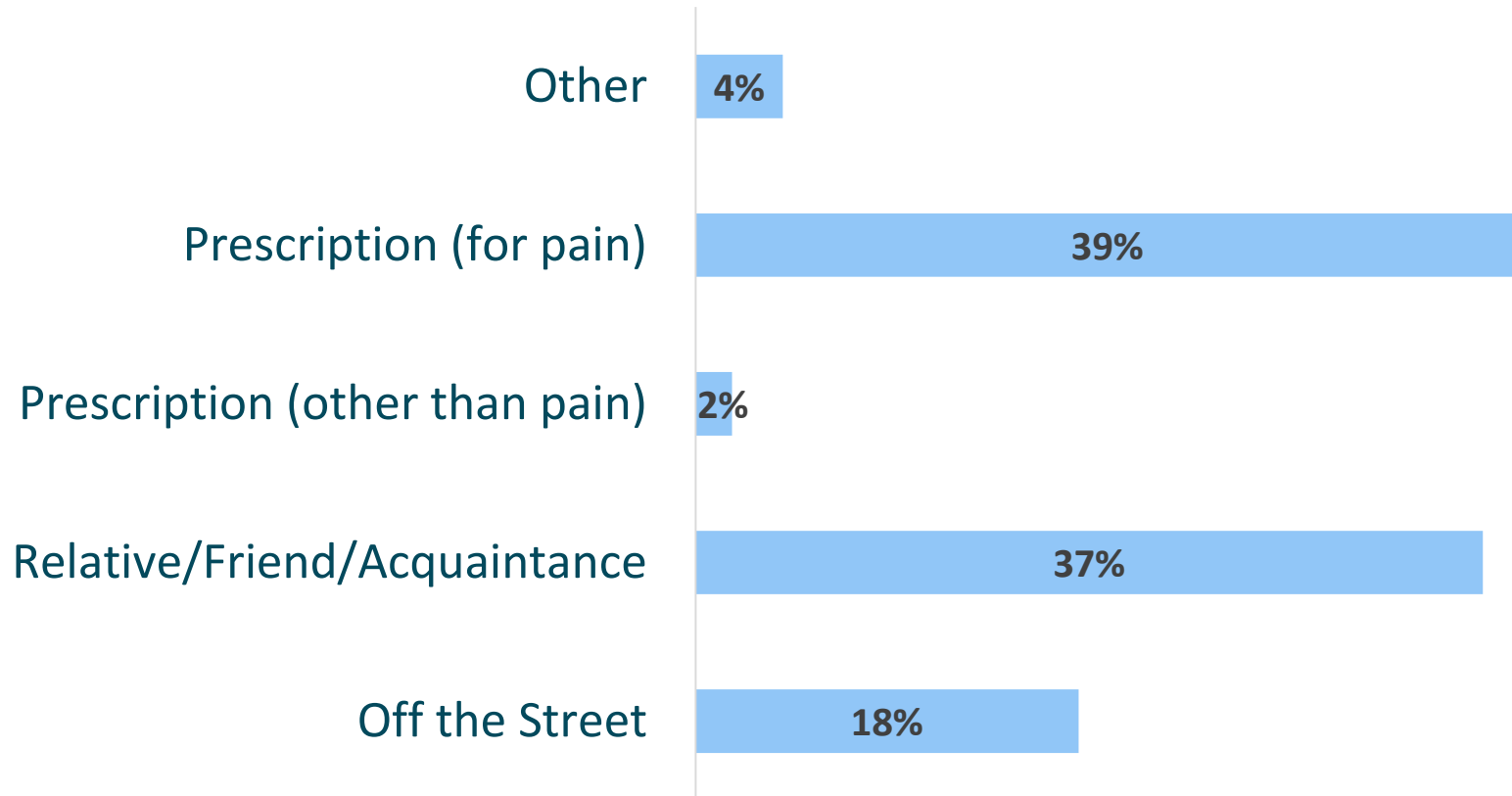
# Program Satisfaction

How satisfied are you with ORT overall?
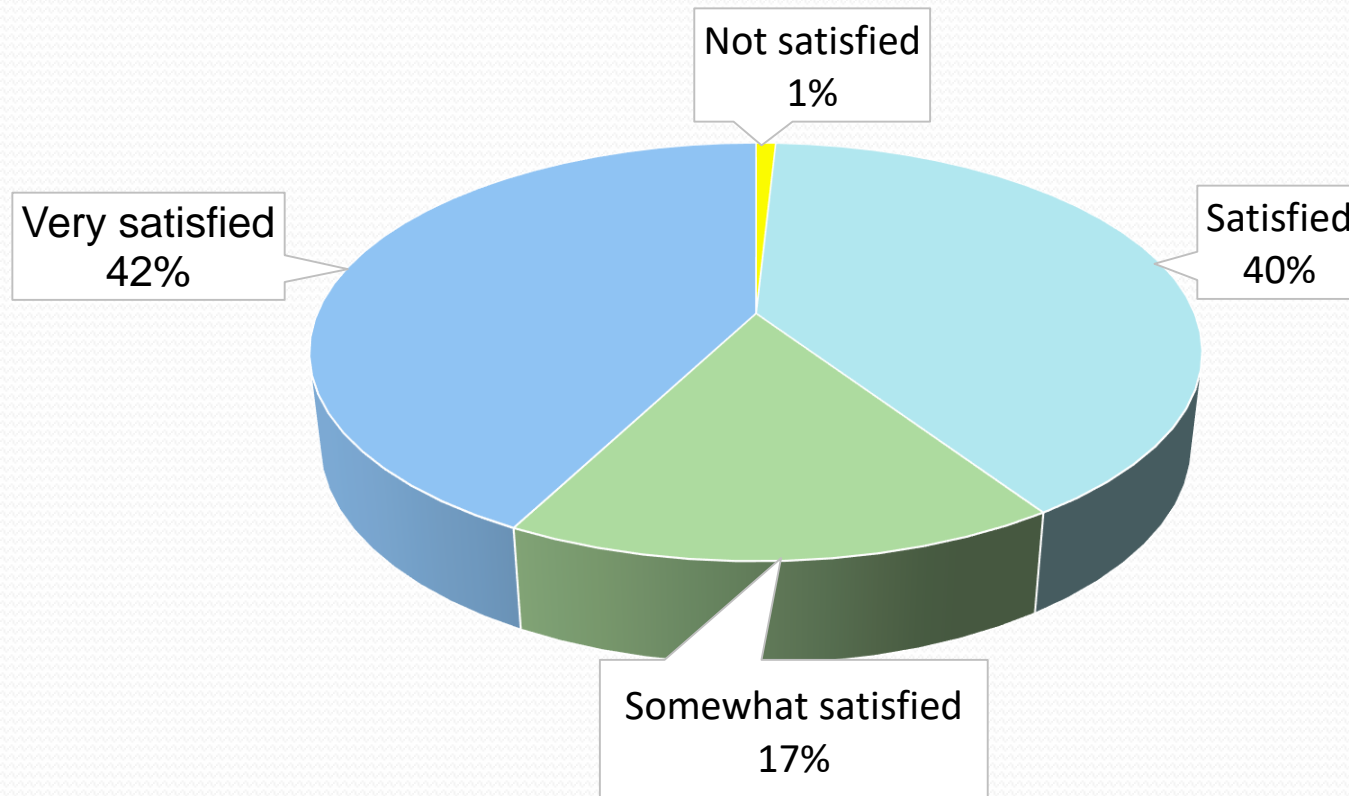
# Satisfaction Key Themes

