

CBT SKILLS GROUPS SPREAD INITIATIVE



PURPOSE OF THE SPREAD INITIATIVE

This document provides a summary of the Cognitive Behavioural Therapy (CBT) Skills Group Program that was developed and implemented in Victoria as one strategy to improve mental health and substance use treatment within primary care. Based on the needs of a community, there are different options available to adopt the CBT Skills Group Program. Please refer to the “Options for Spread” flow chart below to explore these opportunities.

PART 1: PROJECT BACKGROUND

The duration of the CBT Skills Group project ran over two phases of work with phase I focusing on the development and implementation of the program (March 2015 – September 2016) and phase II focusing on further testing aspects of the program, sustaining, and spreading it (October 2016 – April 2018). Phase I was jointly funded by the Victoria Division of Family Practice and the Shared Care Committee for a total of \$334,346.42 and Phase II was funded by the Shared Care Committee at \$263,992.13. Both budgets included funding for a steering committee, physician working group, project manager, and medical office assistant.

PHASE I PROJECT GOAL AND ACCOMPLISHMENTS

To develop and implement a low-barrier, timely, and cost-effective evidence-based self-management program for patients with mild/moderate mental health problems within primary care.

Cognitive Behavioural Therapy (CBT) focuses on changing pathological cognitive patterns (thoughts/beliefs/attitudes), introducing new behaviours, and teaching emotional regulation. As mental illness is often a chronic, relapsing condition, a complementary approach is to teach self-management strategies. Despite the effectiveness of these approaches, they are generally only publically provided within specialized treatment centers, for which primary care patients are typically not eligible. Unless these patients have extended health coverage or the means to pay for private therapy, they are often constrained to a limited number of counselling sessions with their family physician, and to pharmacotherapy.

The CBT Skills Group program provides primary care patients with psychoeducation and trains acquisition of self-management skills, drawing from basic neuroscience, CBT, mindfulness and acceptance-based therapies. It is delivered as an eight-week series of 90-minute group medical visits, with 15 patients per group. The implementation of CBT Skills Groups has opened up a new accessible, time-efficient alternative for patients with mild-to-moderate depression, anxiety and other mental health concerns. For more information about the program, please visit <https://www.divisionsbc.ca/victoria/resources/mhsu-program/cbt-skills-group>.

Key components developed: CBT Skills Group workbook, patient brochure, referral form, centralized referral centre, evaluation measures

The following table is a summary of the problems our community identified, the associated strategy to address the problem, and the indicators of success we outlined for phase I of our project.

PROBLEM IDENTIFIED	STRATEGY	SUCCESS INDICATOR
Lack of <i>evidence-based</i> mental health care for mild-moderate conditions	Develop and implement CBT Skills Group Medical Visits	<ul style="list-style-type: none"> ✓ CBT Skills Group Medical Visits developed as a new mental health service for patients with mild-moderate conditions ✓ Over 2800 patients have participated in CBT Skills Groups in South Vancouver Island
Lack of <i>timely</i> evidence-based mental health care for mild-moderate conditions	Establish a centralized referral centre for South Vancouver Island to meet the patient demand	✓ 12 physician facilitators offer 25 daytime and evening groups through a centralized referral centre, meeting patient demand with minimal waitlists
Lack of <i>low-barrier</i> evidence-based mental health care for mild-moderate conditions	Physician-delivered groups using MSP billings for Group Medical Visits , physician facilitators paying overhead and keeping program costs low	✓ Total cost of the program for the patient is \$35.00 to cover the cost of the workbook
Lack of <i>cost-effective</i> evidence-based mental health care for mild-moderate conditions	Develop the CBT Skills Group Program using the Group Medical Visit model to increase duration of in-person care with physician at a reduced cost than individual visits	✓ Patients receive almost 4 times more in-person mental health care with family physicians and the cost to the health system is half the amount that would otherwise be used when utilizing all MSP and GPSC incentive fee codes for individual mental health treatments by a family physician (max 9 in-person counselling visits).
Lack of family physician expertise and time to provide self-management strategies	<p>Train family physicians to provide CBT Skills Group Medical Visits</p> <p>Provide Dine and Learn events to educate family physicians about the program, concepts and skills</p> <p>Fax patient summary reports to referring family physician with specific reference to helpful skills for each patient</p>	<ul style="list-style-type: none"> ✓ 14 family physicians trained to solo-facilitate CBT Skills Groups ✓ 10 family physicians on waitlist to continue training ✓ 2 open spots within each CBT Skills Groups for family physicians interested in learning the skills for their individual practice ✓ 57 physicians attended the CBT Skills Dine and Learn with the majority reporting the CBT Skills Groups has <ul style="list-style-type: none"> ○ Increase their patients' access to mental health care ○ Improved their patients' skills to manage their conditions

