e-Mental Health FAQs and Myth-Busters

Frequently Asked Questions

What is e-Mental Health?
- e-Mental Health is a project that implementing an electronic platform, Innowell, in communities across Alberta. The program is targeting providers that offer free services.

What is the Innowell Platform?
- The Innowell Platform is an evidence-based, digital platform built on over 10 years of research in collaboration with researchers, healthcare providers, digital technologists, and people with lived experiences.
- The platform provides assessments in 20 different areas of mental health and substance use that are used to inform a measurement-based care approach. For each area, there are matched apps and e-tools to offer between-session supports and guide treatment planning.
- The Innowell Platform allows providers and clients to understand more about how a client is doing, track client progress, and to help inform treatment and supports.

What is Measurement-based Care (MBC)?
- The practice of a client regularly completing standardized outcome measures that capture information about a client's mental health status to inform treatment planning, monitor progress, and evaluate treatment outcomes.
- MBC is an evidence-based practice with over 20 years of research. MBC is associated with:
  - Reduced drop out
  - Enhanced clinician judgment
  - Stronger therapeutic alliance
  - Shared decision-making and client-centred care
 - Improved client outcomes

What are the practice guidelines for using MBC?
- The evidence of MBC effectiveness is continually growing, however there is need for more professional practice guidelines in using MBC (Boswell et al., 2022).

How do I deliver Measurement Based Care?

- A clinical model of MBC, developed by the US Department of Veterans Affairs and promoted by the [Yale Measurement-Based Care Collaborative,](#) demonstrates delivery of MBC through three components:.

    1. Collect: Introduce MBC to your client and regularly administer assessments

    2. Share: Discuss assessment results with your client and ensure they match the client's experience

    3. Act: Provider and client work together and use assessment results to inform a treatment plan and track client progress
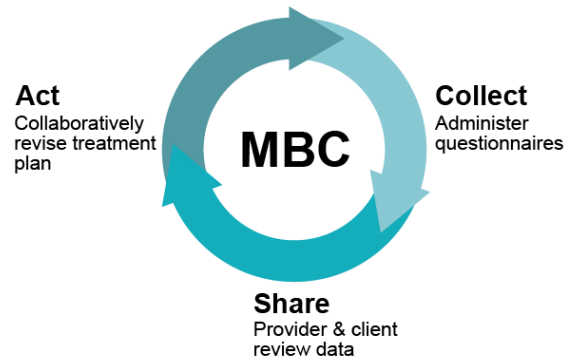
- For more information, view the publication, [Collect, Share, Act: A Transtheoretical Clinical Model for Doing Measurement-Based Care in Mental Health Treatment](#)

Why does MBC work?

- Measurement-based care is thought to work through (Connors, et al., 2021):
    - Increasing client involvement,
    - Improving therapeutic alliance
    - Increasing client-provider communication
    - Tailoring treatment to specific targets based on client report

- Using MBC also standardizes the client experience by helping to eliminate the need for subjective judgement and reduce the chance of bias (Cuperfain et al., 2021).

How often should a provider administer assessments?

- One study showed that youth clients improved faster when weekly feedback was provided, but there was no effect when feedback was provided every 3 months (Bickman et al., 2011), indicating more frequent feedback is better.

- A multidimensional baseline assessment is recommended around the time of service intake and service discharge to inform treatment planning and measure outcomes. Following this, the selection of individual measures should be informed by site policy, provider judgement, client priorities, client progress over time, and modifications to the care plan.

What about suicide and self-harm risk?

- The Innowell Platform has a built-in risk notification process to alert providers if a client scores high-risk for suicidal thoughts and behaviors.

- Innowell is not a crisis response service, but offers an emergency help feature with crisis resources for clients who score at moderate to high risk in this domain.

How do I introduce MBC to my clients?

- Providers should provide a clear explanation for why MBC is being used when introducing it to their clients, and highlight the collaborative nature of MBC. The timing and frequency of measures should also be discussed. (Boswell et al. 2022)

- The provider should explicitly introduce MBC and the Innowell platform to their clients in session by letting them know how MBC results will be integrated into their care and treatment process (Lewis et al., 2019).

- The provider should:

  o Check-in with the client to see if the assessment results reflect their thoughts and feelings about their own mental health, and explore any discrepancies to ensure the client still feels the personalized aspects of care.

  o Use the data during client appointments to highlight the importance of completing the assessments and thank the client for completing the assessment (Martin-Cook et al., 2021)

  o Discuss progress and trends over time, not just current scores (Fortney et al., 2017)

  o Remind client of the value of MBC in later visits to ensure they understand and remain engaged with the process (Holliday et al., 2021).

