



hope  
starts here

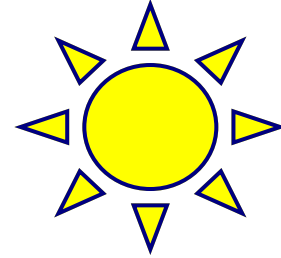
# Rise Up

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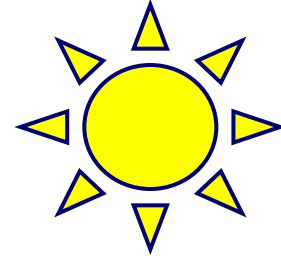
We have nothing to disclose.





## PROFILE

- 28 family practice clinics
- 138 family physicians
- ~154,000 patients
- De-centralized multidisciplinary team
  - 50 staff - 32 RN & NP, 8 RSW, 3.5 RD, RT, ES
  - >3,500 patients per month
  - >6,000 patient encounters per month



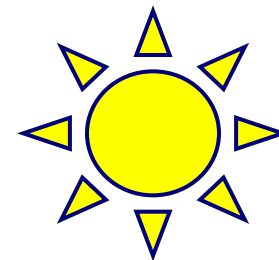
## ORIGIN OF RISE UP

- Idea obtained from Hamilton Family Health Team as presented at the Shared Care Conference 2010
- Attracted to idea because of:
  - length of course (efficiency)
  - CBT based on literature that has proven to be effective (treatment driven)



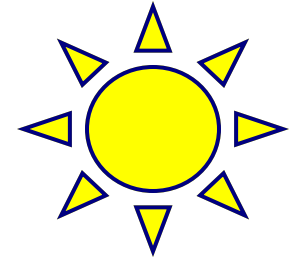
## EDMONTON SOUTHSIDE PRIMARY CARE NETWORK RISE UP HISTORY

- To date: 4 groups in total have ran
- 27 patients
- 5<sup>th</sup> session to be completed by the end of June 2011



# WHAT MAKES US UNIQUE

- Screening Process
- Use of additional handouts/resources
  - CBIS Handouts
  - Daily Mood Chart
  - Exercise and Depression Handout
  - Antidepressant Activities Chart (created with inspiration from a variety of sources/experience)
  - PCN created handouts
  - Recommended reading lists for ongoing development
- 4 Sessions – 2 hours/per week
- Up to 15 participants



## REFERRAL PROCESS

- Patient is referred by Primary Care Physician to an MHC (Mental Health Coordinator)
- Patient is assessed by MHC and determined to be suitable for CBT related treatment.
- Patient is registered in Rise Up
- Patient attends 4 sessions of program, completing pre & post screening tools.

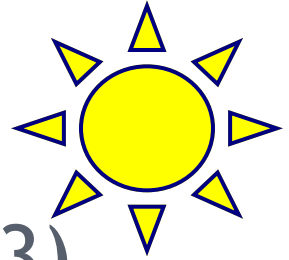
## Referral Process cont'd

- Facilitators provide copies of pre & post screening tools to referring MHC and primary care physician along with follow up letter.
- Patient's who consented will be sent screening tools at 8 and 12 weeks for evaluation purposes.

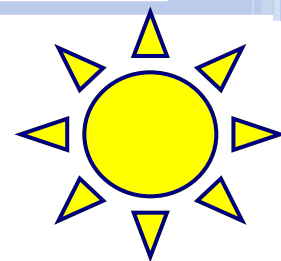


# RISE UP PROGRAM -SESSION 1

## Introduction - ADS Workbook (p. 1-23)



- Complete pre-screening tools(PHQ-9 & Sheehan Disability Scale)
- What is depression? Cause of Depression
- Importance of lifestyle
- CBT Model – Thoughts, Feelings, Behavior
- Complete daily mood chart
- Complete antidepressant activities worksheet



## RISE UP PROGRAM - SESSION 2

### Reactivation - ADS Workbook (p.24-34)

- Review homework
- Increasing rewarding activities
- Setting achievable goals (SMART)
- Review goals with each participant
- Continue with daily mood chart and AD activity sheets



