

# 10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care

May 28—May 30, 2009  
Lincoln Alexander Conference Centre  
Crowne Plaza Hotel, Hamilton, Ontario



*The Next 10 Years:  
Advancing the Vision and  
Voices of Collaboration*

Conference Program



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**TABLE OF CONTENTS**

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<b>Letters of Welcome</b> .....	<b>1</b>
<b>Conference Committees</b> .....	<b>8</b>
<b>Educational Credits</b> .....	<b>9</b>
<b>Conference Schedule</b> .....	<b>10</b>
<b>Summary of Storyboard Presentations</b> .....	<b>16</b>
<b>Conference-Related Meetings</b> .....	<b>18</b>
<b>Conference Arts &amp; Activities</b> .....	<b>19</b>
<b>Advancing the Consumer Voice – Lunch with Discussion Groups</b> .....	<b>22</b>
<b>Concurrent Session 1</b> .....	<b>25</b>
1A - Responding to Change .....	25
1B - Provincial Initiatives .....	27
1C - Resident Education .....	29
1D - Consumer Voice.....	31
1E - Groups in Primary Care .....	33
1F - An International Perspective.....	36
<b>Concurrent Session 2</b> .....	<b>38</b>
2A - Self-Management Support .....	38
2B - Linking Systems I.....	40
2C - Rehabilitation and Recovery .....	43
2D - Education and Professional Identities .....	45
2E - Challenges in Collaborative Care .....	47
2F - Mood Disorders.....	50
<b>Concurrent Session 3</b> .....	<b>54</b>
3A - Professional Roles.....	54
3B - Skill Enhancement for Family Physicians .....	55
3C - Innovative Adaptations.....	57
3D - Child and Youth .....	59
3E - Collaborative Care for Specific Populations.....	62
3F - Linking Systems II .....	64
<b>Concurrent Session 4</b> .....	<b>67</b>
4A - Medical Care in Mental Health Settings .....	67
4B - Linking Systems III.....	68
4C - Seniors.....	70
4D - Problematic Substance Use .....	72
4E - Enhancing the Collaborative Process.....	73
4F - Prevention and Early Detection .....	75
<b>Keynote and Guest Speakers</b> .....	<b>76</b>
Abstracts .....	76
Bios.....	80
<b>Storyboard Presentations</b> .....	<b>84</b>
<b>Room Locations</b> .....	<b>104</b>
<b>Hotel and Conference Centre Floor Plans</b> .....	<b>105</b>
<b>Note Paper</b> .....	<b>107</b>





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**LETTERS OF WELCOME**

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**10th Canadian Conference on Collaborative Mental Health Care**

May 28th - 30th, 2009 Hamilton, Ontario

Dear Colleagues,

On behalf of the 2009 Conference Steering Committee, welcome to Hamilton, the City of Waterfalls and home to many early innovators in shared care! We are delighted you are able to join us and trust that you will enjoy our program and will join us in celebrating the 10<sup>th</sup> anniversary of the Canadian Conference on Collaborative Mental Health Care.

The conference theme – ***The Next 10 Years: Advancing the Vision and Voices of Collaboration*** – recognizes the tremendous growth and development that is our history, while also raising the call to become clearer and more inclusive in the development of a national agenda.

The conference brings together a diverse range of participants including mental health care providers, consumers and health care administrators, offering a unique opportunity for delegates to socialize, network and exchange ideas with participants from across Canada and internationally.

We trust that the **conference objectives** will be met through the varied program activities and opportunities to network. The objectives are:

- **To advance the knowledge, skills and vision of collaborative care across the lifespan**
- **To enhance the consumer's voice in collaborative care**
- **To increase knowledge about primary mental health care and system design**
- **To strengthen networks and share resources**
- **To honour the work and successes of the past 10 years**
- **To initiate dialogue about a national agenda for collaborative mental health care**

Apart from our educational offerings during the conference, we hope you will enjoy our special events. The reception on Thursday evening with light refreshments provides an early networking opportunity, with the *ambiance* of jazz followed by the inspirational Shelagh Rogers. Join us Friday evening at the banquet in the splendour of one of Canada's most famous venues – the Royal Botanical Gardens. Take a guided tour or amble through the gardens at your leisure and be sure to make time to browse the multicultural marketplace for that unique gift. We hope you have time to join our mini "Around the Bay" run/walk on Friday morning.

We are honoured that distinguished speakers, concurrent session presenters, storyboard presenters and moderators have agreed to participate in the conference and we thank them for their invaluable contributions. We would also like to thank the National Collaborative Care Conference Committee, the Conference Steering Committee members, the Conference Scientific Committee members, the conference co-hosts and the numerous volunteers for their unsurpassed dedication and hard work. Finally, we would like to thank our sponsors, without whom we would be unable to achieve our goal of making this a truly rich educational and celebratory experience.

We look forward to meeting you in Hamilton!

Your conference Co-Chairs,

Carolynne Darby and Catherine McPherson-Doe



**LETTERS OF WELCOME**

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THE CITY OF  
**HAMILTON**  
OFFICE OF THE MAYOR

On behalf of the City of Hamilton, I am pleased to welcome everyone in attendance at the **10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care**, being held May 28th – 30th, 2009 at the Crowne Plaza Hotel.

It is imperative that a collaboration exists between mental health care providers and primary care services on all levels, be it local, national or international. This conference will showcase this issue as well as address the future trends and directions you are working to achieve.

I would like to acknowledge the contribution and hard work of the organizers and volunteers – all who play a vital role – to ensure a memorable conference for all involved.

Best wishes for an exciting and successful event and for continued success in the future.

Sincerely,

Fred Eisenberger  
Mayor





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**LETTERS OF WELCOME**

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**10th Canadian Conference on Collaborative Mental Health Care**

May 28 - 30, 2009

Lincoln Alexander Conference Centre

Hamilton, Ontario

Dear Conference Delegate,

We are pleased to welcome you to Hamilton, host city to the 10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care. As collaborators in shared care, you are true innovators in the health care system. The foundation you have laid and the example you have set have contributed significantly to improving the well-being of patients in many countries. Collaboration has found its way into the language, governments have been increasingly supportive, and patients are of one mind: “This makes so much sense!”

But we have only just begun. The challenge for the next phase of collaborative care is to embed this change culturally in our many professional schools, in the media and in the political consciousness. This 10<sup>th</sup> Canadian Conference is a milestone on that journey.

Share what you learn here. Assist your colleagues with their challenges. Publish your successes. Your confidence will encourage colleagues to break down professional barriers, embrace teamwork as the model of choice, and welcome consumers as true partners in care. Together we are moving towards realizing collaborative care’s full potential.

Our best wishes for much success at this conference and beyond, and thank you for allowing the McMaster Family Health Team and the Hamilton Family Health Team to co-host this year’s event.

Yours sincerely,

David Price, MD, CCFP  
Physician Lead, McMaster Family Health Team

Terry McCarthy  
Executive Director, Hamilton Family Health Team





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**LETTERS OF WELCOME**

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Hamilton Niagara Haldimand Brant **LHIN**  
**RLISS** de Hamilton Niagara Haldimand Brant

**10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care**  
*The Next 10 Years: Advancing the Vision and Voices of Collaboration*

The Canadian Mental Health Association estimates that 20 per cent of Canadians will personally experience a mental health illness in their lifetime. This number represents hundreds of thousands of people who will at some point encounter various areas of our health care system related to mental health services.

At the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN), we value collaboration and we are committed to identifying opportunities for health services providers to come together to find innovative ways to improve the health care experience for the people who live and work in our LHIN.

In our Integrated Health Service Plan, we identified mental health as a priority for our LHIN and we continue to take steps to address the issues. We have already begun to see positive changes in our communities, including collaboration among mental health organizations and the expansion of community-based mental health programs. At the provincial level, we are working with the Minister's Advisory Group on Mental Health and Addictions to engage stakeholders as well as individuals and families in the development of a 10-year strategic plan.

We believe relationships are the foundation for real change and we are confident that working together will deepen our understanding of mental health issues, improve mental health care, and ultimately enhance the lives of those affected by these issues. We look forward to creating a coordinated, integrated and sustainable system of care that provides the right care, in the right place, at the right time.

On behalf of the HNHB LHIN Board, I am very pleased to welcome you to the 10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care.

Sincerely,

Juanita G. Gledhill  
Chair of the Board of Directors



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**LETTERS OF WELCOME**

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Phone 905-545-2525  
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Email: [mentalhealthrights@bellnet.ca](mailto:mentalhealthrights@bellnet.ca)  
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*Our Mission is to encourage, enable, and empower the voice and participation of consumer/survivors in the mental health system*

May 2009

On behalf of Mental Health Rights Coalition it is my pleasure to welcome you to the 10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care.

Collaboration is very much a part of mental health and addiction services in Hamilton. As a consumer survivor initiative, Mental Health Rights Coalition supports this year's theme "The Next Ten Years: Advancing the Vision and Voices of Collaboration" whole-heartedly. Each element of mental health care is important and for the consumer, a person with lived experience with mental illness, a voice in care is vital.

I would also like to welcome you to the City of Hamilton. There is much here to enjoy: wander the Waterfront Trail that winds itself through boat clubs along Hamilton Bay, hike the trails around Cootes Paradise and the Royal Botanical Gardens, stroll down Locke Street South antique hunting or check out James Street North for the city's hippest art scene. Downtown Hamilton is just steps away from the magnificent Bruce Trail which stretches from Niagara to Tobermory.

It is my hope you will experience a first class conference and have a memorable visit while in Hamilton.

Frances V Jewell  
Executive Director  
Mental Health Rights Coalition of Hamilton  
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**LETTERS OF WELCOME**

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Faculty of Health Sciences  
Michael G. DeGroote School of Medicine  
**Department of Psychiatry and Behavioural Neurosciences**  
100 West 5<sup>th</sup> Street, J2-Administration  
Hamilton, ON L8N 3K7

**Dr. Robert B. Zipursky**  
*Morgan Firestone Chair in Psychiatry*

May 19, 2009

To Whom It May Concern:

**Re: 10<sup>th</sup> Canadian Collaborative Mental Health Care Conference**

On behalf of the Department of Psychiatry and Behavioural Neurosciences at McMaster University, I wish to welcome you all to the 10<sup>th</sup> Canadian Conference on Collaborative Mental Health Care and to the City of Hamilton. With our growing appreciation of the very high prevalence of mental disorders in both children and adults, we are increasingly challenged to find ways to meet the enormous needs for mental health and addiction services in our community. This challenge clearly calls for new and innovative approaches to address the complex needs of our patients in a way that is comprehensive and safe. As we become increasingly aware of the critical determinants of mental health, we will also need to develop preventive approaches to limit the incidence of a range of mental disorders. Collaborative models for delivering mental health care are clearly the right direction for the future and we at McMaster are pleased that this important conference devoted to this area is being held here.

I am sure that the 10<sup>th</sup> Canadian Collaborative Mental Health Care Conference will advance our knowledge in this area and I wish you an exciting and stimulating conference.

Yours sincerely,

Robert B. Zipursky, M.D., FRCPC  
Professor and Chair,  
Department of Psychiatry & Behavioural Neurosciences,  
Michael G. DeGroote School of Medicine,  
McMaster University



**LETTERS OF WELCOME**

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Department of Family Medicine

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May, 2009

Welcome!

On behalf of the Department of Family Medicine and McMaster University Faculty of Health Sciences Michael DeGroote School of Medicine, I am pleased to welcome you to Hamilton for the Canadian Conference on Collaborative Mental Health Care. The primary care organization in Hamilton has a long history of working collaboratively with our mental health partners. One of the earliest shared care models was piloted here in Hamilton. We look forward to learning more about how to evolve collaborative primary care and are pleased to welcome you to southern Ontario. We look forward to interacting with you and to sharing ideas.

Have a wonderful conference.

Sincerely,

David Price, MD, CCFP  
Chair, Department of Family Medicine  
McMaster University



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## **CONFERENCE COMMITTEES**

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### **Steering Committee**

Sari Ackerman, Researcher,  
Mental Health Program  
Hamilton Family Health Team

Barry Bogusat, Peer Support Worker  
Hamilton Family Health Team

Carolynne Darby, Director,  
Mental Health Program  
Hamilton Family Health Team

Ed Doyle, Peer Support Worker  
Hamilton Family Health Team

Lynn Dykeman, Social Worker  
McMaster Family Health Team

Linda Hilts, Family Health Team Coordinator  
Department of Family Medicine  
Faculty of Health Sciences  
McMaster University

Frances Jewell, Executive Director  
Mental Health Rights Coalition

Catherine McPherson-Doe (chair)  
Manager, Mental Health Program  
Hamilton Family Health Team

Cornelia Mielke, Family Physician  
Hamilton Family Health Team

### **Scientific Committee**

Dan Bilsker, PhD, RPsych

Roger Bland, MRCS, LRCP, FRCPsy, FRCP(C)

Adriana Carvalhal, MD, MSc, PhD

Marilyn Craven, MD, CCFP

Carolynne Darby (Chair) MB.BCh, FRCP(C)

Jon Davine, MD, CCFP, FRCP(C)

Alan Eppel, MB, FRCP(C)

Marie-Anik Gagné, HBSocSc, MA, PhD

Randy Goossen, MD, CCFP, FRCP(C)

Jack Haggarty, MD, FRCPC

David Haslam, MD, MSc, FRCP(C)

Terry Isomura, MD, FRCP(C)

Ajantha Jayabarathan, MD, CCFP

Nick Kates, MB.BS, FRCP(C)

Terry Krupa, PhD, OT Reg (Ont), FCAOT

Harold Lipton, MA, RPsych

Garey Mazowita, CCFP, FCFP

Carrie McAiney, PhD

Jane McCusker, MD, DrPH

Helen Spenser, MD, CCFP, FRCP(C)

Vicky Stergiopoulos, MD, MHSc, FRCPC

Robert Swenson, MD, FRCP(C)

Rivian Weirnerman, BSc(Med), FRCP(C)

Robert Zipursky, MD, FRCP(C)

### **National Collaborative Care Conference Committee Representatives**

Daniela Derrick

Terry Isomura



**EDUCATIONAL CREDITS**

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**Educational Credits**

**CFPC Mainpro-M1 Accreditation**

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited by the Ontario Chapter for up to 18.5 Mainpro-M1 credits.

**CPA MOC Accreditation**

This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association. Participants may claim 1 credit per hour of attendance at the accredited sessions.

**PLEASE NOTE:**

A certificate of attendance will be available to delegates following the conference. Please keep a copy of the program for your own records.



**Pre-Conference Institutes - Thursday May 28, 2009**

REGISTRATION OPEN UNTIL 9 P.M.	
7:30 AM - 9:00 AM	Continental Breakfast
9:00 AM - 10:30 AM	Institutes: (1) "Motivational Interviewing" ( <i>Pavilion C</i> ) (2) "Cognitive behaviour therapy for depression - applications in the primary care setting" ( <i>Victoria Room</i> )
10:30 AM - 10:50 AM	Nutrition Break
10:50 AM - 12:00 PM	Institutes (Continued)
12:00 PM - 1:00 PM	Lunch
1:00 PM - 2:30 PM	Institutes (Continued)
2:30 PM - 2:45 PM	Nutrition Break
2:45 PM - 4:30 PM	Institutes (Continued)
	Evaluation and Research Interest Group Meeting <i>Open to All</i> 2:00 PM - 4:30 pm ( <i>Aragon Room</i> )

**10th Canadian Conference on Collaborative Mental Health Care**

REGISTRATION	
6:30 PM Onward	Welcome Reception  Guest Speaker:  Shelagh Rogers, CBC broadcaster and mental health consumer advocate

**Friday May 29, 2009 - Morning**

<b>Continental Breakfast</b>						
<b>Opening Ceremony (Theatre)</b>						
<b>Keynote Presentation: Nick Kates - "The Next 10 Years: More Than Just Collaboration" (Theatre)</b>						
<b>Nutrition Break</b>						
<b>Concurrent Sessions 1</b>						
<b>7:30 AM - 8:30 AM</b>	<b>Victoria Room</b> 1A - Responding to Change	<b>Pavilion B</b> 1B - Provincial Initiatives	<b>Aragon Room</b> 1C - Resident Education	<b>Studio</b> 1D - Consumer Voice	<b>Pavilion C</b> 1E - Groups in Primary Care	<b>Pavilion A</b> 1F - An International Perspective
<b>8:30 AM - 9:00 AM</b>	<b>Maureen McLeland</b> - Moving Forward Together: The Transformation of Sudbury Regional Hospital's Mental Health & Addictions Program	<b>André Delorme</b> - Primary Care and Mental Health Services in Quebec	<b>Blair Ritchie</b> - A Resident-Designed Rotation in Shared Care: What Residents Need in Order to Practice Community Collaboration	<b>Neasa Martin</b> - Quality of Life as Defined by People Living with Schizophrenia and Their Families	<b>Tracy Hussey</b> - Healthy You: A Collaborative Approach to Healthy Lifestyles Through Self-Management of the Mind and Body	<b>Debra Kirschbaum</b> - Building a Network with Primary Care to Provide Quality Mental Health Care: Challenges for the Brazilian Unified System
<b>9:00 AM - 10:00 AM</b>						
<b>10:00 AM - 10:20 AM</b>						
<b>10:20 AM - 11:50 AM</b>	<b>Dan Bilsker</b> - Generating Practice Change in Mental Health Organizations	<b>Roger Bland</b> - Reforming Primary Care Mental Health Services in Alberta	<b>Nick Kates</b> - Collaborative Care and the New Royal College Training Guidelines for Psychiatry Residents	<b>Marvin Ross</b> - Expanding Shared Care Through Stigma Reduction	<b>Adrienne Sloan</b> - Mind Over Mood in Primary Care	<b>Robyn Vines</b> - Collaborative Care Between Family Physicians and Psychologists in Australia: A Model of Primary Mental Health Service Delivery with Implications for Canada
	<b>Heidi-Ann Johns</b> - System Redesign: The Triad of Success: Patient, Community and Shared Care. A Case Study of a Rural Community in Northern British Columbia	<b>Rivian Weirnerman</b> - Mental Health Module Provincial Rollout for BC GPs: Making It Real	<b>Jon Davine and Ainsley Moore</b> - Teaching Behavioural Sciences to Family Practice Residents: The "Shared Care" Approach		<b>Michele MacDonald-Werstuck</b> - The Non-Diet Approach to Healthy Lifestyles: A Mental Health, Nutrition and Physiotherapy Collaboration	<b>Alan Cohen</b> - Improving Access to Psychological Therapies - The Clinical Background

