

# ACCESS Open Minds / ACCESS Esprits ouverts

<b>Submission date</b> 16/12/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 16/02/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 22/11/2021	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Youth in most Canadian communities have a difficult time getting the right mental health care. It can be difficult to know where and how to seek care, the wait can be long and the path to help can be complex. Services rarely fit their unique needs. It has been shown however that the sooner a mental health problem is identified and treated, the better a young person's future is likely to be. The ACCESS OM research project is using best practices from around the world to develop, test, and evaluate a new model of care at different sites representing the diversity of settings across Canada. The intention is to give youth aged 11 to 25 years faster access to youth-friendly mental health services designed with input from them and their families/carers. ACCESS OM aims to evaluate youth's experience with this new model of care. Each ACCESS OM site's current services are being transformed to meet the new 5 ACCESS OM objectives:

1. Early identification: Increasing awareness of mental health problems and of the ACCESS OM service to reach more youth in need, earlier
2. Rapid access: Offering youth an initial assessment within 72 hours of help-seeking, for any type of mental health problem, without a formal referral
3. Appropriate care: Youth receive services that meet their needs and preferences within 30 days
4. Continuity of care: Services are integrated for youth aged 11 to 25, and any transitions in service provider are based on youth's needs
5. Youth and family engagement: Youth and their families/carers are involved in all aspects of the research project and service delivery. They are treated as experts in their own experience.

Youth and their families/carers are therefore involved in every aspect of ACCESS OM, from the design and evaluation of services, to the creation of content for the website. The aim of this study is to look at the long-term effects of ACCESS Open Mind's service transformation on youth's experiences with mental health treatment.

### Who can participate?

People aged between 11 and 25 who have mental health problems and are seeking/have been referred to mental health services at a participating site, and their family members or carers.

### What does the study involve?

Each ACCESS OM site transforms their services at different points in time to meet the 5 ACCESS OM objectives. Within each ACCESS OM site, wait times and youth outcomes are compared both

before and after services have been transformed. Youth with mental health problems can directly contact ACCESS OM to get help. They are offered an appointment within 72 hours to assess their needs. At the first meeting, the youth and the ACCESS Clinician answers questions together to see what type of care the youth needs. If the youth wants, their families/carers can be included in the process. Without requiring a formal diagnosis, the ACCESS Clinician helps the youth access the right care. The length of care provided depends on what the youth needs. While youth are receiving care, the ACCESS Clinician follows up with them regularly to see how they are doing at months 1, 3, 6, 9, 12 and 24.

What are the possible benefits and risks of participating?

There are no direct benefits of participating as all patients (whether they take part in the study or not) benefit from accessing services at the ACCESS OM sites which could help improve their mental health. There is a small risk that some participants may experience some emotional discomfort when answering questions (such as about their past experiences), however they do not need to answer questions they do not feel comfortable answering.

Where is the study run from?

The study is being run from the Douglas Hospital Research Centre in Montréal and takes place in 12 mental health services (Canada).

When is study starting and how long is it expected to run for?

April 2014 to March 2021

Who is funding the study?

1. Graham Boeckh Foundation (Canada)
2. Canadian Institutes of Health Research (Canada)

Who is the main contact?

Dr. Ashok Malla  
ashok.malla@douglas.mcgill.ca

## Contact information

**Type(s)**

Scientific

**Contact name**

Dr Ashok Malla

**Contact details**

6625 Boulevard Lasalle  
Verdun  
Canada  
H4H1R3  
+1 514 761 6131 ext 6218  
Ashok.Malla@douglas.mcgill.ca

**Type(s)**

Scientific

**Contact name**

Dr Srividya Iyer

### **Contact details**

6625 Boulevard Lasalle  
Verdun  
Canada  
H4H1R3  
+1 514 761 6131 ext 6219  
Srividya.lyer@douglas.mcgill.ca

## **Additional identifiers**

### **Protocol serial number**

MHB-135810

## **Study information**

### **Scientific Title**

Developing, implementing and evaluating a model for youth mental health service transformation in Canada: ACCESS Open Minds

### **Acronym**

ACCESS OM

### **Study objectives**

#### Primary Hypotheses

As a result of ACCESS Open Mind's service transformation, over time:

1. There will be a significant increase in the number of youth being referred for mental health services, accounting for variations in the population of youth in the catchment areas served by the sites
2. The number of help-seeking youth being offered an initial assessment by a trained clinician within 72 hours will increase
3. There will be a higher proportion of youth with serious mental health problems whose wait times for appropriate care/interventions meet modified Canadian Psychiatric Association benchmarks (less than 30 days except in urgent cases)