		<ul style="list-style-type: none"> ✓ Referring physicians receive a summary report for all patients who participated in a group
Lack of appropriate mental health services for family physicians to refer mental health patients	Establish a centralized referral centre for South Vancouver Island for family physicians to refer their patients to the CBT Skills Groups	<ul style="list-style-type: none"> ✓ Over 600 family physicians referring to the CBT Skills Groups ✓ Over 5,800 referrals since the program started
Lack of collaboration and relationships between psychiatrists and family physicians	Family physician and psychiatrists together providing the CBT Skills Groups using mentorship model	<ul style="list-style-type: none"> ✓ 5 psychiatrist and 7 family physician facilitators ✓ # of residency rotations ✓ Family practice resident research project conducted ✓ 2 open observer spots in each CBT Skills Groups ✓ On-going CPD for facilitators

KEY WORDS: Mental health, primary care, psychiatry, Cognitive Behavioural Therapy, CBT, Dialectical Behavioural Therapy, DBT, Acceptance and Commitment Therapy, ACT, Mindfulness, group medical visits, preventative, mild mental health, moderate mental health, self-management, psychoeducation, collaborative care, team-based care, training, mentorship,

PHASE II PROJECT GOAL AND ACCOMPLISHMENTS

To test, sustain, and spread the CBT Skills Group Program.

The second phase of the project focused on further testing some aspects of the program (e.g., patient workbook satisfaction, patient eligibility cut-off, youth-only groups, booster groups, and factors that influence attrition) and implementing quality improvements (e.g., workbook revision, new cut-off, level II groups).

During this phase, we examined the cost of the program and secured support to ensure the program was sustainable post project funding. This was completed in the following order: workbooks, room bookings, office space and supplies, Medical Office Assistant.

We also supported new communities to adopt the program such as Langford, Sidney, Vancouver, Cowichan Tribes, Nanaimo, and Salt Spring.

The following table is a summary of the aspects of the program to be sustained and the indicators of success we outlined for phase II of our project.

ASPECTS TO SUSTAIN	STRATEGY	SUCCESS INDICATOR
Cost to produce the patient workbooks	<p>Patient focus groups to determine low-barrier cost for workbooks</p> <p>Pilot patients covering cost of workbook</p>	<ul style="list-style-type: none"> ✓ Cost of workbook covered by patients at \$35.00 each

Cost of room bookings	Partner with the Health Authority to provide rooms at no cost	✓ All CBT Skills Groups are provided in rooms within Island Health
Cost of Medical Office Assistant	Streamline work and data system Facilitators complete their own billings No show deposit for patients at \$40.00 that is returned if they miss one or no sessions Facilitators pay overhead at 15 per cent	✓ Reduction in work demand with streamlining and no billings ✓ No show deposit and overhead payments covering MOA role ✓ Contract negotiations almost complete with Island Health to cover the cost of the MOA role
Office space and equipment	Partner with Victoria Division of Family Practice to provide office space and equipment at a reduced rate	✓ Medical Office Assistant working out of the Victoria Division office

PART II ADOPTING THE CBT SKILLS GROUP PROGRAM

The Cognitive Behavioural Therapy (CBT) Skills Group program that we designed, implemented, and tested is an eight-week transdiagnostic course for adult patients (17.5-75 years old). A transdiagnostic treatment applies the same underlying treatment principles across mental disorders, without tailoring the protocol. Because the CBT Skills Group Program is transdiagnostic, patients with different mild-moderate mental health diagnoses benefit from the program. It is also why we do not need to modify the content for different groups of patients attending the groups. As a result, we have served many patients with additional health conditions such as chronic pain, cancer, menopause and have done so in the context of a mixed group.

If your community is interested in adopting this program, please refer to the flow chart in Appendix A to see how your needs fit with our target population.

The remainder of this document will only focus on communities who aim to serve a broad adult population similar to the original project. If you aren't sure if your community needs align with the original project, please refer to the flow chart in Appendix A. For communities that are looking to serve a different target population than what we conducted robust analyses on, contact Christine Tomori at ctomori@divisionsbc.ca to determine your next step.

ADOPTION PHASES AND OPTIONS

Communities interested to adopt CBT Skills Groups will go through different phases of program development and these will be dependent on the geography of the community, delivery model of the

service and service providers involved. These three aspects are interrelated and will impact the process of adoption and the budget.

Option 1: Physicians providing the service through a centralized referral centre

This option is what has been established in Victoria and in progress in Vancouver. In both of these urban areas, local psychiatrists trained family physicians to provide the service and established a centralized referral centre for family physicians to refer their patients. All of the groups run in the community are facilitated by this small group of physicians. Patients receive a list of all of the various daytime and evening groups run in different locations of the city and sign up for the group that best fits their schedule.

Best option for communities that:

- ✓ Are in an urban setting where patients frequently travel from one area to another
- ✓ Have a group of physicians who are interested to provide this service to patients who they are not the Most Responsible Physician for
- ✓ Has Division and Health Authority support to assist in establishing the service and provide on-going group space

Option 2: Physicians providing the service through a group practice or patient panel

This option involves a group or individual practice where one or more physicians is interested to provide the service to patients within their own patient panel.

Best option for communities that:

- ✓ Has a group practice where one or more physicians within the practice is interested to provide the service to patients who they may or may not be the Most Responsible Physician for
- ✓ Have a physician who is interested to provide this service to their own patients who they are the Most Responsible Physician for
- ✓ Has group space available to provide the service

Option 3: Allied mental health providers offering the service as part of a primary care network or Foundry site

This option is available for communities who do not have a family physician or psychiatrist who are available or interested to provide this service in the community and has funding through a primary care network or foundry site to support an allied mental health provider to offer the groups.

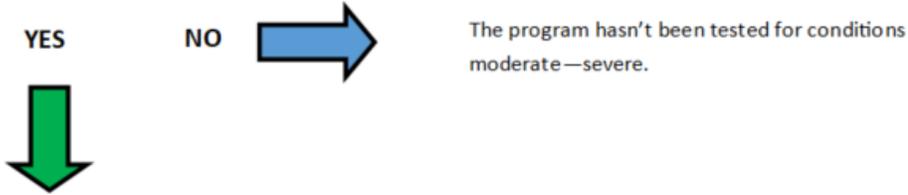
Best option for communities that:

- ✓ Does not have a physician in the community who can provide the service
- ✓ Has funding for an allied mental health provider to offer the groups
- ✓ Has group space available to provide this service

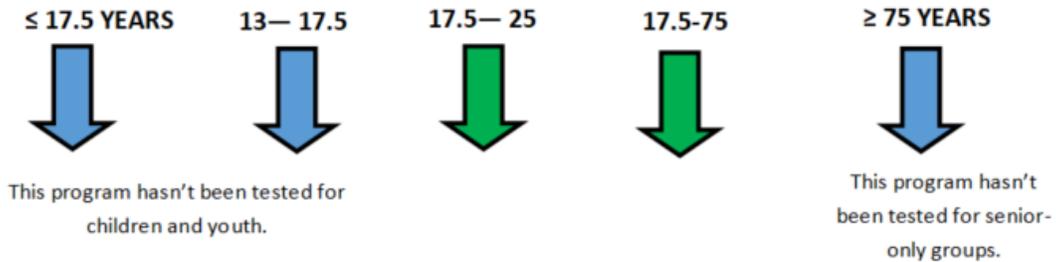
Learn more about what option is best for your community by completing the readiness assessment in Appendix B.

APPENDIX A

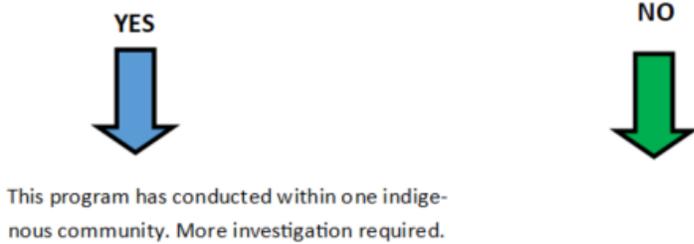
DOES YOUR COMMUNITY LACK EVIDENCE-BASED MENTAL HEALTH CARE FOR MILD-MODERATE CONDITIONS?



WHAT IS THE TARGET POPULATION YOU AIM TO SERVE?



DO YOU AIM TO SERVE AN INDIGENOUS COMMUNITY?



DO YOU AIM TO ADDRESS A HEALTH CONDITION WITHIN A PATIENT SUB-GROUP (E.G., CHRONIC PAIN, CANCER, CARDIOLOGY, MENOPAUSE)?

YES
This program has been conducted with patients who fit each sub-group in a mixed group. No additional data has been analyzed for these sub-groups.