- The provider has the flexibility to use their judgement to determine if a client should complete the questionnaires of all 20 areas of mental health, or whether some domains are not appropriate for their client.

Myth Busters

Myth #1: Perceived Response Burden: "Clients won't complete the assessments"

- Clients have a nearly universally positive view of assessments (Cuperfain et al., 2021). In a study of clients receiving treatment for depression, over 90% were willing to complete assessments at every visit (Zimmerman & McGlinchey, 2008).

- Clients view assessments as an addition to the provider's professional judgement and as evidence that the provider is taking their issue seriously (Dowrick et al., 2009). Clients do not view their providers as less competent if they use MBC (Jensen-Doss et al., 2018).

- Clients who used assessments and MBC thought they were more involved in decisions about their treatment, and felt they were treated with greater respect (Eisen et al., 2000).

- MBC helped patients better understand their illness and express themselves to their provider (Fortney et al., 2017).

Myth # 2: Perceived Impact on Therapeutic Relationship: "This will take away from the work I want to do with my client"

- Common goal setting between the client and provider, along with collaboration, enhance psychotherapy outcomes (Tryon et al., 2018).

Myth #3: Perceived Impact on Clinician Time: "Using MBC takes too much time and effort"

- Self-report scales can save time since they can be completed before a provider visit, allowing the provider to focus on any issues in session. To do this, one study built in a pre-visit check in time for patients to arrive to complete their assessments (Martin-Cook et al., 2021).

- Using MBC reduces treatment duration, resulting in progress in fewer sessions (Delgadillo et al., 2017).

- Using MBC can more easily catch when a client is not responding to treatment or is getting off track, allowing a provider to adjust their treatment plan early and for clients to improve faster (Carlier et al., 2012; Chen et al., 2013; Fortney et al., 2017; Lewis et al., 2019; Weisz et al., 2012).

Myth #4 Attitude towards Clinical Decision Making: "Clinical Judgement alone is sufficient."

- A study showed mental health providers detected deterioration for only 21% of their clients who experience increased symptom severity (Hannan et al., 2005)

- MBC alerts providers to patient lack of progress, which is important given evidence that providers tend to overestimate how well patients are responding to treatment (Lewis et al., 2019)

- MBC also helps providers recognize important treatment targets (such as sleep), observe and measure change, and facilitate care coordination or collaboration (Lewis et al., 2019).

- These tools offer continuous assessment of patient change and provide systematic feedback about patient response to treatment (Overington & Ionita, 2012).

Myth #5: Perceived Clinician Fear: "MBC data will be used to assess my performance."

- The provider has access to a client's data to adjust the treatment plan

- Though the e-Mental Health project does collect data and uses this to assess the impact of the project on mental health outcomes, data is not accessible at a provider level and will never be reported in this way. The data cannot be used to assess a provider's performance.

Myth #6: Familiarity with the program: "I need to have expertise in the assessments in order to use them."

- The Innowell platform uses assessments that have been rigorously studied and previously validated in the literature, so expertise in the assessments themselves is not a requirement.

- Innowell offers an interactive and intuitive display of your client's assessment results to help inform your treatment planning.

- Your e-Mental Health training sessions will provide you with all the information you need to feel confident in using the program and the assessments.

References

Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: results of a randomized trial. *Psychiatric services (Washington, D.C.)*, *62*(12), 1423–1429. https://doi.org/10.1176/appi.ps.002052011

Boswell, J. F., Hepner, K. A., Lysell, K., Rothrock, N. E., Bott, N., Childs, A. W., Douglas, S., Owings-Fonner, N., Wright, C. V., Stephens, K. A., Bard, D. E., Aajmain, S., & Bobbitt, B. L. (2022). The need for a measurement-based care professional practice guideline. *Psychotherapy (Chicago, Ill.)*, 10.1037/pst0000439. Advance online publication. https://doi.org/10.1037/pst0000439

Carlier, I. V., Meuldijk, D., Van Vliet, I. M., Van Fenema, E., Van der Wee, N. J., & Zitman, F. G. (2012). Routine outcome monitoring and feedback on physical or mental health status: evidence and theory. *Journal of evaluation in clinical practice*, *18*(1), 104–110. https://doi.org/10.1111/j.1365-2753.2010.01543.x

Chen, J., Ou, L., & Hollis, S. J. (2013). A systematic review of the impact of routine collection of patient reported outcome measures on patients, providers and health organisations in an oncologic setting. *BMC health services research*, *13*, 211. https://doi.org/10.1186/1472-6963-13-211

