

Canadian Collaborative

Mental Health Care Conference



**Interprofessionalism to enhance
collaborative care**

**Eaton Chelsea
Toronto, ON**

June 20 and 21, 2014

2014 CCMHCC Committee

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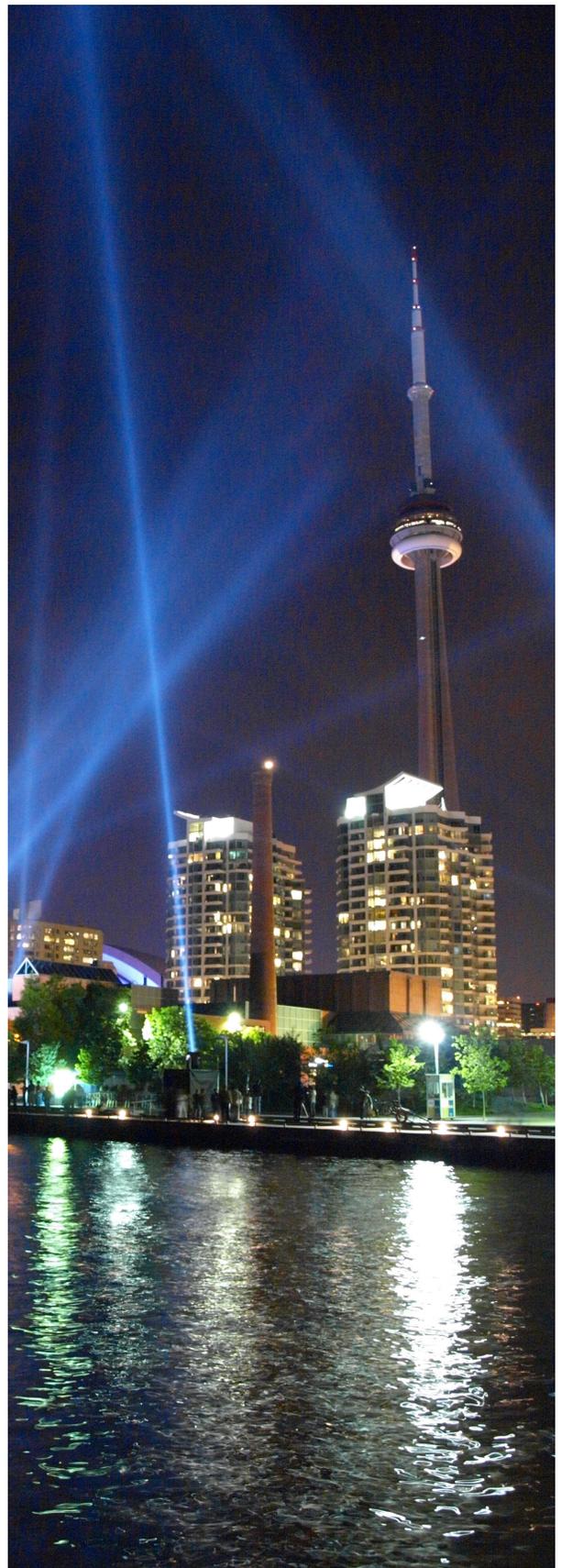


Photo credit: Danielle Petti

Welcome to 2014 CCMHCC

Dear Colleagues,

It is with great pleasure and honour that we welcome you to the 15th Canadian Collaborative Mental Health Care Conference in Toronto! Over the next two days, you will have the opportunity to hear from a number of presenters who have knowledge and experience in the field of collaborative mental health care. We invite you to engage in lively discussions and exchange information and opinions by networking with other conference attendees.

With over 20% of Canadians affected by mental health and addiction issues, the treatment of concurrent disorders has become an essential duty of primary care and community healthcare providers. Removing barriers to treatment and enhancing quality of client care is of utmost priority to improve the lives of Canadians across the lifespan, from pediatric to geriatric populations. The 15th annual Canadian Collaborative Mental Health Care Conference (CCMHCC) presents a unique opportunity to advance and strengthen collaborative care through inter-professional practice for the management of concurrent disorders in primary care and community settings.

