

Award of Excellence in Mental Health Quality Improvement – Nomination Form

Nominations must be made by a member of the College.

Nominee:

Prefix: Ms.

Name: Faiza Khalid-Khan

Title: Patient Care Director, Mental Health and Addictions

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Project name (if applicable):

Are you nominating and:

Individual

Organization

Nominator:

Prefix: Mr.

Name: Alfred Ng

Title: Director, Innovation and Performance Improvement

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Please submit nominations to:

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Canadian College of Health Leaders

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Award of Excellence in Mental Health Quality Improvement – Nomination Template

The following template has been provided to help nominators with the nomination process. Please be sure to complete all sections within the template to the best of your ability. We request that you use this template to submit your nomination.

Summary for Publication (Limit: 250 words)

Please include a synopsis of the nominee's program and achievements. This information will be published in the College's Leading Practices booklet.

Individuals in need of Cognitive Behavioural Therapy (CBT) typically face challenges like long wait lists, a shortage of therapists, and lack of access to a therapist outside of regular business hours. Now, adult outpatient clients of Scarborough and Rouge Hospital's Mental Health department can access treatment for anxiety and depression any time and place that is most convenient for them.

Internet-based Cognitive Behavioral Therapy (iCBT), the first program of its kind in Canada, was created to increase accessibility to an evidence-based practice proven to alleviate symptoms of depression and anxiety. Currently, there are lengthy wait times across Canada to receive CBT services. Face-to-face CBT sessions are typically one hour in duration and individuals can require up to 12 sessions. With the iCBT program, therapists require 25 minutes to respond to patients with feedback, and as a result can provide service to a greater number of individuals within a shorter timeframe.

Since the program's implementation, Scarborough and Rouge Hospital has significantly reduced wait-times for CBT from 3 weeks for face-to-face CBT to 1 week for iCBT. In addition, iCBT has proven to be more accessible than traditional face-to-face group CBT sessions, with 30% higher completion rates. iCBT has also been more effective than group CBT in regards to symptom reduction, as patients of iCBT on average showed greater improvements in symptoms of depression, anxiety and stress when compared to patients attending the traditional group CBT sessions.

Contact Information for Publication

Please include the nominee's contact information. This will appear in the College's Leading Practices Booklet. If you do not wish to have contact information published, please indicate "n/a" in the applicable fields.

Please use the contact information provided in the nomination form.

1. Introduction – please describe the QI initiative.

Internet-assisted Cognitive Behavioural therapy, or iCBT, is a flexible, adaptable and individualized online therapy program that enables adult outpatients of Scarborough and Rouge Hospital's Mental Health Department to access evidence based mental health services on their own terms and on their own schedule. It is the first program of its kind within a Mental Health Adult Outpatient setting in a Canadian hospital, and uses traditional (face-to-face) CBT modules adapted for email.

Available through a physician's referral, the program is offered to patients experiencing mild to moderate symptoms of depression and/or anxiety. Once enrolled, a therapist dedicated to providing online services, emails the patient one module per week. The patient can complete the module on his or her own time, and then emails the weekly homework back to the therapist. The therapist has scheduled time to review the work and provide written feedback to the patient. Phone sessions can be arranged should the therapist and patient mutually determine the need.

The platform was recently redeveloped to make it more flexible, engaging, and patient-tailored. The updated version, iCBT2.0 includes more substantive content, interaction, and videos, as well as aesthetic improvements. The updated version was created with extensive patient feedback to address dropout rates. In addition, iCBT2.0 takes only six weeks to complete (instead of the previous eight). The topics for each of the six modules are outlined below.