**Treatment Outcomes**
- Quality of life
- SU cessation
- Symptom management

47

**Staff**
- Competencies
- Rapport
- Respect/Non judgment

32

**Program Quality**
- Comprehensive
- Consistent
- Patient Centered

20

**Accessibility**
- Cost
- Transportation
- Wait times
- Scheduling

16

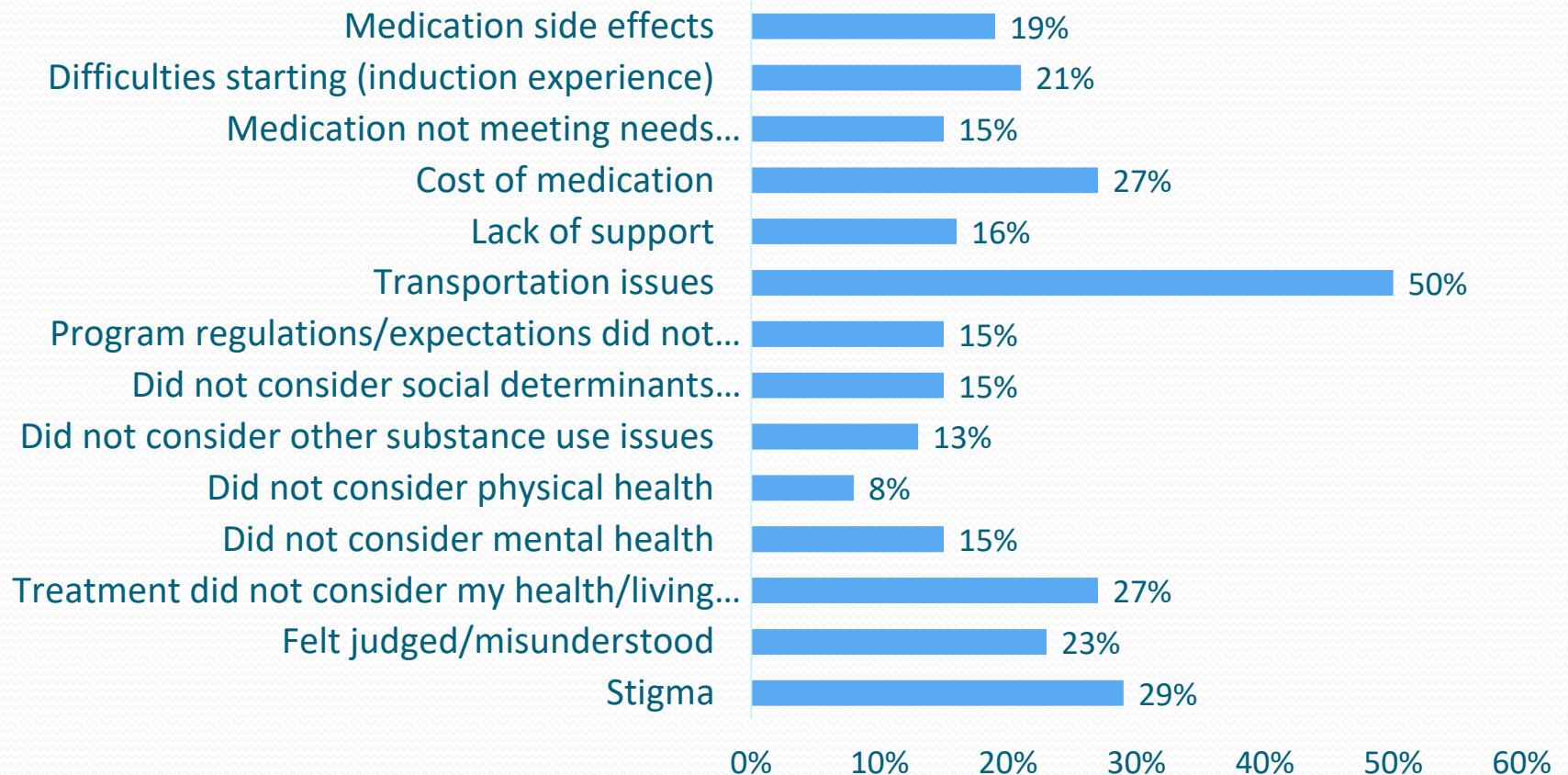**Addressing Comorbidity**
- Pain
- Mental Health

13

# Treatment Retention

## Have you ever found it difficult to remain on ORT?

2.50%

Yes

35.30%

No

62.20%
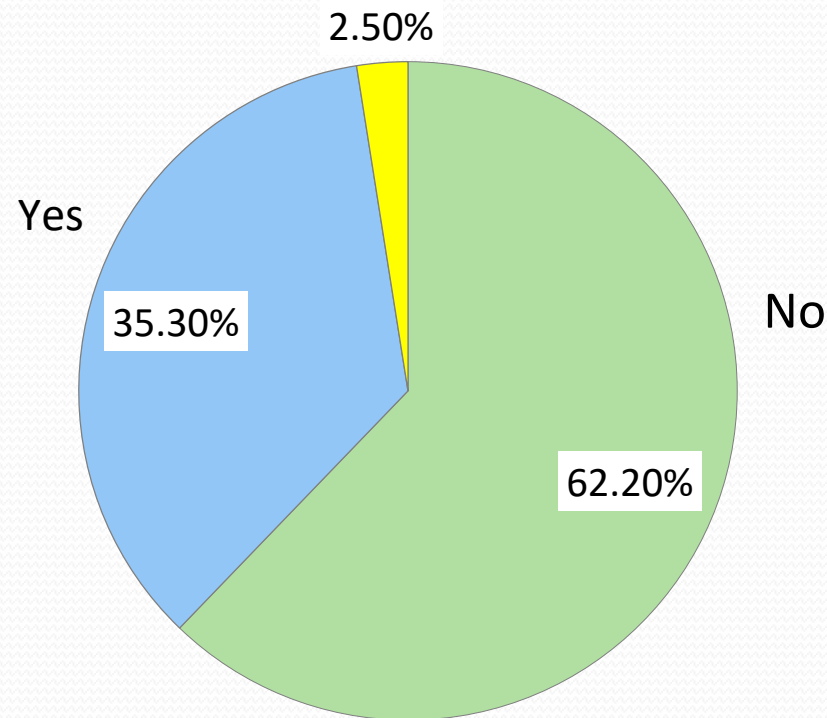
# Treatment Retention

## Reasons underlying retention difficulties



| Reason | Percentage |
|--------|-----------|
| Medication side effects | 19% |
| Difficulties starting (induction experience) | 21% |
| Medication not meeting needs… | 15% |
| Cost of medication | 27% |
| Lack of support | 16% |
| Transportation issues | 50% |
| Program regulations/expectations did not… | 15% |
| Did not consider social determinants… | 15% |
| Did not consider other substance use issues | 13% |
| Did not consider physical health | 8% |
| Did not consider mental health | 15% |
| Treatment did not consider my health/living… | 27% |
| Felt judged/misunderstood | 23% |
| Stigma | 29% |

# Endorsement of Peer Support

## Do you think peer support would be helpful in PEI?
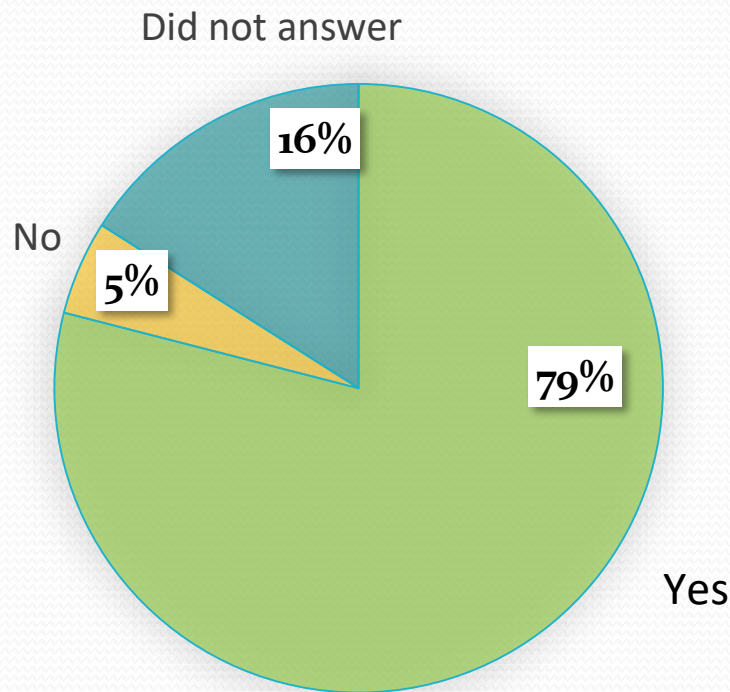
# Peer Support Endorsement – Key Themes

- 110 comments related to the peer support initiative.
- Theme *Interpersonal* represented 81% of all comments.

**Interpersonal**
- Ability to relate (trust/respect)
- Support/hope (early recovery)

**Intra-personal**
- Individual choice
- Privacy

**Program Specific**
- Staff
- Education
- Mental health

Some of the most meaningful interactions that I've had in treatment have been with staff that are recovering addicts

I think people who have lived with addiction are granted more credit/respect with other addicts on their opinion because they understand it

It is difficult the first year to reroute a new life. Having people who have managed to get clean and stay clean would be helpful

Having educated staff is great to a point. Having educated staff peers who are in recovery would be excellent

It helps when someone knows exactly what you have gone through other than people who have been trained to understand what you are going through

# Endorsement of Telehealth and Mobile Service Delivery

Do you think telehealth & Mobile Treatment would be helpful in PEI?



- ☐ answered "yes"
- ☐ answered "no"
- ☐ answered "maybe"
- ☐ did not answer
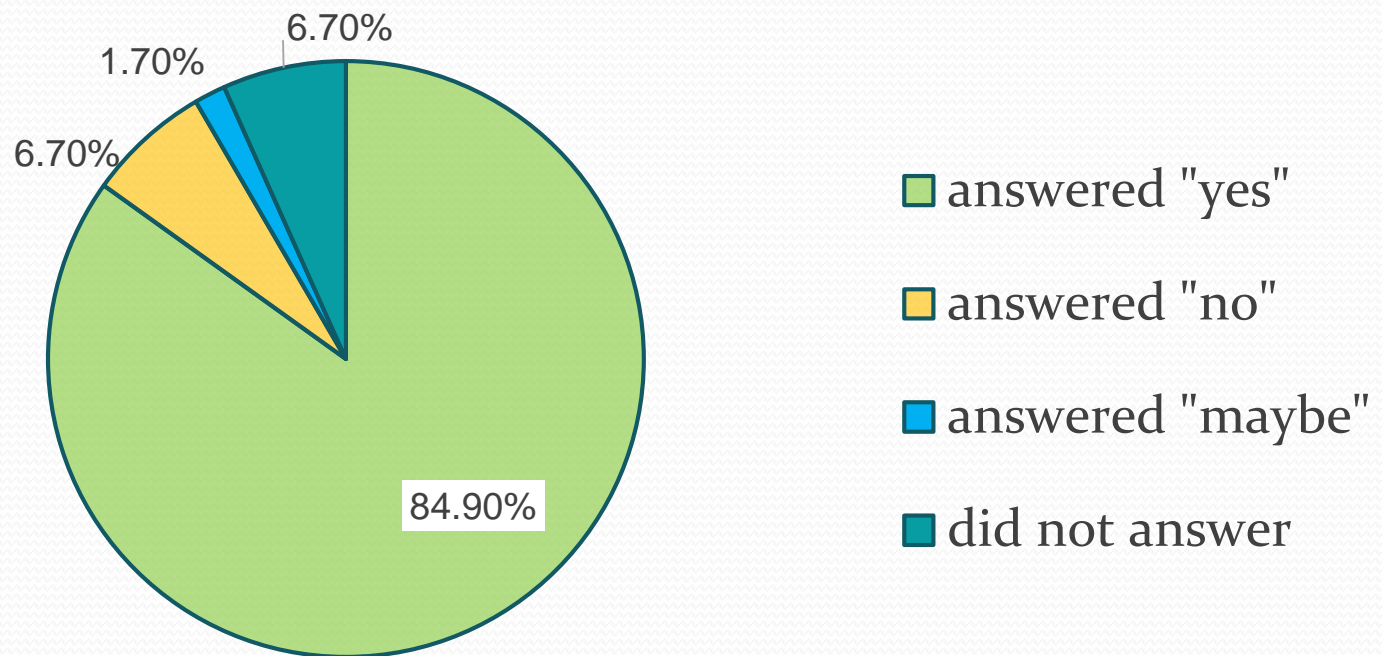
# Telehealth and Mobile Service Delivery Endorsement – Key Themes

**Accessibility**
- transportation (rural)
- financial
- work/school/childcare

65

**Program Specific**
- comprehensive care
- consistency/flexibility
- comfort/convenience

12

**Interpersonal**
- stigma/judgement
- support

8

**Intra-personal**
- shame
- privacy

5

# Virtual Solutions in Mental Health and Addictions in PEI

# Goals of Virtual Solutions

- Improve Accessibility

- Reduce Barriers

  - Transportation Issues

  - Scheduling Issues

  - Geographical Barriers

  - Conflicting Commitments (e.g., caregiving, parenting, work)

- Address concerns around privacy, anonymity, stigma

- Increase program retention

- Provide services and supports to rural, underserviced areas

- Enable initiation and continuation of care, while facilitating social distancing and abiding public health guidelines
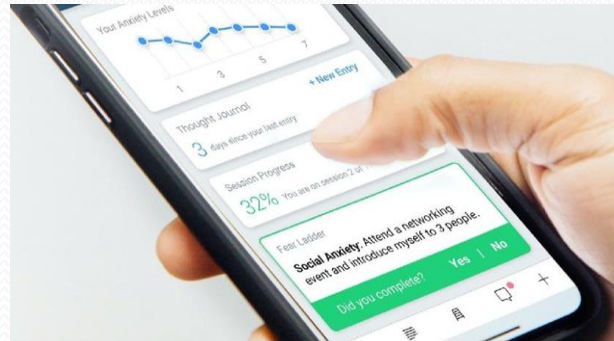
# Telehealth in Addictions Services



Telemedicine support for addiction services

NATIONAL RAPID GUIDANCE

VERSION 1 GUIDANCE DOCUMENT

CRISM-ICRAS

CIHR IRSC

**Telehealth**

- Meant to enhance traditional care
- Extends provider availability while offering an immediate resource (Molfenter et al, 2015)
- Useful for patients for whom face to face access is limited (i.e. rural settings) (Kates et al, 2011; Zheng et al, 2017)
- Increases service access for patients with concurrent disorders (Lasbelle et al, 2018)
- No difference found in patient satisfaction of care provided (Molfenter et al, 2015)
- CRISM guidelines for telemedicine support during COVID-19

# Expanding Service Delivery - ORT



● Primary Heath Centres ● ORT clinic locations
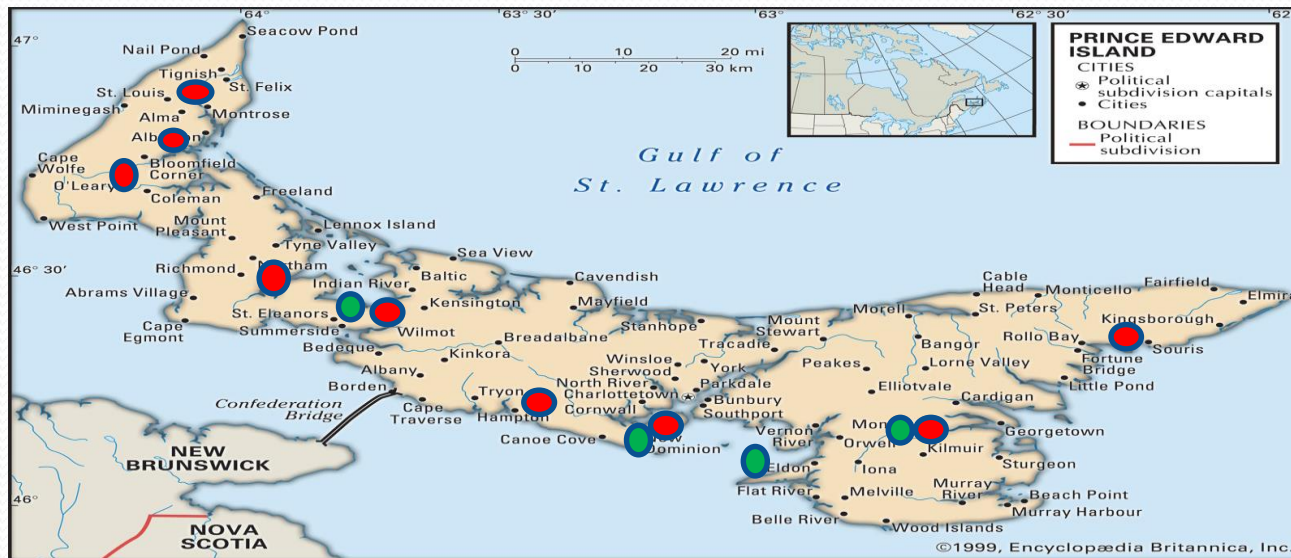
***Proposed Method:*** *ORT staff to meet with clients at Primary Health Centers (and if necessary) connect to prescribers at ORT clinics via tele health*

# Telepsychiatry

- Telepsychiatry services were available in PEI prior to the pandemic.
  - Patient and provider documents were developed
  - Best practice guidelines were identified

- With the onset of the pandemic, telepsychiatry services were expanded quickly in outpatient and acute settings (i.e., urgent care and ED).

- Outcomes
  - Reduced wait times
  - High levels of satisfaction

# Telepsychiatry: Outcomes

## Outpatient Psychiatry Wait Times



Days

120
100
80
60
40
20
0

Jan  Feb  Mar  April  May  June  July  Aug  Sept  Oct  Nov  Dec  Jan  Feb  Mar

Jan 2020 to March 2021

## Satisfaction Surveys

- Of 28 clients surveyed, 17 had participated in a telepsychiatry appointment.

- Of these, 100% indicated they were satisfied or very satisfied with their virtual interaction.

# Bridge the gapp

Bridge the gapp   ⦿ Service Directory ▾   ⊞ Knowledge Centre ▾   ⚲ Get Inspired ▾   ⊕ Online Programs   ✎ Toolbox ▾

## Parents Empowering Kids

Telephone and/or online program for parents of those ages 3-6 who are interested in learning positive parenting skills. Free for all Prince Edward Island Residents.

**Learn More** ⊡

## Wellness Together Canada

Wellness Together Canada was funded by the Government of Canada in response to the unprecedented rise in mental distress due to the COVID-19 pandemic. People are being challenged like never before due to isolation, physical health concerns, substance use concerns, financial and employment uncertainty, and the emotional dialogue around racial equality. We're all going through this together, and we believe that mental health is a journey, not a destination. Each day, we can take a step for our own wellbeing. Wellness Together Canada is here to support everybody on that journey.

We all have different needs. Wellness Together Canada allows you to choose from a variety of resources to motivate and support your wellness journey.

**Click Here** ⊡

## I CAN Program -Adult Anxiety Program

I CAN (Conquer Anxiety and Nervousness) offers telephone and online support for adults age 18+ to learn skills to overcome their anxiety and cope with life stressors.

**Learn More**

## Strongest Families Program

Telephone and/or online program for youth ages 3-17 and their families who are experiencing behavioural or mental health problems. Families can now self-refer by calling 1-866-470-7111

**Learn More**

**Referral Form**

## CAMH Online Courses

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Take action to improve your mental wellness!

**WALL OF HOPE** ＞

### Get Hope. Give Hope.

Read inspiring quotes and stories of hope or give back and post your own for others to read!

**Read More**

# Outcomes


Strongest Families
INSTITUTE

Removing the barriers to care.

www.strongestfamilies.com

- >80% outcome success
- <10% attrition
- 90% customer satisfaction with quality of service
- Strong impact on academic achievement
- Strong impact on parental mood
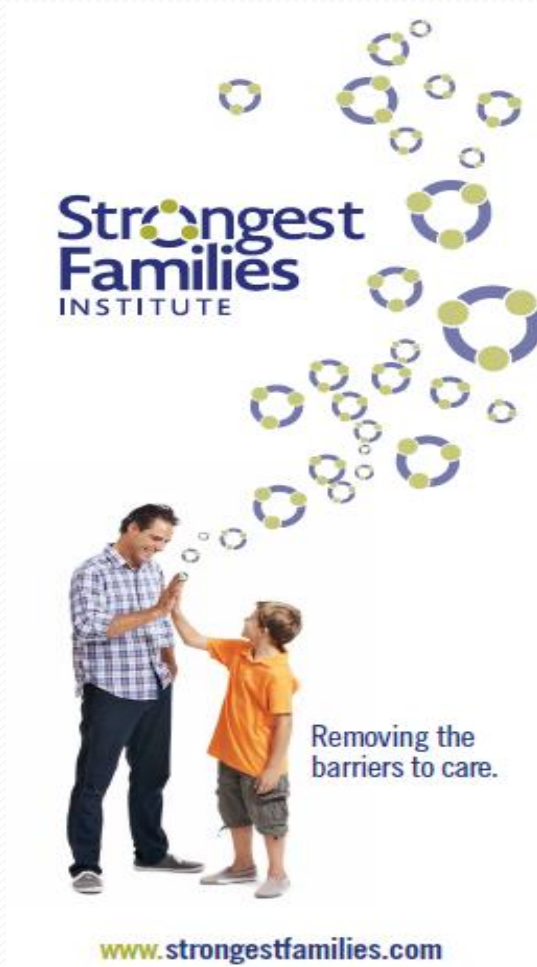
# Enabling access to Cognitive Behavioural Therapy to treat anxiety & depression.