We would like to acknowledge the expertise, time and dedication of the Planning Committee, Advisory Committee, Scientific Committee and conference volunteers. A big thank you to all of our sponsors and exhibitors who contributed to this year's event; your contribution has made a significant and direct impact towards improving the lives of Canadians by educating healthcare professionals with the most up-to-date knowledge and skills around collaborative treatment care.

Welcome, enjoy and be inspired!



Dr. Peter Selby, MBBS, CCFP, FCFP, MHSc, dip ABAM
Associate Professor, DFCM & Psychiatry and the Dalla Lana School of Public Health, University of Toronto
Division Chief and Clinician Scientist, Addictions, CAMH



Dr. Arun V. Ravindran, MBBS, MSc, PhD, FRCPC, FRCPsych
Chief, Division of Mood and Anxiety Disorders, Centre for Addiction and Mental Health (CAMH)
Professor and Director, Global Mental Health and Office of Fellowship Training, Department of Psychiatry
Graduate Faculty, Department of Psychology and Institute of Medical Sciences, University of Toronto

On behalf of the Canadian Psychiatric Association and the College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care we are delighted to welcome you to the 15th National Shared Care Conference, which returns to Toronto, the home of the first two conferences. We especially welcome those of you who have travelled from other countries.

It is an exciting time in collaborative mental health care, with a growing array of innovative collaborations, projects and services. More and more jurisdictions now see shared mental health care as an integral part of their health care planning. Once again the annual conference will bring together clinicians, learners, planners, administrators, consumers and family members from the mental health and primary care communities to get to know each other, hear about these exciting developments and share their research and learning.

We'd like to thank the planning group who have done such a fantastic job putting together the program. Presentations and workshops will showcase the exciting activities taking place across the country, and will include the presentation of the first CFPC / CPA Award for Excellence in Collaborative Mental Health Care.

We're sure you're going to have a terrific two days.



Dr. Nick Kates

CPA Co-Chair, CPA/CFPC Collaborative Working Group on Shared Mental Health Care



Dr. Ellen Anderson

CFPC Co-Chair, CPA/CFPC Collaborative Working Group on Shared Mental Health Care

Social Media and Networking at 2014 CCMHCC

Join the conversation!

We welcome you to participate in the 15th Canadian Collaborative Mental Health Conference over social media!

Please feel free to post along with our Social Media team.

Follow @2014_CCMHCC on Twitter and remember to use our hashtag:

 #2014_CCMHCC

Collaborative Care in Canada

For up-to-date information and to join the national mailing list for Collaborative Care in Canada, please visit www.shared-care.ca.

Networking at the 2014 CCMHCC

One of the greatest benefits of the CCMHCC is to stimulate thinking and share ideas about best practices in collaborative primary care. Networking at the conference includes welcome reception, networking breaks, and poster sessions.

Thursday Welcome Reception

Join us on Thursday, June 19, 2014 from 6:00 - 8:00PM as we welcome participants to the 2014 CCMHCC. Meet the planning committee, the keynote speakers, presenters and other delegates. Don't miss the team building drum circle conducted by *The Spirit of World Drum Circles*.

Light hors d'oeuvres and cash bar will be available.

Friday Poster Session

Poster presentations allow presenters to meet and speak with interested viewers, while facilitating a greater exchange of ideas and networking opportunities. Join us on Friday, June 20, 2014 between 4:30 - 5:30PM.

Light hors d'oeuvres and cash bar will be available.

Networking Breaks

Enjoy complimentary refreshments while discussing collaborative care with your colleagues.

About 2014 CCMHCC

The **Canadian Collaborative Mental Health Care Conference (CCMHCC)** is an annual conference in its 15th iteration that is held in a different Canadian city each year. It is a unique conference where stakeholders in collaborative mental health care can gather and participate in knowledge transfer and exchange and strengthen existing networks in order to increase capacity in treatment, research and awareness of mental health in Canada.