- Week 1: Introduction to CBT Model and Behavioural Activation
- Week 2: Automatic Thoughts, Assumptions, and Core Beliefs
- Week 3: Cognitive Distortions
- Week 4: Alternative and Balanced Thinking
- Week 5: Anger, Guilt, & Shame
- Week 6: Relaxation and Review

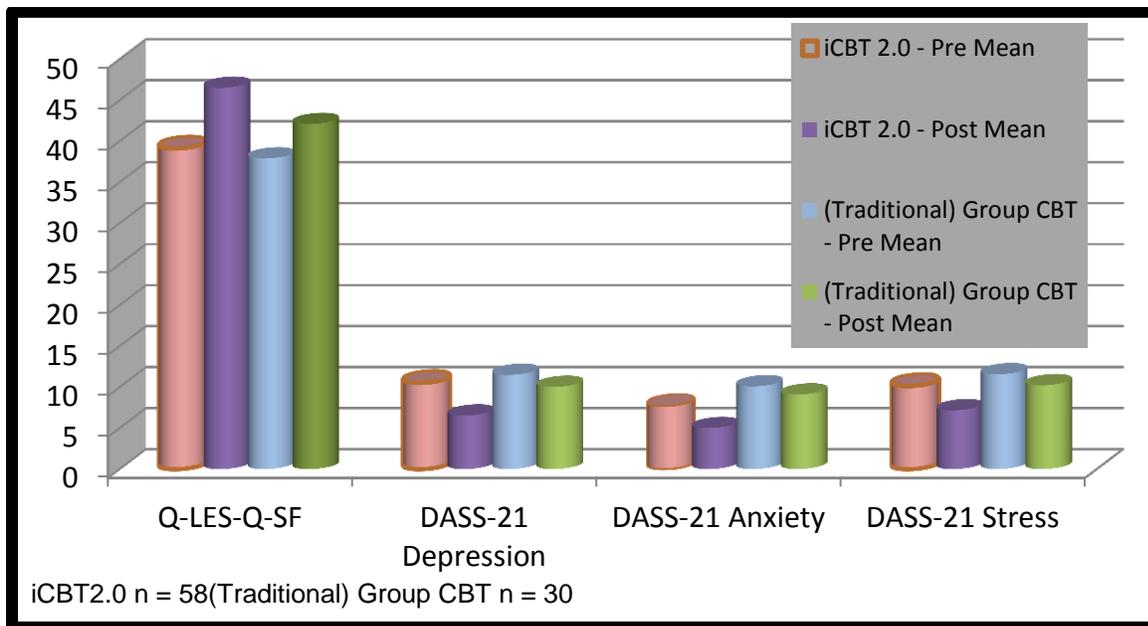
2. How has the QI initiative benefited patients/clients? Please outline clinical and functional data that demonstrates how the patients/clients have been impacted by the initiative over the past two years following the implementation of a QI initiative. (20 POINTS)

iCBT has shown to be equally as effective, if not more effective, as traditional face-to-face CBT in regards to symptom reduction. Patients of iCBT on average showed greater improvements in symptoms of depression, anxiety and stress when compared to patients attending the traditional group CBT sessions.

Symptoms of anxiety, depression, and stress are assessed quantitatively through the DASS-21 Questionnaire in both traditional group therapy and iCBT at Scarborough and Rouge Hospital.

Patients are asked to complete these scales prior to and upon finishing the iCBT program. Results indicate on average a reduction of depression from 11 (severe) to 7 (moderate) in iCBT compared to 12 (severe) to 10 (moderate) in traditional face-to-face group CBT. Anxiety levels on average have improved from 8 (severe) to 5 (mild) in iCBT compared to 10 (extremely severe) to 9 (severe) in traditional face-to-face group CBT. Stress levels have on average improved in iCBT from 10 (moderate) to 7 (normal) compared to 12 (moderate) to 10 (moderate) in traditional face-to-face group CBT.

Quality of life is also assessed through the Q-LES-Q-SF questionnaire and results indicate an average increase in quality of life from 41% to 55% after completion of iCBT, compared to an average increase in quality of life following traditional face-to-face group CBT from 43% to 50%.



3. Discuss how the QI initiative has resulted in the standardization of care through the development of protocols or integrated care pathways. (20 POINTS)

iCBT is used in many distinct points along the continuum of care for patients with anxiety and/or depression: 1) for those with mild to moderate symptoms, 2) for those with severe symptoms who are unwilling/unable to attend face-to-face CBT due to stigma, denial or access barriers, and 3) reinforcement of concepts learned during in-person CBT.

The iCBT initiative fills a gap in services for individuals experiencing mild to moderate forms of depression and/or anxiety. Hospital based outpatient programs are typically offered to patients whose symptoms are severe and persistent, diverting patients with less acute symptoms to community resources, where there is a lack of evidence based interventions and long wait times. Due to these access barriers, patients with mild to moderate symptoms of

depression/anxiety are commonly left to fall through the cracks. These barriers were a source of frustration not only for patients but for primary care physicians, who were left with the burden to provide mental health care for most of these patients with limited support from the system. Now, iCBT fills this void, empowering individuals to learn coping skills and techniques to manage their own symptoms and prevent deterioration.

Similarly, for patients with severe depression and/or anxiety who are unwilling or unable to attend an outpatient clinic appointment, iCBT allows them the chance to learn coping skills in the comfort and privacy of their own homes and on their own schedule. Very often, after being exposed to iCBT sessions, patients who are initially skeptical of psychotherapy are often more receptive to attending in-person sessions. Additionally, iCBT is a successful intervention for patients who have had new medications prescribed or existing prescriptions updated to help them “bridge the gap” until the medications take effect.

iCBT also is used as a reinforcement tool to augment and bolster the learnings for those who have completed traditional face-to-face CBT. Group CBT therapists provide their patients with access to the electronic course material upon completion of the group sessions. Patients can then refer to the documents as needed, at their convenience.

With few exclusion criteria, it is likely that iCBT will become a commonly used tool in many more points along the continuum of care.

4. Provide examples/evidence of innovation and use leading practices as it relates to the QI initiative. Provide examples of how this initiative has contributed to the body of knowledge or the advancement of continuous improvement in healthcare. (15 POINTS)

The use of technology in healthcare is increasing and has become a successful approach in expanding services. Many hospitals are beginning to move towards the use of technology to improve access and efficiency while still providing effective interventions. However, Scarborough and Rouge Hospital is the first hospital in Canada to implement an Internet-Assisted Cognitive Behavioral Therapy program for adult outpatients. iCBT is a platform that is aligned with the content in individual CBT sessions, but has adapted the materials for email correspondence. Through this program, patients are able to access CBT services and have one-on-one conversations with their therapist from the comfort of their own home. By leveraging everyday technology, iCBT has increased accessibility to CBT services for all individuals experiencing symptoms of depression and anxiety.

The iCBT program at Scarborough and Rouge Hospital has received significant attention in local and national media as well as in healthcare publications including Canadian Medical Association Journal among others. Healthcare facilities, including CAMH, Ontario Shores and large teaching hospitals such as UHN have reached out to learn from the SRH experience. The iCBT team has been invited to share this work in Grand Rounds of various hospitals as well as forums such as Canadian Psychiatric Association and American Psychiatric Association. These presentations have emphasized the following learnings and success factors: dedicated staff passionate about providing Internet-assisted therapy; specialized training for staff delivering the program; being

flexible and adaptable in order to meet the needs of each individual patient; and continuously evaluating the effectiveness of the program and making adjustments based on patient feedback to improve the program.

5. A. Demonstrate how this initiative has resulted in service/system level improvement in quality metrics, such as: reduced ED presentations, reduced readmissions to hospital, reduction in average length of stay (LOS), improvement in functional status, improvement in quality of life metrics, client and consumer satisfaction etc. (15 POINTS)

iCBT has helped to improve access to services. This program has allowed patients who are unable or hesitant to attend traditional face-to-face therapy to have an alternative option and has helped to improve wait times for services from 3 weeks to 1 week, a 67% reduction.

iCBT was proven to be more accessible than traditional face-to-face group CBT sessions, with iCBT completion rates being 70% and group completion rates being 50%. With iCBT2, the program retention rate is now approximately 80% – an impressive improvement from its previous rate of 10%. The program has also shown on average to have greater improvements in symptoms compared to traditional group therapy.

iCBT has also improved efficiency and productivity by reducing the amount of time that each therapist spends with one patient. Traditional face-to-face individual treatment requires 45-minute sessions. However, with iCBT, the therapist only requires 25 minutes to review and respond to the patient, a 44% time savings. Translating this to a daily throughput improvement, a therapist could see a caseload of 12 iCBT patients per day compared to 7 patients per day for individual CBT sessions. Over the course of a year, iCBT increases therapist capacity by allowing for up to 3000 sessions, whereas a maximum of 1750 sessions would be reached with individual CBT.