**Joel Muise & Dr. Alissa Pencer**
joel@tranquility.app

www.tranquility.app

# Current Programs

**Anxiety**

- Generalized Anxiety
- Social Anxiety
- Panic Disorder
- Specific Phobias

**Depression**

- Major Depression
- Mild Depression
- Depression w/ Chronic Pain
- Depression w/Anxiety

## 60%

Experience both Anxiety & Depression

Because so many people experience both, Tranquility developed the first truly adaptable _comorbid program_.

# Coaching

## Flexible Coaching

- Tranquility offers video, phone or in-app messaging.

- In line with a stepped care model, clients can choose to take part in a self-directed way or with the assistance of a coach.
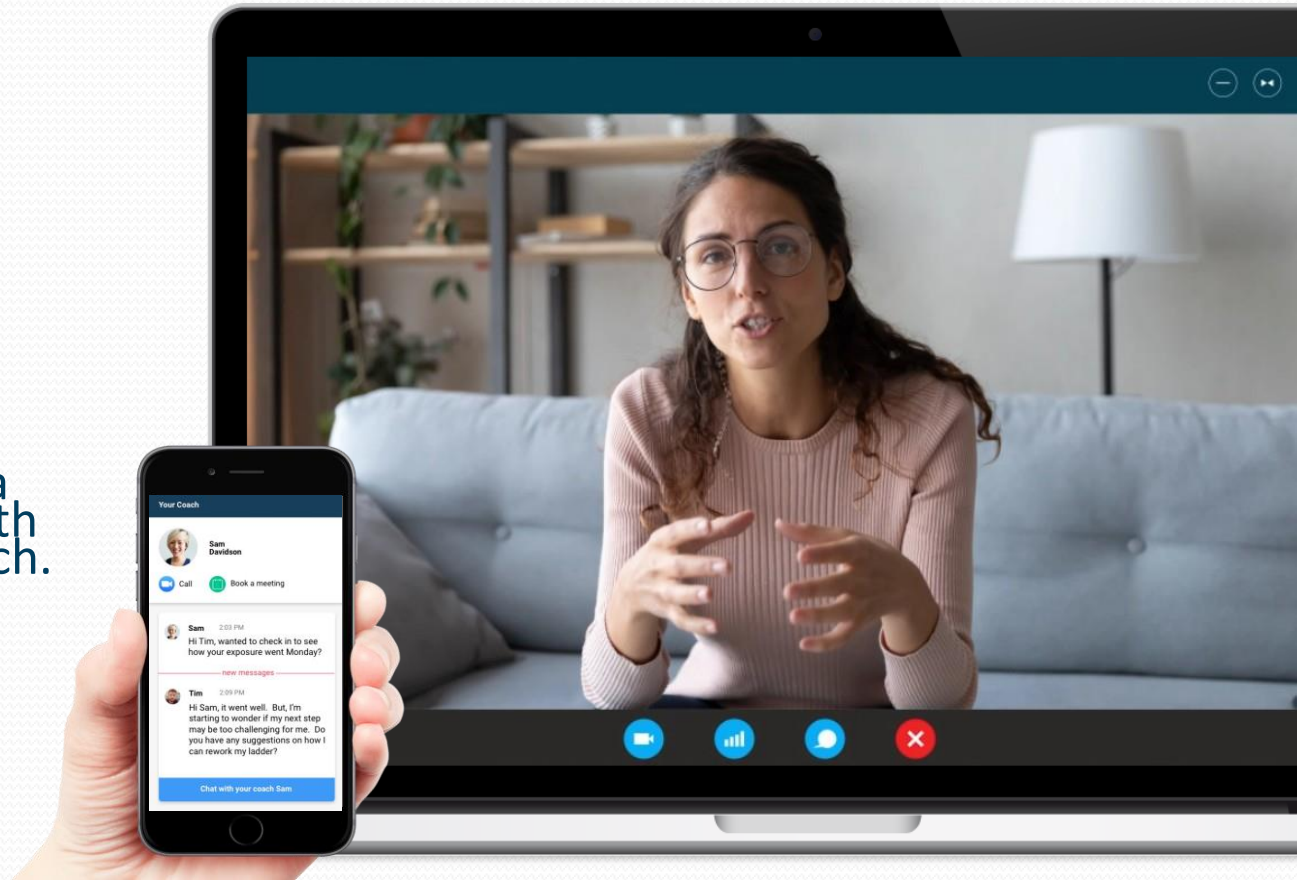
# Evidence

