

Mental Health Care Pathway for Adults Receiving Dialysis

1. Initial conversation

Adult receiving chronic (ongoing) dialysis or health care provider initiates a conversation about mental health.

Or

Health care provider invites patient to complete the ESAS-r: Renal.
Tip: start the conversation with "May I ask you about how you are adjusting to or coping with dialysis?"

2. Screen

Look at responses on the ESAS-r: Renal for depression and anxiety and invite patient to interpret the score(s)

Concerns are expressed or clinical judgment reveals concerns

No

Usual care. Reassess with next Supportive Care Assessment

Invite patient to do the PHQ-9

Yes - Concerns regarding symptoms of depression

Yes - Concerns regarding symptoms of anxiety

Invite patient to do the GAD-7

Yes - Concerns about coping with & adjusting to dialysis

Tip: start the conversation with "I would like to learn a little more about your symptoms that look like depression / anxiety. Please answer these questions and we will discuss them together."

Review the score(s) of PHQ-9 and / or GAD-7 and invite the patient to interpret the score(s); it is the person's choice to do so or not.

Provide resources. Reassess with next Supportive Care Assessment

3. Follow-up

The patient and the health care provider discuss symptoms of **depression** and PHQ-9 score **OR anxiety** and GAD-7 score:

Minimal / mild

Moderate

Severe

Monitor and reassess with next Supportive Care Assessment

Ask patient if they will follow-up with their PCP or if they want the health care provider to send a referral / letter to the PCP.

Provide Resources

With patient consent, refer to unit social worker, spiritual care, or psychologist requesting follow-up, if applicable / available (include PHQ-9/GAD-7 score and this pathway).

Monitor and reassess; discuss follow-up

If they do **not** have a primary care provider:

- Patient or health care provider call Mental health helpline or
- Notify MRHP

4. Follow-up on suicidal risk

If patient expresses a plan for suicide or answers PHQ-9 question 9: "**thoughts that you would be better off dead or of hurting yourself in some way**" with "several days," "more than half the days," or "nearly every day":

Ask to complete Columbia Suicide Severity Rating Scale

Low Risk

Medium Risk

High Risk

- Talk about their supports
- Personal Safety Plan Form
- With consent, send referral to a dialysis social worker or psychologist

If they plan to end their life or have means to enact this plan, ask: "Are you willing to go to the Emergency Department for assistance?"

Yes

No

5. Urgent referral

Notify MRHP; Arrange for Patient to get to Emergency Department or refer to emergency psychiatry consult

Notify MRHP; MRHP completes [form 1](#); Call 911

6. Management

- Provide suggestions regarding [non-pharmacological interventions](#).
- For MRHP to consider: [Pharmacologic treatment](#) is one option.

7. Document

- Document in the patient's health record (e.g. note outcome of discussion, resources provided, interventions).

Glossary (in alphabetical order):

- **AKC:** Alberta Kidney Care
- **Kidney care provider:** By kidney care provider, we mean any allied health (Social worker, dietician, RN, LPN, NP, spiritual care, pharmacist, kinesiologist) or physician working in dialysis.
- **C-SSRS:** Columbia Suicide Severity Rating Scale
- **ESAS-r: Renal:** "Edmonton Symptom Assessment System revised for renal," a patient-reported tool.
- **GAD-7:** the "Generalized Anxiety Disorder" is a patient-reported tool that asks a person to answer 7 questions on anxiety
- **Most responsible health practitioner:** Nephrologist or dialysis nurse practitioner
- **PHQ-9:** the "Patient Health Questionnaire" is a patient-reported tool that asks a person to answer 9 questions on depression.

This care pathway was developed by a multidisciplinary team of researchers (Project lead: Dr. Kara Schick-Makaroff, Faculty of Nursing, University of Alberta), kidney care providers and managers/administrators from Alberta Kidney Care North and South, Community Advisors (people with lived experience of kidney failure, family care givers, and community members), the Medicine SCN - Kidney Health Section, and the Alberta Health Services (AHS) Provincial Pathways Unit. It is intended to be used with adults in dialysis units (all settings and modalities) in Alberta Kidney Care, connecting with primary care, mental health, or emergency services if/when needed for continuity of care.

The development of the pathway was funded by the [Kidney Foundation of Canada](#) (Oct. 2021 – Sept. 2023).

EXPANDED DETAILS

Pathway Primer

“I have met many, many medical staff that are scared of depression and anxiety. Any mental health issues - they don't even wanna talk about them, period. So, if they're asking the depression question and think, 'Oh my goodness. He is a seven out of ten, wow! I wonder what's going on there?' But once they ask that question, they really need to be prepared to do something about it.” (An Albertan home dialysis participant from our study on quality of life.^{1,2})

Mental health concerns are very common for people on dialysis. Prevalence of depression and anxiety for Albertans on dialysis are similar to international dialysis populations: 29% screened positive for depressive symptoms (on the Patient Health Questionnaire 2 [PHQ-2] ≥ 3), 21% for anxiety symptoms (on the Generalized Anxiety Disorder 2 [GAD-2] ≥ 3), and 16% for both depression and anxiety.^{3,4} Further, reports of mental illness had doubled from 11% to 22% for Canadians during COVID-19.⁵⁻⁷ For those with chronic conditions, such as kidney failure, the impact of isolation and altered health services is profoundly impacting mental health.⁸⁻¹¹ Mental health symptoms are underdiagnosed and undertreated among Canadians on dialysis and deserve attention;^{4,12} the need is now greater.

Albertans on dialysis have said that their mental health is a top priority. Unfortunately, mental health symptoms are rarely addressed or treated in dialysis. The patient quoted above expressed this so well.

The team addressed this gap in dialysis care, worked together with people receiving dialysis, community members, kidney care providers, leaders, and researchers to create a pathway to guide mental health care.

Goals of the pathway:

- Provide guidance for person-centred mental health care in dialysis care.
- Guide the initial conversations to explore concerns about mental health, specifically depression, anxiety and coping.
- Guide the steps of assessment and follow-up (investigation).
- Guide kidney care providers in case of suicidal risk.
- Provide referral options.

- Provide links to non-pharmacological options for intervention (consistent management approaches).
- Provide evidence-based pharmacological options in case of depressive symptoms and symptoms of anxiety (consistent management approaches).

Focus of the pathway:

- The pathway is intended to be used in in-centre dialysis and home modalities to provide mental health care for adults receiving long term dialysis (all modalities).
- The pathway specifically addresses depression, anxiety and coping.
- The pathway does not focus on pre-dialysis, pediatrics, transplant, family caregivers, or Indigenous ways of healing.

Person-centred care framework:

Attributes of centredness in health care¹³ guide the pathway development:

1. Being unique: Recognize each person as an individual with their unique disease experiences, values, preferences, and needs.
2. Being heard: Give each person the choice to share their experiences, wishes, needs, and stories.
3. Shared responsibility: Care is a “joint venture”; each person involved (person with lived experience, significant other, kidney care provider) has different responsibilities. Work collaboratively with (not “on” or “for”) the person and other professionals.

These [guiding principles](#) of person-centred care were drafted and revised with input from the Community Advisory Committee.

1. Initial conversation

The pathway will start by either a person receiving dialysis initiating the conversation, or a kidney care provider asking about their mental health.

- A kidney care provider will ask a person receiving dialysis this question: "May I ask you about how you are adjusting to or coping with dialysis?"
- Following the pathway, any kidney care provider can ask a person receiving dialysis about their mental health.
- During the initial conversation, if the person has symptoms of depression, anxiety, or expresses concerns about general coping skills, a kidney care provider will continue with a screening.

Timepoints to initiate the conversation:

- An initial conversation about mental health must occur for all people receiving dialysis.
- An initial conversation about mental health must occur on a routine basis.
- An initial conversation about mental health must occur at key transition points during a person's care.

2. Screen

Edmonton Symptom Assessment System revised for renal (ESAS-r: Renal):

Invite the person receiving dialysis to do the [ESAS-r: Renal as a part of the Supportive Care Assessment](#).

Please be aware:

- A person's responses to the ESAS-r: Renal must be accessible to a kidney care provider.
- A kidney care provider must look at a person's responses about their symptoms which may look like depression / anxiety in the ESAS-r: Renal.
- A kidney care provider will invite the person to interpret their responses to the depression / anxiety questions from the ESAS-r: Renal.
 - Prompt: "Are you currently receiving care for your mental health from a health practitioner? You may share your responses with them, if you so choose."

Patient Health Questionnaire - PHQ-9:

- Prompt: "I would like to learn a little more about your symptoms that look like depression. Please answer these questions and we will discuss them together."
- PHQ-9 = the "Patient Health Questionnaire" is a patient-reported tool that asks a person to answer 9 questions on depression. See: [Patient Health Questionnaire \(PHQ-2 & PHQ-9\)](#)

Generalized Anxiety Disorder - GAD-7:

- Prompt: "I would like to learn a little more about your symptoms that look like anxiety. Please answer these questions and we will discuss them together."
- GAD-7 = the "Generalized Anxiety Disorder" is a patient-reported tool that asks a person to answer 7 questions on anxiety. See: [Self-Test for Anxiety \(GAD-7\)](#)

3. Follow-up on symptoms of depression and anxiety

PHQ-9 / GAD-7– scores

Although there are guidelines for interpreting PHQ-9 or GAD-7 scores as minimal, mild, moderate, moderately-severe, or severe, the severity of symptoms must nonetheless be determined in conversation with the person.

Tool	Minimal	Mild	Moderate	Moderately severe	Severe
PHQ-9	Score of 0-4	Score of 5-9	Score of 10-14	Score of 15-19	Score of 20-27
GAD-7	Score of 0-4	Score of 5-9	Score of 10-14	n/a	Score of 15-21

A PHQ-9 or GAD-7 score cannot be used at face value because different scores have different meanings for different people; further discussion is required between the person receiving dialysis and a kidney care provider.

A kidney care provider will invite the person receiving dialysis to interpret their PHQ-9 or GAD-7 score; it is the choice of the person receiving dialysis whether they do so or not.

Provide the person receiving dialysis with a list of resources

All people receiving dialysis should be provided with a list of resources for coping with and adjusting to dialysis. See the list of [patient resources](#) here.

Follow-up for moderate to severe scores (PHQ-9 and GAD-7):

Follow-up for symptoms of depression and anxiety	
<p>Moderate / moderately severe PHQ-9-scores: 10-14 and 15-19 Moderate GAD-7 scores: 10-14 Severe PHQ-9 scores: 20-27 Severe GAD-7 scores: 15-21</p>	
Person has a primary care provider:	<p>A. Ask if they will follow-up with their primary care provider, or if they want you to send a referral / letter to their primary care provider (with PHQ-9 score / GAD-7 score and this pathway) requesting follow-up. => If sending a letter to the primary care provider, ask primary care provider to please let nephrologist know of their assessment and initial plan.</p> <p>B. Ask permission to send a referral to a dialysis social worker or a psychologist linked to the dialysis unit / clinic, if applicable / available (with PHQ-9 score / GAD-7 score and this pathway) requesting follow-up. In addition, refer to dialysis resources such as a spiritual health practitioner (if applicable).</p> <p>C. At subsequent, routine assessments for symptoms of depression or anxiety (as per site / unit / clinic), ask the person about their follow-up with their primary care provider. => Prompt: “Are you currently receiving care from your primary care provider for symptoms that may look like depression or anxiety?”</p>
Person has no primary care provider:	<p>A. A kidney care provider and/or person receiving dialysis will call the Mental Health Helpline (toll free: 1-877-303-2642) for assessment and follow-up.</p> <p>B. Ask permission to send a referral to a dialysis social worker or a psychologist linked to the dialysis unit / clinic, if applicable / available (with PHQ-9 score / GAD-7 score and this pathway) requesting follow-up. In addition, refer to dialysis resources such as a spiritual health practitioner (if applicable).</p> <p>C. At subsequent, routine assessment of depression / anxiety (as per site / unit / clinic), ask the person about their follow-up with the Mental health Helpline.</p>

Addiction and Mental Health:

The Addiction and Mental Health (AAMH) telephone helpline is a 24-hour, 7 day a week confidential service that provides support, information and referrals to Albertans experiencing mental health concerns.

For 24/7 mental health support:

- The helpline is staffed by a multidisciplinary team comprised of nurses, psychiatric nurses, social workers, occupational therapists, and psychologists.
- 1-877-303-2642 (Toll free)

4. Follow-up on suicidal risk

PHQ-9 score / symptoms of depression

Following up on thoughts of suicide: PHQ-9 - question 9: "Thoughts that you would be better off dead or of hurting yourself in some way".

If a person receiving dialysis expresses a plan for suicide, or answers the PHQ-9 - question 9 with "several days", "more than half the days", or "nearly every day", then ask them to complete the [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#).

Note: If a person receiving dialysis responds 'not at all' to this question, then no immediate follow-up required regarding suicidal thoughts.

Low or medium risk based on C-SSRS scoring:

1. When the person receiving dialysis completes the Columbia Suicide Severity Rating Scale, and their answers show low or medium risk, the kidney care provider will talk with the person receiving dialysis about their supports and safety, and use the [Personal Safety Plan form](#).
2. When the person receiving dialysis completes the Columbia Suicide Severity Rating Scale, and their answers show low or medium risk, the kidney care provider will ask permission to [send a referral](#) to a dialysis social worker or a psychologist linked to the dialysis unit / clinic, if applicable / available.

5. Urgent Referral

High risk based on C-SSRS scoring:

1. If a person receiving dialysis has completed the Columbia Suicide Severity Rating Scale, and their answers show that they are at **high risk**, ask the person: "Are you willing to go to the Emergency Department for assistance?"
 - a. If yes: Follow steps **1 and 2** below
 - b. If no: Follow steps **3 and 4** below

Note: There is an AHS policy on [Suicide Risk Program Management](#).

High risk and willing to go to the Emergency Department:

1. **Emergency Department:** either arrange for the person receiving dialysis to get there (if applicable), or refer them for an emergency psychiatry consult (if available).
2. **Notify** the most responsible health practitioner (nephrologist or dialysis nurse practitioner).

High risk and not willing to go to the Emergency Department:

3. **Notify** the [most responsible health practitioner](#) (nephrologist or dialysis nurse practitioner).
4. The [most responsible health practitioner](#) (nephrologist or dialysis nurse practitioner) does the following:
 - A [Form 1](#) is an actual form that needs to be completed and sent with the patient to the emergency department.
 - [Mental Health Act, Section 2](#). The Form 1 is completed by a [Qualified Health Professional \(QHP\)](#): “a physician or nurse practitioner, or a person who is registered under section 33(1)(a) of the Health Professions Act as a member of a health profession, or of a category within a health profession designated by the Mental Health Act regulations for the purposes of all or part of this Act” (p. 10).
 - Form 1 guides a Qualified Health Professional to answer 4 specific questions. Completing this form identifies that the person receiving dialysis was examined by a Qualified Health Professional. Form 1 “leads to a second examination at a designated facility. It does not necessarily mean admission.” (see page 1, [Mental Health Act: Pathways for Examiners at Designated Facility](#))
 - Alberta Health Services has a “[Formal Patient Flowchart: Mental Health Act of Alberta](#)” that guides next steps.
 - Call 911.

6. Management

Non-pharmacological intervention options (mild to moderate to severe risk):

Please refer the person receiving dialysis to the ‘patient facing pathway version’, which is available here: MyHealth.Alberta.ca.

This [resource list](#) provides people receiving dialysis with information on mental health care, resources for self-care, in-person and live online services, as well as crisis lines.

We selected some self-care options listed in the resource list for an easy access here, as well as links to patient handouts used in AKC:

Kidney Wellness Hub	Free online wellness resource hub for kidney patients. Includes resources on staying active, eating well, mental wellbeing, and socially connecting.	Please click here or type the following link into your browser: https://kidneywellnesshub.ca/
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Mindfulness Exercises	Find free courses, audio, worksheets, and videos about mindfulness and how it can help strengthen oneself.	Please click here or type the following link into your browser: https://mindfulnessexercisecom/free-mindfulness-exercises/
The Lifeline Canada Foundation	Find information relating to depression and anxiety.	Please click here or type the following link into your browser: https://thelifelinecanada.ca/
Feeling Good	Feeling Good uses relaxation, cognitive behavioural therapy (CBT) and resilience-building techniques to help improve positive feelings, self-esteem and self-confidence.	Available on App Store and Google Play.
Online Wellness program	See posters in AKC-South dialysis units.	
Patient handouts	Available in InSite	Patient handouts are available for depression (AKC South and AKC North) and anxiety (AKC South).

Evidence-based pharmacological treatment options¹⁴

Pharmacological treatment may be initiated after a diagnosis of depression or anxiety, or for support of symptoms that may look like depression or anxiety. Diagnoses require further clinical assessment, well beyond the initial assessment and follow-up outlined in this pathway; diagnoses can be made by a psychologist, psychiatrist, or the [most responsible health practitioner](#).

Suggested Antidepressant Therapy for Patients Receiving Dialysis with Major Depressive Disorder (MDD)

Note: For people with symptoms that may look like depression, comorbid conditions are common. Consider assessment of comorbidities prior to choosing therapy for MDD.

Note: Monitor and titrate dose gradually every 1-2 weeks based on efficacy and tolerability. Adverse effects usually occur before treatment effect. Initial symptom relief is typically seen within 2-4 weeks with full response after 8 weeks at therapeutic dose. If no improvement after 8 weeks, consider another agent. Duration of therapy is a minimum of 6-12 months after remission achieved.

Medication	Dosing in Dialysis (HD or PD)	Comments
First line: Preferentially use sertraline unless compelling reason to avoid (significant drug interactions, avoidance of adverse effects, history of lack of efficacy)		
Sertraline	Starting dose: 25 mg daily Maximum dose: 200 mg daily	<ul style="list-style-type: none"> Nausea common. Take with food.
Non-first line: If sertraline is to be avoided, consider the following depression guideline directed therapy (not rank ordered). Guidance of choice can be assisted by patient factors (avoidance of side effects or history of lack of efficacy), non-dialysis disease factors, or significant drug interactions.		
Selective Serotonin Reuptake Inhibitors (SSRI)		
Citalopram	Starting dose: 10 mg daily Maximum dose: 40 mg daily or 20 mg daily if age > 60	<ul style="list-style-type: none"> Monitoring for prolongation of QT interval recommended
Escitalopram	Starting dose: 5 mg daily Maximum dose: 20 mg daily or 10 mg daily if age > 65	<ul style="list-style-type: none"> Monitoring for prolongation of QT interval recommended
Fluoxetine	Starting dose: 20 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none"> High number of drug interactions
Fluvoxamine	Starting dose: 50 mg daily Maximum dose: 150 mg twice daily	<ul style="list-style-type: none"> High number of drug interactions High rate of sedation
Paroxetine	Starting dose: 5-10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none"> High number of drug interactions Nausea common
Serotonin/Norepinephrine Reuptake Inhibitors (SNRI)		
Desvenlafaxine	Starting dose: 50 mg every 2 days Maximum dose: 50 mg every 2 days	<ul style="list-style-type: none"> Can also be used for neuropathic pain Nausea common
Duloxetine	Starting dose: 30 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Note limited dosing information with CrCl < 30 ml/min
Venlafaxine XR	Starting dose: 37.5 mg daily Maximum dose: 112.5 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Nausea common
Other Antidepressants		
Bupropion XL	Starting dose: 150 mg XL every 3 days Maximum dose: 150 mg XL daily	<ul style="list-style-type: none"> Caution in patients with seizure disorder Can also be used for fatigue
Mirtazapine	Starting dose: 7.5-15 mg at bedtime Maximum dose: 45 mg at bedtime	<ul style="list-style-type: none"> Can also be used for patients with sleep disturbance or decreased appetite
Vilazodone	Starting dose: 10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none"> Nausea and diarrhea are common
Vortioxetine	Starting dose: 5 mg daily Maximum dose: 20 mg daily	<ul style="list-style-type: none"> May be helpful in patients with cognitive dysfunction

Note: Any medication above can also be used for patients with Major Depressive Disorder with anxious distress.

Suggested Therapy for Patients Receiving Dialysis with Generalized Anxiety Disorder (GAD)

Note: For people with symptoms that may look like anxiety, comorbid conditions are common. Consider assessment of comorbidities prior to choosing therapy for GAD.

Note: Monitor and titrate dose gradually every 1-2 weeks based on efficacy and tolerability. Adverse effects usually occur before efficacy. Initial symptom relief is typically seen within 2-8 weeks with full response after 12 or more weeks at therapeutic dose. Duration of therapy is 1-2 years for most patients.