Story Boards and Exhibitor Tables on Display

REGISTRATION

**Friday May 29, 2009 - Afternoon**

12:00 PM - 12:50 PM	An Update from the Mental Health Commission of Canada: Gillian Mulvale - "A Framework for a Mental Health Strategy for Canada - What Does It Mean for Collaborative Care?" <i>(Theatre)</i>					
1:00 PM - 1:50 PM	"Advancing the Consumer Voice" - Lunch with Discussion Groups: (1) Countering Stigma <i>[Pavilion C]</i> (2) Shared Decision-Making and Health Literacy <i>[Pavilion A]</i> (3) The Future - What Would a Consumer-/Patient-Driven System Look Like? <i>[Victoria Room]</i> (4) Youth Involvement in Mental Health Awareness and Promotion <i>[Pavilion B]</i>					
<b>Concurrent Sessions 2</b>						
<b>REGISTRATION</b>						
<b>Story Boards and Exhibitor Tables on Display</b>						
2:00 PM - 3:30 PM	<b>Pavilion C</b> 2A - Self-Management Support Anne Vagi - <i>Using the Internet to Support Self-Management Skills in Our Mental Health Clients</i> Barbara Neuwelt - <i>Mental Illness, Mental Health and Chronic Disease Prevention and Management in Ontario</i> Susan Bird - <i>Supporting Patients with Depression in Primary Care Through Self-Management: Experiences and Lessons Learned from the Hamilton FHT's Program Coordinators and Consumers</i>	<b>Studio</b> 2B - Linking Systems I Kapri Rabin - <i>Sharing the Wealth: A Collaborative Model of Mental Health Services Across Six Different Community Health Centres</i> Peter Selby - <i>How Can a Specialty Mental Health Hospital Support Primary Care?</i> Shailesh Nadkarni - <i>Enhancing Collaboration Through Shared Care in Peterborough: Family Health Teams and Hospital-Based Mental Health Service</i>	<b>Pavilion A</b> 2C - Rehabilitation and Recovery Francine Lemire - <i>Facilitating Recovery Through Better Integration of Occupational Therapy in Family Practice: Challenges and Opportunities</i> Suzanne Archie - <i>Ethnic Diversity, Primary Care Practitioners, and Pathways to Care for a First Episode of Psychosis</i> Katharine Gillis - <i>Assessing and Managing Disability (and Sick Leave Issues) in Patients with "Stress" and Mood Disorders</i>	<b>Aragon Room</b> 2D - Education and Professional Identities Denise Aubé - <i>Shaping Collaborative Processes: Influences of Professional and Organizational Identities</i> Han Han - <i>Modeling Collaborative Interprofessional Education of Mental Health in Primary Care</i> Debora Isane - <i>Educating Novice Mental Health Nurses to Work in the Shared Care System in Brazil: The Rewards and Challenges</i>	<b>Victoria Room</b> 2E - Challenges in Collaborative Care Paul Davidson - <i>Mental Health Services in Primary Care: Dealing With Unique Boundary Issues and Dual Relationships</i> Jacqueline Guigue-Glaspell - <i>Expanding Familiar Mental Health Delivery in Primary Health Care</i> Leslie Born - <i>Out in the Exam Room and Inside the EMR: Incorporating the PHQ-9 into Family Health Team Depression Care - Results of Two Pilot Sites</i>	<b>Pavilion B</b> 2F - Mood Disorders David Haslam - <i>Depression Education and Enhancement in Primary Care (DEEP Care)</i> Pasquale Roberge - <i>Projet Cible Qualité: Implementing Components of the Chronic Care Model to Improve Quality of Care for Anxiety and Depression in Quebec</i> Rita VanDooren - <i>Perinatal Mood Disorders: An Interdisciplinary Training Video</i>
3:30 PM - 3:45 PM	<b>Nutrition Break</b>					
3:45 PM - 4:30 PM	Keynote Presentation: Alan Cohen - "Improving Access to Psychological Therapies: Lessons from the U.K. Experience" <i>(Theatre)</i>					
5:00 PM	Shuttle service begins from hotel to Royal Botanical Gardens <i>(please see "Arts &amp; Activities" page)</i>					
5:30 PM Onward	Banquet and related activities at the Royal Botanical Gardens					

**Saturday May 30, 2009 - Morning**

7:00 AM - 8:10 AM	Continental Breakfast	Special Interest Group Breakfast Meetings <i>(See "Conference-Related Meetings")</i>	Governance Breakfast Meeting with HINHB LHIN Board <i>(Castile Room)</i>			
8:15 AM - 9:15 AM	Keynote Presentation: Vincent Felitti - "Adverse Childhood Experiences and Their Relation to Adult Health and Well-Being" <i>(Theatre)</i>					
9:15 AM - 10:00 AM	Keynote Presentation: Jean Clinton - "Early Child Development: A Crucial Determinant of Health. What is the Shared Care Story?" <i>(Theatre)</i>					
10:00 AM - 10:30 AM	Nutrition Break					
<b>Concurrent Sessions 3</b>						
10:30 AM - 12:00 PM	Victoria Room 3A - Professional Roles	Pavilion A 3B -Skill Enhancement for Family Physicians	Studio 3C - Innovative Adaptations	Pavilion B 3D - Child and Youth	Pavilion C 3E -Collaborative Care for-Specific Populations	Aragon Room 3F - Linking Systems II
	Joseph Burley - Interprofessional Collaboration in Mental Health Care: A (30 Year) Historical Perspective of Our Evolution from the Perspective of 6 Different Disciplines	Barry Sarvet - Developing Effective Collaboration in Children's Mental Health: One Question at a Time  Jose Silveira - The Ontario College of Family Physicians Collaborative Mental Health Care Network: An 8-Year Review	Randy Boddam - Mental Health Care Delivery in the Canadian Forces  Catharine Munn - A Model of Collaborative Mental Health Care in a University Setting	Helen Spenser - Strengths and Barriers to Implementation of Outreach Collaborative Children's Mental Health  Tracy Lindberg - Child & Youth Issues: Who & How Can Mental Health Clinicians Help in a Primary Care Setting?	Inge Schabert - Interdisciplinary Care: Responding to a Refugee Community's Mental and Physical Health Needs. Experiences of Practitioners, Learners and the Community: The Kurdish Project	Sherry Harris - Collaboration Between Shared Mental Health Care and Behavioural Models in Primary Care Settings in Calgary
10:30 AM - 12:00 PM	Rivian Weinerman - A Quality Improvement Initiative for Depression: Finally a Model for Use in "Real" Family Physician Time	Catherine Vallée - Collaboration in Progress: A Perspective on the Evolution of Collaborative Processes Within 15 Local Service Networks	Brenda Mills - "An Innovative Approach" to Child & Youth Mental Health in Primary Care	Lorne Tugg - Challenges in Providing Collaborative Mental Health Care for Patients in the Inner City  Abbas Ghavam-Rassoul - Shouting at the Walls: A Shared Care Approach to Working with Homeless and Vulnerably Housed Individuals	Crystal Degenhardt - Psychiatric Linkages within Primary Care	
					Colleen MacPhee - Building Ongoing Outcome Evaluation and Patient Tracking in Collaborative Care - Challenges and Solutions	

Story Boards and Exhibitor Tables on Display

REGISTRATION

## Saturday May 30, 2009 - Afternoon

Lunch					
Concurrent Sessions 4					
Studio 4A - Medical Care in Mental Health Settings	Victoria Room 4B - Linking Systems III	Pavilion A 4C - Seniors	Pavilion C 4D - Problematic Substance Use	Aragon Room 4E - Enhancing the Collaborative Process	Pavilion B 4F - Prevention and Early Detection
<p><b>Annette Bradfield</b> - <i>Ensuring Primary Health Care in the Mental Health Care Setting: A Multi- Disciplinary Approach</i></p>	<p><b>Matthew Menear</b> - <i>Enhancing Community Linkages for Better Anxiety and Depression Care in Quebec Primary Mental Health Services: Early Findings from Projet Cible Qualité</i></p>	<p><b>Carrie McAiney</b> - <i>First Link: Improving Dementia Support Through Strengthened Primary Care Partnerships</i></p>	<p><b>Meldon Kahan</b> - <i>Short-Term Outcomes in Patients Attending a Primary Care-Based Addiction Shared Care Program</i></p>	<p><b>Olga Heath</b> - <i>Interprofessional Mental Health Undergraduate Education: Lessons Learned</i></p>	<p><b>Vince Felitti</b> - <i>How Can We Put the ACE Study into Practice?</i></p>
<p><b>Jane Miles</b> - <i>The Whitby Mental Health Centre Metabolic and Weight Management Clinic</i></p>	<p><b>Joseph Burley</b> - <i>Linking Community Mental Health, Psychiatry and Primary Care: Transitional Case Management</i></p>	<p><b>Jane McCusker</b> - <i>Partnerships to Improve the Management of Late- Life Depression in Primary Care</i></p>	<p><b>Brad LaForme</b> - <i>The DrinkWise Program: A Primary Care Service Response for Risky Drinkers</i></p>	<p><b>Lynn Dykeman</b> - <i>We Hired Allied Health at the Family Practice Office, So Now What? Results of the 2007 Needs Assessment of Ontario Family Health Team Social Workers</i></p>	
<p><b>12:00 PM - 1:00 PM</b></p>					
<p><b>1:15 PM - 2:30 PM</b></p>					
<p><b>2:30 PM - 3:00 PM</b></p>					
<p><b>Recommendations from "Advancing the Consumer Voice" lunch, collaborative care stories, and Closing Ceremony (Theatre)</b></p>					

Story Boards and Exhibitor Tables on Display

REGISTRATION



**SUMMARY OF STORYBOARD PRESENTATIONS**

**Summary of Storyboard Presentations**

Title	Presenters
Adolescent Perceptions of the Rules and Regulations in Psychiatric Treatment Settings	Catherine Pugnaire Gros
Child and Adolescent Mental Health: Needs and Interests Among Family Physicians, General Practitioners and Paediatricians Located in Rural and Remote Areas. A Canadian National Collaborative Study	Brenda Davidson Helen R. Spenser
CCAC and Family Health Team Partnerships	Lori Schiappa
Creating Circles of Support in Perinatal Mental Health Care	Hiltrud Dawson Leslie Born
The Experience of Grandparents When an Adult Child with a Serious Mental Illness is a Parent	Catherine Pugnaire Gros
Guarding Minds @ Work: A Workplace Guide to Psychological Safety & Health	Joti Samra Merv Gilbert Martin Shain Dan Bilsker
Improving Access to Clinical and Community Resources for Multicultural Mental Health Care	Eugene Raikhel Aidan Jeffery
Incorporating the PHQ-9 into Family Health Team Depression Care: Progress at Two Pilot Sites	Leslie Born Sarah Wojkowski Karl Langton Carrie McAiney Carolynne Darby Nick Kates
Mental Health Capacity-Building Program for Primary Health Care in Ontario	Sirad Mohamoud Akwatu Khenti Jaime Sapag Kate Dunbar Mahreen Hasan
Mental Health Screening for "At Risk" Children & Youth in Primary Care	Brenda Mills Charles Cunningham Donna Bohaychuk Pat Carter
Online Job Aids in Psychopharmacology	Anthony Levinson Sarah Garside
Preventing Depression in Young Women: Resources to Enhance Your Practice	Kim Baker



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**SUMMARY OF STORYBOARD PRESENTATIONS**

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<b>Title</b>	<b>Presenters</b>
Providing Community-Based Groups for Single Mothers and Their Families	Ellen Lipman Fran Hicks Brenda Mills
The Role of the Mental Health Therapist in an Academic Family Health Team	I. Glavac Petric T. Niemeyer A. Liss G. Legere M. Wolfson C. Skinner
Screening for Depression in Patients with Diabetes: When a Screen is Positive, What Happens Next?	Leslie Born Barbara Cantwell Tracy Hussey
Shared Care Services to Indigent Populations in London, Ontario, 2004-2008	Haydn Bush Jane Langford Lois Jackson Jatinder Takhar David Haslam Sandra Dunbar
Shared Mental Health Care Programme and Somatoform Disorders: Prevalence, Characteristics, and Changes in Patient Symptoms and Disability	Janelle A. Jarva Brian P. O'Connor John M. Haggarty
Shared Mental Health Care Services and Regional Mental Health Wait-Times	Kim Karioja
Silent Knowledge: Listening to the Voices of Adolescent Girls in Primary Care	Colleen McMillan Mike Lee Poy Danielle Vogel
Stress and Adolescents	Grade 7 and 8 students, Burlington Christian Academy
Transcending Traditional Boundaries: Interdisciplinary Inter-Rater Reliability in Primary Research	Colleen McMillan
The UBC Shared Care Depression Collaborative: Lessons in Sustainability	Whitney Sedgwick
Unmet Need in Shared Mental Health Care	John M. Haggarty



**CONFERENCE-RELATED MEETINGS**

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## Conference-Related Meetings

### Thursday May 28th

#### **Research and Evaluation Meeting—2:00 P.M to 4:30 P.M., ARAGON ROOM**

We will be holding a get-together on Thursday afternoon from 2:00 P.M to 4:30 P.M. for anyone interested in exploring ways to advance research and evaluation in collaborative mental health care.

### Saturday May 30th

#### **Governance Breakfast Meeting with HNHB LHIN Board—**

**7:00 A.M to 8:10 A.M., CASTILE ROOM**

Anyone attending the conference who is a member of a board, including regional health authorities, is invited to a breakfast organized by the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) on Saturday, May 30<sup>th</sup> from 7:00 to 8:10 A.M.

#### **Interest Group Breakfast Meetings—7:00 A.M to 8:10 A.M.**

A number of special interest group meetings will be held on Saturday, May 30<sup>th</sup> from 7:00 A.M. to 8:10 A.M. These informal, facilitated discussion groups will provide a networking opportunity to explore the challenges and opportunities in collaborative care with your colleagues. Breakfast will be available in the meeting rooms. Three groups have been confirmed:

- 1) Child and Youth Mental Health—*Pavilion B*
- 2) Primary Care Providers—*Victoria Room*
- 3) Optimizing Interprofessional Education—*Aragon Room*

There will be an opportunity to suggest and/or sign up for additional groups at the conference. More information will be available at the conference Registration Desk.



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**CONFERENCE ARTS & ACTIVITIES**

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## Conference Arts & Activities

### Thursday May 28<sup>th</sup>

**6:30 p.m.—Welcome Reception:** Meet and mingle with fellow conference delegates in a



relaxed social setting. Entertainment will be provided by local music group *Quintessential*, a jazz band composed of 5 multidisciplinary musicians. Joel Banks (bass) is also a chemist and music teacher; Mary Ann Gorcsi (keyboards) is a family physician, whose first degree was a Bachelor of Fine Arts in music; Michelle Langton (drums and percussion) is also a family physician and has a Bachelor of Fine Arts in music;

Karl Langton (saxophone) is a health informatics specialist, educator, and scientist; and Kevin Williams (trumpet and flugelhorn) is also a piano tuner.

**7:15 p.m.—"I Got Lucky", Presentation by Shelagh Rogers,** CBC broadcaster and mental health consumer advocate: Shelagh Rogers explains that in her own case, she was able to recover from a breakdown because she had a fleet of caring family, friends and professionals...who spoke to each other. It's so often not the case. But it should be.

### Friday May 29<sup>th</sup>

**6:00 a.m.—Mini Around the Bay Walk/Run:** The conference is hosting its very own "*Mini Around the Bay Road Race*" (9 km or 6 km run/walk). Get your day off to a great start while enjoying the spectacular scenery of the Waterfront Trail at Hamilton's Bayfront Park. A souvenir water bottle will be given to each participant to commemorate the event, and running/walking guides will ensure you don't get lost. Runners and walkers of varied speed are welcome. The 9 km route will start from the Crowne Plaza Hotel, 150 King St. E. at 6:00 am on Friday, May 29<sup>th</sup> (please meet Brenda Mills in the hotel lobby). The 6 km route will start from Bayfront Park at 6:15 am on Friday, May 29<sup>th</sup> (please meet Susan Bird outside Hutch's Harbour Front Diner, 325 Bay St. N, at the entrance to the park).



**CONFERENCE ARTS & ACTIVITIES**

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**7:45 a.m.-8:30 a.m.—Harbourtown Sound:** Created in 2003, Harbourtown Sound (or "The Sound") is the Hamilton Chapter of the Ontario District of the Barbershop Harmony Society ... but we are also so much more! Beyond traditional barbershop-style quartets, Harbourtown Sound offers a wide range of sounds and professional a cappella entertainment styles to bring back fond memories or create new ones. From singing telegrams to large choral performances, Harbourtown Sound delivers memorable a cappella jazz, swing, soft rock, pop, traditional and inspirational music performances for any occasion. Harbourtown Sound is proud to support local charities while serving, educating and entertaining community, business and charitable organization members as well as senior citizens and school children in the Greater Halton-Hamilton region.



**5:30 p.m.—Guided tour of the Royal Botanical Gardens:** Staff of the RBG have organized tours of the gardens beginning at 5:30 P.M. for conference attendees. You will be able to sign up for the tour at the registration desk.

**5:30 p.m.—International Marketplace at the RBG:** Before the banquet begins, local artisans will be displaying and selling arts and crafts inspired by their homelands. You'll have a chance to purchase many items such as jewellery, wooden boxes, beadwork, and sandals. Don't miss this wonderful opportunity to take home something unique as a memento of your time at the conference.

**7:00 p.m.—Banquet:** The conference banquet will be held at the Royal Botanical Gardens Centre, 680 Plains Rd. W on the border of Burlington and Hamilton. Performers from First Nations, Kurdish and Colombian communities will provide entertainment over the course of the evening, and wines from local vineyards will be featured. Tickets for the banquet must be purchased in advance. Shuttle service will be available between the Crowne Plaza Hotel main lobby and the RBG every 15 minutes, beginning at 5:00 p.m.



## CONFERENCE ARTS & ACTIVITIES

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### **Saturday May 30<sup>th</sup>**

**7:45 a.m.-8:10 a.m.—Jaclyn Kenyon:** Jaclyn is a 12-year-old singer/songwriter from Hamilton, Ontario, who began performing professionally at the age of 9. She has been featured on stage in *Divas 2 on Broadway* and as Gabriella in *High School Musical*. Jaclyn recently recorded her first project with some of Canada’s top musicians and producers.

### **Ongoing**

**Art Display—** Throughout the conference we will be displaying consumer and youth art in the registration foyer.

### **"Greening" the Conference**

One of our goals was to make the conference a “green conference”. Some of the steps we have taken include using:

- electronic, rather than paper, handouts
- electronic promotional materials
- locally grown or produced foods and products
- recycling bins in multiple locations
- crockery coffee/tea cups rather than disposable ones
- pitchers of water rather than bottled water
- reusable conference/shopping bags

If you have any suggestions about how future collaborative care conference planners could further reduce the impact of the conference on the environment, please add your feedback to the conference evaluation form. Thank you.