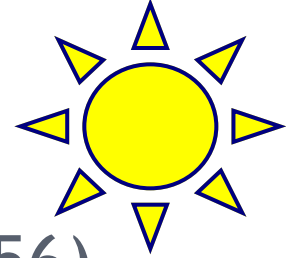
## RISE UP PROGRAM - SESSION 3

### Realistic Thinking - ADS Workbook (p.35-43)

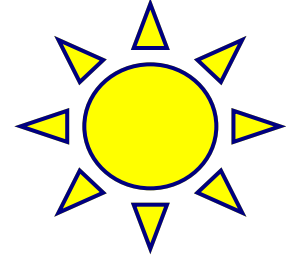
- Review goals, review homework
- Identifying depressive thoughts
- Replace with realistic thoughts
- Offer example, use participant example for CBT model
- Add or change goals
- Continue with daily mood chart and AD activity sheets

# RISE UP PROGRAM - SESSION 4

## Relapse Prevention - ADS Workbook(p.54-56)

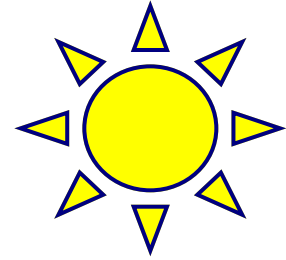


- Review goals, review homework
- Discuss strategies that worked
- Make relapse prevention plan
- Provide additional copies of worksheets
- Complete post-screening tools (PHQ-9 and Sheehan Disability Scale)
- Consent for evaluation, continued follow up



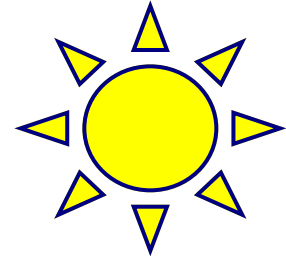
## RISE UP HISTORY

- PHQ-9 range PRE: 3-24
- PHQ-9 range POST: 1-25
- Evaluation Plan (mail out surveys at 8 and 12 weeks following group end)



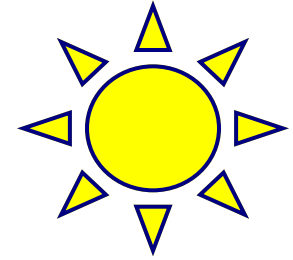
## BENEFITS OF RISE UP

- Group format provides peer support to participants
- Increasing awareness of symptoms
- Increased utilization of knowledge to the # of patients offered treatment
- It is part of treatment plan and recognized by primary care physician



## BENEFITS cont'd.

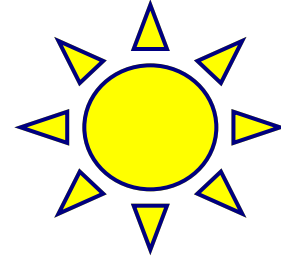
- The program is portable, time efficient
- Prepares participants for other group programs
- Utilizes a well developed resource  
(Antidepressant Skills Workbook)



## CHALLENGES OF RISE UP

- Staff availability for development and ongoing facilitation (evenings)
- Space for running groups
- Understanding and acceptance from all team members
- Participant follow up

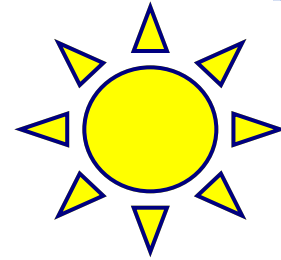




## EVALUATION METHODS

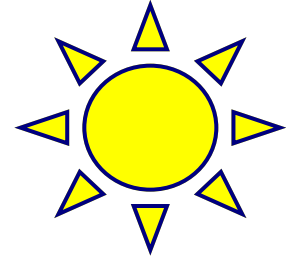
Written consent signed by participants to administer the PHQ9 and Sheehan disability scales at the following intervals:

- pre (start of class)
- post (at end of last class)
- 8 weeks post (mail survey)
- and 12 weeks post (mail survey).



## EVALUATION METHODS

- Once the sample size is large enough we will compare participants (matched) data over the identified time periods. This summary includes data collected as of June 1, 2011.
- Please note: only one of the two groups have participated in the 8 and 12 week follow-up surveys at the time of this summary.