Medication	Dosing in Dialysis (HD or PD)	Comments
Guidance of choice can be assisted by patient factors (avoidance of side effects or history of lack of efficacy), non-dialysis disease factors, or significant drug interactions.		
Selective Serotonin Reuptake Inhibitors (SSRI)		
Sertraline	Starting dose: 25 mg daily Maximum dose: 200 mg daily	<ul style="list-style-type: none"> Nausea common. Take with food.
Escitalopram	Starting dose: 5 mg daily Maximum dose: 20 mg daily or 10 mg daily if age > 65	<ul style="list-style-type: none"> Monitoring for prolongation of QT interval recommended
Paroxetine	Starting dose: 5-10 mg daily Maximum dose: 40 mg daily	<ul style="list-style-type: none"> High number of drug interactions Nausea common
Serotonin/Norepinephrine Reuptake Inhibitors (SNRI)		
Duloxetine	Starting dose: 30 mg daily Maximum dose: 60 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Note limited dosing information with CrCl < 30 ml/min
Venlafaxine XR	Starting dose: 37.5 mg daily Maximum dose: 112.5 mg daily	<ul style="list-style-type: none"> Can also be used for neuropathic pain Nausea common

Short term benzodiazepines may be considered as adjunctive therapy for acute transient anxiety, or to bridge therapy while primary therapy (SSRI or SNRI) takes full effect.

7. Document

For the applicable steps above, the kidney care provider shall document in the patient's health record (e.g., noting outcome of discussions with the patient, interventions, resources provided). The kidney healthcare provider shall also document any patient refusals.

BACKGROUND

About this pathway

- This pathway was developed by a multidisciplinary team of researchers (Project lead: Dr. Kara Schick-Makaroff, Faculty of Nursing, University of Alberta), kidney care providers and managers/administrators from Alberta Kidney Care North and South, Community Advisors (people with lived experience of kidney failure, family care givers, and community members), the Medicine SCN - Kidney Health Section, and the Alberta Health Services (AHS) Provincial Pathways Unit.
- Condition-specific clinical pathways are intended to offer evidence-based guidance to support primary care providers in caring for patients with a range of clinical conditions.

Acknowledgement

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Authors and conflict of interest declaration

- This pathway was developed by a multi-disciplinary team. Names of the content creators and their conflict-of-interest declarations are available on request by emailing AlbertaPathways@ahs.ca.

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PROVIDER RESOURCES

Resources	Link
Person-Centred Care Principles	Please click here or type the following link into your browser: https://healthygol.com/KDQOL/upload/surveys/273947/files/PCC-1-pager_7Nov2022.pdf
ESAS-r: Renal	Please click here or type the following link into your browser: https://cansw.org/wp-content/uploads/2020/02/Edmonton-Symptom-Assesment-System-Renal.pdf
Patient Health Questionnaire (PHQ-2 & PHQ-9)	Please click here or type the following link into your browser: www.albertahealthservices.ca/frm-19825.pdf
Columbia – Suicidal Severity Rating Scale	Please click here or type the following link into your browser: https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf
Guide to Alberta’s Mental Health Act	Please click here or type the following link into your browser: www.albertahealthservices.ca/assets/info/hp/mha/if-hp-mha-guide.pdf
Mental Health Act: Pathways for Examinations at a Designated Facility	Please click here or type the following link into your browser: www.albertahealthservices.ca/assets/info/hp/mha/if-hp-mha-pathways-examinations-at-designated-facility.pdf
Formal Patient Flowchart: Mental Health Act of Alberta	Please click here or type the following link into your browser: www.albertahealthservices.ca/assets/info/hp/mha/if-hp-mha-formal-patient-flowchart.pdf
Form 1 (Admission Certificate)	Please click here or type the following link into your browser: https://formsmgmt.gov.ab.ca/Public/MH1977.xdp
Resource Lists for “Coping With and Adjusting to Dialysis: An Environmental Scan”	Please click here or type the following link into your browser: www.healthygol.com/files/Quality-of-Life-Resources-Environmental-Scan-Kidney-AB.pdf
AHS policy on Suicide Risk Program Management	Please click here or type the following link into your browser: Suicide Risk Program Management Policy PS-114

PATIENT RESOURCES

Resources	Link
Personal Safety Plan form (Alberta Health Services)	Please click here or type the following link into your browser: www.albertahealthservices.ca/frm-18600.pdf
Resource Lists for “Coping With and Adjusting to Dialysis: An Environmental Scan”	Please click here or type the following link into your browser: www.healthyqol.com/files/Quality-of-Life-Resources-Environmental-Scan-Kidney-AB.pdf
Patient Pathway on MyHealth Alberta	Please click here or type the following link into your browser: https://myhealth.alberta.ca/HealthTopics/coping-and-adjusting-to-dialysis-pathway

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