We gratefully acknowledge the generous support and assistance of the principal, staff and students from Burlington Christian Academy.



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**ABSTRACT – ADVANCING THE CONSUMER VOICE**

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*Friday May 29<sup>th</sup>, 1:00 PM – 1:50 PM*

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## **Advancing the Consumer Voice – Lunch with Discussion Groups**

### **Learning Objectives:**

- 1) To become familiar with a consumer perspective (a person with lived experience of mental illness) on the choice of discussion topic
- 2) To increase understanding of the consumers' experience of the service system and providers
- 3) To develop ideas about what might be done to improve care, based on consumer experience
- 4) To identify recommendations to inform the National Mental Health Care Agenda related to the discussion topic

### ***Discussion Group 1: Countering stigma***

#### **Facilitator:**

Chris Summerville

#### **Discussion Points:**

“We have a once in a lifetime opportunity to do what William Wilberforce did in regard to slavery – to combat the social injustices associated with living with mental illness” says Chris Summerville. Join Chris in discussing successful strategies and recommendations for the national agenda related to countering stigma.

### ***Discussion Group 2: Shared decision-making and health literacy***

#### **Facilitator:**

Susan Roach

#### **Discussion Points:**

How do we, as people living with a mental illness, develop the understanding of our own illnesses and needs to empower ourselves to knowledgably and effectively become a partner in our mental health care? What are the self-advocacy skills necessary to begin to engage with others as a partner in our own care? What needs to be done/taught to have others view, accept, and value the person living with a mental illness as a partner in their own mental health care?



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**ABSTRACT – ADVANCING THE CONSUMER VOICE**

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*Friday May 29<sup>th</sup>, 1:00 PM – 1:50 PM*

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***Discussion Group 3: The future - What would a consumer-/patient-driven system look like?***

**Facilitators:**

Chrissy Hawkins  
Amanda Carey  
Frances Jewell

**Discussion Points:**

There will be a brief discussion around the history of the consumer movement and Consumer Survivor Initiatives followed by a pulse check of the system. What does the future hold for a consumer-/client-driven system? How do we foster and encourage mainstream service providers and funders to buy into a truly consumer-/client-driven system? How does the person with lived experience of mental illness envision the outcome?

***Discussion Group 4: Youth Involvement in Mental Health Awareness and Promotion***

**Facilitators:**

Jennifer Garcia  
Montana Goldrup

**Discussion Points:**

We will be talking about some of the unique barriers that street-involved and homeless youth face in accessing mental health services in Hamilton. This will include discussion around street involvement and how this interacts and contributes to mental health problem in youth.

***Biographical Information***

**Amanda Carey** is a facilitator with Youth Net and peer worker with Mental Health Rights Coalition. Amanda brings the perspective of today's current generation of people with mental illness. Amanda's interests include fashion and knitting.

**Jennifer Garcia** is Mental Health Liaison Clinician for Good Shepherd Youth Services which provides early intervention, assessment, support, and referrals to all agencies in Hamilton that work with street-involved and homeless youth.



**ABSTRACT – ADVANCING THE CONSUMER VOICE**

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*Friday May 29<sup>th</sup>, 1:00 PM – 1:50 PM*

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**Montana Goldrup** is a member of the New Mentality Hamilton. Montana has personal experience with mental health supports in Hamilton and is now using her voice to raise awareness of the barriers that she has faced and to influence change in the field of mental health for street-involved and homeless youth.

**Chrissy Hawkins** is a person with lived experience of mental illness and addictions. Chrissy brings an interesting perspective of being a peer support volunteer with Elizabeth Fry, Sex Work Advocacy Network and Mental Health Rights Coalition. Chrissy's interests include reading, yoga and horseback riding.

**Frances Jewell** is Executive Director, Mental Health Rights Coalition. Frances has been involved with consumer-run women's self-esteem, panic education and peer support with St. Joseph's Healthcare, and has been advocating for the consumer voice since the early 1980's. Frances' interests include sailing, art, travel and spending time with family and friends.

**Susan Roach** is a person living with mental illness who is proudly working as a Program Manager at a CSI in Haldimand-Norfolk, assisting to empower others who also share the challenges of living with a mental illness to recover and 'be all that they can be.'

**Chris Summerville** is a consumer, Board Member for the Canadian Mental Health Commission and interim CEO of the Schizophrenia Society of Canada.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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## **Concurrent Session 1**

### **1A - Responding to Change**

**Title:** Moving forward together: The transformation of Sudbury Regional Hospital's Mental Health & Addictions Program

**Presenter:**

Maureen McLelland, BScN, MHSc, CHE  
Sudbury Regional Hospital

**Summary:**

This presentation will highlight the transformation of two pre-existing agencies into a collaborative comprehensive program that leverages resources into an integrated, responsive system of care.

We will showcase

- how program structure reinforces the vision for shared collaborative care
- how access has been streamlined and strengthened for clients and families
- what's working with bridging clients between hospital and community
- how staff partner with others to offer "big city" services to rural Ontario in primary care settings

**Learning Objectives:**

- 1) To illustrate the importance of shared vision, values and philosophy in transforming two large, multi-site and complex mental health & addictions programs into a single integrated program
- 2) To demonstrate how program structure can facilitate collaboration in client service, enhancements in quality of care and improved interdisciplinary learning and development
- 3) To showcase four examples of Moving Forward Together that transcend inpatient-community boundaries, enhance family support, address geographical challenges in rural communities, and demonstrate collaborative care with co-located mental health & addictions staff





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Title:** Generating practice change in mental health organizations

**Presenter:**

Dan Bilsker PhD RPsych, Adjunct Professor, Faculty of Health Sciences, Simon Fraser University, Vancouver -Clinical Assistant Professor, Department of Psychiatry, Faculty of Medicine, University of British Columbia

**Summary:**

Organizations responsible for delivering mental health care are subject to ongoing demands for practice change. The research literature highlights the considerable challenge in changing clinician practice. Mental health care organizations can benefit from application of behaviour change methods. In this workshop, we will present guidelines for (1) implementing behavioural methods to change clinical practice and (2) planning to prevent relapse of less effective practice behaviours.

The presenter and participants will share experiences with practice change in health care organizations.

**Learning Objectives:**

- 1) Participants will learn to conceptualize mental health care organizations in terms of behaviour change principles.
- 2) Participants will learn strategies for changing clinician practice within an organization.
- 3) Participants will learn strategies for preventing practice relapse.



**Title:** System redesign - the triad of success: patient, community and shared care. A case study of a rural community in Northern British Columbia

**Presenters:**

Mary Arnett, M.Ed. Counselling Psychology  
Northern Health

Heidi Johns, BA  
Northern Health



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Summary:**

Mackenzie, a rural and remote forestry community, saw the closure of its three major employers. Consequently, the community has seen a significant increase in depression, anxiety and addiction issues which has stressed the community's professional health care resources. The development of a shared care mental health team has provided the necessary clinical supports for individuals while fostering an interdisciplinary knowledge transfer resulting in effective, coordinated care.

**Learning Objectives:**

- 1) To highlight an example of how to strengthen networks and share resources among mental health and GP services in a small rural community in Northern British Columbia
- 2) To show how this shared care initiative has reduced the need for acute mental health care services by strengthening care in the community
- 3) To illustrate how mental health shared care has not only achieved the aforementioned but perhaps more importantly has resulted in increased knowledge on the part of the GP and similarly for the mental health provider



**1B - Provincial Initiatives**

**Title:** Primary care and mental health services in Québec

**Presenter:**

André Delorme, MD, FRCPC

Director of Mental Health, Ministry of Health and Social Services of Quebec

**Summary:**

The WHO recommends that mental health services be rendered in primary care settings. The 2005 Québec mental health plan of action defines the resources and settings for a network of mental health primary care professionals and proposes the development of a collaborative care model between secondary care settings and primary care environments as well as between mental health primary care teams and family practitioners. The presentation will centre on mental health primary care teams and family practitioners.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Learning Objectives:**

- 1) To review who consumers turn to when they require mental health services in Québec
- 2) To learn about what resources are available in Québec
- 3) To understand what support should be offered with these resources



**Title:** Reforming primary care mental health services in Alberta

**Presenter:**

Roger Bland, MB ChB, FRCPC, FRCPsych

Alberta Health Services and Professor Emeritus, University of Alberta

**Summary:**

Seventeen percent of the population see a physician each year with a mental illness diagnosis, 80% being seen solely in primary care. Many primary care practitioners have poor links with specialist care. Alberta supported funding of primary care networks (PCNs), which included mental health. There are now over 30 PCNs, and 60% of primary care physicians belong to a PCN mental health program. There are high satisfaction rates expressed by both patients and practitioners.

**Learning Objectives:**

- 1) To explain the high prevalence of mental disorders in primary care
- 2) To describe the development of primary care networks in Alberta
- 3) To understand how programs differ to meet local needs



**Title:** Mental health module provincial rollout for BC GPs: making it real

**Presenter:**

Dr. Rivian Weirnerman, MD, FRCP(C),

Site Chief Psychiatry, Victoria BC

Associate Professor, University of British Columbia



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Summary:**

A multidisciplinary shared care team from Victoria, BC developed a highly valued, manual-based Quality Improvement (QI) training module for depression that GPs could utilize in realistic time. The project was funded through Health Canada's Primary Health Care Transition Fund in 2003. This module broadened to include Bounceback (CMHA) and Supported Self-Management (CARMHA and MOH) and was funded by government and BCMA to reach 800 GPs across BC. GPs' medical office assistants (MOAs) were given CMHA first aid training. Mental health was included by inviting psychiatrists and mental health clinicians across the province. Practice support programs from each Health Authority operationalized this rollout.

**Learning Objectives:**

- 1) To learn how to roll out a mental health module to enhance GP skills across a province reaching 800 GPs
- 2) To learn about the components of this module, and how it is put together into an integrated algorithm using a stepped care approach that includes screening scales, a Diagnostic Assessment Interview, and 3 unique CBT choices: the Bounceback program (CMHA), supported self-management (CARMHA and CMHA) and a manual-based approach (Cognitive Behavioural Interpersonal Skills (CBIS) Manual)
- 3) To learn about the early evaluation results



**1C - Resident Education**

**Title:** A resident-designed rotation in shared care: What residents need in order to practice community collaboration

**Presenter(s):**

Blair Ritchie, Psychiatry resident 5<sup>th</sup> year  
Queens University

Ben Loveday, Psychiatry resident 5<sup>th</sup> year  
Queens University

Joseph Burley, Assistant professor  
Queen's University



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Summary:**

This paper will be presented and facilitated by two senior psychiatry residents who participated in a self-designed rotation in collaborative mental health care. Specific attention will be paid to the planning and initiating process as well as the development of learning objectives, specifically regarding the description and development of collaborative skills. Participants will be asked to share their own thoughts and experience of resident training in community-based collaborative mental health care.

**Learning Objectives:**

- 1) To describe the process of planning, initiating and evaluating resident experiences in collaborative mental health care
- 2) To understand the need to match resident learning experiences with their career plans
- 3) To be better able to define specific collaborative skills and learning objectives required for training residents in collaborative mental health care



**Title:** Collaborative care and the new Royal College training guidelines for psychiatry residents

**Presenter:**

Nick Kates, MB.BS, FRCP(C)

Hamilton Family Health Team; McMaster University, Department of Psychiatry and Behavioural Neurosciences

**Summary:**

In the new training guidelines for psychiatry residents, the Royal College now requires a mandatory 2-month experience in collaborative mental health care. This presentation reviews the new objectives, presents some ideas as to how they can be introduced into residency programs and invites suggestions from the audience as to how to implement these important training objectives.

**Learning Objectives:**

- 1) To learn about the new Royal College training objectives in collaborative mental health care
- 2) To learn ways in which these can be implemented in residency training programs
- 3) To learn from colleagues ideas that have worked in introducing collaborative care training experiences





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Title:** Teaching behavioural sciences to family practice residents: the "shared care" approach

**Presenters:**

Jon Davine, MD, CCFP, FRCP(C), Psychiatrist  
McMaster University

Ainsley Moore, MD, CCFP, Family Doctor  
McMaster University

**Summary:**

In this paper, we describe the approach to the teaching of behavioural sciences to family medicine residents at McMaster University. Instead of a block placement in psychiatry, teaching takes place in the family practice setting, for a half-day per week over the entire two years of the residency. We will describe the specific educational initiatives that are done within this structure.

**Learning Objectives:**

- 1) To describe a horizontal teaching program in behavioural sciences for family medicine residents
- 2) To use audiovisual tools as a teaching modality
- 3) To devise an evaluation tool for a behavioural sciences program



**1D - Consumer Voice**

**Title:** Quality of life as defined by people living with schizophrenia and their families

**Presenters:**

Neasa Martin, Rehabilitation Medicine- Occupational Therapy  
Neasa Martin & Associates

Chris Summerville, D.Min., CPRP  
Schizophrenia Society of Canada

**Summary:**

A survey of 1,086 people living with schizophrenia and their families/caregivers was initiated by the Schizophrenia Society of Canada to define their priorities for supporting



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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the recovery of quality of life. Recovery and the inclusion of families in care are identified principles in the Mental Health Commission of Canada's national strategy. The findings of this survey have important implications for building collaborative partnerships, promoting recovery, and setting meaningful benchmarks for evaluating mental health service outcome.

**Learning Objectives:**

- 1) To gain greater insight into what constitutes quality of life for people living with schizophrenia and their family/caregivers
- 2) To understand the barriers which reduce quality of life, particularly in relation to mental health service delivery
- 3) To have an opportunity to explore how consumer-/family-focused QOL measures which support recovery can be incorporated into collaborative health care practices



**Title:** Expanding shared care through stigma reduction

**Presenter:**

Marvin Ross, family member/writer

**Summary:**

An expansion of the shared care model will be greatly enhanced by countering the vestiges of stigma that still linger in some areas of health care. Participants will learn of anecdotal and research evidence of this stigma from Canada and other parts of the world. This paper will be presented by a family member and the author of "Schizophrenia: Medicine's Mystery - Society's Shame". Strategies to reduce stigma will be considered.

**Learning Objectives:**

- 1) To discuss the barriers to good care for people who suffer from serious and persistent mental illness
- 2) To improve understanding of the realities of schizophrenia and the needs of both sufferers and their families
- 3) To view schizophrenia with less stigma





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**1E - Groups in Primary Care**

**Title:** Healthy You: a collaborative approach to healthy lifestyles through self-management of the mind and body

**Presenters:**

Tracy Hussey, RD  
Hamilton Family Health Team

Adrienne Sloan, RN  
Hamilton Family Health Team

**Summary:**

Healthy You is an example of collaborative primary health care that has demonstrated value for participants and practitioners. This 11-week program introduces concepts related to non-diet weight management including aspects of emotional eating. The collaboration between mental health counsellors and dietitians has increased the value of this program to participants and has led to further collaboration of practitioners within the primary care setting.

**Learning Objectives:**

- 1) To discuss the interface between dietitians and mental health counsellors in primary care groups
- 2) To discuss patient experiences related to this collaboration
- 3) To describe the incorporation of emotional eating information and strategies within a non-diet approach to weight management



**Title:** Mind over Mood in primary care

**Presenters:**

Adrienne Sloan, RN, BSN, CPMHN(C)  
Group Coordinator, Mental Health Program  
Hamilton Family Health Team



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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Mary Linda Burgess, Social Worker, MSW, RSW  
Hamilton Family Health Team

**Summary:**

This interactive workshop will describe a group for depression that utilizes the widely known CBT-based, self-help book *Mind over Mood*. It will feature the work done, lessons learned, pros and cons and tools used in the 5 groups held in the past 3 years. Future plans will be discussed, and participants will be encouraged to identify action plans that could be used for this treatment option in their own setting.

**Learning Objectives:**

- 1) To formulate how group programming could increase access to service for depression in participants' own area
- 2) To describe the pros and cons of using a manualized CBT group format to address depression
- 3) To identify an action plan for participants' own setting based on their learning from the presentation



**Title:** The non-diet approach to healthy lifestyles: a mental health, nutrition and physiotherapy collaboration

**Presenters:**

Michele MacDonald-Werstuck, Dietitian RD, M.Sc., CDE.  
Stonechurch Family Health Center

K. Lynn Dykeman, MSW RSW  
Stonechurch Family Health Center

**Summary:**

After co-facilitating a very successful and enthusiastic session on body image together, a dietitian and social worker recognized an opportunity to develop an interdisciplinary approach to addressing issues of self esteem and body image. This presentation will examine the results of this collaborative effort. The program consists of a series of dietitian/social worker sessions and one peer-led session. One group participant will co-present at the conference.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Learning Objectives:**

- 1) To explore a new model of collaborative care between social work, physiotherapy and nutrition
- 2) To utilize the themes of body image, self-esteem and activity in the development of a self-management program for healthy lifestyle
- 3) To explore the model of peer-led sessions



**Title:** Integrating well-being groups into primary care

**Presenters:**

Tena Hoekstra, Mental Health Consultant  
Shared Mental Health Care

Sheila Molyneaux, Mental Health Consultant  
Shared Mental Health Care

**Summary:**

Dysthymia is one of the most under-recognized and under-treated mood disorders that family physicians deal with. Thase and Lang (2004) report that dysthymia increases the risk of heart disease, stroke, breast cancer, substance overuse, eating disorders, anxiety, compromised immune function and recurrent major depression. Furthermore, there are social consequences of increased interpersonal difficulties, divorce, lost productivity and job failure.

**Learning Objectives:**

- 1) To learn how physicians and mental health consultants work collaboratively with well-being groups in primary care
- 2) To gain knowledge about an integrative approach to reducing the burden of dysthymia in primary care
- 3) To learn the basic content of a six-session well-being group, the potential to enhance physician knowledge and skills, reduce compassion fatigue, as well as promote positive change in clients' mood and functioning





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**1F - An International Perspective**

**Title:** Building a network with primary care to provide quality mental health care: challenges for the Brazilian Unified System

**Presenters:**

Débora Isane Ratner Kirschbaum, Nurse. Associate Professor  
State University of Campinas- Sao Paulo-Brazil

Luis Fernando Rolim Sampaio, Former Primary Care Director  
Ministry of Health – Brazil, Professor status, Faculty of Nursing, University of Toronto

**Summary:**

This paper aims to discuss the Brazilian Unified Health System organization and the articulation between its mental health and primary care policies at a national and local level that allows mental health and family health care teams to practice collaborative work through the description of systems functioning and critical analysis of its strengths and weaknesses. It intends to contribute to the discussion of Canadian shared care initiatives and to establishing a fruitful partnership in research.