#### Secondary Hypotheses

As a result of ACCESS Open Mind's service transformation, over time:

1. Youth will have had to make fewer help-seeking contacts before accessing appropriate care
2. Youth receiving services at ACCESS will have better clinical, functional and subjective outcomes
3. Satisfaction with mental health services will be higher amongst youth and their families/carers

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Douglas Institute Research Ethics Board, 03/11/2015, ref: #15-21

### **Study design**

Community-led stepped wedge cluster randomised trial

## Primary study design

Interventional

## Study type(s)

Other

## Health condition(s) or problem(s) studied

Youth mental health care

## Interventions

Each of the 12 ACCESS OM site are transforming their services to meet the new 5 ACCESS OM objectives:

1. Early Identification, to ensure that more youth are referred sooner, through activities such as targeted outreach, community awareness, etc.
2. Rapid and Engaging Access, to offer youth, and those seeking help on their behalf, access to an initial evaluation within 72 hours in a stigma-reducing environment. Key strategies include the addition of a trained clinician (Access Clinician) who serve as a single point of contact and that can be directly accessed by youth in need or those acting on their behalf; who respond in less than 72 hours; who can offer an initial evaluation irrespective of type/severity of mental health problem; and who can, in collaboration with youth and their families/carers, link the young person to needs-appropriate services. Other strategies for rapid access are inclusion of multiple portals for accessing care, including direct walk-in access; and elimination of any referral or administrative requirements.
3. Appropriate care, to offer youth evidence-informed interventions staged by phase of illness and level of care needed (as opposed to only diagnosis-based), with a focus on reducing wait times to meet modified Canadian Psychiatric Association benchmarks (less than 30 days except in urgent cases). Care is provided in strengths-based, youth-friendly, engaging, rights-respecting, non-stigmatizing, and recovery-oriented environments.
4. Continuity of care, to ensure youth are supported through any transitions between services and that these transitions are based on needs and not age. Collaboration between services, stakeholders, sectors, and disciplines are be fostered to facilitate seamless transitions for service users.
5. Youth and Family/Carers participation, to ensure their active engagement in all aspects of this project. As Canadian Institutes of Health Research's (CIHR) first Strategy for Patient-Oriented Research (SPOR) initiative, the vision is to ensure that youth and their families/carers with lived experience contribute to the values and objectives associated with this transformed system of youth mental health care. This occurs both at the service level, and at the individual-level, as valued decision makers in the care they are offered.

Of the 12 ACCESS Open Minds (OM) sites across Canada, six of the sites are randomly assigned to either Wave 1, Wave 2 or Wave 3 which dictates when their service is transformed. Randomisation is stratified by population size. As per stratified randomisation methods, a separate block is created for the co-variate of Indigenous sites and a simple randomisation involving all blocks is performed with members of each site present. Each ACCESS OM site initiates the same service transformation (receipt of training and launching the transformed services) at different time points, as determined by the Wave in which they are randomly allocated to. Wave 1 sites transform their service first, Wave 2 sites follow six months later and Wave 3 changes a further six months after Wave 2. The remaining six sites that are not included in the randomisation process serve as special demonstration sites where the same service

transformation occurs at some point in the future but with less of a demanding minimum evaluation protocol.

Participants with mental health problems directly contact ACCESS OM sites to receive help. The participants receive mental health care provided by an ACCESS Clinician, which is a novel position within each ACCESS OM site. The ACCESS Clinician ensures youth receive the offer of an initial evaluation without the need of a formal referral (which is standard) and within 72 hours of the request. The initial evaluation is conducted by the trained ACCESS Clinician to assess the youth's self-rated psychological distress (Kessler-10 Psychological Distress Scale (K-10)), functioning (Social and Occupational Functioning Assessment Scale (SOFAS)) and symptoms (Clinical Global Impressions – Youth Mental Health (CGI-YMH)) and is not based upon diagnosis. The ACCESS Clinician refers youth to appropriate care based on their needs and preferences within 30 days. Families/carers can be included in the process if the participant requests it. The duration of the mental health services received is based on the youth's needs and the ACCESS Clinician continue to support the youth through any service transitions by conducting regular evaluations to assess youth's clinical, subjective and functional outcomes at baseline, and 1,3,6,9,12, and 24 months.