The theme of this year's conference is *Interprofessionalism to Enhance Collaborative Care*. The conference is designed around key 'streams' which will address the conference objectives and reflect the program structure. This year's streams are:

- 1 Practical approaches to the management of concurrent disorders across health care settings.
- 2 Interprofessional practices to promote collaboration.
- 3 The dynamics of collaboration and teams.
- 4 New and innovative technologies to enable collaborative mental health care.

Conference Objectives

- 1 To advance collaborative care through interprofessional practice for the management of concurrent disorders (mental illness and addiction) in primary care and community settings.
- 2 To enhance the role of clients and families in collaborative care including peer led initiatives.
- 3 To increase knowledge about primary mental health care and system design.
- 4 To strengthen networks and share resources between sectors.
- 5 To advance mental health across the lifespan of our clients (children to geriatric populations).
- 6 To examine the role of technology (web, mobile, data systems, telemedicine) to enhance collaborative health care delivery.

Presentation Formats

A *paper presentation* will address innovative ideas, work in progress/completed research, and informative "how to" knowledge that impacts clinical practice, system design and policy development related to collaborative mental health.

A *poster presentation* will address concepts and research related to the conference theme. The presentation follows previous conference formats, which facilitate face-to-face contact with attendees to increase the opportunity for academic discussion and collaborative networking.

An *interactive workshop* provides participants with the opportunity to respond to and reflect on the material presented while achieving specific learning objectives. The workshop may include a panel, and at least half the time should be available for discussion.

An *innovative presentation* is one in which the presenter(s) utilize(s) one or a variety of media or formats to address key learning objectives, for example, a film and commentary, interpretive dance, performing music, performing a play, etc.

Continuing Education Credits

This program has been accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to 8.5 Mainpro-M1 credits.

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 (CPA). The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone

Agenda

Day 1: Friday, June 20, 2014

7:00 a.m – 8:00 a.m

Registration/Check-In/Breakfast

8:15 a.m – 9:00 a.m

Churchill Ballroom

Conference Welcome and Opening Ceremony

Drs. Peter Selby and Arun Ravindran

(Co-Chairs of 2014 CCMHCC)

9:00 a.m – 10:00 a.m

Churchill Ballroom

Plenary Speaker

Dr. Gabriel Ivbijaro

10:00 a.m – 10:25 a.m

Networking Break

10:25 a.m – 12:15 p.m

Concurrent Session Block #1

Refer to detailed schedule for session information

12:15 p.m – 13:00 p.m

Lunch

13:00 p.m – 14:00 p.m

Churchill Ballroom

Plenary Speaker

Dr. Ed Connors

14:00 p.m – 14:25 p.m

Networking Break

14:25 p.m – 16:15 p.m

Concurrent Session Block #2

Refer to detailed schedule for session information

16:30 p.m – 17:30 p.m

Appetizers and Networking Social

Poster Sessions

Day 2: Saturday, June 21, 2014

7:00 a.m – 8:30 a.m

Registration/Check-In/Breakfast

8:30 a.m – 9:00 a.m

Churchill Ballroom

Day 2 Morning Welcome

Drs. Peter Selby and Arun Ravindran

(Co-Chairs of 2014 CCMHCC)

9:00 a.m – 10:00 a.m

Churchill Ballroom

Plenary Speaker

Dr. David Goldbloom

10:00 a.m – 10:25 a.m

Networking Break

10:25 a.m – 12:15 p.m

Concurrent Session Block #3

Refer to detailed schedule for session information

12:15 p.m – 13:00 p.m

Lunch

13:00 p.m – 14:00 p.m

Churchill Ballroom

Panel Session - Collaborative Family

Healthcare Association (CFHA)

Drs. Gene (Rusty) Kallenberg and Frank deGruy

14:00 p.m – 15:00 p.m

Churchill Ballroom

Keynote

Dr. Nick Kates

Closing Ceremony

Drs. Peter Selby and Arun Ravindran

(Co-Chairs of 2014 CCMHCC)



Plenary Speaker 1

Dr. Gabriel Ivbijaro

Friday, June 20, 2014
9:00 – 10:00

Collaborative mental health care and co-morbidity in primary care – a global perspective

Biography

Professor Gabriel Ivbijaro qualified in Benin City, Nigeria where he initially specialized in Psychiatry and Neurology. He subsequently specialized in General Practice in the United Kingdom, completed a Masters degree in Psychiatry and Neurology at the University of Leeds, UK and a Masters degree in Leadership at Middlesex University, UK.