**Learning Objectives:**

- 1) To describe the main aspects of the Brazilian health care system organization with a focus on primary health care and mental health policies
- 2) To discuss the strengths and weaknesses of implementing a network in mental health primary care
- 3) To understand the major challenges to providing shared mental health care based on family health and psychosocial community centres' teams



**Title:** Collaborative care between family physicians and psychologists in Australia: a model of primary mental health service delivery with implications for Canada

**Presenter:**

Robyn Vines, MSc, PhD, FAPS, Clinical Psychologist  
School of Primary Health Care, Monash University



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29<sup>th</sup>, 10:20 AM to 11:50 AM*

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**Summary:**

Service delivery models involving psychologists working with family physicians in primary care have been trialled over the past ten years in Australia and are now funded under the public health system via medicare. At the core of these new developments is the collaborative model of care and how primary care psychology enhances patient access to treatment for common mental disorders in metropolitan and rural settings across Australia. Implications for Canada will be explored.

**Learning Objectives:**

- 1) To indicate familiarity with new models of care in Australia with implications for the Canadian setting
- 2) To understand the details of collaborative primary mental health care between family physicians and psychologists
- 3) To comprehend the unique contribution that primary care psychologists can make in the general practice/primary care setting



**Title:** Improving Access to Psychological Therapies – the clinical background

**Presenter:**

Alan Cohen, FRCGP  
Senior Fellow, Sainsbury Centre for Mental Health and  
National Primary Care Director, Improving Access to Psychological Therapies (IAPT),  
Department of Health

**Summary:**

The Improving Access to Psychological Therapies is a £173m Department of Health project in the UK to deliver high quality psychological therapies to people with common mental health problems. This presentation describes the background and genesis of the Improving Access to Psychological Therapies (IAPT) programme in England. It will describe the clinical model, its relationship to the evidence base, and the process for engaging primary care clinicians in a psychological programme.

**Learning Objectives:**

- 1) To understand the IAPT model
- 2) To understand why it was developed
- 3) To understand the process of engaging primary care clinicians





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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## **Concurrent Session 2**

### **2A - Self-Management Support**

**Title:** Using the Internet to support self-management skills in our mental health clients

**Presenter:**

Dr. Anne Vagi, Psychologist  
Summerville Family Health Team

**Summary:**

This workshop will explore a tool which facilitates access to a variety of web-based resources that provide high-quality mental health information and treatment programs. These resources can be an important component of our own professional development and self-care. They also provide our clients with self-management tools that can be used as stand-alone interventions, as adjuncts to group or individual therapy, and as relapse-prevention strategies. Strategies for enhancing, supporting and evaluating self-management skills will be discussed.

**Learning Objectives:**

- 1) To have a tool to access high-quality information about mental health resources for participants and their clients
- 2) To integrate effective and efficient self-management strategies into group or individual interventions
- 3) To standardize the information presented to clients across and within clinical settings



**Title:** Mental illness, mental health and chronic disease prevention and management in Ontario

**Presenter:**

Barbara Neuwelt, Policy Analyst  
CMHA Ontario



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**ABSTRACTS – CONCURRENT SESSIONS**

---

*Friday May 29th, 2:00 PM to 3:30 PM*

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**Summary:**

The presentation will discuss the opportunities and issues related to mental health and mental illness and Ontario's chronic disease prevention and management framework. Action to bring together the primary care, chronic disease, and the community mental sectors to address the issue of diabetes in people with serious mental illnesses will be highlighted, along with some promising practices.

**Learning Objectives:**

- 1) To better understand the opportunities for promoting mental health, supporting people with mental illness, and addressing the prevention and management of co-existing mental illness and chronic physical conditions available in the health system shift to chronic disease prevention and management
- 2) To know more about action being taken to improve care for people with mental illness and diabetes through cross-sectoral work between primary care, chronic disease and community mental health sectors
- 3) To know more about promising practices to address diabetes in people with serious mental illnesses



**Title:** Supporting patients with depression in primary health care through self-management: experiences and lessons learned from the Hamilton Family Health Team's program coordinators and consumers

**Presenters:**

Susan Bird, Registered Dietitian/ Coordinator for Peer Support  
Hamilton Family Health Team

Tracy Hussey, Registered Dietitian/ Nutrition Program Manager  
Hamilton Family Health Team

Kathy Upson, consumer

Penelope Thomas, consumer

Fran Morris, consumer

John Morris, consumer

Carly Nowell, consumer



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Summary:**

Enhancing self-management of depression in primary care through peer support - whether 1:1 or group - can empower consumers when there is a resulting increase in knowledge, confidence and education to maintain self-managing behaviours. Benefits and lessons learned from coordinators and consumers of three types of self-management programs will be compared and contrasted.

**Learning Objectives:**

- 1) To describe the advantages of different models of self-management support for patients living with depression
- 2) To describe implementation strategies for offering self-management support in a primary care setting
- 3) To identify program evaluation strategies that include the voices of the consumers



**2B - Linking Systems I**

**Title:** Sharing the wealth: a collaborative model of mental health services across six different community health centres

**Presenters:**

Kapri Rabin, Director, Integration and Urban Health  
Central Toronto Community Health Centres

Dr. Peter Sakuls, Family Doctor  
Central Toronto Community Health Centres

Dr. Diana Kljenak, Psychiatrist  
University Health Network, Toronto Western Hospital

Jan Lackstrom, Clinical Director  
University Health Network, Toronto Western Hospital



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Summary:**

Reflecting on a multi-site partnership in the delivery of a collaborative mental health service delivery model within a large urban centre creates a platform to determine the possibility of replicating a similar model in other communities. This case-based presentation will illustrate the benefits and promising practices of implementing such a model for clients who are either non-insured or not proficient in English.

**Learning Objectives:**

- 1) Understand the benefits of a collaborative model through a case-based presentation
- 2) Become familiar with best practices for the successful implementation and ongoing service delivery of collaborative mental health care for clients who may be non-insured or not proficient in English



**Title:** How can a specialty mental health hospital support primary care?

**Presenters:**

Dr. Jose Silveira, B.Sc., MD, FRCPC, Assistant Professor, Department of Psychiatry, University of Toronto; Clinical Director, Portuguese Mental Health & Addictions Services, Toronto Western Hospital

Sandy Richards, BScN, Manager, Special Projects, Education and Primary Care Initiatives Policy, Education and Health Promotion, Centre for Addiction and Mental Health

**Summary:**

As a specialty mental health hospital, CAMH recognizes that health care is multi-factored and multi-system. We are seeking joint opportunities with the primary care sector to develop a robust mental health and addictions collaborative approach within an integrated system of care. This priority initiative has two broad aims: to enhance capacity within the sector to manage mental health and addictions issues, and ensure that persons with existing MH&A issues are well-served by the primary care system.

**Learning Objectives:**

- 1) To gain knowledge of CAMH perspectives and activities within the primary care sector
- 2) To identify opportunities to leverage resources and skill-mix across sectors.
- 3) To contribute participant perspectives to how a specialty mental health hospital can support primary care





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Title:** Enhancing collaboration through shared care in Peterborough: Family Health Teams and hospital-based mental health service

**Presenters:**

Dr. Shailesh Nadkarni, Program Director, Mental Health and Continuing Care  
Peterborough Regional Health Centre

Dr. Peggy Wilkins, Family Doctor  
Peterborough Networked Family Health Team

John Whitehead, Manager, Adult Outpatient Program and Interim Inpatient Manager  
Peterborough Regional Health Centre

Dr. Don Harterre, Physician Lead, Peterborough Networked Family Health Team

**Summary:**

Approximately one third of patients in primary care have mental health problems. An effective shared care model can be built if systemic barriers such as poor communication, insufficient access to psychiatrists, and lack of continuity in mental health care are removed and collaborative practice encouraged. The shared care model developed in Peterborough between Family Health Teams and hospital-based mental health services facilitates multi-modal collaboration in mental health service delivery for patients.

**Learning Objectives:**

- 1) To raise awareness of an emerging model of collaborative care being developed in Peterborough that uses multi-modal approaches
- 2) To describe processes leading to enhanced interprofessional communication and decision making
- 3) To share knowledge and skills of health care providers to synergistically influence the client/patient care provided





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**2C - Rehabilitation and Recovery**

**Title:** Facilitating recovery through better integration of occupational therapy in family practice: challenges and opportunities

**Presenters:**

Francine Lemire, family doctor MD CCFP FCFP  
The College of Family Physicians of Canada

Terry Krupa, Occupational Therapist PhD OT Reg (Ont), FCAOT  
Queen's University

**Summary:**

There is good evidence regarding the role of mental health occupational therapy (OT) in facilitating recovery. Formal and informal surveys suggest that family physicians' understanding of the role of OT in this area is an opportunity for improvement. Findings of a review of the literature will be presented. Specific areas for discussion will include: (a) the role of mental health occupational therapy services in facilitating recovery, (b) challenges to the integration of such services in primary care/family practice, (c) innovative practices, and (d) the referral-consultation process. Participants will be invited to offer suggestions for health planners to consider in effecting system change.

**Learning Objectives:**

- 1) To have a better appreciation of the challenges and opportunities, as well as best practices regarding the integration of mental health occupational therapy services in primary care/family practice
- 2) To have a better understanding of the specific contribution mental health OT can make in primary care to facilitate recovery
- 3) To have a better understanding of what makes a good OT referral, and what makes a good OT consult in primary care/family practice



**Title:** Ethnic diversity, primary care practitioners, and pathways to care for a first episode of psychosis

**Presenter:**

Suzanne Archie, Psychiatrist  
Cleghorn Program



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Summary:**

Even though early intervention services are thought to reduce treatment delay, it remains unclear whether these services are able to produce similar outcomes when the population is ethnically diverse. Family practitioners can play a pivotal role in detecting psychosis and supporting help-seeking. This presentation will focus on the role of primary care practitioners in influencing pathways to care for a first episode of psychosis among young people who are from diverse ethnic backgrounds.

**Learning Objectives:**

- 1) To review the guiding principles for culturally sensitive care
- 2) To gain an appreciation of the challenges facing young people from diverse ethnic backgrounds in accessing care for a first episode of psychosis
- 3) To develop the skills and knowledge required to help young people and their families experiencing a first episode of psychosis



**Title:** Assessing and managing disability (and sick leave issues) in patients with "stress" and mood disorders

**Presenter:**

Katharine Gillis, Psychiatrist  
TOH Shared Care Mental Health Team

**Summary:**

Mental disorders are an increasing cause of work absence with 40% of LTD claims being 'stress'-related. Sick leave and disability in mood disorders can be a challenging issue for family physicians, psychiatrists and shared care teams. There is often a difficult balance between appropriate patient advocacy and maximizing the patient's functioning in social and occupational spheres. This session will provide a methodical approach for assessing and documenting diagnosis, functional impairment, and factors influencing length of leave. Effective strategies include exploring positive and negative workplace factors and work avoidance.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Learning Objectives:**

- 1) To learn what factors to consider for recommending and approving sick leave (short-term or long-term) and return to work for patients with "stress" and mood disorders
- 2) To understand disability insurance and convey useful clinical information to disability adjudicators
- 3) To have a systematic approach to sick leave/disability that all team members can utilize



**2D - Education and Professional Identities**

**Title:** Shaping collaborative processes: influences of professional and organizational identities

**Presenters:**

Denise Aubé, Community medicine physician  
Institut national de santé publique du Québec (INSPQ)

Catherine Vallée, Postdoctoral fellow, OT  
INSPQ

Léo-Roch Poirier, Researcher  
INSPQ

Louise Fournier, Researcher  
CRCHUM and INSPQ

Sarah Descôteaux, Master candidate,  
Université de Montréal

**Summary:**

A research program follows closely the implementation of Quebec's mental health action plan in 15 local service networks, chosen for their diversity. Interviews and focus groups with key informants were held in each setting for three consecutive years. The presentation aims at deepening how various professional, managerial and organisational identities interact within these local service networks. Furthermore, structural and political tensions coexist, enlightening how professional and organisational identities shape practices and collaborative efforts.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Learning Objectives:**

- 1) To illustrate how professional and organisational identities shape practices and collaborative efforts
- 2) To appraise the influence of various contextual factors (i.e. complexity of local service networks, historical, geographical and cultural anchorages) on the development and reconstruction of these identities
- 3) To examine the impact of these processes on the gaps, challenges and synergies observed while building collaboration



**Title:** Modeling collaborative interprofessional education of mental health in primary care

**Presenters:**

Leslie Flynn, Associate Professor, Psychiatrist  
Queen's University, Hotel Dieu Hospital

Bethmarie Michalska, Assistant Professor, Psychological Associate  
Queen's University, Hotel Dieu Hospital

Han Han, Research Associate  
Queen's University

Linda Beckett, Family Physician  
Hotel Dieu Hospital

Sangeeta Gupta, Occupational Therapist  
Hotel Dieu Hospital

**Summary:**

This presentation describes our "double collaboration"-collaborations with a family physician within our mental health Collaborative Interprofessional Team (CIT), and with Queen's Family Medicine. We highlight three objectives: (a) the collaboration with a family physician within the CIT, (b) transformation of mental health practice, and (c) the collaboration on interprofessional education for Family Medicine residents. Our CIT experience models collaboration in mental health and primary care.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Learning Objectives:**

- 1) To describe the collaboration with a family physician within our Collaborative Interprofessional Team in mental health care
- 2) To understand the transformation of mental health practice
- 3) To describe the collaboration on interprofessional education for Family Medicine residents



**Title:** Educating novice mental health nurses to work in the shared care system in Brazil: the rewards and challenges

**Presenters:**

Debora Kirschbaum, RN, PhD  
Associate Professor  
State University of Campinas-Brazil

**Summary:**

This paper aims to discuss an experiment in teaching involving Brazilian nursing students whose goal was to learn how to share mental health care interventions for their clients with professionals from primary care. Based on authors' narratives, the discussion focuses on how this approach contributed to overcoming students' idealizations about the system functioning well, and to provide a new approach for their better understanding of the issue.

**Learning Objectives:**

- 1) To describe the main aspects of the Brazilian health care system organization
- 2) To understand its major challenges in providing shared mental health care
- 3) To discuss outcomes of clinical supervision in providing tools for nursing novices to participate in shared care practices



**2E - Challenges in Collaborative Care**

**Title:** Mental health services in primary care: dealing with unique boundary issues and dual relationships



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Presenters:**

Renee Fitzpatrick, Psychiatrist  
Maple Family Health Team

Jessica Hamilton, Social Worker  
Maple Family Health Team

Susan Harrison, Counsellor  
Maple Family Health Team

Paul Davidson, Psychologist  
Maple Family Health Team

**Summary:**

Providing mental health care in primary care settings has brought attention to professional issues that arise frequently in primary care mental health and much less often in secondary/tertiary care. With the change from solo practices to the Family Health Teams, issues of boundaries and confidentiality in providing mental health care to colleagues, their families and members of the same family are much more evident. Several vignettes are discussed with proposed approaches for dealing with them.

**Learning Objectives:**

- 1) To identify several boundary issues and dual relationships that are frequent in primary mental health care
- 2) To identify best practice approaches to deal with boundary issues and dual relationships that are frequent in this setting
- 3) To describe good outcomes for application of these approaches



**Title:** Expanding familiar mental health delivery in primary health care

**Presenter:**

Jacqueline Guigue-Glaspell, M.S.W., R.S.W.  
Guelph Family Health Team (GFHT)



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**ABSTRACTS – CONCURRENT SESSIONS**

---

*Friday May 29th, 2:00 PM to 3:30 PM*

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**Summary:**

Continuously under-resourced due to the multiple applications for this discipline, the GFHT takes a new approach in aligning services as modeled by our physician membership. This session will provide an overview of the strategies implemented with an emphasis on two main components: eliminating patient waiting lists and the provision of diverse modalities to intervention. Reviewed will be the good, the bad and the ugly in the journey in developing a new way of thinking.

**Learning Objectives:**

- 1) To provide a greater understanding of the strategies implemented by the Guelph Family Health Team aimed at addressing the demands associated with enhancing service within a primary care setting
- 2) To reflect upon a model of service delivery that has extended the parameters of therapeutic interventions commonly applied in collaborative care/primary care teams
- 3) To gain "inside" information gathered in planning and implementing this revised modality of service (a dialogue regarding resistances, barriers and opportunities identified while adapting the changes to programming)



**Title:** Out in the exam room and inside the EMR: incorporating the PHQ-9 into Family Health Team depression care - results of two pilot sites

**Presenter:**

Leslie Born, PhD  
Hamilton FHT

**Summary:**

This paper will focus on the process of implementing the PHQ-9 into two Family Health Team practices that have different EMR systems. This presentation will speak to: i) training health team staff in use of the PHQ-9, and facilitating the flow of patient information about depression within the team; ii) the steps needed to facilitate the start of depression screening; and iii) incorporating the PHQ-9 into Practice Solutions or P&P EMR systems and collation of data.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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**Learning Objectives:**

- 1) To have a greater understanding of the process of integrating PHQ-9 into busy clinical practices
- 2) To hear what types of problems were encountered and how these were addressed
- 3) To learn about using a team approach to detection and care of depression rather than through a single practitioner



**2F - Mood Disorders**

**Title:** Depression Education and Enhancement in Primary Care (DEEP Care)

**Presenters:**

Dr. David Haslam, Psychiatrist

Regional Mental Health Care London and Department of Psychiatry, The University of Western Ontario

Dr. Jatinder Takhar, Psychiatrist

Regional Mental Health Care London and Department of Psychiatry, The University of Western Ontario

Dr. David Dixon, Family Doctor

Byron Village Medical Centre and the Department of Psychiatry, The University of Western Ontario

Lois Jackson, Nurse

Regional Mental Health Care London

Anne Finigan, Clinical Nurse Specialist/Nurse Practitioner

Regional Mental Health Care London

Wendy Dunn, Acute Care Nurse Practitioner

North Perth Family Health Team

Ashley Donovan, Nurse Practitioner

Byron Village Medical Centre



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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Brendan Morrissey, Research Assistant  
Regional Mental Health Care London

**Summary:**

This project aims to implement and evaluate a novel intervention with complementary education and evidence-based organizational components for the management of adult depression at selected southwestern Ontario primary care sites. Web-based information and care resources are available. Script-guided telephone appointments, provided by centrally based depression care educators and nurses in collaboration with their family physician, provide education and measurement-based monitoring to promote optimal treatment adjustment, adherence, and improved outcomes.

**Learning Objectives:**

- 1) To know top-ranking primary care mental health quality measures as identified in a recent multi-stakeholder survey
- 2) To describe an intervention designed to fulfil several of these key quality measures through the use of script-guided telephone appointments provided by centrally based depression care educators (DCE) and nurses (DCN) in collaboration with the patient's family physician
- 3) To list the quantitative and qualitative methods to be used to evaluate this project



**Title:** Projet Cible Qualité: implementing components of the chronic care model to improve quality of care for anxiety and depression in quebec

**Presenters:**

Pasquale Roberge, Researcher  
CRCHUM, University of Montreal.