Connors, E. H., Douglas, S., Jensen-Doss, A., Landes, S. J., Lewis, C. C., McLeod, B. D., Stanick, C., & Lyon, A. R. (2021). What Gets Measured Gets Done: How Mental Health Agencies can Leverage Measurement-Based Care for Better Patient Care, Clinician Supports, and Organizational Goals. *Administration and policy in mental health*, *48*(2), 250–265. https://doi.org/10.1007/s10488-020-01063-w

Cuperfain, A., Hui, K., Berkhout, S., Foussias, G., Gratzer, D., Kidd, S., . . . Zaheer, J. (2021). Patient, family and provider views of measurement-based care in an early-psychosis intervention programme. *BJPsych Open, 7*(5), E171. https://doi.org/10.1192/bjo.2021.1005

Delgadillo, J., Overend, K., Lucock, M., Groom, M., Kirby, N., McMillan, D., Gilbody, S., Lutz, W., Rubel, J. A., & de Jong, K. (2017). Improving the efficiency of psychological treatment using outcome feedback technology. *Behaviour research and therapy*, *99*, 89–97. https://doi.org/10.1016/j.brat.2017.09.011

Dowrick, C., Leydon, G. M., McBride, A., Howe, A., Burgess, H., Clarke, P., Maisey, S., & Kendrick, T. (2009). Patients' and doctors' views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study. *BMJ (Clinical research ed.)*, *338*, b663. https://doi.org/10.1136/bmj.b663

Eisen, S. V., Dickey, B., & Sederer, L. I. (2000). A self-report symptom and problem rating scale to increase inpatients' involvement in treatment. *Psychiatric Services, 51*(3), 349–353. https://doi.org/10.1176/appi.ps.51 .3.349

Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2017). A tipping point for measurement-based care. *Psychiatric Services, 68*(2), 179–188. https://doi.org/10.1176/appi .ps.201500439

Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology, 61*(2), 155–163. https://doi.org/10.1002/jclp.20108

Hatfield, D., McCullough, L., Frantz, S. H. B., & Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology & Psychotherapy, 17*(1), 25–32. https://doi.org/10.1002/cpp.656

Holliday, S. B., Hepner, K. A., Farmer, C. M., Mahmud, A., Kimerling, R., Smith, B. N.,& Rosen, C. (2021). Discussing measurement-based care with patients: An analysis of clinician-patient dyads. *Psychotherapy Research, 31*(2), 211–223. https://doi.org/10.1080/10503307.2020.1776413

Jensen-Doss, A., Haimes, E.M.B., Smith, A.M., Lyon, A. R., Lewis, C.C., Stanick, C.F., & Hawley, K.M. (2018). Monitoring treatment progress and providing feedback is viewed favorably but rarely used in practice. *Administration and Policy in Mental Health and Mental Health Services Research, 45*(1), 48–61. http://dx.doi.org/10.1007/s10488-016-0763-0.

Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., Hoffman, M., Scott, K., Lyon, A., Douglas, S., & Simon, G. (2019). Implementing measurement-based care in behavioral health: A review. *JAMA Psychiatry, 76*(3), 324–335. https://doi.org/10.1001/jamapsychia try.2018.3329

Martin-Cook, K., Palmer, L., Thornton, L., Rush, A. J., Tamminga, C. A., & Ibrahim, H. M. (2021). Setting Measurement-Based Care in Motion: Practical Lessons in the Implementation and Integration of Measurement-Based Care in Psychiatry Clinical Practice. *Neuropsychiatric disease and treatment*, *17*, 1621–1631. https://doi.org/10.2147/NDT.S308615

Overington, L., & Ionita, G. (2012). Progress monitoring measures: A brief guide. *Canadian Psychology, 53*, 82-92. http://dx.doi.org/10.1037/a0028017

Tryon, G. S., Birch, S. E., & Verkuilen, J. (2018). Meta-analyses of the relation of goal consensus and collaboration to psychotherapy outcome. *Psychotherapy: Theory, Research, & Practice, 55*(4), 372–383. https://doi.org/10.1037/pst0000170

Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Gibbons, R. D., & the Research Network on Youth Mental Health. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274–282. https://doi.org/10.1001/archgenpsychiatry.2011.147

Zimmerman, M., & McGlinchey, J. B. (2008). Depressed patients' acceptability of the use of self-administered scales to measure outcome in clinical practice. *Annals of Clinical Psychiatry, 20*(3), 125–129. https://doi.org/10.1080/10401230802177680

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