5. B. Discuss any process excellence strategies that were implemented and their impact. Please provide pre and post statistics/data where applicable (incl. sample size) to demonstrate these points. (10 POINTS)

Scarborough and Rouge Hospital has used Lean methodologies and tools for several years to promote structured problem solving across the organization. Though the iCBT initiative was not developed as a result of a Lean Rapid Improvement Event, the same thinking underlying such events, the *Plan-Do-Study-Act* cycle, was purposely applied throughout the project.

The *Plan* phase involved definition of the problem: a lack of services for patients with mild to moderate symptoms, and the inaccessibility of other service offerings for those with daytime employment and family obligations or mobility issues. Once the problem had been scoped and analyzed, the solution was designed to address the needs: create a program that is available to people with less acute symptoms and that can be accessed via the Internet on each patient's individual schedule.

The *Do* phase of the initiative consisted of creating and carrying out the implementation plan. Tasks included benchmarking Internet-assisted psychotherapies in other countries, creating the Powerpoint slides and homework exercises, formalizing the referral process, and marketing the new service to patients and physicians.

Once patients began enrolling in iCBT, the *Study* phase took effect. Data was collected by administering the DASS-21 and Q-LES-Q-SF questionnaires before and after the program. Completion rates and wait times were also monitored. General themes observed included favourable outcomes of those that completed the program, improved wait times compared to traditional CBT, but low completion rates.

In the *Act* phase, efforts were made to maintain the early successes of the iCBT program while also improving the completion rate. Feedback was gathered both from patients who had completed the course and those who had not. This valuable insight was used to drive improvements, such as streamlining modules, collaboration with referral sources, technology upgrades, and increased interaction with the therapists, all of which combined to result in approximately a 60% higher completion rate with iCBT2.

6. Discuss and demonstrate the sustainability of this initiative. Share the plan for sustainability of achieved quality improvements, including system integration/cross sector collaboration to promote a true system of care. (10 POINTS)

The iCBT program was implemented in the fall of 2013 in partnership with Queen's University who piloted a similar program with their child and adolescent program in Kingston's Hotel Dieu Hospital. In 3 years, we have a successful, well-established program with plans to expand to our child and adolescent population. The Queen's University partnership will again serve as an invaluable resource due to their program implementation experience with the younger population.

This program has proven the significant need for alternative approaches to reduce access barriers to mental health services, and this has been voiced through feedback from our patients and the increasing number of referrals. Referral volumes have risen steadily since the implementation of iCBT. In January 2015 to December 2015, there were a total of 175 referrals compared to 200 referrals between January 2016 and December 2016.

Currently, within the Mental Health department's operating budget, there are two therapists who have dedicated time as e-therapists. As referral numbers continue to grow, additional staff will be trained to provide e-therapies. The mental health program also has a partnership with University of Toronto to provide MSW students research opportunities in e-therapies. This partnership will allow us to create a pipeline of future recruits for an expanded iCBT program. Moving forward, all recruits to the outpatient program will be trained to provide e-therapy as well as the traditional psychotherapy. As mentioned previously, patient feedback is collected regularly and patient generated suggestions for improvement have been invaluable in

sustaining this innovative service. The Mental Health department firmly believes that patients are equal partners in their care, and input from patient will continue to drive future improvements in the iCBT program.

The success of iCBT has inspired the creation of iMindfulness. This program was developed specifically for cancer patients undergoing chemotherapy treatment and, like iCBT, allows patients to access therapy online at a time convenient for them. Instead of email and Powerpoint presentations, the iMindfulness program uses a web-based platform designed and created in partnership with Centennial College to allow therapists to communicate with patients via instant message and video chat. Patients watch videos of the weekly content that are streamed from within the web platform and can receive and offer peer support in an interactive patient forum.

The next steps for iCBT are migration of the content to the same web platform as iMindfulness, and ultimately taking a step closer to realizing the vision of an e-therapy “hub”, offering patients with mental health and physical health problems services that transcend geographic and cultural boundaries.

7. Provide evidence of consumer and family involvement (i.e. circle of support) in the treatment and management of mental health and addictions. (10 POINTS)

The concepts taught in iCBT empower patients to recognize and manage their symptoms independently. However, in addition to learning to cope independently with their illnesses, patients of iCBT are also provided the opportunity to shape the program for future patients by sharing their insights with their therapist.

With the first version of iCBT the dropout rate was 90%. After 1 year of trialing this program, patients who completed or dropped out of the program were contacted. Their feedback was collected, and using this feedback a second version of iCBT was created. Changes to iCBT 2.0 included streamlining modules, collaboration with referral sources, technology upgrades, and increased interaction with the therapists. Patient and family feedback also contributed to a shift in culture amongst staff, as it became evident that in order for an online therapy to be successful, it had to be delivered in a more flexible format. With the second version of the program, the dropout rate has reduced to 35%, and this is largely due to the incorporation of family and patient feedback.

8. Conclusion

The success of iCBT has opened up many possibilities for future delivery of Mental Health services in the Scarborough community. Using the e-therapy “hub” as the care delivery medium, the following concepts could soon be a reality:

- Many people with depression struggle with insomnia. A patient could attend the clinic in person for CBT, but take sleep hygiene psycho-education online, providing him or her

with greater choice and options. Other evidence-based treatments could be offered in person and online, empowering patients to develop a care plan better tailored to their needs and schedule.

- There is a significant need to better serve immigrant and refugee populations in Scarborough, who disproportionately suffer from mental and physical illnesses. Increased use of technology presents a way of offering more ethnically-tailored therapies to reach a greatly underserved population.

Despite the successes of iCBT, it should be noted that e-therapies are not for every patient. Rather, this approach is an extra tool – offering an alternative for patients who need more than the traditional “bricks-and-mortar” approach to service delivery.

How to submit your nomination:

The nomination should include all of the items listed below. The nomination is to be submitted to jbruyere@cchl-ccls.ca as one PDF file. The letters of nomination and support should be included in the PDF file as well. Electronic signatures are acceptable.

Please include the following in your nomination package:

- the completed nomination form;
- nomination letter from a member of the College;
- the completed nomination template; and
- 3 letters of support.

Should you have any questions, please contact:

Julie Bruyère, Coordinator, Corporate Partnerships and Events
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Nomination deadline: February 1, 2017.

Sponsored by:



Cindy MacBride
Manager, Awards and Sponsorships
Canadian College of Health Leaders
292 Somerset St West
Ottawa, ON K2P 0J6

RE: Nominator, Scarborough and Rouge Hospital – 2017 Submission
Award of Excellence in Mental Health Quality Improvement

Dear Cindy,

Please accept this letter as a formal nomination of Scarborough and Rouge Hospital's (SRH) 2017 Submission for the Award of Excellence in Mental Health Quality Improvement. I have been a member in good standing of the College of Canadian Healthcare Leaders (CCHL) since 2008.

I am excited to submit this nomination, as the Mental Health department at SRH has been doing first-of-its-kind work, using technology to better deliver evidenced-based care. SRH is the first and only hospital in Canada to implement an Internet-Assisted Cognitive Behavioral Therapy (iCBT) program. Through this program, patients are able to access CBT services and have one-on-one conversations with their therapist, from the comfort of their own home. This innovation work has received national attention for the outcomes generated.

<http://www.cmaj.ca/content/early/2015/11/02/cmaj.150007.extract>

Creating system transformation has been often portrayed as the result of a singular brilliant leader holding a wealth of exceptionally unique ideas. In reality, change more frequently comes from the opposite – a team of focused individuals deeply committed to a single simple vision.

I have been a member of several organizations that have received recognition for their quality improvements. I am confident that no team has exhibited the same combination of tenacity and creativity as SRH's Mental Health department. I hope their efforts to improve the quality and accessibility of care for MH patients are well rewarded with the honour of receiving the 2017 Award of Excellence in Mental Health Quality Improvement.

Sincerely,

A handwritten signature in black ink, appearing to be 'Alfred Ng', enclosed within a dotted rectangular box.

Alfred Ng

Director, Innovation and Performance Improvement Office, Clinical Operations Support
Scarborough and Rouge Hospital | 3050 Lawrence Avenue East | Toronto, ON M1P 2V5

alng@tsh.to | BB: 647.627.2308 | 416.431.8200 ext. 6875

Think Big...Act Together!



April Hack
337 Bur Oak Ave
Markham, ON L6C 2V3

January 24, 2017

To Whom it May Concern:

After a personal and work-related crisis in June 2014, I was undergoing various treatments for my depression and anxiety but I was only seeing mild results. I was then referred to Janany Jayanthikumar at the Adult Outpatient Services through The Scarborough Hospital.

Upon assessment of my diagnosis through a series of sessions, she introduced me to the CBT model and recommended the iCBT program. I am writing to express my full support of this program as it was a successful method of helping me cope and deal with my depression and anxiety. The program was divided into six manageable sessions that I could do in the comfort of my home and be able to conduct the homework assignments in a more relaxed manner. The information provided in each session was insightful and extremely easy to digest as the content can be overwhelming if presented in different ways. The visual of the PowerPoint presentation helped me understand the concepts covered in the model.

With each session and guidance from Janany, I was able to really challenge my thoughts and break out of my shell quite a bit than with any other form of therapeutic treatment plan. This approach was very hands on and required that I put in effort to make the CBT work best for me. Over time, I was able to go out in public without exhibiting panic attacks; carry out routine tasks; engage in pleasurable activities and be able to function the way I had prior to my crisis. While I still have minor ups and downs, I am able to employ the tools and techniques demonstrated from the model and to come up with alternative thoughts that bring the anxiety down. Despite the notion that this was an online program and not a face-to-face session with a social worker or therapist, I still felt the support of Janany who was always reaching out to me during the program and offering feedback that would benefit my progress.

Overall, I highly recommend the iCBT program to patients exhibiting anxiety and depression as it is a more aggressive approach to working through the issues that stem from these mental disorders.

I would like to extend my appreciation to Janany for her dedication and constant support during this process.

Sincerely,
April Hack

January 20, 2017

To Whom It May Concern

Re: Mental Health Award

I am writing to you today, to communicate my profound appreciation of the invaluable support and guidance which I consistently received from the staff of the Mental Health Department of The Scarborough Hospital (TSH) as a patient survivor of mental illness.

I feel compelled to express to the community-at-large that there is indeed excellent support available to anyone who is suffering from a major depressive disorder, a generalized anxiety disorder, and/or an OCD (obsessive compulsive disorder), all of which I've had, and still cope with, each day of my life.

But, as frightening as my diagnoses sounds, I never gave up because from the moment I walked into the Mental Health Outpatient Clinic of (TSH) The Scarborough Hospital I received compassionate and intelligent care from all of the mental health staff whom I encountered. That in itself is vitally important to someone who suffers from anxiety or severe depression let alone someone with psychotic episodes for it is the courage it takes to force oneself to make that first step towards self-care that is essential to their recovery. For me, I was fortunate because I received exemplary care from several MH professionals at The Scarborough Hospital. It was also through the application of the CBT (Cognitive Behavioral Therapy) mode of learning which was offered by the TSH's Mental Health Outpatient Clinic which was very effective in teaching me how to cope with situations that overwhelm me and/or cause me to sink into a deep depression due to my obsessive thoughts and worries. One of the most useful aids turned out to be the introduction of Thought Records which exposes the patient to tackle whatever is causing the person to worry about, or in some cases induces terror such as fear of flying, or obsessive hand-washing, etc etc. In my case the CBT- Thought Records helped me to "think of an alternative mode of thinking" in that whatever I worried about as being a worse-case scenario I then reversed the end-result to being a more realistic outcome, that is to say that I forced myself to look at a more optimistic (or healthy) way of dealing with the situation.

