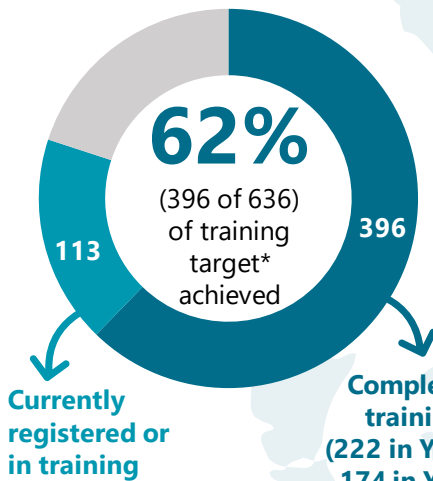




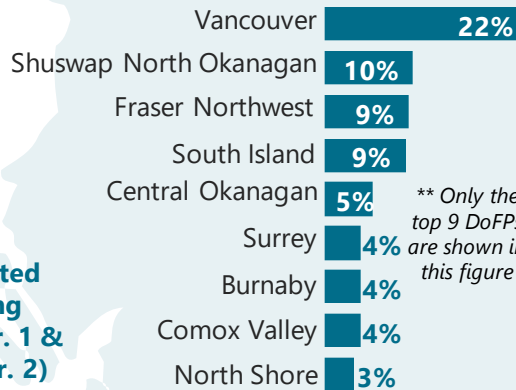
CBT Skills Groups Initiative

This summary presents **evaluation findings from Year 2 of the CBT Skills Groups Spread Initiative** (Oct.1, 2022 to Sept. 30, 2023) which offers CBT skills training to care providers and patients. Findings are based on **administrative, survey and virtual focus group data** from care providers and patients who have participated in the training and an **experience survey to providers who refer patients** to the program. *Please note surveys are voluntary, open ongoing, and the number of responses may not match administrative data.*

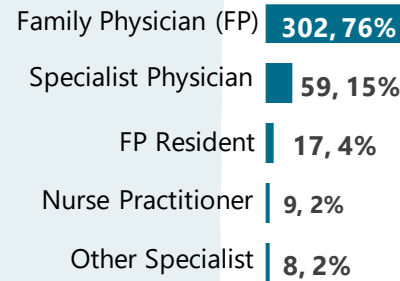
Physician Wellness / Phase 1 Training Overview



22% are Vancouver Division of Family Practice (DoFP) members**
(based on data available from 252 completers)



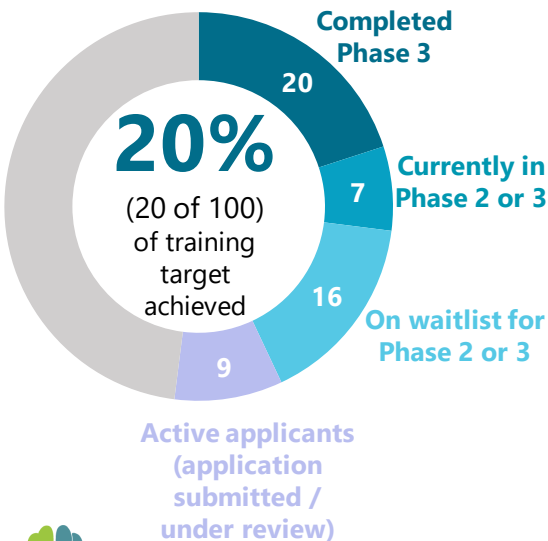
76% are family physicians
(based on data available from 395 completers)



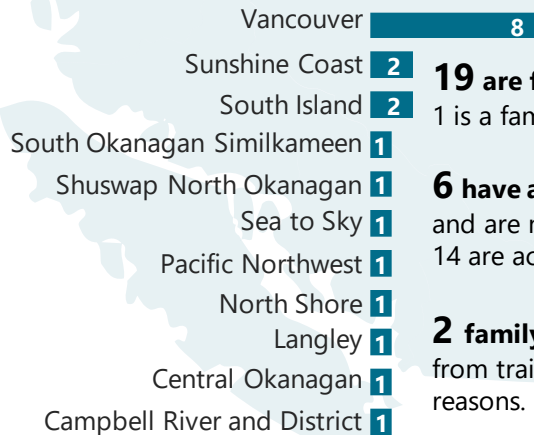
74% of those who registered for Physician Wellness completed the training (down from 83% in Year 1)

