

MAKING THE SHIFT TO HOLISTIC CARE

MEDICAL PSYCHIATRY
ALLIANCE

SICKKIDS INNOVATORS 2017 IMPACT REPORT

Innovators

VS

Impossible

INNOVATORS MADE IT POSSIBLE

2016/17 SICKKIDS MPA FACTS

16

MPA DEMO
PROJECTS IN
PROGRESS

1,590

PATIENTS WITH
MENTAL AND
PHYSICAL
NEEDS
ENGAGED

78%

PATIENT
EXPERIENCE
SCORE

100%

PATIENT
COMPLETION/
RETENTION
RATE

200

LEARNERS AND
PROVIDERS
EDUCATED IN
MENTAL/
PHYSICAL
HEALTH CARE
DELIVERY

26

DIFFERENT
ORGANIZATIONS
INVOLVED IN
MPA CLINICAL
PROJECTS

TREATING THE HEAD AND THE HEART TOGETHER

AS THE ONLY CLINICAL RESEARCH PROGRAM IN CHILDHOOD DEPRESSION IN CANADA, THE CLIMB PROJECT IS PROPELLING SICKKIDS TO THE FOREFRONT OF BRAIN-BODY CARE.

Cardiovascular disease is the leading cause of death among individuals with depression. Those who develop the mental disorder in their youth are at risk of dying up to 10 years earlier from cardiovascular causes than their non-depressed peers.

How the two conditions are linked is not yet fully understood, but the knowledge that they are presents an opportunity to prevent cardiovascular disease through research and an early intervention program targeting youth with depression.

The Children's Integrated Mood and Body Program (CLIMB) is seizing this opportunity. The MPA Demonstration Project combines a highly innovative model of integrated clinical care with a cutting-edge clinical research program aimed at elucidating the link between the two conditions and determining the most effective treatment strategies.

Since the program launched in June 2016, 62 patients between the ages of 7 and 18 have been recruited. Dr. Daphne Korczak, the SickKids psychiatrist leading the program, aims to enroll a total of 150 patients during the three-year project.

From a clinical perspective, the integrated, single access point for mental and physical care has so far been well received by patients and families. The average satisfaction score for the program has been 6.3 out of 7.

On the research front, it's still too early for

a formal analysis of the data collected so far. But anecdotally the team has noticed a few patterns emerging. One is the severity of the patients' depression when they present to the program. The mean depression severity score for the kids in the program is 53 (clinicians consider a score of 15 to be clinically significant). The team has also noticed that many patients, in particular female patients, exhibit mood-related binge eating behaviours and cravings for more carbohydrates and processed foods that could put them at greater risk for cardiovascular disease.

Dr. Korczak is hopeful that the project will help clinicians determine where to focus their treatment efforts.

"Depression and cardiovascular disease are two of the biggest problems in terms of global burden of disease and their interaction," she says. "So if we can make any improvement, if we can move the needle on depression and lower cardiovascular disease risk, that impact is potentially quite massive."

PAIN IS INEVITABLE BUT SUFFERING IS OPTIONAL

WITH YOUR SUPPORT SICKKIDS IS DEVELOPING HARD EVIDENCE THAT A SOFTER APPROACH TO CHRONIC PAIN MAY DELIVER THE BEST OUTCOMES.

Chronic pain affects one third of adolescents. Many have been on a long journey through the health-care system that leads to a diagnosis of a persistent pain condition, for which there is no magic pill. This can be demoralizing for children.

Over the last 30 years, mindfulness approaches have emerged as a promising treatment for individuals with chronic pain

MEET DAVID*

given their versatility in targeting both physical and mental health challenges. But so far there has been limited research on their use among adolescents.

As part of MPA, Dr. Danielle Ruskin, a psychologist in the SickKids Chronic Pain Program, is leading one of the first randomized controlled studies of a mindfulness intervention for adolescents with chronic pain.

Teens in the mindfulness intervention participate in eight small-group sessions that give them the opportunity to learn and practice mindfulness techniques, including present-moment awareness, emotional regulation, acceptance and self-compassion.

“We build off of the phrase that ‘sometimes pain is inevitable, but suffering is optional’” says Dr. Ruskin. “We know from brain imaging research that mindfulness actually helps people to disengage from unhelpful areas of experience and centre themselves on what’s happening in the moment. So instead of thinking ‘It’s happening again. I hate this. I can’t handle it,’ they can learn to be more purposeful in how they respond to their pain.”

The ultimate goal is not to eliminate the pain, but to give teens the skills to better cope so they can continue to lead meaningful lives.

“THESE MPA DEMONSTRATION PROJECTS WILL HELP US IDENTIFY INTERVENTIONS THAT SHOW PROMISE OF IMPLEMENTATION ON A LARGE SCALE IN A SUSTAINABLE WAY,” SAYS DR. ANTONIO PIGNATIELLO, SICKKIDS CHAIR IN CHILD AND YOUTH MEDICAL PSYCHIATRY. “ALREADY, THESE PROJECTS HAVE ALLOWED US TO DEVELOP PARTNERSHIPS IN THE HEALTH SYSTEM THAT WE WOULD NOT OTHERWISE HAVE HAD.”

So far 10 teens have been recruited for the trial. Early results show that the intervention helps children feel less alone; accept their pain so they waste less energy resisting or ruminating; and cope with emotional and social challenges, not just physical pain.

A year ago this November, David’s legs gave out and he collapsed to the floor. His parents took him to their family doctor, who believed David had experienced a panic attack brought on by his anxiety about an upcoming MRI appointment.

David was previously diagnosed with Loey-Dietz syndrome—a genetic disorder that affects the body’s blood vessels. People with Loey-Dietz syndrome undergo regular MRI monitoring to help detect the formation of aneurysms early so they can be safely treated.

David had undergone several MRIs before the panic attack, having bad experiences with almost all of them. He didn’t feel comfortable expressing his emotions to the doctors and nurses so he suffered through the MRIs in silence, while his anxiety grew.

David was referred to the Planning My Trip to the Hospital program—a Medical Psychiatry Alliance project. Hospital visits can be particularly challenging for patients with anxiety, like David, as well as for those with autism spectrum disorder or developmental delay. Through a personalized approach to care delivery, the Planning My Trip program helps patients, caregivers and clinicians better prepare for hospital visits, ensuring they are positive, efficient and effective.

Through the program, David, his parents, his clinicians and the program leads were able to coordinate a number of measures to ensure David’s next MRI was a positive experience. David’s doctor gave him a prescription for Ativan, an anti-anxiety medication, which he could take on the day of the appointment. His parents ensured the day before David’s MRI was relaxed.

At the Hospital, the nurse who cared for David had been informed in advance of his concerns and worked hard to ensure he had a positive experience. She spoke to David in a soothing manner and was very careful about inserting his IV, delaying the procedure until the numbing cream had set it. Through the whole process David was able to listen to music and the nurse and the technicians communicated with David, asking how he was feeling and keeping him up to date on their progress.

All the careful planning paid off. After the MRI was over, David told his dad, “If all my MRIs were like this, there would be no issues!”

THANK YOU.

Every day, SickKids is working towards improving the lives of children, and our success depends on the generosity of donors like you. The commitment of SickKids Innovators to the Medical Psychiatry Alliance ensures that we can continue to offer the best possible health outcomes for children facing physical and mental health challenges so they can live longer and healthier lives.

Thank you for your remarkable generosity.



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