**Depression Anxiety Stress Scales (Anxiety)**
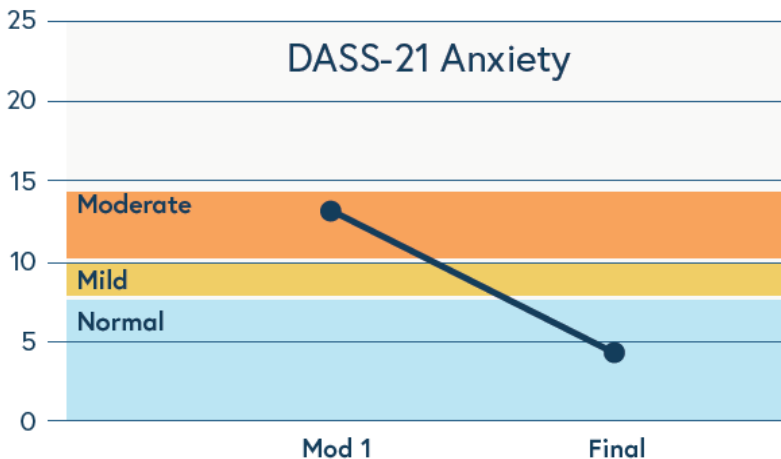


- Original Pilot Study
- Military Family Resource Centre
- Other Employers
- CIHR (240 Adults)
- NSHA Research & Innovation

**Current Outcome Data:**
4 of 5 Engaged Clients (>2 modules) show a decrease in ANX/DEP scores, with an average decrease of 34%.

# Tranquility and Parents

- Development, implementation, and evaluation of equitable and effective e-mental health care delivery for parents and care givers struggling with anxiety and depression arising during the COVID-19 pandemic: Improving access and matching services to need. *CIHR Operating Grant.*

# Study Objectives



- Investigate parents' preference for level of iCBT (guided, minimally guided, self-directed) & modality of guidance (phone, in-app messaging, video chat)

- Analyze whether level of service delivery predicts outcomes

- Determine which parental stressors are most common and most closely associated with intervention outcomes

- Extend outcomes to include alcohol use
    → 36% of parents with dependent children have increased their alcohol use during the pandemic (MHRC, 2020)
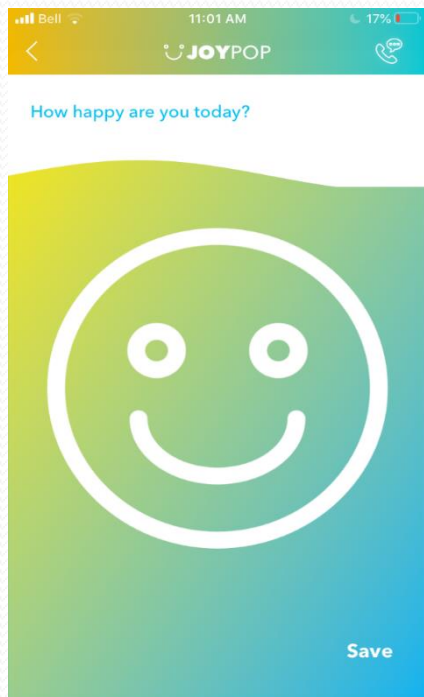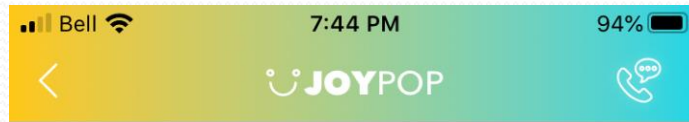
JoyPop<sup>TM</sup>

Dr. Christine Wekerle (2019)

# Overview

- JoyPop$^{TM}$ is a Smartphone app designed to promote resilience in youth through the use of daily emotion regulation and cognitive organization skills.

- JoyPop is built on the principle that we all have innate resilience and that there are strategies we can apply to help harness this resilience.