*During Year 2, the training target was **INCREASED** from 240 to 636

Advanced Facilitator Training Overview



40% (8 of 20) are Vancouver Division of Family Practice members



19 are family physicians and 1 is a family physician resident

6 have also completed Phase 4 and are now certified facilitators. 14 are actively working on Phase 4.

2 family physicians withdrew from training due to personal reasons.

Referring Provider Overview

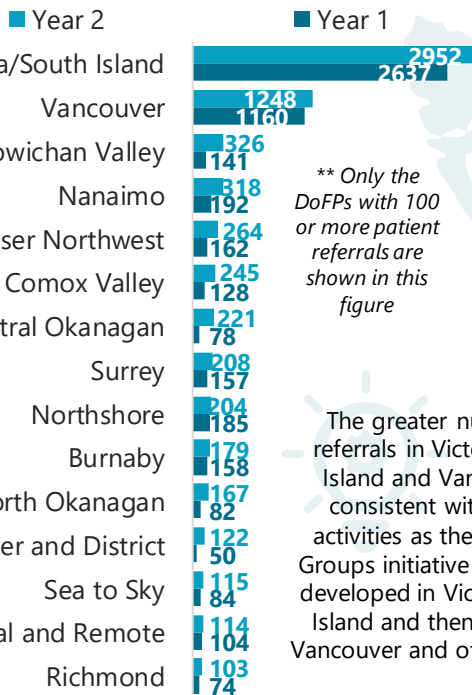
1,771

Primary care providers referred patients to the CBT Skills Groups this year, an **increase of 19% from Year 1**. As in Year 1, providers refer an **average of 4 patients per year**. It is most common for a provider to refer 1 patient a year. The highest number of referrals received from one provider was 122 patients.

7,727

Patients were referred by these providers this year, an **increase of 31% from Year 1**. Consistent with Year 1, the average PHQ-9 score¹ **at time of referral was 11** (moderate depression).

The highest number of referrals were made by the following DoFPs** in Year 2

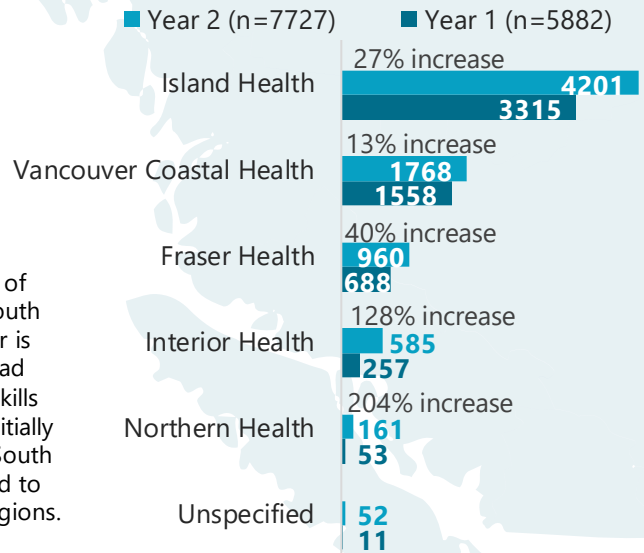


** Only the DoFPs with 100 or more patient referrals are shown in this figure

The greater number of referrals in Victoria/South Island and Vancouver is consistent with spread activities as the CBT Skills Groups initiative was initially developed in Victoria/South Island and then spread to Vancouver and other regions.

HOWEVER, the percent of referred patients deemed unsuitable for the program rose from **6% in Year 1 to 12% in Year 2**.

Similar to Year 1, most referrals are from the Island and Vancouver Coastal Health regions.



Patient Participant Overview

3,403

Patients registered for a CBT Skills Foundations group this year, an **18% increase from Year 1 (n=2889)**. CBT Skills Foundations is the key entry point to the program and the focus of this evaluation. There are currently 3 types of Level 1 Groups (CBT Skills Foundations, ADHD and Raising Resilient Kids) as well as Level 2 and Booster groups.

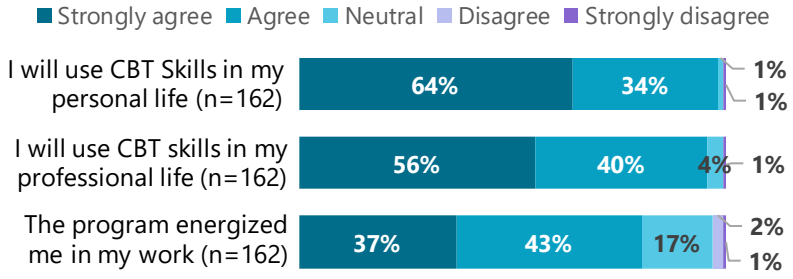
72% of patients attended 6 or more of the 8 sessions, 23% partially completed and 4% were no shows. These findings are consistent with Year 1. Note: based on patients with attendance data available (e.g. excluding groups still in progress) (n=3274) and excluding patients who withdrew prior to the start of the group (n=65).

¹The PHQ-9 is a 9-item instrument for screening, diagnosing, monitoring and measuring the severity of depression and suicidality. Responders are asked to rate the frequency of depression symptoms in the last 2 weeks on a Likert scale ranging from 0-3. Items are summed to provide a total score. In terms of the depression severity, a score of 0-4 is considered 'minimal, 5-9 mild, 10-14 Moderate, 15-19 moderately severe and 20-47 severe. Only patients with a score of 18 or less at time of referral are eligible for CBT Skills Groups.

Impacts on Physician Wellness Participants

Learning and applying CBT Skills

Based on survey responses of Phase 1 / Physician Wellness participants this year (162 of 174; 93% response rate), **over 95% agreed they will use CBT skills in their personal and professional lives.**



Satisfaction with the program

Based on survey responses of Phase 1 / Physician Wellness participants this year (n=162), **over 90% agreed they would recommend the program to colleagues and patients.**

95% of physician wellness participants (154 of 162) would **recommend the program to colleagues**

94% of physician wellness participants (153 of 162) would **recommend the program to patients**

Impact of the program

- Feeling less alone
- Better understanding of CBT knowledge / skills
- Better able to manage work stressors
- Increased knowledge of new techniques / information to support oneself

“Before I took the course, I was sometimes having thoughts like ‘I don’t know how long I can do this job’. Now, encountering situations at work that are stressful for me, I have some papers from the course that I’ll reference and commit to using the tools. **I’m feeling more now that I can see myself having a decades long career at my current job.”**

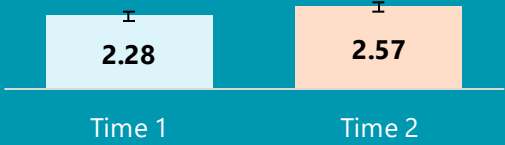
- Physician Wellness focus group participant

Professional Fulfillment & Burnout

Participants are requested, at the start and end of their training, to complete a survey which employs the **Stanford Professional Fulfillment Index²** and the **Brief Resilience Scale³** to investigate the wider impacts of the training.