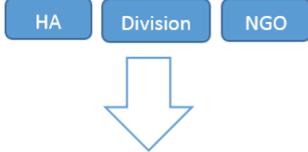
NO
YOU ARE LOOKING FOR A PROGRAM SIMILAR TO THE ONE WE TESTED. CONDUCT THE READINESS ASSESSMENT TO SEE HOW READY YOU ARE TO ADOPT THE PROGRAM

APPENDIX B

CBT Skills Group Readiness Assessment

Each community will be at a different place in their readiness to adopt the CBT Skills Group program.

If you are a representative of an organization (i.e., Health Authority; Division of Family Practice; Non-Governmental Organization) or a physician (i.e., General Practitioner; Specialist Practitioner; Psychiatrist) use the following steps and corresponding questions to determine the readiness for adopting the adult CBT Skills Group Program in your community. For other requests for information, please contact Christine Tomori at ctomori@divisionsbc.ca.

	ORGANIZATIONS 	PHYSICIANS 	Ψ 	GP & Ψ 
STEP 1	Clarify Delivery Team	Clarify Model	Clarify Level of Ψ Competency	Clarify Level of Ψ Competency
STEP 2	Clarify Model	Clarify Delivery Team	Clarify Delivery Team	Clarify Model
STEP 3	Clarify Partnerships	Clarify Partnerships	Clarify Partnerships	Clarify Partnerships

Clarify Delivery Team

1. Do you have one or more psychiatrists who are interested in training family physicians?

- i. Yes
- ii. No

If yes, then:

- i. How confident is the psychiatrist using Cognitive Behavioural Therapy, Mindfulness, and Acceptance and Commitment Therapy techniques?
 - i. 1 – Very Unconfident
 - ii. 2 – Unconfident
 - iii. 3 – Neither or Not Sure
 - iv. 4 – Confident
 - v. 5 – Very Confident
- ii. How confident is the psychiatrist about mentoring family physicians to facilitate group medical visits on the topic of Cognitive Behavioural Therapy, Mindfulness, and Acceptance and Commitment Therapy techniques?
 - i. 1 – Very Unconfident
 - ii. 2 – Unconfident
 - iii. 3 – Neither or Not Sure
 - iv. 4 – Confident

v. 5 – Very Confident

- iii. Are they willing to offer groups in neighboring communities?
 - i. Yes
 - ii. No
 - iii. Uncertain

- 2. Do you have one or more family physicians who are interested to provide the service?
 - i. Yes
 - ii. No

If yes, then:

- Do they practice
 - i. as solo general practitioner
 - ii. as a general practitioner that is part of a group practice
 - iii. as a locum
 - iv. within a health authority with sessional funding
 - v. in another type of practice (please explain)
- Would they like to provide the program
 - i. for their own patient panel
 - ii. for a group practice
 - iii. as part of centralized referral centre
- Are they willing to offer groups in neighboring communities
 - i. Yes
 - ii. No
 - iii. Uncertain

Clarify Model

- 1. What is the population of the community?
 - i. Less than 1 million over 300,000
 - ii. 100,000 – 300,000
 - iii. 20,000 – 100,000
 - iv. 1,000 – 20,000
 - v. Less than 1,000
- 2. What is the percentage of adults experiencing mild to moderate mental health issues in the community?
- 3. Will patients travel to neighboring communities to attend groups?
 - i. Yes
 - ii. No
 - iii. Uncertain

Clarify Partnerships

- 1. Have you engaged with your health authority about partnering to provide this service?
 - i. Yes
 - ii. No

If yes, then:

- Are they willing to provide support for the project?
 - i. Room bookings for the groups at no charge
 - Yes
 - No
 - Uncertain
 - ii. Funding to sustain the service (embedded in the Health Authority or as a contracted service)?
 - Yes
 - No
 - Uncertain

2. Have you engaged with your local Division of Family Practice about partnering to provide this service?

- iii. Yes
- iv. No

If yes, then:

- Are they willing to provide support for the project?
 - i. Interested to apply for project funding and lead the work
 - Yes
 - No
 - Uncertain
 - ii. Interested to establish and host a referral centre until the program is sustained?
 - Yes
 - No
 - Uncertain
 - iii. Will it promote the program to their members
 - Yes
 - No
 - Uncertain

3. Are there other programs offering CBT groups to patients with mild-moderate mental health issues within the community?

- v. Yes
- vi. No
- vii. Uncertain

If yes, then:

- Have you engaged with them to determine where the CBT Skills Group Program fits within the current services available?
 - i. Yes
 - ii. No

Highlighted in green means – high level of readiness