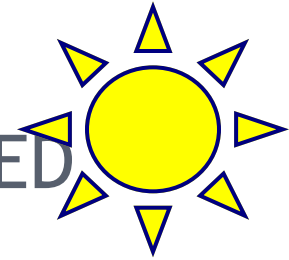


## INITIAL ROLL OUT DATA

- Patient Health Questionnaire (PHQ-9)
- Rise Up Group
- October 5<sup>th</sup>-26<sup>th</sup> – Total 10 participants

	Pre/ Baseline- Start of Class	Post 1- Last Class
<b>N</b>	10	5
<b>Total Score</b>	12	8
<b>Mean (range)</b>	(7-24)	(3-25)

# DATA FROM 2 RISE UP GROUPS COMPLETED (FOLLOWING EVALUATION PROTOCOL)



- February 1-22<sup>nd</sup> – Total 9 participants
- April 5<sup>th</sup>-26<sup>th</sup> – Total 8 participants

## Patient Health Questionnaire (PHQ-9)

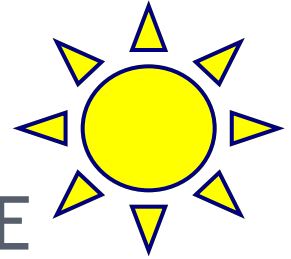
	Pre/ Baseline- Start of Class	Post 1- Last Class	Post 2- 8 weeks Post	Post 3- 12 weeks Post
N	17	15	7	3
Total Score Mean (range)	11.7 (3-24)	7 (1-25)	7 (3-11)	5 (3-9)
Average diff from baseline (Pre)	-	-5.40 (+2 to -13)	-4.57 (-13 to 0)	-5.67 (-13 to 2)



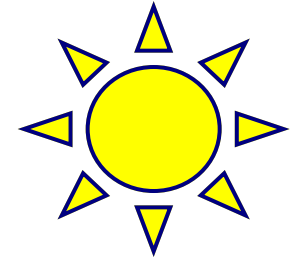
# PHQ-9 PATIENT HEALTH QUESTION CONT.

Score	Provisional Diagnosis
5-9	Minimal Symptoms
10-14	Minor depression Dysthymia Major depression, mild
15-19	Major depression, moderately severe
≥ 20	Major depression, severe

## PHQ-9 PATIENT HEALTH QUESTIONNAIRE



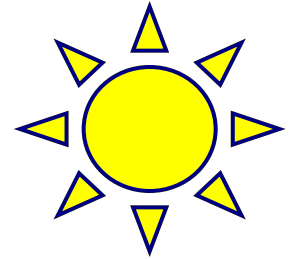
- The severity of symptoms of depression decreases by the end of 4 weeks.
- The severity of symptoms of depression continue to decrease or maintained for several weeks after attending group.
- Few follow up screening tools are completed and returned.



# SHEEHAN DISABILITY SCALE

		Pre/ Baseline- Start of Class	Post 1- Last Class	Post 2- 8 weeks	Post 3- 12 weeks
<b>WORK/ SCHOOL</b>	N	11	13	5	3
	Mean (range)	5.64 (2 to 9)	3.46 (0 to 9)	3.00 (2 to 4)	2.67 (1 to 5)
	Average diff from baseline (Pre)	-	-2.00 (-7.00 to 1.00)	-2.25 (-5.00 to 0.00)	-2.00 (-4.00 to 0.00)
<b>SOCIAL LIFE</b>	N	16	14	5	3
	Mean range)	4.5 (0 to 8)	3.71 (0 to 9)	2.40 (0 to 4)	2.00 (1 to 3)
	Average diff from baseline (Pre)	-	-1.31 (-8.00 to 3.00)	-2.40 (-6.00 to 0.00)	-3.33 (-7.00 to 0.00)
<b>FAMILY LIFE/ HOME</b>	N	16	14	5	3
	Mean (range)	4.5 (0 to 9)	3.79 (0 to 10)	2.60 (2 to 4)	3.33 (2 to 6)
	Average diff from baseline (Pre)	-	-1.00 (-5.00 to 3.00)	-0.40 (-3.00 to 2.00)	0.33 (-3.00 to 3.00)
<b>DAYS LOST</b>	N	13	13	5	3
	Mean (range)	1.92 (0 to 5)	0.69 (0 to 5)	0.40 (0 to 1)	0.00 (0 to 0)
	Average diff from baseline (Pre)	-	-1.00 (-5.00 to 0.00)	-4.00 (-4.00 to 1.00)	0 (0 to 0)
<b>DAYS UNPRODUCTIVE</b>	N	12	14	5	3
	Mean (range)	2.33 (0 to 7)	1.57 (0 to 7)	0.80 (0 to 2)	0.33 (0 to 1)
	Average diff from baseline (Pre)	-	-1.00 (-5.00 to 0.00)	-1.20 (-3.00 to 0.00)	-1.33 (-3.00 to 0.00)