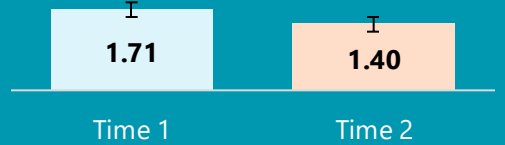
Professional Fulfillment (n=105)

Scores range from 1 to 5, a higher score is MORE FAVOURABLE



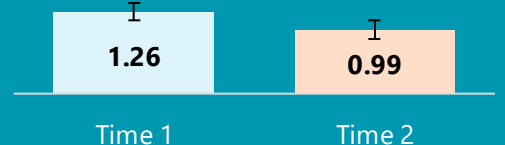
Work Exhaustion (n=105)

Scores range from 1 to 5, a higher score is LESS FAVOURABLE



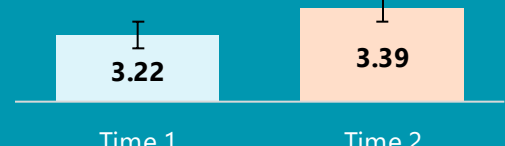
Interpersonal Disengagement (n=105)

Scores range from 1 to 5, a higher score is LESS FAVOURABLE



Brief Resilience Scale (BRS) (n=54)

Scores range from 1 to 5, a higher score is MORE FAVOURABLE



All statistically significant at 95% confidence level. Effect sizes were all medium except for BRS which was small (-0.47, 0.47, 0.41 and -.299, respectively).

²The Stanford Professional Fulfillment Index (PFI) is a 16-item instrument that covers burnout (work exhaustion and interpersonal disengagement) and professional fulfillment. Response options are on a five-point Likert scale. Scale scores are calculated by averaging the item scores of all the items within the corresponding scale. Scale scores can then be multiplied by 25 to create a scale range from 0 to 100. Responses included in the analysis are from Oct 2021 to Sept 2023.

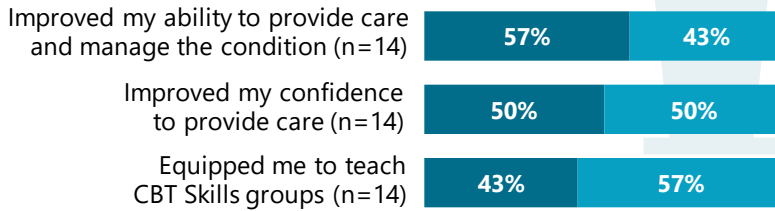
³The Brief Resilience Scale (BRS) is a 6-item instrument to measure an individual’s ability to bounce back or recover from stress. Response options are on a five-point Likert scale. Items are summed and divided by 6 for a total score. A score from 1.00-2.99 is considered low resilience, 3.00-4.30 normal resilience and 4.31 – 5.00 high resilience. Responses are from March 2022 to Sept 2023.

Impacts on Phase 3 Trainees

Readiness to become a CBT Skills Groups Facilitator

Based on survey responses trainees who completed Phase 3 this year (14 of 20; 70% response rate), **100% agreed the training equipped them to teach CBT Skills groups.**

■ Strongly Agree ■ Agree



Satisfaction with the training

Based on survey responses of trainees who completed Phase 3 this year (n=14), **over 90% agreed they would recommend the program to others and it was a valuable use of their time.**

93% of Phase 3 trainees (13 of 14) agreed or strongly **agreed the program energized them in their work**


93% of Phase 3 trainees (13 of 14) would **recommend the program to other interested physicians**

100% of Phase 3 trainees (14 of 14) agreed or strongly **agreed the training was a valuable use of their time**

100% of Phase 3 trainees (14 of 14) agreed or strongly **agreed the training is making a difference for patients**


Impact of CBT Skills Groups training for trainees

Phase 3 trainee focus group participants and Phase 3 survey respondents shared the following impacts of participating in Advanced Facilitator training:

 Able to share CBT tools with patients




Able to learn about / solidify CBT skills and knowledge

 Personal and professional benefits (e.g., enjoyment in work, optimism, sustainability)



Able to support the mental health system of care

 Better able to support patients' mental health needs (e.g., offering more holistic care, referring patients to groups)

Professional Fulfillment & Burnout

The following feedback was received from Phase 3 trainees this year:

"I am much more likely to address the psychological components of mood disorders and anxiety and be able to give patients skills that I probably wouldn't have done before. It does make me view those mental illnesses a little more holistically. I can offer better and more balanced advice to my patients."

– Phase 3 Trainee / Family Physician

"I've referred some of my own patients who I felt would benefit and they're in my course now. It's like you're providing service to your own patients that you can't provide in a clinic setting [because] you just don't have the time...It's just another tool professionally."

– Phase 3 Trainee / Family Physician

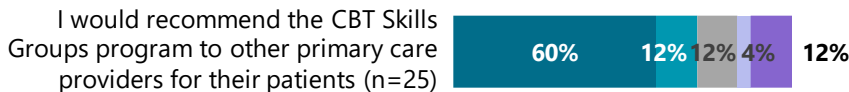
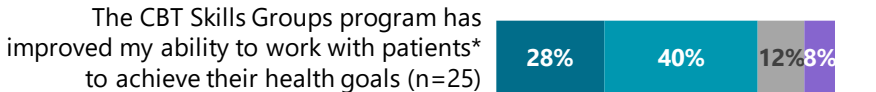
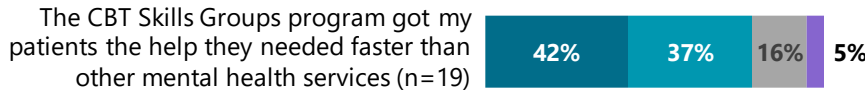
"The population that I work with is quite heavily traumatized. This training helped with feeling disheartened by the immensity of the work you're doing. For my own wellbeing, doing this, knowing this program exists, knowing there are tangible things that can be done, it was good for my own optimism and resilience."

– Phase 3 Trainee / Family Physician

Impacts on Referring Providers

Based on survey responses from referring providers this year (n=25), 90% agreed **the CBT Skills Groups program gave their patients greater access to mental health care.**

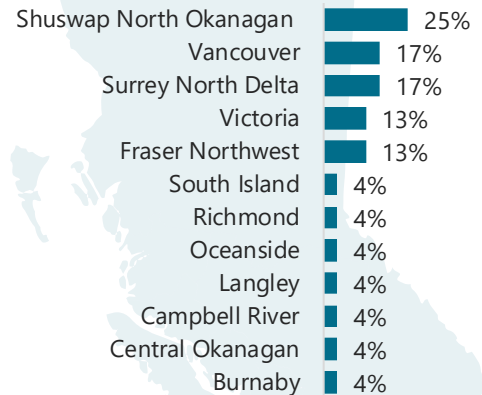
■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree



59% (13 of 22) and 45% (10 of 22) of respondents reported **the frequency of patient* appointments related to a mental health concern and urgency of appointments decreased or stayed the same.**

*patients who have been referred to and participated in a CBT Skills group

Referring provider survey respondents (n=24) are members of the following DoFPs:



"Prior to this program, my patients had nowhere to turn and were left sitting on very long waitlists."

– Referring provider

Impacts on Participating Patients

Learning and applying CBT Skills

Based on survey responses of patients who completed a group this year (1054 of 1307; 81% response rate), over **85% agreed that as a result of the group, they are more confident managing their emotions.**

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree



"I have gained 'emotional intelligence'. Now, I have the knowledge and tools to understand, process, and value my emotions. I can now experience a full range of emotions and am able to use them to benefit my life personally and socially."

– Patient participant

Satisfaction with CBT Skills groups

Based on survey responses of patients who completed a group this year, over **95% agreed they felt safe in the group and would recommend it to friends and family.**

96%

of patients (979 of 1015) **agreed, or strongly agreed, they felt safe in the group.** This level of agreement was similar across both white and racialized patients.

98%

of patients (996 of 1019) **agreed, or strongly agreed, they would recommend this program to friends and family.**



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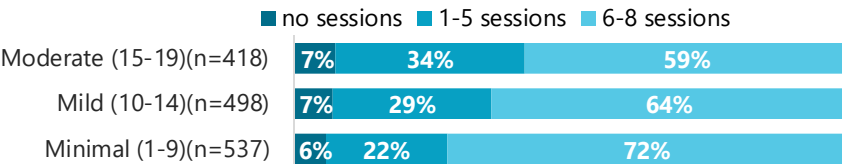
Impacts on Participating Patients

Patients are continuing to experience improvements in symptoms of depression, anxiety and the ability to bounce back from stress. The evaluation started to explore factors which may impact program completion and health outcomes.

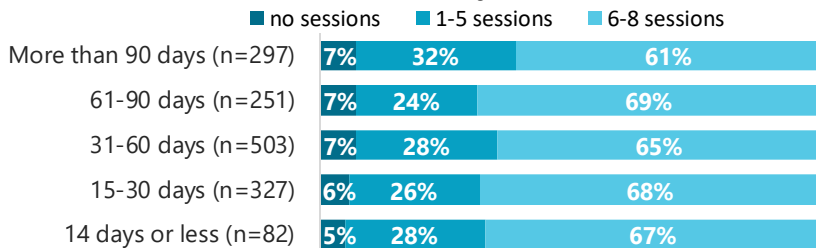
Factors impacting program completion

The CBT Skills Foundations is 8 sessions. Based on data from Oct 2021 to Nov 2022, having a **lower PHQ-9 screening** score ($B = -.100, p < .001$), **shorter wait time** ($B = -.066, p = .012$) and **starting the course in the fall or winter** ($B = -.055, p = .035$) significantly predicted likelihood of attending more sessions.

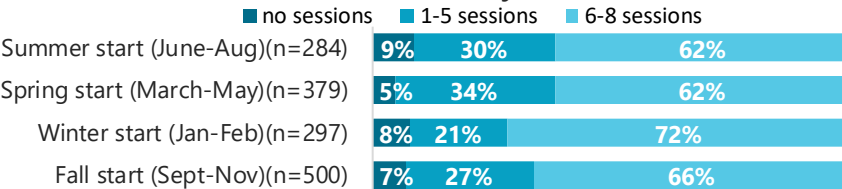
of Sessions Attended by Symptom Severity (n=1447)



of Sessions Attended by Wait Time (n=1447)



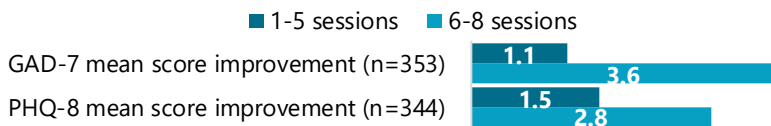
of Sessions Attended by Season (n=1447)



Attending more sessions significantly predicted improvements in GAD-7 ($t(351) = 2.13, p = .03$) but not in PHQ-8 ($t(344) = 1.14, p = .13$).

Note: The 'partial completer' sample (attending 1-5 sessions) was very small ($n = 16$) therefore the analysis may be underpowered.

Health Outcomes by # of Sessions Attended



Depression and anxiety severity

Patients are requested, at the start and end of their group, to complete a survey which employs the **Patient Health Questionnaire 8⁴ (PHQ-8)**, the **Generalized Anxiety Disorder 7⁵ (GAD-7)** and the **BRS** to investigate **impacts of CBT Skills on depression, anxiety, and the ability to bounce back from stress, respectively.**

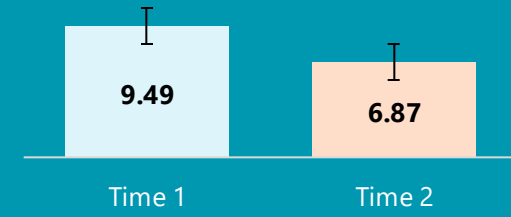
PHQ-8 (n=709)

Scores are from 0 to 24, a higher score is LESS FAVOURABLE



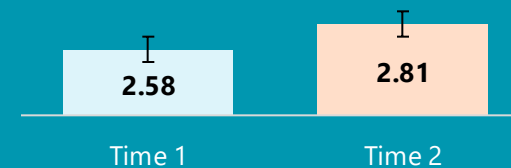
GAD-7 (n=716)

Scores are from 0 to 21, a higher score is LESS FAVORABLE



BRS (n=688)

Scores range from 1 to 5, a higher score is MORE FAVOURABLE



All statistically significant at 95% confidence level. Effect sizes were medium except for BRS which was small approaching medium (0.54, 0.61 and -.370, respectively)

⁴ The PHQ-8 is an 8-item instrument for screening, diagnosing, monitoring and measuring the severity of depression. Responders are asked to rate the frequency of depression symptoms in the last 2 weeks on a Likert scale ranging from 0-3. Items are summed to provide a total score. In terms of the depression severity, a score of 1-9 is considered 'minimal', 10-14 mild, 15-19 Moderate, 20-24 Severe. Only patients with a score of 18 or less at time of referral are eligible to register for CBT Skills Groups.

⁵ The GAD-7 is a 7-item questionnaire for screening and severity measuring of generalized anxiety disorder (GAD). The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively, and adding together the scores for the seven questions. Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively.

Patient Experience of Equity, Diversity & Inclusion

Patients from diverse backgrounds **continue to report high levels of satisfaction and of feeling safe and welcome in CBT Skills Groups**. Findings were consistent with Year 1, however a greater number of patients identifying as non-binary were neutral on whether CBT Skills Groups skills / tools are relevant to their lived experience this year (53% were extremely/somewhat satisfied while 47% were neither satisfied nor dissatisfied).

■ White (n=746-756)
■ Binary (n=874-888)

■ Racialized/Person of Colour (n=172-176)
■ Non-Binary (n=31-32)

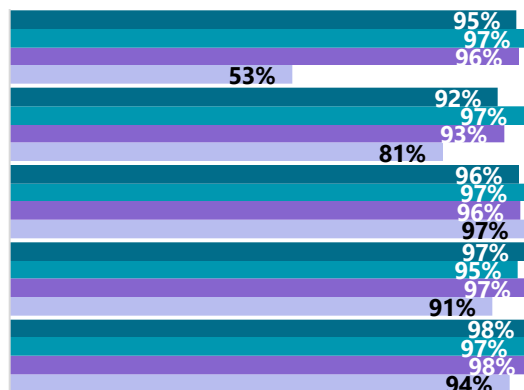
% who are extremely/somewhat satisfied the CBT Skills Group skills / tools are suitable to your everyday life (i.e. relevant to your lived experience)

% who agree the facilitator was respectful of my ethnic, cultural and / or spiritual background

% who are extremely/somewhat satisfied with the CBT Skills Group

% who agreed/strongly agreed they felt safe in the group

% who agreed/strongly agreed they felt welcome in the group



Suggestions for the Future

Suggestions from Phase 3 Trainees

(those who are becoming facilitators, have co-facilitated their own patient groups)



Offer more opportunities to connect with fellow trainees (e.g., informally share experiences, tips)



Better estimate time commitment and equitably support indirect costs (e.g., time to prep for sessions, same level of financial support for all trainees)



Offer one-on-one orientations to website portal and how to facilitate via Zoom (e.g., rather than sending instructions by email)

Suggestions from Trainers

(those who facilitate patient groups and train physicians to become facilitators)



Clarify role, scope and expectations of trainers (e.g., content & length of debrief sessions with trainees)



Develop objective measures to evaluate readiness of trainees (e.g., to help know / explain why a trainee is / is not ready to progress)



Continue to ensure appropriate patients are admitted / patient needs align with facilitators' training / skills (e.g., to mitigate safety concerns)

2023-24 Evaluation Priorities

Over the next year, the evaluation will continue to collect and report findings on a quarterly basis. Key priorities are to explore:

- **Integration and impacts** of the initiative on the wider health care system in BC
- **Sustainability and growth** of the initiative

Upcoming data collection / reporting:

1. Key Stakeholder Interviews (Fall/Winter 2023)
2. Value Creation Story Video (Winter/Spring 2024)
3. Ministry of Health Data Request (Spring 2024)
4. Ongoing quarterly data collection /reporting
4. Final Report (Feb/March 2025)