- Informed by current neuroscience on brain plasticity and stress responsivity, JoyPop taps into neurocognitive skills (cognitive flexibility; emotion regulation) known to be important for resilience.
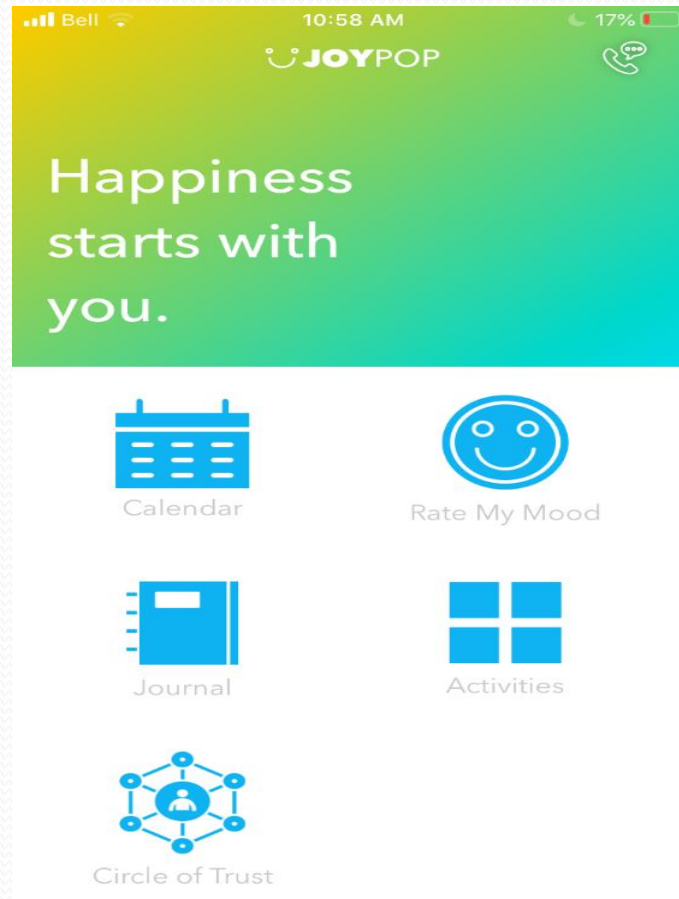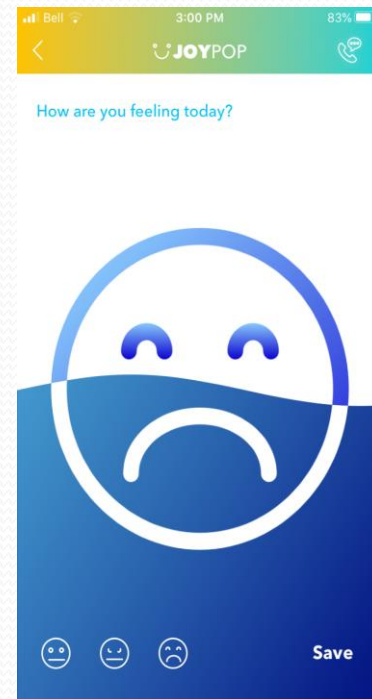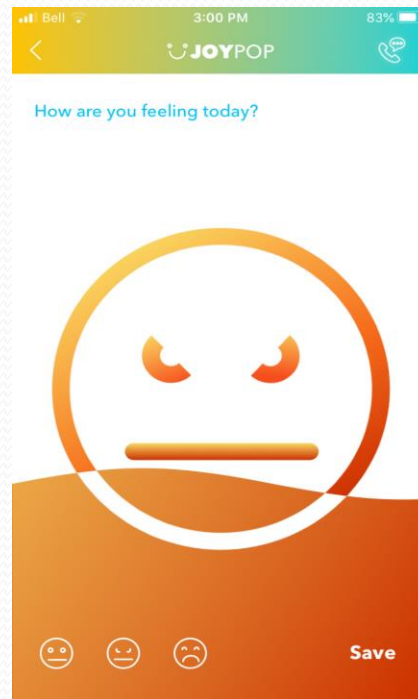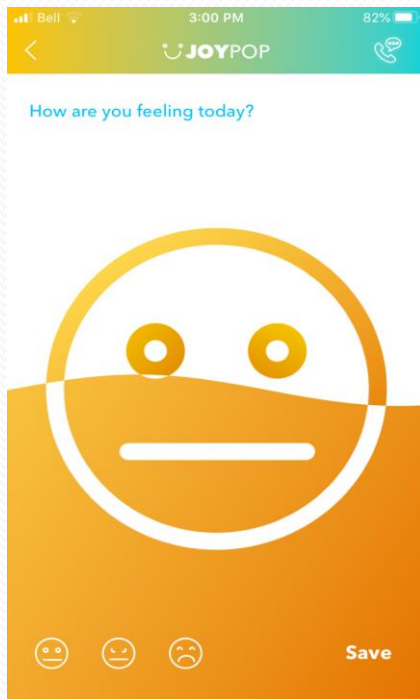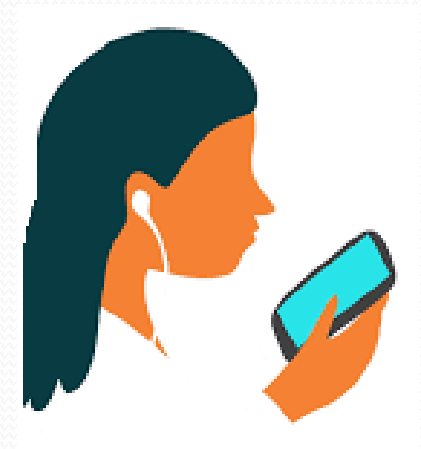
# Evidence

MacIsaac et al. 2021

- Participants: first-year undergraduate students (N = 156)

- Method: Participants used the JoyPop app for 4 weeks, at least twice daily. Changes in resilience, emotion regulation, executive functioning, and depression were assessed after 2 and 4 weeks.

- Results: App usage was associated with improvements in emotion regulation and depressive symptoms. Improvements in emotion regulation occurred more rapidly with individuals who reported childhood adversity.

# PEI Pilot

- Hudson, Peters-Vuozzo, & Mushquash (2021)

- Participants: Youth in MH/A services in PEI (N = 100)
- Will examine following outcomes:
  - Emotion Regulation
  - Resilience
  - Depression
  - Substance use/ Alcohol use
  - Satisfaction, Engagement, Retention

# What is Breaking Free?

- Evidence-based online program developed by clinicians/researchers in the UK
- Digital behavior change program for Substance Use Disorders
- Interactive, engaging and personalized to each client
- Combines CBT with mindfulness, relapse prevention, motivational enhancement, harm reduction and other proven approaches

https://www.breakingfreegroup.com/

Breaking Free E-Learning Platform

1) Self-directed; 2) One-to-one; 3) Group intervention

# Virtual Solutions: A piece of the puzzle

Remaining Challenges

# Discussion: Remaining Challenges

- Virtual solutions can help overcome stigma as a barrier.
- However, they don't get to the root of stigma.

- Some strategies:
  - Education for staff: Trauma informed care, recovery oriented care, person-centred care, person-first language
  - Communications plan to engage public, share knowledge, inform of services and tell stories of hope and recovery
  - Identified need to engage and consult with PWLE in sustainable way
  - Peer supports offered as part of service-delivery

# Discussion: Remaining Challenges

**ACCESS**



- Virtual solutions can promote accessible and timely treatment
- Yet, there will always be a need for in-person services
- One notable concern is access to inpatient withdrawal management beds

- Some strategies:
  - Expand outpatient withdrawal management services and outpatient ORT
  - Free up beds for most appropriate cases and improve access to service
  - Telehealth may enable this initiative by equipping outpatient services with physician support
  - Adding four beds East and West for Inpatient Withdrawal Management

# Mental Health & Addictions Redevelopment Project



- In response to a clear community need, the Department of Health and Wellness, in partnership with Health PEI, has been engaged in various review and planning initiatives for mental health and addictions across the province.

- Increasing access to mental health and addiction services and programming through a Community First approach is a crucial pillar of the current government's commitment to improving health care.

https://www.mharenewalpei.ca/cf/background/

# Discussion

What else needs to be done to reduce barriers?

What might the next steps be?

# Discussion

What are other provinces are doing?

What are some lessons learned by researchers, clinicians and patients regarding virtual care during the pandemic?

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