Louise Fournier, Researcher  
University of Montreal

Denise Aubé, Médecin conseil  
Institut national de santé publique du Québec

Hélène Brouillet, Knowledge broker  
Institut national de santé publique du Québec



**ABSTRACTS – CONCURRENT SESSIONS**

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*Friday May 29th, 2:00 PM to 3:30 PM*

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Isabelle Doré, Research coordinator  
Institut national de santé publique du Québec

Matthew Menear, PhD candidate  
University of Montreal

**Summary:**

This project aims at proposing strategies and tools to improve quality of care for anxiety and depressive disorders in Quebec's primary mental healthcare services. The quality improvement program is based on the six components of the Chronic Care Model (Wagner, 1998). We will present an overview of the program as well as organisational and contextual factors associated with the development of local implementation plans in six local services networks.

**Learning Objectives:**

- 1) To identify the six components of the chronic care model and evidence-based strategies to implement change in primary care for anxiety and depressive disorders
- 2) To understand the steps involved in the process of working with a local improvement committee to build an implementation plan for anxiety and depression in primary mental health care teams
- 3) To identify contextual and organisational factors associated with the development of local improvement plans



**Title:** Perinatal mood disorders: an interdisciplinary training video

**Presenter:**

Rita VanDooren, Social Worker  
Hamilton Family Health Team

**Summary:**

This interactive presentation and segments from an accompanying video are intended to serve as an interdisciplinary educational tool for physicians and other health care providers about the impact of mood and anxiety disorders during pregnancy and postpartum. It includes information on assessment, barriers to identification and diagnosis, screening, treatment and follow-up support. A facilitator's guide will give participants additional information, discussion questions and links to more in-depth



**ABSTRACTS – CONCURRENT SESSIONS**

---

*Friday May 29th, 2:00 PM to 3:30 PM*

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resources. A pre- and post-test is included.

**Learning Objectives:**

- 1) To identify symptoms and risk factors across the spectrum of perinatal mood and anxiety disorders
- 2) To identify barriers to identification and diagnosis
- 3) To acquire screening and assessment skills through use of specific tools.





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Concurrent Session 3**

**3A - Professional Roles**

**Title:** Interprofessional collaboration in mental health care: a (30-year) historical perspective on our evolution from the perspective of 6 different disciplines

**Presenters:**

Joseph Burley (Psychiatrist)  
Queens and Frontenac Community Mental Health  
Assistant Professor

Laurel Dempsey (Family Physician)  
Verona Medical Center  
Clinic Director

Sue Ablack R.S.W.  
Providence Care Mental Health Services  
Mood Disorders Community Outreach Worker

Alan Mathany  
Frontenac Community Mental Health Services  
Clinical Director

Brenda Bonner, Carol Hobbs  
Sharbot Lake Medical Center  
Prince Edward Family Health Team  
Nurse Practitioners

Lisa Smith  
Frontenac Community Mental Health Services  
R.N. Outreach Community Mental Health Worker

**Summary:**

A family physician, a psychiatrist, a nurse practitioner, a clinical director of a community mental health agency, an outreach social worker and a community mental health worker will describe the changes in their roles, identities, interprofessional interactions, in the context of an evolving and rapidly changing mental health care system during their careers of more than twenty-five years.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Learning Objectives:**

- 1) To describe the roles, skills, experience of several different professions in specific collaborative mental health settings
- 2) To understand the importance of interprofessional teamwork in collaborative mental health settings
- 3) To recognize the importance of our histories as they affect our beliefs, attitudes, practices and the development of collaborative mental health care



**3B - Skill Enhancement for Family Physicians**

**Title:** Developing effective collaboration in children's mental health: one question at a time

**Presenters:**

Barry Sarvet, MD, Child and Adolescent Psychiatrist  
Baystate Medical Center, Tufts University School of Medicine

L. Read Sulik, MD, Child and Adolescent Psychiatrist  
Minnesota Department of Mental Health

**Summary:**

Presenters from two large scale collaborative children's mental health programs in the US will present a model question-based curriculum designed to meet the unique educational needs of primary care providers in core principles of practical child and adolescent psychiatry. Didactic methods will be demonstrated, and strategies for the implementation of the curriculum will be reviewed and discussed.

**Learning Objectives:**

- 1) To describe the use of a question-based curriculum for teaching pediatric primary care providers core principles in children's mental health
- 2) To apply the question-based curriculum in a variety of educational formats for both primary care clinicians and collaborating children's mental health specialists
- 3) To develop strategies for enhancing collaborative relationships between pediatric primary care providers and children's mental health professionals through improved understanding of the educational needs of primary care clinicians





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Title:** The Ontario College of Family Physicians Collaborative Mental Health Care Network: an 8-year review

**Presenters:**

Jose Silveira, Psychiatrist  
Ontario College of Family Physicians

Pat Rockman, Family Doctor  
Ontario College of Family Physicians

**Summary:**

The Ontario College of Family Physicians designed and implemented a program to support Ontario's primary care physicians' care of their patients suffering with mental disorders. The program has been in existence for approximately 8 years and has grown in the numbers of physicians enrolled and the scope of services that it provides. We review the challenges, strengths and opportunities encountered in the past 8 years.

**Learning Objectives:**

- 1) To define and describe "collaborative care at a distance"
- 2) To apply what the OCFP CMHCN has learned from its challenges to his/her own project
- 3) To describe the role of mentor as it applies to collaborative care



**Title:** A quality improvement initiative for depression: finally a model for use in "real" time – first local and now province-wide

**Presenter:**

Rivian Weirnerman, MD, FRCP(C)  
Site Chief, Psychiatry, Victoria BC  
Associate Professor, University of British Columbia

**Summary:**

Many patients with mental illness depend on family physicians for their physical and mental health care, yet FPs often report dissatisfaction with the quality of mental health care they provide. This presentation will describe a 2-year quality improvement manual-based initiative developed to increase FPs' diagnostic cognitive behavioral interpersonal treatment skills for depression. Feedback suggests that this initiative enhanced the ability of FPs to diagnose depression and comorbid disorders, organize



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**ABSTRACTS – CONCURRENT SESSIONS**

---

*Saturday May 30th, 10:30 AM to 12:00 PM*

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problems and use cognitive behavioral interpersonal skills. This initial proposal has now developed into a province-wide rollout across BC to reach 800 GPs supported by the Ministry of Health, BCMA, CMHS, CARMHA and many other partners. Training for MOAs is included as well as the BounceBack and Supported Self-Management program. Finally mental health clinicians and psychiatrists across the province bridging primary care and mental health and addictions are included.

**Learning Objectives:**

- 1) To know about one QI model that participants could do themselves, or have done, in a GP office to enhance the GP's skills in the treatment of depression and consider ways to disseminate this model
- 2) To learn how one small local QI initiative can develop into a province-wide rollout
- 3) To understand the importance of partnerships



**3C - Innovative Adaptations**

**Title:** Mental health care delivery in the Canadian Forces

**Presenter:**

Col. Randy Boddam, CD, BSc., MD, FRCP(C)  
NPL Psychiatry and Mental Health

**Summary:**

Over the last several years and in response to significant perceived shortfalls in the delivery of health care to the members of the Canadian Forces a programme of health care renewal has been undertaken. Mental health care has changed and a system of programme-based, interdisciplinary care has been developed, relying upon shared care between the General Duty Medical Officer and the mental health care team. This presentation will describe this system.

**Learning Objectives:**

- 1) To gain an understanding of the unique requirements of military health care delivery
- 2) To gain an appreciation of a system of mental health care delivery involving mental health care providers, primary care providers and occupational medicine
- 3) To be able to describe an interdisciplinary, programme-based system of mental health care delivery





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**ABSTRACTS – CONCURRENT SESSIONS**

---

*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Title:** A model of collaborative mental health care in a university setting

**Presenter:**

Catharine Munn, M.Sc., M.D., F.R.C.P.(C)  
McMaster University Campus Health Service

**Summary:**

At McMaster University's Campus Health Service (CHC) and Centre for Student Development (counselling), we have developed a Shared Care Mental Health Team to help serve the university's 26,000 students. We believe this is a unique mental health service in a Canadian educational setting because of the degree of collaboration practiced. We present an overview of the development of our current service and recent findings regarding the students we served in 2008.

**Learning Objectives:**

- 1) To increase knowledge regarding a model of shared care mental health delivery in the university setting
- 2) To increase knowledge regarding the nature of psychosocial and psychiatric problems seen on a university campus with a young adult population
- 3) To discuss the challenges of setting up and maintaining a shared care mental health program in an educational setting



**Title:** Collaboration in progress: a perspective on the evolution of collaborative processes within 15 local service networks

**Presenter(s):**

Catherine Vallée, Ph.D., occupational therapist and postdoctoral fellow  
Institut national de santé publique du Québec

Léo-Roch Poirier, M.Sc., researcher  
Institut national de santé publique du Québec

Denise Aubé, M.Sc., MD, FRCPC, Community medicine physician  
Institut national de santé publique du Québec



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**ABSTRACTS – CONCURRENT SESSIONS**

---

*Saturday May 30th, 10:30 AM to 12:00 PM*

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Louise Fournier, Ph.D. researcher  
Centre de recherche du CHUM (CRCHUM)

Sarah Descôteaux,  
Université de Montréal

**Summary:**

This paper presents some results of a three-year research project examining the implementation of Quebec's mental health action plan (MHAP), which aims at consolidating primary mental health care. More specifically, the presentation examines and contrasts the development and evolution of collaboration efforts within 15 local service networks chosen for their diversity. Key ingredients that support collaborative practices and critical phases of their development will be identified and examined.

**Learning Objectives:**

- 1) To assess three core moments in the development of collaborative efforts within primary mental health care service networks
- 2) To contrast the evolution of collaborative efforts over time across 15 local service networks while identifying key factors for sustaining collaborative practices
- 3) To better understand the impact and limitations of policy making on collaborative practices



**3D - Child and Youth**

**Title:** Strengths and barriers to implementation of outreach collaborative children's mental health

**Presenters:**

Dr. Helen R Spenser, Child and Adolescent Psychiatrist, University of Ottawa  
Child and Adolescent Psychiatrist, Children's Hospital of Eastern Ontario, Assistant Professor, University of Ottawa

Paula Cloutier MA, Research Associate, Mental Health Research  
Children's Hospital of Eastern Ontario



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Summary:**

As part of the larger program of outreach mental health service provision at a tertiary care children's hospital, two clinicians – a child and youth psychiatrist and a psychological associate – travel 250km every two weeks to a community mental health clinic. Local primary care physicians seek consultation for youth with psychiatric, behavioural or emotional disturbances of a severe nature. This presentation will review demographic data and discuss strengths and barriers to the service from client and practitioner viewpoints.

**Learning Objectives:**

- 1) To understand the structure of a rural multidisciplinary mental health outreach service for children and youth in eastern Ontario
- 2) To review strengths and barriers to delivery of outreach service from the point of view of referring physician, clients and clinicians delivering service as well as allied health professionals in the service area
- 3) To examine the demographic data of presenting problem, wait time, acuity of illness over a one-year period of service delivery



**Title:** Child & youth issues: Who and how can mental health clinicians help in a primary care setting?

**Presenter:**

Tracy Lindberg, Ph.D., R. Psych.

**Summary:**

Data on referrals and clinical service utilization for a child & youth shared care team over a 4-year period are analyzed to address the question of which patients gain the most benefit from access to mental health clinicians in a primary care setting. Feedback from family physicians further identifies a number of recognized benefits that direct access to mental health clinicians offers in addition to increased patient access to in-house clinical services.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Learning Objectives:**

- 1) To gain a better understanding of which patients can benefit most from a collaborative care model
- 2) To inform models of efficient service delivery in established and emerging shared care teams
- 3) To explore family physician perspectives on benefits that participation in a collaborative care model offers beyond direct mental health service access



**Title:** "An innovative approach" to child & youth mental health in primary care

**Presenters:**

Brenda Mills, Coordinator, Child & Youth Mental Health  
Hamilton Family Health Team

Kate Jasper, Child & Youth Mental Health Counsellor  
Hamilton Family Health Team

Ted Ridley, Child & Youth Mental Health Counsellor  
Hamilton Family Health Team

**Summary:**

This interactive presentation will provide an overview of the Child & Youth Mental Health Initiative. Since the inception of the program 2 years ago, there are many lessons learned and insights to share. The presentation covers planning, implementation and future directions of the program. Hear about a "stepped approach" to interprofessional capacity building as well as screening tools, resource development and preliminary evaluation findings of the Child and Youth Mental Health Initiative.

**Learning Objectives:**

- 1) To provide an overview of a child and youth mental health service delivery model in primary care
- 2) To gain awareness of the lessons learned and to provide preliminary program evaluation findings during the 2-year pilot phase
- 3) To facilitate discussion related to the challenges, successes and future directions of child & youth mental health services in primary care





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**3E - Collaborative Care for Specific Populations**

**Title:** Interdisciplinary care: responding to a refugee community's mental and physical health needs. Experiences of practitioners, learners and the community – the Kurdish Family Project

**Presenters:**

Inge Schabort, Family Doctor  
McMaster University

Lynn Dykeman, Social Worker  
McMaster University

**Summary:**

One of the largest Kurdish populations in Canada lives in a concentrated area on the Hamilton East Mountain. During interdisciplinary conversations at the McMaster Family Health Team, common concerns of this population were identified. Rather than treating the serious physical and mental health needs of this population on an individual basis, a decision was made to form an interdisciplinary team to work in collaboration with this population. The results of this collaboration will be presented.

**Learning Objectives:**

- 1) To identify interdisciplinary responses to a community in crisis
- 2) To explore developing Family Health Team and community partnerships
- 3) To discuss ways to involve learners in community projects



**Title:** Challenges in providing collaborative mental health care for patients in the inner city

**Presenters:**

Lorne Tugg MD FRCP(C), Psychiatrist  
St. Michael's Hospital

Carolyn Dewa PhD, Mental Health Systems Researcher  
Centre for Addiction and Mental Health



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Summary:**

The complex social and mental health needs of individuals living in inner city environments present daunting challenges for the implementation of effective collaborative mental health programs. This presentation will examine these challenges drawing upon some preliminary data from an ongoing randomized controlled trial of two different models of collaborative care for this population.

**Learning Objectives:**

- 1) To better understand the unique challenges involved in developing and sustaining collaborative mental health care programs for disadvantaged populations, specifically those residing in the inner city
- 2) To reflect on the preliminary findings from a randomized controlled trial of two different models of collaborative mental health care for this population
- 3) To appreciate the need for a public policy discussion regarding the unique mental health needs of this population leading to the creation of appropriate models of collaborative care



**Title:** Shouting at the walls: a shared care approach to working with homeless and vulnerably housed individuals

**Presenters:**

Abbas Ghavam-Rassoul, Family Physician  
CAMH and St. Michael's Hospital

Beryl Campeau-Larose, Case Worker  
CAMH

Leslie Codsji, Nurse  
CAMH

Sonia Nandlall, Case Worker  
CAMH

Sam Packer, Psychiatrist  
CAMH



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Summary:**

The shared care team at CAMH provides interprofessional primary care and mental health services in a variety of shelters. In this presentation we will discuss our approach with clients with complex needs. We will use a case presentation to demonstrate how our team works with clients to overcome barriers to success. We will highlight team and system factors that help or hinder the achievement of client goals.

**Learning Objectives:**

- 1) To identify strategies to use to set priority goals when faced with a client with multiple needs
- 2) To describe strategies to use when providing team-based care to an individual with chronic mental illness who is underhoused or homeless
- 3) To share and demonstrate strategies to ensure optimum collaborative team-based care



**3F - Linking Systems II**

**Title:** Collaboration between shared mental health care and behavioural models in primary care settings in Calgary

**Presenters:**

Sherry Harris, MSW RSW RMFT (social worker/marriage and family therapist).  
Shared Mental Health Care, Alberta Health Services

Dr. Penny Borghesan, BSc, RRT, MD, CCFP (family doctor).  
Shawnessy Medical Clinic, South Calgary Primary Care Network

Barbara Rodrigues, MSW, RSW (social worker).  
Behavioural Health Consultant, South Calgary Primary Care Network

**Summary:**

There are two successful programs that offer significant support to primary care physicians and patients in the Calgary region. These include the Shared Mental Health Care Program, which has been in existence for the last 10 years and the Behavioural Health Consultation Program which was introduced into primary care settings in Calgary in 2007. This presentation will detail the experiences of one family practice setting in utilizing both programs and describe the collaborative efforts which contribute to ongoing success.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Learning Objectives:**

- 1) To understand the basic differences between Shared Mental Health Care (SMHC) and Behavioural Health Care Programs (BHC) in Calgary
- 2) To appreciate the specific benefits of each program in supporting primary care physicians in their practice and in providing improved care for their patients
- 3) To learn how to facilitate and enhance collaboration between these two services which are operating simultaneously in family practice settings



**Title:** Psychiatric linkages within primary care

**Presenters:**

Crystal Degenhardt BSW, RSW, Social Worker  
Edmonton Southside Primary Care Network

Jennine Wismark, Family Doctor  
Edmonton Southside Primary Care Network

**Summary:**

The Southside Primary Care Network (PCN) is a grouping of approximately 90 physicians who provide primary care to a population of over 92, 000 patients. One of the top priority areas identified that required additional support to meet presenting patient needs was mental health. One aspect of programming that commenced since the introduction of the PCN was the integration of psychiatrists into primary care clinics. This aspect of the PCN will be described.

**Learning Objectives:**

- 1) To understand the process involved in getting psychiatrists into primary care
- 2) To have a picture of the current programming set-up of psychiatric linkages within the Southside Primary Care Network
- 3) To understand the advantages of having a psychiatrist attached to primary care





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 10:30 AM to 12:00 PM*

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**Title:** Building ongoing outcome evaluation and patient tracking in collaborative care – challenges and solutions

**Presenters:**

Colleen MacPhee, Advance Practice Nurse  
The Ottawa Hospital

Dr. Katharine Gillis, Psychiatrist  
The Ottawa Hospital

Claudia Hampel, Registered Nurse  
The Ottawa Hospital

**Summary:**

Collaborative care initiatives must continually evaluate their contribution to the health care system and evolve as community needs and demographics of their patient population change.

This presentation will identify some of the challenges and methods in which this team has worked towards building ongoing evaluation into the program. We would also like to determine if there is any interest in working collaboratively with other similar programs to develop a common or minimum data set.

**Learning Objectives:**

- 1) To compare challenges on managing and maintaining ongoing evaluation of collaborative care programs
- 2) To identify methods of data collection that may be useful in their clinical areas
- 3) To explore opportunities to develop minimum data sets with common definitions to compare data with other similar programs across the country





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**Concurrent Session 4**

**4A - Medical Care in Mental Health Settings**

**Title:** Ensuring primary health care in the mental health care setting: a multidisciplinary approach

**Presenters:**

Annette Bradfield, RN(EC), MScN, Primary Health Care Nurse Practitioner  
Canadian Mental Health Association, Ottawa Branch

Brenda Moore, RN, CPMHN(C), Registered Nurse  
Canadian Mental Health Association, Ottawa Branch

**Summary:**

Mental illness is a risk factor for developing chronic physical conditions such as metabolic syndrome. Multidisciplinary partnerships have been initiated at the Ottawa Branch of the Canadian Mental Health Association to expand the provision of a client-centred approach that embeds primary health care within mental health services. This presentation will review the literature regarding primary care in the mental health setting, and will describe the integration of primary care strategies within an active mental health organization.

**Learning Objectives:**

- 1) To summarize current literature pertaining to primary health care in the mental health care setting
- 2) To describe the process and outcomes of integrating primary health care within an active mental health care organization, and strategies to overcome common challenges
- 3) To outline clinical examples that illustrate how a collaborative approach provides a solid foundation for tailoring client care for clients with mental illness



**Title:** The Whitby Mental Health Centre Metabolic and Weight Management Clinic

**Presenter:**

Jane Miles, RN(EC), BScN, MEd, NP-PHC, Nurse Practitioner  
Whitby Mental Health Centre



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**Summary:**

Cardiovascular disease is twice as prevalent in persons with mental illness, but these individuals are far less likely to be treated for vascular risk factors. Often their only access to the health care system occurs with the psychiatric management team, where physical co-morbidities are not at the forefront of treatment plans. This presentation will outline an effective, evidence-based, multi-site, interdisciplinary service offering medical management and healthy lifestyle programs to mitigate cardiovascular risk in individuals with mental illness.

**Learning Objectives:**

- 1) To highlight the prevalence and impact of chronic disease in mental health
- 2) To discuss an effective interdisciplinary approach to mitigating excess morbidity and mortality in mental health
- 3) To review the benefits of healthy lifestyle and improved metabolic indicators for individuals with serious mental illness



**4B - Linking Systems III**

**Title:** Enhancing community linkages for better anxiety and depression care in Quebec primary mental health services: early findings from Projet Cible Qualité

**Presenters:**

Matthew Menear, PhD candidate  
University of Montreal

Louise Fournier, Researcher  
University of Montreal

Pasquale Roberge, Researcher  
Centre de recherche du CHUM

Denise Aubé, Médecin conseil  
Institut national de santé publique du Québec

Hélène Brouillet, Knowledge broker  
Institut national de santé publique du Québec



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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Isabelle Doré, Research coordinator  
Institut national de santé publique du Québec

**Summary:**

Projet Cible Qualité is a quality improvement program aiming to enhance the quality of care for anxiety and depressive disorders in Quebec's primary mental health services. One component of the program involves assessing and strengthening links between primary mental health providers and community resources. Pre-collaborative community linkages were evaluated using the Assessment of Chronic Illness Care (ACIC) tool. Key findings as well as strategies proposed to strengthen partnerships and enhance care will be presented.

**Learning Objectives:**

- 1) To learn about the types of partnerships that currently exist between primary mental health care providers and community partners in several regions of the province of Quebec
- 2) To identify some of the factors that have led to differences in the nature and quality of collaborations with community partners across regions
- 3) To learn how anxiety and depression care could be enhanced through greater links between primary mental health care providers and community partners



**Title:** Linking community mental health, psychiatry and primary care: transitional case management

**Presenters:**

Joseph Burley, Assistant Professor  
Queens and Frontenac Community Mental Health

Alan Mathany, Clinical Director  
Frontenac Community Mental Health

Nancy Barkman, Manager: Transitional case management  
Frontenac Community Mental Health

**Summary:**

This workshop will describe a collaboration between Frontenac Community Mental Health Services and Queens University Department of Psychiatry and Family Medicine.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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The Transitional Case Management Team at FCMHS will be described along with the development of a service which links clients/patients referred from hospital and crisis settings and provides short-term treatment while linking with them back to the care of their family physicians.

**Learning Objectives:**

- 1) To describe and apply to their own setting one model of collaboration between community mental health, psychiatry and primary care including development, clinical work, linking with primary care, educational opportunities, knowledge exchange, facilitating factors and pitfalls
- 2) To describe and apply to their own setting other models and experiences from the participants
- 3) To be more knowledgeable about how to develop, refine and evaluate similar services in their community



**4C - Seniors**

**Title:** First Link: improving dementia support through strengthened primary care partnerships

**Presenters:**

Carrie McAiney, Ph.D., Researcher  
McMaster University & Hamilton FHT

Marg Eisner, Nurse  
Alzheimer Societies of Brant and Hamilton & Halton

Mary Schulz, Social Worker  
Alzheimer Society of Canada

Cathy Conway, Educator  
Alzheimer Society of Ontario

**Summary:**

Emerging knowledge about collaborative efforts coupled with primary care challenges and demographic pressures have encouraged the development of new means of supporting primary care for persons with dementia. The presentation will provide a description of First Link<sup>®</sup>, an innovative program involving collaborations between



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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primary care providers, Alzheimer Societies, and other health professionals that aims to support the diagnosis of persons with Alzheimer's and related diseases and linkage with support services earlier in the disease course.

**Learning Objectives:**

- 1) To identify the challenges associated with providing primary care to people with dementia and their family members
- 2) To describe First Link®
- 3) To describe some of the benefits resulting from the First Link® initiative



**Title:** Partnerships to improve the management of late-life depression in primary care

**Presenters:**

Jane McCusker, Epidemiologist  
McGill University

Lisa Van Bussel, Geriatric psychiatrist  
Geriatric Psychiatry Program, Regional Mental Health Care London.

Nicole Robert, Executive Director  
Geriatric Psychiatry Community Services of Ottawa

**Summary:**

Brief presentations will be made on: (a) the chronic care model as applied to late-life depression and (b) the process of the integrated knowledge translation approach used to develop implementation strategies for improving the collaborative care and outcomes of late-life depression. The interactive component of the presentation will invite participants to critically evaluate the approach and results used, provide additional perspectives, and vote on their ranking of a revised list of approaches.

**Learning Objectives:**

- 1) To describe the chronic care model and its applications to the management of late-life depression
- 2) To describe a method of implementing integrated knowledge translation in developing partnerships between researchers and potential users of the research
- 3) To contribute to the development of national recommendations to improve the collaborative care of late-life depression





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**4D - Problematic Substance Use**

**Title:** Short-term outcomes in patients attending a primary care-based addiction shared care program

**Presenters:**

Lynn Wilson, MD CCFP FCFP family doctor  
Chair, Department of Family Medicine, University of Toronto

Meldon Kahan, MD CCFP FRCPC family doctor  
Medical Director, Addiction Medicine Service, St Joseph's Health Centre

**Summary:**

We will present results of an evaluation of an addiction shared care program based in an inner city primary care clinic. The service provides brief counselling, outpatient detoxification, pharmacotherapy, and communication with the referring physician. At a four-month structured telephone interview, patients reported marked reductions in alcohol and opioid use. The presenters will discuss the potential role of shared care programs in delivering addiction interventions to the primary care population.

**Learning Objectives:**

- 1) To describe outcomes of patients attending a primary care based addiction shared care program
- 2) To discuss the components of the program and resources required
- 3) To consider the role of shared care programs in improving primary care patients' access to addiction treatment



**Title:** The DrinkWise Program: a primary care service response for risky drinkers

**Presenters:**

Brad LaForme, BSW, RSW, Mental Health Counsellor – Substance Use Initiative  
Hamilton Family Health Team

Tracy Kirby, MSW, RSW, Mental Health Counsellor – DrinkWise Facilitator  
Hamilton Family Health Team



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**Summary:**

Twenty percent of primary care patients drink over the low-risk guidelines. This workshop presents data and primary care experience with the DrinkWise group program for problematic drinkers. Risky drinkers identified by routine alcohol screening by any health professional are offered a program that teaches the skills to adopt moderate drinking practices or to stop drinking altogether. Outcome measures and challenges to implementing brief alcohol screening and the DrinkWise program in primary care are discussed.

**Learning Objectives:**

- 1) To understand, evaluate, and consider the DrinkWise program as a service response in primary care for "at-risk" drinking
- 2) To reflect on the roles of different health care professionals in increasing detection and brief intervention for "at-risk" drinkers
- 3) To discuss the development of primary care alcohol screening to increase detection of "at-risk" drinkers



**4E - Enhancing the Collaborative Process**

**Title:** Interprofessional mental health undergraduate education: lessons learned

**Presenter:**

Olga Heath, Psychologist; Memorial University

**Summary:**

This paper presents Memorial University's Interprofessional Education (IPE) Framework and how the Mental Health Module fits into the continuum of collaborative mental health education. The original design and modifications made to the module are reviewed. Three years of data on student evaluation are presented by the four health professional programs involved. Challenges and successes associated with implementing the module are reviewed within the context of student evaluations and reflections on future directions are shared.



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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**Learning Objectives:**

- 1) To explain the interprofessional education framework implemented at Memorial University and how the Mental Health Module goals and objectives are consistent with the overall framework
- 2) To understand the challenges associated with interprofessional education and how faculty involved in developing, implementing, evaluating and revising the course over 3 years addressed the challenges and built upon the successes. Participants will be able to illustrate the challenges and successes with examples from each professional group
- 3) To explain the quantitative and qualitative student evaluation of the Mental Health Module in each year for each professional group and how this influenced revisions to the module



**Title:** We hired allied health at the family practice office, so now what? Results of the 2007 needs assessment of Ontario Family Health Team social workers.

**Presenters:**

K. Lynn Dykeman,MSW,RSW, Social worker  
McMaster University

Annette Dekker,MSW,RSW, Marriage and Family Therapist and Social Worker  
Kitchener Centre for Family Medicine

**Summary:**

In 2007, 90 mental health professionals met in Hamilton, Ontario to discuss mental health services in Ontario's Family Health Teams. The results of the needs assessment conducted at this meeting of mental health service providers will be presented in this paper. Issues explored will include how to create onsite interdisciplinary conversations regarding mental health care and how to create a physical layout which encourages interprofessional collaboration.

**Learning Objectives:**

- 1) To create opportunities for interdisciplinary conversations and collaborative care
- 2) To explore how physical layout of practices determines professional collaboration
- 3) To identify markers of success in the delivery of mental health services in primary care





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**ABSTRACTS – CONCURRENT SESSIONS**

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*Saturday May 30th, 1:15 PM to 2:30 PM*

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**4F - Prevention and Early Detection**

**Title:** How can we put the ACE Study into practice?

**Presenter:**

Vincent J. Felitti, MD  
Physician, Kaiser Permanente Medical Care Program  
Clinical Professor of Medicine, University of California

**Summary:**

The ACE Study documents in 17,000 middle-class Americans how ten common categories of adverse childhood experience have a powerful and proportionate relationship to adult health, disease burden, and social function a half-century later. This presentation will discuss resistance to using this information, and means of integrating it into clinical practice.

**Learning Objectives:**

- 1) To enable participants to understand the impact of adverse childhood events on adult physical and emotional health
- 2) To discuss resistance to using this information
- 3) To enable participants to understand and deal more effectively with many of the most difficult patients they see in daily practice





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**ABSTRACTS – KEYNOTE AND GUEST SPEAKERS**

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## **Keynote and Guest Speakers**

### **Abstracts**

#### **Keynote – Friday, May 29<sup>th</sup>, 9:00 AM to 10:00 AM**

**Title:** The Next 10 Years: More Than Just Collaboration

**Speaker:**

Nick Kates, MB.BS, FRCP(C)

Hamilton Family Health Team, McMaster University, Department of Psychiatry and Behavioural Neurosciences

**Summary:**

This presentation reviews the gains made in building collaborative partnerships between mental health and primary care providers over the last 10 years. It discusses how achieving optimal outcomes for consumers requires more than just better collaboration and presents ways in which systems of care can be redesigned to focus on populations, shift to pro-active rather than reactive care, increase access, improve efficiency and become consumer-driven.

**Learning Objectives:**

- 1) To understand developments in collaborative mental health care over the last 10 years
- 2) To learn about ways of reorganizing systems of care to get better outcomes
- 3) To understand how to implement population-based interventions in primary care



#### **Update from the Mental Health Commission of Canada – Friday, May 29<sup>th</sup>, 12:00 – 12:50 p.m.**

**Title:** A framework for a mental health strategy for Canada: What does it mean for collaborative care?

**Speaker:**

Gillian Mulvale, Senior Policy Advisor, Mental Health Strategy, Mental Health Commission of Canada



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**ABSTRACTS – KEYNOTE AND GUEST SPEAKERS**

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**Summary:**

The presentation will begin with an overview of the Commission and its mandate, with a particular focus on the process for developing a Mental Health Strategy for Canada. The speaker will highlight the first phase of strategy development which focuses on WHAT a transformed mental health system would look like, and will then discuss what the Mental Health Commission of Canada has heard during its 14 regional stakeholder meetings and country-wide e-consultations about its framework of eight goals proposed in the document, *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada*.

Using an interactive format, participants will be asked what these goals mean for collaborative mental health care programs and how collaborative care approaches can help to further the proposed goals, by identifying potential obstacles and opportunities. It is hoped that this discussion will be the start of a continuing dialogue with the Mental Health Commission, as part of the second phase of mental health strategy development which looks at HOW the proposed goals can be achieved in communities and regions across the country.

**Learning Objectives:**

- 1) To become familiar with the process being used by the Mental Health Commission of Canada to develop a mental health strategy for all people who live in Canada
- 2) To learn about the Mental Health Commission of Canada's proposed eight goals for mental health system transformation and the feedback about the proposed goals given in recent national consultations
- 3) To understand some of the opportunities for/obstacles to advancing the proposed goals through collaborative mental health care



**Keynote – Friday, May 29<sup>th</sup>, 3:45 PM – 4:30 PM**

**Title:** Improving Access to Psychological Therapies – Lessons from the U.K. Experience

**Speaker:**

Alan Cohen, FRCGP, Senior Fellow, Sainsbury Centre for Mental Health and National Primary Care Director, Improving Access to Psychological Therapies (IAPT), Department of Health



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**ABSTRACTS – KEYNOTE AND GUEST SPEAKERS**

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**Abstract:**

The Improving Access to Psychological Therapies is a £173m Department of Health project in the UK to deliver high quality psychological therapies to people with common mental health problems. It is committed to training 3,600 new therapists who will deliver treatment to 900,000 people, of whom 50% can be expected to recover. This presentation will describe how a pilot programme, built on clinical evidence, became the national dissemination plan of a new service; the effect of varying types of pressure and stress on the roll out, and in particular the effect of the Global Economic Downturn on worklessness and psychological wellbeing.

**Learning Objectives:**

- 1) To increase participants' knowledge regarding the conversion of research evidence into day-to-day practice
- 2) To learn about engaging primary care services
- 3) To understand the impact of economics on health priorities



**Keynote – Saturday, May 30<sup>th</sup>, 8:15 AM to 9:15 AM**

**Title:** Adverse Childhood Experiences and Their Relation to Adult Health and Well-Being

**Speaker:**

Vincent J. Felitti, MD  
Physician, Kaiser Permanente Medical Care Program  
Clinical Professor of Medicine, University of California

**Summary:**

The ACE Study documents in 17,000 middle-class Americans how ten common categories of adverse childhood experience have a powerful and proportionate relationship to adult health, disease burden, and social function a half-century later. These childhood experiences, now hidden by time, by shame, and by secrecy exert a powerful and unrecognized effect on our most common public health problems. Time does not heal; time conceals - at great economic and social costs.



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**ABSTRACTS – KEYNOTE AND GUEST SPEAKERS**

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**Learning Objectives:**

At the end of this presentation, practitioners will understand that adverse childhood experiences:

- are common
- cast a long shadow that is not healed by time
- cause medical problems that are not understandable apart from their origins
- underlie many of the more difficult problems they see each day
- are related to much of the illness and chronic disease burden of the nation



**Keynote – Saturday, May 30<sup>th</sup>, 9:15 – 10:00 a.m.**

**Title:** Early child development: a crucial determinant of health. What is the shared care story?

**Speaker:**

Jean Clinton, BMus MD FRCP(C)  
McMaster University, Department of Psychiatry and Behavioural Neurosciences,  
Division of Child Psychiatry

**Summary:**

What is the best time to prevent psychiatric disorder? Evidence is mounting suggesting that what happens, not only in the first two years, but prenatally, sets the stage for coping, competence and disease later in life. With this unfolding story, the roles of Primary care, public health and psychiatry will be explored.

**Learning objectives:**

- 1) To learn about the most current research on brain development from an epigenetic perspective
- 2) To understand the crucial role of partnership between primary care, the community and the family in optimizing mental health and thriving
- 3) To learn of a community collaborative approach





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**BIOS – KEYNOTE AND GUEST SPEAKERS**

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**Bios**



**Jean Clinton**

Jean Clinton holds a Bachelor of Music Degree in Education and a medical degree and Fellowship in Psychiatry from McMaster University.

She is an Associate Clinical Professor, Department of Psychiatry and Behavioural Neurosciences at McMaster, Division of Child Psychiatry. She is on staff at McMaster Children's Hospital, an Associate in the Department of Child Psychiatry, University of Toronto

and the Hospital for Sick Children, an Associate Member of the Offord Centre for Child Studies, and a Fellow of Dr. Fraser Mustard's Council for Early Child Development.

She leads Hamilton's Best Start Primary Care Engagement Strategy for the enhanced 18-month well baby visit, and is the lead, through the Offord Centre, for the provincial education subcommittee. She sits on the MCYS Provincial Implementation Committee and was a member of the "Getting It Right at 18 Months Expert Panel" for MCYS.

She is the author of numerous published papers on resilience, child development and poverty, and teen brain development.



**Alan Cohen**

Dr. Alan Cohen was a GP principal for 20 years in Mitcham, South London. In that time the practice developed from a three-partner practice with 6,000 patients, to a five-partner training and teaching practice with 10,000 patients.

From 2005 Dr. Cohen was senior primary care advisor to CSIP (Care Services Improvement Partnership), a Department of Health programme responsible for service improvement and policy development in the areas of health and social care. He is now the National Primary Care Director of the Improving Access to Psychological Therapies programme, and Honorary Associate Director of Primary Care at the Department of Health.

Dr Cohen is a Senior Fellow at the Sainsbury Centre for Mental Health, a national mental health charitable trust. He chaired the London Development Centre for Mental Health,



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**BIOS – KEYNOTE AND GUEST SPEAKERS**

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one of eight regional development centres of the National Institute of Mental Health in England (NIMHE) until 2006.

Dr Cohen maintains his clinical skills working as a GP consultant to Broadmoor Hospital, where he sees patients with both complex mental health and physical health problems.



**Vincent Felitti**

Vincent J. Felitti, MD, is co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study, ongoing collaborative research between the Kaiser Permanente Medical Care Program and the Centers for Disease Control. A 1962 graduate of the Johns Hopkins Medical School, Dr. Felitti is an internist who started as an infectious disease physician in 1968 at Kaiser Permanente in San Diego and then in 1975 founded the Department of Preventive Medicine; he served as the Chief of Preventive Medicine until 2001.

Under Dr. Felitti’s leadership over the years, the Department provided comprehensive, biopsychosocial medical evaluation to assess the health risks and disease burden of over one million individual adults. Major health-risk abatement programs were developed for obesity, smoking, and stress, as well as population-based screening for the genetic disease, Hemochromatosis. He is Clinical Professor of Medicine at the University of California and a Fellow of The American College of Physicians. Dr. Felitti may be reached at [VJFMDSDCA@mac.com](mailto:VJFMDSDCA@mac.com).



**Nick Kates**

Nick Kates is a Professor in the Department of Psychiatry & Behavioural Neurosciences at McMaster University, with a cross appointment in the Department of Family Medicine, and is the program director of the Hamilton Family Health Team. For 12 years, he was the director of the Hamilton HSO Mental Health & Nutrition Program.

He is also the Ontario lead for the Quality Improvement and Innovation Partnership, which assists Family Health Teams in Ontario to implement a quality improvement agenda. He has participated in many planning initiatives in Ontario for both mental health and primary care reform, and was



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**BIOS – KEYNOTE AND GUEST SPEAKERS**

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the chair of the Canadian Collaborative Mental Health Initiative. He is looking forward to watching Arsenal win next season's European Champions League.



**Gillian Mulvale**

Gillian is a member of the team that is responsible for developing the Mental Health Commission's Mental Health Strategy for Canada. Gillian contributes to developing the public and stakeholder engagement process, the development of the strategy itself, and the development of research to support the strategy. Gillian interfaces with members of the MHCC's eight advisory committees and governments and stakeholders across the country.

Gillian holds a PhD in Health Research Methodology from McMaster University. Her studies focused on methods in health economics and policy analysis as applied to the mental health sector.

Gillian's prior research with McMaster University and the Ontario Ministry of Health and Long-Term Care included analysis of the factors that influence collaborative mental health care provision in Family Health Teams in Ontario.

Prior to her doctoral studies, Gillian worked as an economist with Finance Canada, General Motors of Canada and Ontario Hydro. Gillian is also a mental health consumer.



**Shelagh Rogers**

Shelagh Rogers first joined CBC Radio in 1980. She was the founding host of *The Arts Tonight* and part of the wildly popular Humline Trio on *Basic Black*. In 1995, she became deputy host of *Morningside*, a role created for her by the program's host, Peter Gzowski. In 2000, she began two years as host of CBC Radio's flagship daily current affairs program *This Morning*. Her morning time slot morphed into *Sounds Like Canada*.

In 2008, Shelagh left daily radio to become host of a new weekly program devoted to Canadian writing of all kinds: *The Next*



**BIOS – KEYNOTE AND GUEST SPEAKERS**

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*Chapter.* When not preparing for the show, Shelagh speaks publicly about mental health and literacy. She is also a passionate ocean swimmer and doesn't feel the cold at all.

In 2008, Shelagh received a Transforming Lives Award from the Canadian Association for Mental Health. That same year, she was named a Champion of Mental Health and also received the Peter Gzowski Literacy Award of Merit. She has a John Drainie Award for Significant Contribution to Canadian Broadcasting, an Honourary Doctorate from the University of Western Ontario and a certificate for best spring-roll maker and egg cracker from Mitzi's Sister Restaurant in Toronto.





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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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## Storyboard Presentations

**Title of presentation:** Adolescent perceptions of the rules and regulations in psychiatric treatment settings

**Presenter:**

Catherine Pugnaire Gros, Clinical Nurse Specialist & Professor  
Douglas Mental Health Institute & McGill University

**Summary:**

Semi-structured interviews conducted with adolescents receiving treatment from in-patient and out-patient psychiatric settings sought to explore client perceptions of program rules and regulations. Teens perceived that "rules are everywhere" and that certain rules "made sense". Rules that did not "make sense" influenced level of adherence, leading to responses including active resistance or passive acceptance. Adolescents demonstrated insight, maturity of judgment and the desire to participate in the construction and implementation of rules governing their psychiatric care.

**Learning Objectives:**

- 1) To understand the perceptions of adolescents regarding the rules and regulations governing their psychiatric care and treatment
- 2) To understand the importance of exploring and working with client experiences and perceptions
- 3) To better apply concepts of collaborative, client-centred care in mental health practice



**Title:** Child and adolescent mental health: needs and interests among family physicians, general practitioners and paediatricians located in rural and remote areas. A Canadian national collaborative study.

**Presenters:**

Brenda Davidson, Research Associate  
Children's Hospital, London Health Sciences Centre, London, Ontario

Dr. Helen R. Spenser, Child and Adolescent Psychiatrist, Assistant Professor  
University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, Ontario



**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Authors:**

PRINCIPAL SITE: SOUTHWESTERN ONTARIO SITE

Dr. Margaret Steele

Child and Adolescent Psychiatrist, Department of Psychiatry, Professor and Chair of the Division of Child and Adolescent Psychiatry, Schulich School of Medicine and Dentistry (SSMD), The University of Western Ontario (UWO); Site Chief, Child and Adolescent Mental Health Care Program, Children's Hospital, London Health Sciences Centre, London, Ontario.

Brenda Davidson

Research Associate

Division of Child and Adolescent Psychiatry, Department of Psychiatry, SSMD, UWO, London, Ontario.

Children's Hospital, London Health Sciences Centre, London, Ontario.

Dr. Neal Stretch

Family Physician, Hanover, Ontario

Assistant Professor, Department of Family Medicine, University of Ottawa.

Dr. Richard S. Zayed

Psychologist,

CPRI, Ministry of Children & Youth Services

Assistant Professor, Department of Psychiatry, UWO, London, Ontario.

Dr. Tamison Doey

Child and Adolescent Psychiatrist

Program Coordinator

Child and Adolescent Psychiatry, SSMD, UWO SWOMEN, Windsor, Ontario.

Dr. Heather Sylvester

Family Physician

Special Services Unit, Stratford, Ontario.

ALBERTA SITE

Harold Lipton

Manager

Healthy Minds/Healthy Children Outreach Service, Calgary Health Region, Calgary, Alberta.



**ABSTRACTS – STORYBOARD PRESENTATIONS**

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Lindsay Hope-Ross  
Clinical Lead  
Healthy Minds/Healthy Children Outreach, Calgary Health Region,  
Calgary, Alberta.

**NEWFOUNDLAND AND LABRADOR SITE**

Dr. Terrence Callanan  
Psychiatrist  
Chair and Associate Professor, Discipline of Psychiatry, Department of  
Psychiatry, Memorial University of Newfoundland, St. John's,  
Newfoundland and Labrador.

Dr. Kimberly St. John  
Child and Adolescent Psychiatrist  
Acting Chair and Associate Professor  
Discipline of Child and Adolescent Psychiatry, Faculty of Medicine,  
Memorial University of Newfoundland, St. John's, Newfoundland and  
Labrador.

Dr. James Rourke  
Dean,  
Faculty of Medicine, Memorial University of Newfoundland, Health  
Sciences Centre, St. John's, Newfoundland and Labrador.

**BRITISH COLUMBIA SITE**

Dr. Don Duncan  
Medical Director  
Okanagan Mental Health & Addictions (Interior Health), Department of  
Psychiatry, Kelowna, British Columbia.

Dr. Bruce Pipher  
Clinical Instructor  
University of British Columbia, Department of Family Practice, Kelowna,  
British Columbia.

**MANITOBA SITE**

Dr. Wil Fleisher  
Child and Adolescent Psychiatrist  
Winnipeg, Manitoba.



**ABSTRACTS – STORYBOARD PRESENTATIONS**

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Dr. Jon Boman  
Child and Adolescent Psychiatrist  
Winnipeg, Manitoba.

**SASKATCHEWAN SITE**

Dr. Gisele Ferguson  
Child and Adolescent Psychiatrist  
Clinical Assistant Professor, Community Child and Adolescent  
Psychiatrist, Saskatoon, Saskatchewan.

**OTTAWA AREA SITE**

Dr. Helen Spenser  
Child and Adolescent Psychiatrist  
Assistant Professor, University of Ottawa, Children's Hospital of  
Eastern Ontario, Ottawa, Ontario.

**NOVA SCOTIA SITE**

Dr. Lorraine Lazier  
Child and Adolescent Psychiatrist  
West Hants Community Mental Health  
Windsor, Nova Scotia and has a University Affiliation at Dalhousie  
University.

Dr. Sabina Abidi  
Child and Adolescent Psychiatrist  
IWK Health Centre, Halifax, Nova Scotia and has a University  
Affiliation at Dalhousie University.

**Summary:**

In the Canadian provinces of Alberta, British Columbia, Manitoba, Ontario, Saskatchewan, Nova Scotia, and Newfoundland and Labrador, family physicians (FPs), general practitioners (GPs) and paediatricians (PEDs) located in rural and remote areas will be surveyed to determine access to child and adolescent mental health services, and to evaluate an interest in engaging in continuing medical education in child and adolescent psychiatry.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To gain a better understanding of family physicians' (FPs), general practitioners' (GPs) and paediatricians' (PEDs) needs in formal continuing education in child and adolescent psychiatry across Canada, and identify any differences in educational needs across the provinces
- 2) To gain an understanding of interest levels in further training of FPs, GPs and PEDs located in rural and remote areas
- 3) To gain an understanding of what criteria FPs, GPs and PEDs use to determine when a referral to a child and adolescent psychiatrist is necessary, and whether FPs, GPs and PEDs utilize different criteria for referral



**Title:** CCAC and Family Health Team Partnerships

**Presenter:**

Lori Schiappa, Manager, Client Services

Hamilton Niagara Haldimand Brant Community Care Access Centre (CCAC), Hamilton Branch

**Summary:**

The primary objective of the model is to establish and maintain a CCAC primary case management partnership with Family Health Teams (FHTs) which would support and enhance the continuity and comprehensiveness of service to a common group of (patients) clients. With Community Case Managers attached to FHTs, the HNHB CCAC is able to provide client-centred care, supporting primary care with an emphasis on collaboration and team practice. There is less emphasis on service monitoring and greater focus on the Case Manager as a system navigator that assists in reducing acute care utilization.

**Learning Objectives:**

- 1) To learn about a successful partnership between CCAC and primary care
- 2) To understand the benefits to clients (patients) of the relationship between CCAC and primary care
- 3) To learn about how partnership can help make more effective use of limited resources





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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Title:** Creating circles of support in perinatal mental health care

**Presenters:**

Hiltrud Dawson, Health Promotion Consultant  
Best Start Resource Centre

Dr. Leslie Born, Enhancing Care of Depression Coordinator  
Hamilton Family Health Team

**Summary:**

This innovative presentation will show how a multi-agency, collaborative team led by the Best Start Resource Centre developed a manual to create circles of support for women with perinatal mental health concerns. The storyboard will demonstrate how communities of practice can use self-care management support principles to build and create the supports that are vital in assisting these women and their families find healing, recovery and ongoing well-being through instrumental, informational, emotional and professional support.

**Learning Objectives:**

- 1) To gain knowledge of three principles of developing a multi-sectoral collaborative committee to develop tools and resources for practice
- 2) To learn about three reasons why using collaborative teams is beneficial in providing support to clients with perinatal mental health concerns
- 3) To understand four areas where perinatal mental health clients need support



**Title:** The experience of grandparents when an adult child with a serious mental illness is a parent

**Presenter:**

Catherine Pugnaire Gros, Nurse  
McGill University & Douglas Institute

**Summary:**

While over 40% of mental health clientele are parents, the involvement of grandparents in these situations remains unexplored, raising the question: What are the experiences of grandparents when adult children with mental illness are parents? Interview findings illustrate the critical role of grandparents who remain involved in family caregiving without support from health or legal systems. Developing supportive partnerships with extended family members is integral to practicing collaborative mental health care in complex family situations.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To understand the role and experiences of grandparents in complex family situations involving parents with mental illness
- 2) To understand the value of developing collaborative working partnerships with extended family members
- 3) To appreciate the importance of learning through outreach into the community and the development of research partnerships with non-profit, community-based organizations



**Title:** Guarding Minds @ Work (GM@W): A Workplace Guide to Psychological Safety & Health

**Authors:** Dr. Joti Samra, Dr. Merv Gilbert, Dr. Martin Shain and Dr. Dan Bilsker

**Summary:**

GM@W is a freely available, evidence-based resource ([www.guardingmindsatwork.ca](http://www.guardingmindsatwork.ca)) that employers can use to identify and address 12 key psychosocial risk factors in their organization. It is designed to help our target audience understand the importance of promoting psychological safety and health in the workplace, and provides a step-by-step approach to implementing and evaluating effective responses. The development of this resource is a response to a growing need of employers to understand, assess and effectively address workplace factors that affect the health of organizations and employees. GM@W has been developed by the Consortium for Organizational Mental Healthcare (COMH) at the Faculty of Health Sciences, Simon Fraser University. This project has been commissioned by the Great-West Life Centre for Mental Health in the Workplace and funded by The Great-West Life Assurance Company. GM@W will provide employers and employees with information and tools to create and sustain a psychologically safe and healthy work environment.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To develop an evaluation framework for the purpose of identifying and critically appraising best and promising practices in the area of workplace mental health and safety
- 2) To review and summarize current research and legal findings on effective evidence-based workplace-based tools for identifying psychosocial risk factors, creating and sustaining psychologically healthy workplaces, and enhancing employer and employee knowledge and skills
- 3) To develop an evidence-based and user-friendly method that employers can use to help determine the probable impact and effectiveness of implementation of policies, programs and tools to address the psychological health and safety of their workforce and workplace



**Title:** Improving Access to Clinical and Community Resources for Multicultural Mental Health Care

**Presenters:**

Eugene Raikhel, PhD  
Postdoctoral Fellow, Division of Social and Transcultural Psychiatry  
Department of Psychiatry, McGill University

Aidan Jeffery, MA  
Project Coordinator, Culture and Mental Health Research Unit  
Institute of Community & Family Psychiatry  
Sir Mortimer B. Davis – Jewish General Hospital

**Summary:**

This project addresses the problem of providing adequate and effective mental health services to Canada's increasingly diverse population through the development and evaluation of information and communications technology (ICT) based resources to address the needs of two stakeholder groups: 1) primary care clinicians; and 2) patients or consumers, their family members, caretakers and community organizers. The resources will be planned, developed and evaluated in an iterative process of action research involving representatives of both groups.

The program's overall objectives are to use the capabilities of ICTs to: 1) increase consumer knowledge of mental health problems and available resources for self-care, prevention and treatment, particularly for immigrants, refugees, and members of established ethnocultural communities; 2) improve the delivery of mental health



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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services in primary care by providing practitioners with easily accessible information on cultural dimensions of mental health and illness; and 3) build institutional capacity for the delivery of multicultural mental health services throughout Canada, allowing practitioners and training programs across the country to benefit from work done at leading centres.



**Title:** Incorporating the PHQ-9 into Family Health Team depression care: progress at two pilot sites

**Presenters:**

Leslie Born, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Hamilton Family Health Team

Sarah Wojkowski, Hamilton Family Health Team; School of Rehabilitation Science, McMaster University

Karl Langton, Hamilton Family Health Team

Carrie McAiney, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Hamilton Family Health Team

Carolynne Darby, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Hamilton Family Health Team

Nick Kates, Department of Psychiatry and Behavioural Neurosciences, McMaster University; Hamilton Family Health Team

**Summary:**

This poster will focus on the process of implementing the 9-item Patient Health Questionnaire into two family health team practices with EMR systems. The poster outlines: i) training health team staff in use of the PHQ-9, and facilitating the flow of patient information about depression within the team; ii) the steps needed to facilitate the start of depression screening; and iii) incorporating the PHQ-9 into Practice Solutions or P&P EMR systems and collation of assessment data.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To learn about using a team approach for detection and care of depression rather than through a single practitioner
- 2) To have a greater understanding of the process of integrating PHQ-9 into practices with EMR systems
- 3) To learn about how progress will be assessed at the pilot sites using team feedback and the Assessment of Clinician Depression Management survey



**Title:** Mental health capacity-building program for primary health care in Ontario

**Authors:**

Sirad Mohamoud, Akwatu Khenti, Jaime Sapag, Kate Dunbar, Mahreen Hasan  
Centre for Addiction and Mental Health, Office of International Health

**Summary:**

The Centre for Addiction and Mental Health's Office of International Health in Ontario Canada was established in 2002 in an effort to work collaboratively and share knowledge with other nations. In response to CAMH's heightened focus on primary health care, the OIH has developed a unique mental health capacity-building program for primary health care in Ontario. The aim of the program is to enhance the competencies of primary health care organizations/teams/professionals to effectively address the population's demands of mental health and addictions and to foster the needed health manager support for health system improvement in this regard.

**Learning Objectives:**

- 1) To learn about a collaborative and innovative competencies-based training program in Mental Health & Addictions for Primary Health Care teams in Ontario that could easily be adapted and scaled to meet other local realities



**Title:** Mental health screening for "at-risk" children and youth in primary care

**Presenters:**

Brenda Mills, Coordinator, Child & Youth Mental Health  
Hamilton Family Health Team



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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Dr. Charles E. Cunningham, PhD, psychologist at and Professor in the Department of Psychiatry and Behavioural Neurosciences, McMaster Children's Hospital and McMaster University

Donna Bohaychuk, Research Assistant  
McMaster Children's Hospital

Pat Carter, Research Assistant  
Hamilton Family Health Team - CHEO Implementation Evaluation Grant

**Summary:**

Routine screening for mental health problems in children and youth within the primary care setting can be time-consuming and confusing for the patient and the health care provider. This storyboard will illustrate the development of a creative and collaborative primary care mental health screening project. Lessons learned and preliminary data will be shared.

**Learning Objectives:**

- 1) To illustrate a self-administered screening tool (The Brief Child & Family Phone Interview) that has been adapted for a primary care setting
- 2) To understand the challenges of implementing a screening tool for children and youth in primary care
- 3) To illustrate how the use of a "screening tool" can guide decision making regarding service delivery planning



**Title:** Online job aids in psychopharmacology

**Presenters:**

Anthony J Levinson, Psychiatrist  
Division of e-Learning Innovation, McMaster University

Sarah Garside, Psychiatrist  
Division of e-Learning Innovation, McMaster University

**Summary:**

In this poster we describe the theory and practice behind the development of an Internet-based resource to aid health care providers in the care of patients requiring psychiatric medications. Adapted from the evidence-based content from three print-based pocket reference cards developed and updated since 1999, the resource covers



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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topics such as psychiatric drug-related emergencies, major psychiatric drug classes, adverse effects, and monitoring recommendations. The resource will be provided free of charge through the [www.machealth.ca](http://www.machealth.ca) website.