## **Intervention Type**

Mixed

## **Primary outcome(s)**

1. Number of referrals from youth (or those seeking help on behalf of youth) at ACCESS OM sites is measured by comparing referral rates before and after transformation using retrospective institutional data and post-transformation data via an online data collection system (DACIMA)
2. Number of youth who receive the offer of an initial evaluation within 72 hours of referral is measured by comparing retrospective data with data collected using the Services and Interventions Documentation Form created by ACCESS OM at baseline and documents the timeline of the youth's referral and intake as well as communication between the service user and clinician
3. Proportion of youth with a serious mental illness receiving appropriate care in less than 30 days (except for urgent cases) is measured by comparing retrospective data with data collected using the Services and Interventions Documentation Form created by ACCESS OM, which is completed at baseline, 1, 3, 6, 9, 12 and 24 months

## **Key secondary outcome(s)**

1. Number of help-seeking contacts before accessing appropriate mental health care for youth with serious mental illness is measured using institutional data at baseline
2. Levels of satisfaction among youth and their families/carers is measured using the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA), at 1, 3, 6, 9, 12, and 24 months
3. Clinical, functional and subjective outcomes of youth receiving services at ACCESS OM sites is primarily measured using the Clinical Global Impressions - Youth Mental Health (CGI-YMH), the Social and Occupational Functioning Assessment Scale (SOFAS), Kessler-10 Psychological Distress Scale (K-10), at baseline, 1, 3, 6, 9, 12 and 24 months

## **Completion date**

31/03/2021

## **Eligibility**

## **Key inclusion criteria**

Youth:

1. Aged between 11 and 25
2. Seeking, or being referred to, mental health services at one of the twelve sites

Carers:

Family members or identified caregivers of participating youths.

## **Healthy volunteers allowed**

No

## **Age group**

Mixed

## **Sex**

All

## **Key exclusion criteria**

Youth:

1. Outside the age range of the project (under 11 or over 25)
2. Intellectual disability (IQ<70)
3. History of organic brain damage

## **Date of first enrolment**

12/09/2016

## **Date of final enrolment**

30/09/2020

# **Locations**

## **Countries of recruitment**

Canada

## **Study participating centre**

### **Eskasoni First Nation**

30 Medicine Trail

Eskasoni

Canada

B1W 1B3

## **Study participating centre**

### **Chatham-Kent**

335 King Street West

Chatham

Canada

N7M 1G2

**Study participating centre**

**Edmonton**

10211 105 St NW

Edmonton

Canada

T5J 1E3

**Study participating centre**

**Parc-Extension**

7085 Hutchison

Montreal

Canada

H3N 1Y9

**Study participating centre**

**Dorval-Lachine-Lasalle**

1900 Notre-Dame Street

Lachine

Canada

H8S 2G2

**Study participating centre**

**Mistissini**

187 Main Street

Mistissini

Canada

G0W 1C0

**Study participating centre**

**Réseau d'Intervention de Proximité Auprès des Jeunes (RIPAJ-Montréal/Homeless Youth Network)**

1664 Ontario Street East

Montreal

Canada

H2L 1S7

**Study participating centre**

**Puvirnitug**

Inuulitsivik Health & Social Services Centre  
Puvirnitug  
Canada  
J0M 1P0

**Study participating centre****University of Alberta**

Office of the Dean of Students, 5-02 Students' Union Building, University of Alberta  
Edmonton  
Canada  
T6G 2J7

**Study participating centre****Sturgeon Lake First Nation**

726 Education Road  
Sturgeon Lake  
Canada  
S0J 2E1

**Study participating centre****Ulukhaktok**

Ulukhaktok Community Corporation  
Ulukhaktok  
Canada  
X0E 0S0

**Study participating centre****Centre de Bénévolat de la Péninsule Acadienne**

220, boul. St-Pierre Ouest, suite 100  
Caraquet  
Canada  
E1W 1A5

**Study participating centre****Elsipogtog Health & Wellness Centre**

205 Big Cove Road  
Elsipogtog  
Canada  
E4W 2S1

**Study participating centre**  
**P.E.E.R. Saint John**  
126 Duke Street (South)  
Saint John  
Canada  
E2L 1N6

## Sponsor information

**Organisation**  
Canadian Institutes of Health Research

**ROR**  
<https://ror.org/01gavpb45>

## Funder(s)

**Funder type**  
Charity

**Funder Name**  
Graham Boeckh Foundation

**Funder Name**  
Canadian Institutes of Health Research

**Alternative Name(s)**  
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**  
Canada

# Results and Publications

## Individual participant data (IPD) sharing plan

The current data sharing plans for the current study are unknown and will be made available at a later date.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	05/09/2019	18/05/2020	Yes	No
<a href="#">Other publications</a>	Demographic and clinical characteristics	19/11/2021	22/11/2021	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes