

Shared Mental Health Care Services



WHAT IS SHARED CARE?

WHAT WE DO

- Offer mental health assessments and consultation services
- Provide indirect consultations
- Facilitate a collaborative link among clients, physicians, psychiatrists, mental health nurses and other mental health clinicians
- Offer community resource brokerage
- Provide information and education
- Provide brief therapy
- Psychological Assessment/Testing (personality and I.Q. Testing)

WHY

- To meet the needs of patients by offering accessible and respectful service at the primary care site
- To provide individuals with a team model to assist with identified concerns

STEPS

- Family Physician/Nurse Practitioner makes a referral to the service
- We receive, review and assign cases
- Contact individual and schedule an assessment appointment
- Individual attends and is assessed by mental health team member(s)
- Standard assessment tools may be completed prior to appointment start
- Assessment is completed and the beginnings of a treatment plan are developed to meet the needs of the individual
- The treatment plan is refined
- The recommendations are discussed with the patient and physician
- A consultation with the psychiatrist or mental health clinician may include recommendations to the family physician about medication, counselling, referrals to an outside agency, education links/resources, or a combination of the above indirect
- Direct or in-direct follow up and continuing dialogue with the individual's physician

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Psychiatry Clinic Dates

Port Arthur Health Centre

Dr. Jack Haggarty

September 8, 15, 22 & 29

Dr. Ruth Kajander

September 2, 9, 14, 16, 21, 23, 28 & 30

Fort William Family Health Network

Dr. Jack Haggarty

September 9, 16 & 30

Dr. Raj Velamoor

September 18

Anishnawbe Mushkiki

September 15

NorWest Clinic

Dr. Jack Haggarty

September 16 & 21

Dr. Ross Johnson's Office

September 23



Program Updates

We are very sorry to say good bye to Dr. Lynn Vandenberg. The PAHC and the Shared Care team will miss you. We wish you well in your new move to Rehab at the Lakehead Psychiatric Hospital.

Due to a larger than usual referral volume and with summer vacation, the wait times have increased dramatically. Currently, the wait for counselling is approximately 12 to 16 weeks, while the wait for psychiatry is approximately 6 to 10 weeks.

Transition into Primary Care Psychiatry

@ Port Arthur Health Centre

Every Monday morning
and every Friday all day

@ Fort William Family Health Network

Every Tuesday all day and
ever Wednesday afternoon



Education Corner



Efficacy of 12 New-Generation Antidepressants Assessed

Laurie Barclay, MD

Excerpt from: <http://www.medscape.com/viewarticle/587801>

When balancing benefits, acceptability, and cost, sertraline may be the best initial treatment option for moderate to severe major depression in adults, according to the results of a meta-analysis of 12 new-generation antidepressants reported in the January 28 Online First issue of *The Lancet*.

"Conventional meta-analyses have shown inconsistent results for efficacy of second-generation antidepressants," writes Andrea Cipriani, PhD, from the University of Verona, in Verona, Italy, and colleagues. "We therefore did a multiple-treatments meta-analysis, which accounts for both direct and indirect comparisons, to assess the effects of 12 new-generation antidepressants on major depression."

This systematic review included 117 randomized controlled trials, enrolling a total of 25,928 participants, from 1991 up to November 30, 2007. Inclusion criteria for the review were comparison of any of the following antidepressants at therapeutic dose range for the acute treatment of unipolar major depression in adults: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline, and venlafaxine. The primary outcome measures were the percentages of patients who responded to or withdrew from the assigned treatment, with analysis by intent-to-treat.

Efficacy was significantly better for mirtazapine, escitalopram, venlafaxine, and sertraline vs duloxetine (odds ratios [ORs], 1.39, 1.33, 1.30, and 1.27, respectively), fluoxetine (ORs, 1.37, 1.32, 1.28, and 1.25, respectively), fluvoxamine (ORs, 1.41, 1.35, 1.30, and 1.27, respectively), paroxetine (ORs 1.35, 1.30, 1.27, and 1.22, respectively), and reboxetine (ORs, 2.03, 1.95, 1.89, and 1.85, respectively).

Compared with all of the other antidepressants tested, reboxetine was significantly less effective. Acceptability profile was best for escitalopram and sertraline, with significantly fewer discontinuations than were observed with duloxetine, fluvoxamine, paroxetine, reboxetine, and venlafaxine.

"Clinically important differences exist between commonly prescribed antidepressants for both efficacy and acceptability in favour of escitalopram and sertraline," the study authors write. "Sertraline might be the best choice when starting treatment for moderate to severe major depression in adults because it has the most favourable balance between benefits, acceptability, and acquisition cost."

Limitations of this meta-analysis include lack of comparison of adverse effects, toxic effects, discontinuation symptoms, and social functioning; applicability only to acute-phase treatment (8 weeks) of depression; lack of adequate information about randomization and allocation concealment in most included studies; presence of sponsorship bias; and lack of cost-effectiveness analysis.

In an accompanying comment, Sagar V. Parikh, from the University of Toronto and University Health Network in Toronto, Ontario, Canada, notes the "enormous implications" of these findings, but he recommends further meta-analysis to compare 6-month outcomes.

"Intriguingly, Cipriani and colleagues also challenge the field of clinical trials to use sertraline as a benchmark in the development of new compounds; by raising the efficacy bar beyond 'beating placebo,' they hope to discourage the development of drugs of routine efficacy and also side-step the ethically challenging position of using placebos in an era of multiple proven treatments for depression," Dr. Parikh writes. "With such a host of clinical and research implications, this pivotal meta-analysis of antidepressant efficacy and acceptability will surely change the tune of psychiatrists."

Important Phone Numbers

Mrs. Mary Austin, RN, 624-3440 or 620-1100
Ms. Jennifer Lehto, RN, 624-3441 or 621-0683 (cell)
Dr. Sara Robillard, Psychologist, 624-3446
Mr. Murray Young, MSW RSW, 624-3468
Ms. Vaughan Wright, RN (TIIPP), 624-3444 621-0681 (cell)
Mental Health Outpatient Programs - 624-3400

Dr. Elizabeth Czolpinska, Psychiatrist, 624-3454
Dr. Jack Haggarty, Psychiatrist, 624-3457 or 621-1048 (cell)
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Port Arthur Health Centre, Room #110 ext. **3150**
Port Arthur Health Centre, Room #124 ext. **3151**
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