**Learning Objectives:**

- 1) To learn how to access this resource through [www.machealth.ca](http://www.machealth.ca)
- 2) To become familiar with some principles of performance support and instructional design
- 3) To understand some of the technical standards and challenges in developing Internet-based resources



**Title:** Preventing depression in young women: resources to enhance your practice

**Presenter:**

Kim Baker, BA, RSW  
CAMH

**Summary:**

The VALIDITY♀ (Vibrant Action Looking Into Depression In Today's Young Women) project empowers young women to move beyond traditional biological and medical models and share their stories and recommendations related to preventing depression. We invite you to visit the poster presentation to obtain information about ordering free resources to enhance your work with young women who might be at risk for depression. Resources include a hands-on guide, a poster and a program for young women.

**Learning Objectives:**

- 1) To learn more about the aspects of depression in young women
- 2) To order free resources available to participants from CAMH/VALIDITY project to help prevent depression in the young women for whom they provide service
- 3) To understand what we, as collective and collaborative partners on this journey, believe that young women are able, strong and knowledgeable about their own lives and can inform their health care choices





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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Title:** Providing community-based groups for single mothers and their families

**Presenters:**

Ellen Lipman, MD  
Offord Centre for Child Studies

Fran Hicks, Psychometrist  
Miriam Elbard, Child and Youth Worker  
Hamilton Health Sciences Corporation

Brenda Mills, Child and Youth Worker  
Hamilton Family Health Team

**Summary:**

Almost one in eight Canadian children lives in a family headed by a single mother. Members of families headed by single mothers are at increased risk of psychosocial disadvantage and mental health problems. We report on a support/education group for single mothers, including progress on increasing accessibility, community partnerships and family focus. This presentation will include evaluation results and commentaries from group leaders for mothers' and children's groups and primary care.

**Learning Objectives:**

- 1) To become aware of the sociodemographic and mental health characteristics of single mothers
- 2) To become aware of a community-based support/education group for single mothers and results of evaluation of this program
- 3) To become aware of a family-focused version of this program linked with recreation mentoring



**Title:** The role of the mental health therapist in an academic family health team

**Presenters:**

I. Glavac Petric, MSW, RSW  
McMaster FHT

T. Niemeyer, MSW, RSW  
McMaster FHT



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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A. Liss, MSW, RSW  
McMaster FHT

G. Legere, MSW, RSW  
McMaster FHT

M. Wolfson, MSW, RSW  
McMaster FHT

C. Skinner, MSW Intern

**Summary:**

The mental health therapists at the McMaster Family Health Team (FHT) play a key role in the provision of services to patients with mental health issues in at least two ways: direct clinical service and mental health education and training to residents. Over time, there has been an expansion of the interdisciplinary responsibilities including interdisciplinary programming and research. For those of us working in an academic FHT, the process of redeveloping and clarifying our role is challenging and stimulating.

**Learning Objectives:**

- 1) To define the current role of the mental health therapist in an academic setting
- 2) To describe the interprofessional teaching model as it applies to the MHT
- 3) To outline the process of how our role is in transition



**Title:** Screening for depression in patients with diabetes: When a screen is positive, what happens next?

**Presenters:**

Leslie Born, PhD  
Hamilton Family Health Team

Barbara Cantwell, MHS, RD  
Hamilton Family Health Team

Tracy Hussey, RD  
Hamilton Family Health Team



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Summary:**

In 2008, about 24% of patients seen by registered dietitians had a diagnosis of diabetes. The 2-Question screen for depression is usually administered during nutrition assessments. To improve the process of follow-up for patients with a positive depression screen, a small quality improvement initiative to track the follow-up of one patient for each HFHT registered dietitian (n=16) was undertaken using Plan-Do-Study-Act method. We will report on the outcomes of the follow-up and clinical practice implications.

**Learning Objectives:**

- 1) To increase knowledge about registered dietitians screening for depression in patients with diabetes
- 2) To ascertain what happens regarding patient follow-up after a positive depression screen
- 3) To learn about implications for clinical practice our Plan-Do-Study-Act investigation may suggest



**Title:** Shared care services to indigent populations in London, Ontario, 2004-2008

**Presenters:**

Dr. Haydn Bush, Psychiatrist  
Regional Mental Health Care London

Jane Langford, Nurse  
Regional Mental Health Care London

Lois Jackson, Nurse  
Regional Mental Health Care London

Dr. Jatinder Takhar, Psychiatrist  
Regional Mental Health Care London

Dr. David Haslam, Psychiatrist  
Regional Mental Health Care London

Sandra Dunbar, Research Assistant  
Regional Mental Health Care London



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Summary:**

The initiative for this shared care project was the insurmountable difficulty that homeless/indigent persons had accessing secondary and tertiary ambulatory mental health services in London Ontario. We tell the story of this development since 2004. The two sites for this service establishment are quite different – one a free-standing downtown Community Health Center and the other a residential co-ed shelter. This is a story of hope and caring within shared care.

**Learning Objectives:**

- 1) To understand the difference between attendance at live-in homeless shelters with on-site medical/psychiatric treatment and other facilities/agencies that provide care for the homeless
- 2) To increase awareness of the contributing factors for non-attendance in this special population and strategies to overcome
- 3) To learn about the costs associated with service to this special population in different settings



**Title:** Shared mental health care programme and somatoform disorders: prevalence, characteristics, and changes in patient symptoms and disability

**Presenters:**

Janelle A Jarva, Research Affiliate  
St. Joseph's Care Group, Thunder Bay

Brian P O'Connor, Professor of Psychology  
University of British Columbia - Okanagan

John M Haggarty, Psychiatrist  
Northen Ontario School of Medicine

**Summary:**

Somatoform disorders are common in primary care and can result in significant patient distress and impairment. This study demonstrated that treatment of somatoform disorders by a shared mental health care team significantly reduced patient symptoms and improved patient function.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To describe the prevalence and characteristics of patients with somatoform disorder who are referred to shared mental health
- 2) To demonstrate symptom and functional improvement in patients with somatoform disorder referred to shared mental health
- 3) To present the evidence that suggests that shared mental health care is an effective treatment option for patients with somatoform disorder



**Title:** Shared mental health care services and regional mental health wait-times

**Presenter:**

Kim Karioja  
Centre for Addictions and Mental Health

**Summary:**

This poster presentation will present the final results of a study of mental health service wait-times in Thunder Bay, Ontario, and how they were affected by the introduction of a shared care service.

**Learning Objectives:**

- 1) To understand how the introduction of a shared care service impacts wait-times on other mental health services
- 2) To develop an awareness of the type of research involving mental health service wait-times that is being done
- 3) To understand the challenges in conducting wait-list time research



**Title:** Silent knowledge: listening to the voices of adolescent girls in primary care

**Presenters:**

Colleen McMillan, Social Worker/Professor  
Centre for Family Medicine

Dr. Mike Lee Poy, Physician  
Centre for Family Medicine



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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Danielle Vogel  
research participant

**Summary:**

Understanding the complexity of disordered eating starts with transcending disciplinary barriers and traditional delivery methods. Identifying at-risk adolescent females at a family health practice and eliciting their participation over prolonged focus group involvement resulted in collecting a multiplicity of voices that spoke of the importance of connection and dependence as resiliency factors. These voices formed the language of "body talk" that will be shared through artwork, photovoice and reflection from a research participant.

**Learning Objectives:**

- 1) To understand how primary care research can transcend traditional disciplinary boundaries
- 2) To learn methods in which the consumer's voice can be supported throughout the research process as an equal participant
- 3) To explore how lived experiences offer knowledge that is valid and can shape new practice templates



**Title:** Stress and adolescents

**Presenters/Authors:** Grade 7 and 8 students, Burlington Christian Academy, Burlington, Ontario

**Summary:**

It is well known that adolescents experience numerous stresses during this transitional phase of life. Approximately 20 students in Grade 7 and 8 at a school in Burlington, Ontario, participated in this educational opportunity. This storyboard will provide the reader with a colourful glimpse into the students' interpretation of the available literature on adolescent stress and the types of things they think may be helpful to reduce stress in peers of their age.

**Learning Objectives:**

To increase knowledge about:

- 1) adolescent students' interpretation of what stress may look like in themselves and in their colleagues
- 2) the causes of stress in adolescents
- 3) what adolescents can do to relieve stress





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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Title of presentation:** Transcending traditional boundaries: interdisciplinary inter-rater reliability in primary research

**Presenter:**

Colleen McMillan MSW, RSW, PhD (C), Social Worker  
Centre for Family Medicine

**Summary:**

Primary care research has yet to transcend disciplinary boundaries to the same degree as patient care, yet holds potential in how knowledge is translated between paradigms. The merging of multidisciplinary knowledge formed a template in which to analyze qualitative data on the topic of disordered eating by adolescent females. Used as a form of rigor through triangulation, the multidisciplinary interpretation of data opened up opportunities for a transdisciplinary understanding of a chronic health issue.

**Learning Objectives:**

- 2) To understand the benefits of incorporating inter-rater reliability into primary care research
- 3) To re-examine traditional analytic frameworks for coding data
- 4) To appreciate the potential for transdisciplinary knowledge creation



**Title:** The UBC Shared Care Depression Collaborative: lessons in sustainability

**Presenter:**

Whitney Sedgwick, Psychologist  
University of British Columbia

**Summary:**

This poster presentation outlines the development, implementation and evaluation of the University Of British Columbia Shared Care Collaborative Model for the primary care of depression. It highlights some of the program challenges and provides insight into sustainability considerations for similar mental health projects.



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**ABSTRACTS – STORYBOARD PRESENTATIONS**

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**Learning Objectives:**

- 1) To describe the UBC Shared Care Collaborative Model for the management of depression
- 2) To identify challenges to this type of collaborative model
- 3) To describe the features of the UBC Shared Care Collaborative model that facilitate its sustainability



**Title:** Unmet need in shared mental health care

**Presenter:**

John M. Haggarty, psychiatrist  
St. Joseph's Care Group

**Summary:**

Individuals with mental illness frequently go untreated; those referred but not treated are an important part of that population. The nature of unmet need in the shared care service and implications for primary care psychiatry will be discussed.

**Learning Objectives:**

- 1) To gain an understanding of the characteristics of the primary care clients/patients that may not access mental health services
- 2) To understand the broader implications of those untreated for their mental illness
- 3) To consider possible strategies to increase treatment engagement





**ROOM LOCATIONS**

**Room Locations**

	<b>Room</b>	<b>Building</b>	<b>Level</b>
<b>Registration – Thursday</b>	Pavilion Foyer	Crowne Plaza Hotel	Pavilion Level P3
<b>Registration – Friday</b>	Theatre Foyer	Lincoln Alexander Centre	Theatre Level P1
<b>Opening Reception</b>	Pavilion A & B	Crowne Plaza Hotel	Pavilion Level P3
<b>Plenary Sessions</b>	Theatre	Lincoln Alexander Centre	Theatre Level P1
<b>Concurrent Sessions and Special Interest Breakfast Meetings</b>	Victoria Room	Crowne Plaza Hotel	Pavilion Level P3
	Pavilion A	Crowne Plaza Hotel	Pavilion Level P3
	Pavilion B	Crowne Plaza Hotel	Pavilion Level P3
	Pavilion C	Crowne Plaza Hotel	Pavilion Level P3
	Aragon Room	Crowne Plaza Hotel	P1
	Studio	Lincoln Alexander Centre	Studio Level
<b>Storyboard Display</b>	Pavilion Foyer	Crowne Plaza Hotel	Pavilion Level P3
<b>Meals and Nutrition Breaks</b>	Grand Ballroom <i>(also available in breakout rooms)</i>	Lincoln Alexander Centre	Ballroom Level
<b>Exhibitor Tables</b>	Grand Ballroom	Lincoln Alexander Centre	Ballroom Level
<b>LHIN Breakfast Meeting</b>	Castile Room	Crowne Plaza Hotel	P1
<b>Opening and Closing Ceremonies</b>	Theatre	Lincoln Alexander Centre	Theatre Level P1
<b>Banquet</b>	Royal Botanical Gardens Centre		



HOTEL AND CONFERENCE CENTRE FLOOR PLANS

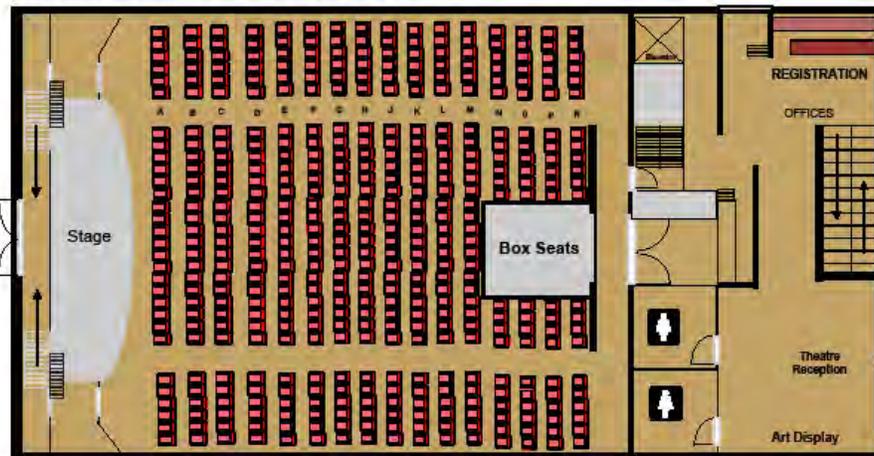
Hotel and Conference Centre Floor Plans



LINCOLN ALEXANDER  
CENTRE

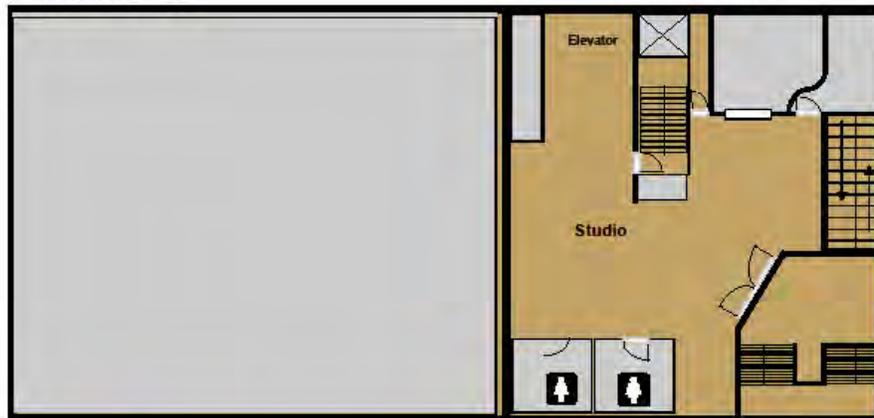
LINCOLN ALEXANDER CENTRE

THEATRE LEVEL - P1 NOT TO SCALE



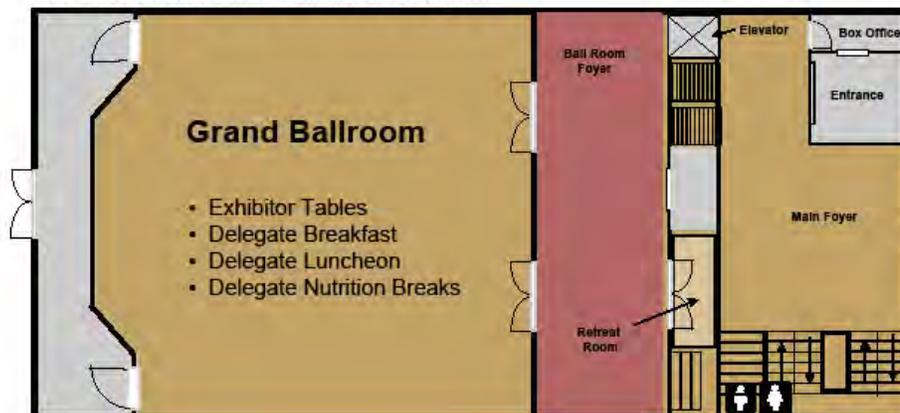
STUDIO LEVEL

NOT TO SCALE



BALLROOM LEVEL - MAIN ENTRANCE

NOT TO SCALE





**HOTEL AND CONFERENCE CENTRE FLOOR PLANS**

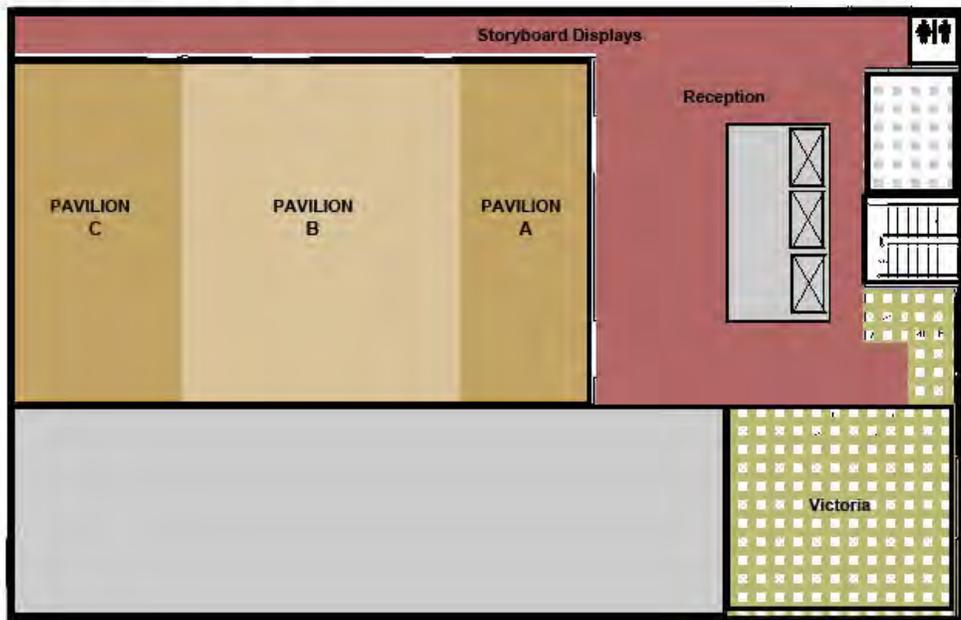


**CROWNE PLAZA**

LEVEL P1  
Aragon Room  
Castile Room

**PAVILION - LEVEL P3**

NOT TO SCALE





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**NOTE PAPER**

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**NOTE PAPER**

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