

FeelingBetterNow[®]

Connecting Mental Health Problems to Solutions



Mental Health Essentials:
Connectivity and Coordination.



www.FeelingBetterNow.com

Outside The Box Looking In

In any complex system, two major conditions determine if the outcome is successful or not.

1. The quality of each component.
2. The integration of all the components into an effective system.

Connectivity and coordination are the essential conditions for the mental health and productivity of all Canadians. In essence, they represent the glue that binds together the independent moving parts that help build mental health resiliency.

Reality Check

Today, there is a plethora of new evidence-based diagnostic tools, psychotherapies, and medications. Yet, mental health outcomes remain largely unchanged. Just over 20 percent of Canadians still struggle with a mental disorder and only around 12.5% who have a disorder will get an accurate diagnosis and optimal treatment. As many as 88% of those afflicted will suffer chronically.¹

Even with the best evidence-based interventions such as Cognitive Behavioural Therapy (CBT), Employee Assistance Programs (EAP), disability management and direct case management for the population as a whole, the emotional and economic costs of mental disorders are still near catastrophic. Roughly 2.5 in every 100 employees in an organization will go on short-term disability leave due to a mental health disorder. Of those, approximately 12 percent will go on long-term disability.²

Mental Health Problems costs Canada \$50 billion a year³, with employers on the hook for at least \$6 billion of that amount⁵ (2011).

In Canada, the estimated cost of mental health related issues is approximately \$50 billion or 4% of GDP.³ The toll of mental health strikes young people hardest, with suicide having the ugly distinction of being the second-highest cause of death among the 15-24 year-old cohorts.⁴ It is estimated that the lost productivity due to absenteeism, presenteeism and turnover due to mental health problems cost employers in Canada nearly \$6 billion in 2011.⁵

The Care Continuum Needs To Change

Despite all the money, time, and energy invested in wellness research and awareness campaigns, little has changed. It begs the question: how could all our efforts fail to reduce the human and economic burden of mental health disorders? It is not always just a matter of getting someone to see a care provider. The resulting referral or diagnosis could come at the

¹ Kirby, M. (2006)

² Great-West Life (2013)

³ Smetanin, P. et al (2011)

⁴ Statistics Canada (2009)

⁵ Mental Health Commission of Canada (2012).

right time, but if the treatment is wrong or not available, the outcome will be poor.

For example, let's say an individual is prescribed the right antidepressant, but receives no assistance for accessing psychotherapy or dealing with a toxic workplace. According to a 2012 community health survey,⁶ lack of access to psychotherapy is a common problem. It was not until 2013 that Canada had a broad strategic framework for tackling workplace mental health, which arrived in the form of the 2013 National Standard for Psychological Health & Safety in the Workplace.

It will take time for employers to get on board with the recommendations of the Standard, especially as they are voluntary. In the meantime, there will continue to be a fundamental disconnect between the different points of care. Even the best musicians need a conductor to bring all the instruments together to create a symphony.

The Future, Richly Imagined

What information technology has done for complex systems like air traffic control and supply chain logistics, it can do for mental healthcare.⁷ It can underpin improvements in systems of connectivity, control, coordination, and quality assurance. The "Internet of Mental Health" can become an integral part of the "Internet of Enterprise Productivity", exemplified by companies like SAS and Oracle, which for years have supported these types of critical business functions.

Intelligent use of information technology, combined with a healthy dose of common sense can make a fundamental and profound difference in mental health outcomes. At the end of 2014, just over 80% of Canadians used web-connected mobile devices.⁸ There is extensive evidence showing that web-based Cognitive Behavioural Therapy is efficacious in ameliorating the productivity-sapping effects of mental health disorders such as depression and insomnia.^{9,10} Similarly large effect sizes have also been observed with regards to eating disorders, substance use and pathological gambling.¹¹ Web-based CBT has been shown to be as effective as conventional CBT, and has a high likelihood (over 50%) of being cost-effective relative to no treatment at all or to conventional CBT.¹² If we are serious about improving access to evidence-based mental health care and helping bring Canadians back to work, it's high time to put 2 and 2 together.

80%⁸ of Canadians use smartphones and tablets and web CBT is clinically proven to effectively treat mental health problems and has a high likelihood of cost-effectiveness. Let's put 2 and 2 together and give Canadians the help they need, wherever they are.

⁶ Sunderland, A. and Findlay, L.C. (2013)
⁷ Mental Health Commission of Canada (2014)
⁸ Comscore (2015)
⁹ Mackinnon, Griffiths and Christensen (2008)
¹⁰ Espie, CA et al (2012)
¹¹ Hedman, Ljótsson & Lindfors (2012)
¹² Ibid.

Transitioning from the Present, To the Future

How can we leverage technology to fix a highly fragmented mental health system that has different payers, providers, levels of access, multiple silos of care and weak levels of adherence and follow-up from patients and providers?

The answer is to develop a patient-centred system of mental health care. The individual needs to be the initiator, navigator and conductor of their care. The individual is the first gatekeeper of care. The support of family and friends is the second. Psychosocial intervention (from EAP counselors or social workers) is the third and fourth, at the end of the spectrum, is medical care. Prioritization of physical health is part of our survival instinct; with the tools we have available today, we can augment that instinct to include prioritization of emotional and mental health.