With the wonderful CBT therapy and guidance through the various exercises which were offered through the TSH-MH staff I learned how to cope with daily problems which formerly overwhelmed me with anxiety and depression. I am not exaggerating when I state that the wonderful staff of the Mental Health Department of The Scarborough Hospital has virtually saved my life, by giving me the hope, the courage, and the confidence to believe that I should carry on with my life as it is.

Finally, in closing, I would like to also mention that having graduated (so to speak!) from the CBT program and the other e-therapy apps, I have now been given the honor and privilege to act as a Patient Advisor for PFAC (Patient & Family Advisory Council), and have been appointed as a full-voting member of the Patient As Partners/Patient Services Group (PSG).

I feel such a sense of pride, and great honor to have my opinions and advice listened to, and often implemented in the hospital's efforts to fulfil their mandate to be one of the greatest examples of a truly caring and full-service hospital for those individuals who suffer in silence from mental illness. I know firsthand how helpful CBT is and I was excited when the team began offering CBT online. I know that for people who are working, or because of stigma don't want to come in, this will be such a useful service. The staff have asked me to review the content and I'm pleased to report that everything in the online program is what helped me recover. In addition to helping with iCBT, the staff even allowed me the opportunity to help with their online version of Mindfulness therapy. I am so proud of the work this team is doing, because it really does have people struggling at different points in their illness, to get the treatment and support they need.

I, for one, know that there is help out there. You just need to reach out. And, for me, I was glad to connect with The Scarborough Hospital's Mental Health Department. The Psychiatrists and Social Workers, Therapists, Crisis Workers, Nursing staff, and admin staff of the Mental Health Department, and their satellite offices, are all second-to-none. Their work ethic and dedication to helping the mentally ill should I believe be rewarded in some way.

Thank you for accepting my Letter of Support, directed to the excellence demonstrated by Faiza Khalid-Khan, and her associate, Shawna Balasingham, and their staff of The Scarborough Hospital's Mental Health Department..

Yours truly,

Arlene S. Walker
(Patient Advisor (PFAC), and Patients As Partners Member)
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**STEPHEN A BARSKY MD, FRCP (C)
CHIEF OF PSYCHIATRY, MEDICAL DIRECTOR
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January 26, 2017

To Whom It May Concern,

Re: Nomination for CCHL Award of Excellence in Mental Health Quality Improvement
Internet-Assisted Cognitive Behavioral Therapy (iCBT)

Scarborough and Rouge Hospital's Mental Health team has worked diligently to implement innovative solutions to address problems related to access to care. This has been a priority for our department. With the implementation of Internet-assisted Cognitive Behavioural Therapy (iCBT), our team has developed a program which provides evidenced-based care to a greater proportion of individuals in need of treatment.

Currently, wait times for Cognitive Behavioral Therapy in the Greater Toronto Area are significantly long with patients often waiting several months before receiving care. With the iCBT program, patients can begin receiving services within a week of a referral being submitted. I have heard several accounts of patients who have completed the program and are now doing well. As the program allows patients to have access to therapy from the comfort of their own home and on their own time schedule, more patients are willing to try this therapy. After they start, many begin noticing the benefits and thus are motivated to complete the program. Currently the completion rate is approximately 75%, and on average patients have an improvement in symptoms. This is a much needed service, and ties in well to the quality standards in mental health developed by Health Quality Ontario. With the standards, the importance of offering Cognitive Behavioral Therapy in a timely manner, to more patients, is evident. iCBT is a cost-effective solution which offers a means to achieve these standards.

I am proud to support the nomination of this team for the CCHL Award of Excellence in Mental Health Quality Improvement. I commend the Mental Health Team for their efforts with this and

many other sustained quality improvement initiatives, and admire the dedication shown with incorporating patient and family feedback throughout the development of the iCBT program.

I believe that the above-noted program is certainly a worthy nominee for this prestigious award. Thank you for your consideration of this innovative approach to treatment.

Yours sincerely,

A handwritten signature in black ink that reads "Stephen Barsky". The signature is written in a cursive, flowing style with a large initial 'S'.

Dr. Stephen Barsky