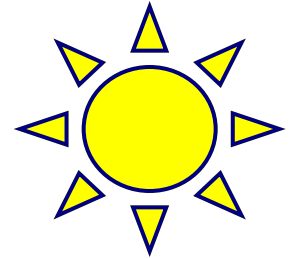
# SHEEHAN DISABILTY SCALE



Score	Result
0	Not at all
1-3	Mildly
4-6	Moderately
7-9	Markedly
10	Extremely

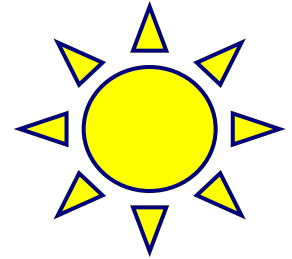


## SHEEHAN DIABILITY SCALE

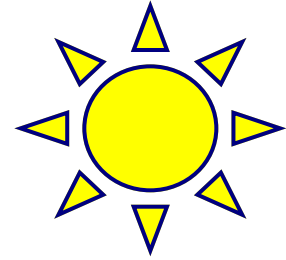


- The severity of patient reported disability and impairment decreases in the 4 group sessions.
- The severity of disability and impairment is maintained or continues to decrease.
- Few follow up screening tools are completed and returned.

# FEEDBACK FROM PARTICIPANTS

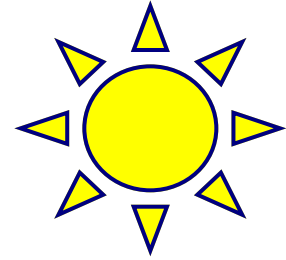


- Find group format to be an acceptable way to receive treatment.
- Appreciate knowing they are not alone in their depression
- Are able to learn from others experiences
- Would like group to be longer (challenge in letting go).



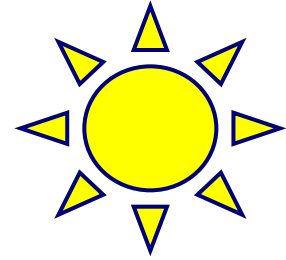
## END NOTES

- Rise Up has been well-received by both patients and staff
- Efficient in terms of time (staff wise) and commitment (patient availability)
- Rise Up can be valuable to a range of patients, not specifically meant for patients who have high or low levels of interfering symptoms



## END NOTES cont'd.

- Anecdotal feedback has been positive – Messages get through the grape vine (example: Psychiatrist feedback)
- Is appealing to a variety of different learning needs/styles of patients
- Rise Up is a useful treatment option that will meet the needs of many patients suffering from interfering depressive symptoms.

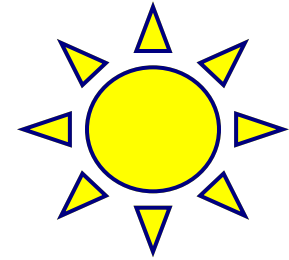


## CONCLUSION

- The idea of Rise Up was developed by the Hamilton Family Health Team and is a tool that can be adapted to meet patient needs within unique settings.
- ESSPCN has demonstrated that Rise Up can be modified to fit the population needs identified. Key content must be incorporated.

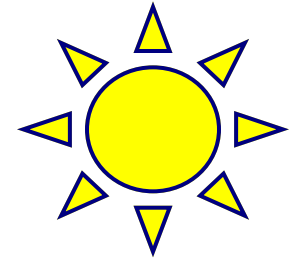
## CONCLUSION cont'd

- Ongoing evaluation is key to ensure patients needs are being met.
- Rise Up is an effective treatment option for patients suffering from depression.



## RESOURCES

- CBIS
- WHO (Ideas for Enjoyable Things To Do)
- Here to Help (BC) [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)
- STABLE - [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)



## RESOURCES CONT.

- Changeways [www.changeways.com](http://www.changeways.com)
- CAMH [www.camh.net](http://www.camh.net)
- Canada Food Guide [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Antidepressant Skills Workbook [www.comh.ca](http://www.comh.ca)  
Dr. Dan Bilsker, Dr. Randy Paterson (2005)