Mental health education need not be an impenetrable 'black box' of information about the complexities of neuroscience that requires the services of a health care professional to translate into lay person terms. To get people to prioritize their mental health, we need to help them identify their problems early and easily and provide them with an immediate action plan to achieve wellness. It can be as simple as connecting them to appropriate in-person care providers early on and supporting them with complementary tools such as self-care focused stress management techniques and web-based CBT. This allows them to practice good mental health before appointments and between appointments and improves their mental health literacy. Correspondingly, their adherence to evidence-based best practices improves and gradually becomes part of their daily routine.

An effective patient-centred system of mental health care improves outcomes by offering early identification, simple and actionable care protocols and a variety of options for seeking care: self-care, psychosocial and medical. One size does not fit all.

These best practices can be distilled into simple care plan protocols that provide a strong level of quality assurance and can be easily followed and adhered to. A well-known study in the United States by quality improvement and patient safety experts at Johns Hopkins University examined the impact of implementing checklists to reduce bloodstream infections among patients in intensive care units (ICUs); the checklist included simple, actionable guidelines such as hand-washing and cleaning the skin with chlorhexidine. The result: a staggering 66% reduction in the rates of infection.¹³

¹³ Pronovost, P. et al (2006)

Tailoring Solutions to Individual Needs

If individuals are to comply with best practices in a world of imperfect access to care, we need to provide them with options. Individuals' mental health is not a fixed quantity; it varies at different points in their lives, and may require a different approach at each point. Stress reduction techniques may be sufficient at one point; at another, therapy may be more appropriate, and at yet another, medical intervention may be necessary. And these may not be sequential in nature. Depending on the individual, they may begin their journey with medical treatment and later transition to a different and more appropriate domain of care.

One solution does not fit all. Adherence and compliance are key to optimal outcomes. As such, multiple delivery channels should be available whether by in-person professional care, care via video chat, by phone, or by proven programs such as web-based CBT, which can be done anytime and anywhere.

Incentives To Act

Incentives, financial or otherwise, certainly merit consideration to get individuals to take the first step to patient-centred care. An evaluation of the Johnson & Johnson Family of Companies worksite health promotion program indicated savings per employee of \$565 and an estimated return on investment (ROI) ranging from 88% to 392%.¹⁴

Incentives for wellness program participation work: Johnson & Johnson saved \$565 in health costs per employee and saw a ROI ranging from 88% to 392%¹⁴.

Early Identification is Key

You have likely heard that early intervention is critical to positive health outcomes; while that is of course true, a system of early intervention cannot be implemented without early identification. This is especially true for mental health; if mental health disorders are not caught early, it can lead to the physical deterioration of brain tissue.¹⁵

In-person access to mental health care professionals can take days, weeks or months. Even days can be too long in some cases, as people tend to lose motivation and momentum necessary to seek help. Even in cases where appointments can be made relatively early, people need simple guidelines on hand to support them between appointments. Simple, actionable guidelines can be especially helpful for the one in six Canadians who do not have a family physician.¹⁶

¹⁴ Henke, et al (2011).

¹⁵ Kim et al (2008)

¹⁶ College of Family Physicians of Canada (2006).

The Future is Now!

Recovery from mental health disorders can be extremely complex and dependent on numerous factors: physical health, family support, employment status, and pre-existing state of mental health are some examples. Both the individual and the provider, whether a social worker, counsellor, psychologist or family physician, must adhere to best practices at every stage in the continuum of care from initial wellness, to identification, to diagnosis and treatment and right through to long-term adherence and follow-up. A disconnect in any one link in the chain can lead to a systemic failure.

We developed FeelingBetterNow® (FBN) in 2006 to strengthen that chain. FBN was originally designed as a web-based system for individuals to pursue collaborative care with family physicians on the basis of medical best practices in the management of mental health disorders. It was the first tool of its kind in Canada and won an award for innovation in 2008, presented by the Canadian Medical Association.¹⁷ FeelingBetterNow® has been reviewed and approved by The College of Family Physicians of Canada as a practice management tool available to assist family physicians in patient care. Today, FeelingBetterNow® is available to over 1,000,000 Canadians in the enterprise, education, insurance and healthcare sectors.

In May 2015, we launched a significant update to FeelingBetterNow® that utilizes the capabilities of the modern and mobile web and exponentially broadens and deepens the functions of the original FBN. Each component has been extensively tested over the years in top peer reviewed journals. The new FeelingBetterNow® offers a solution to several of the intrinsic problems in mental health care delivery. Its technology and design provides personalized care options in all domains of care, based on the latest research evidence. FeelingBetterNow® also provides numerous opportunities to integrate an organization's existing EAP, wellness and disability management programs within a web-based system to promote fast referrals, physician-curated self-care resources and mental health literacy.

Our goal is to better coordinate the delivery of mental health care by empowering the individual by connecting them to resources and programs available at their organization, providing a physician-backed level of quality assurance and in turn, allowing them to stay healthy and productive longer, or return to work from disability leave sooner. FeelingBetterNow® is a secure, anonymous and confidential program that allows individuals to take simple, actionable steps to achieve better mental health anywhere: at home, at work or on mobile.

Over a million Canadians have access to FeelingBetterNow®. If you are interested in joining them, give us a call at 416-928-9195.

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FeelingBetterNow®'s confidential mental health management platform is available to 1,000,000 Canadians in the enterprise, education, insurance and healthcare sectors. If you would like to know how FBN can help your organization, give us a call: 416-928-9195.

¹⁷ MaRS Media Centre (2008)

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