As a member of Wonca (World Organization of Family Doctors) he championed the cause of mental health globally among family doctors by setting up the Wonca Special Interest Group (SIG) in Psychiatry & Neurology in 2001. This international group of Family Doctors worked together to highlight the mental health needs of patients presenting to general practice and, in recognition of the SIG's work under his leadership, Wonca awarded the SIG Working Party status in 2006 and he Chaired the Wonca Working Party on Mental Health until 2013.

Professor Ivbijaro is a specialist on primary care mental health and mental health service re-design. He worked in collaboration with the WHO to produce a ground breaking policy document published in 2008 entitled 'Integrating mental health into primary care: a global perspective' which has since been translated into other languages and is influencing mental health delivery globally. This publication highlighted the role of primary care in addressing the unmet needs of people with mental health problems globally and has provided a framework for the future integration of services with the aim of improving mental health outcomes.

Professor Gabriel Ivbijaro MBE
MBBS, FRCGP, FWACPsych, MMedSci, MA

Medical Director, The Wood Street Medical Centre,
London, UK

President Elect, World Federation for Mental Health
Visiting Assistant Professor,
Nova University, Lisbon, Portugal

Immediate Past Chair,
Wonca Working Party On Mental Health

In December 2008 he contributed to the World Federation for Mental Health's (WFMH) International Experts Forum on Reducing Disparities in Mental Health Services for Ethnic Minorities. He has presented papers and original thinking on primary care mental health integration at many local and international conferences and has published a range of articles in peer reviewed journals. He recently edited a book entitled 'Companion to Primary Care Mental Health,' an international collaboration of 110 authors from all continents of the world, published in 2012, to promote access to and delivery of primary care mental health globally. This publication received a five star (100%) Doody's Review.

Professor Ivbijaro has extensive experience in curriculum development and training across the spectrum of medicine and has supported the Royal College of General Practitioners (RCGP) in their curriculum development project for mental health, which is now being used to support UK GP's in their vocational training. He has successfully participated in many service re-design projects nationally and internationally including in the Republic of Macedonia, Libya and the UK, chaired and completed the 'Case for Change for Mental Health' for London, UK in 2011 and has contributed to the Mental Health Service Pack in the European Union (EU) which advocates for the development of mental health services in all member states of the EU. His contribution to the National Health Service in the UK was recognised in 2012 when he was awarded an MBE (Member of the Order of the British Empire) by her Majesty the Queen.



Plenary Speaker 2

Dr. Ed. Connors

Friday, June 20, 2014
13:00 – 14:00

Two Eyed Seeing

Dr. Edward A. Connors, PH.D., C.Psych.

Wabeenung Benasai Kabee Twaatung
Wolf Clan
Registered Psychologist
Onkwatenro'shon:'A Health Planners

Biography

Dr. Connors is a psychologist registered in the Province of Ontario. He is of Mohawk and Irish ancestry and a band member of Kahnawake Mohawk Territory. He has worked with First Nations communities across Canada since 1982 in both urban and rural centres. His work over this time has included Clinical Director for an Infant Mental Health Centre in the city of Regina and Director for the Sacred Circle, a Suicide Prevention Program developed to serve First Nations communities in Northwestern Ontario. While developing the latter service, Ed worked with Elders and apprenticed in traditional First Nations approaches to healing. Today his practice incorporates traditional knowledge about healing while also employing his training as a Psychologist.

Since 1993, he and his wife Donna, have managed Onkwatenro'shon:'A, a health planning firm which provides health consultation and psychological services to First Nations individuals, families and communities throughout the Georgian Bay Muskoka region.

Dr. Connors has been a board member and vice-president of the Canadian Association for Suicide Prevention between 1990-1998 and 2012 to the present. He is currently on the advisory council for the Ontario Suicide Prevention Network. He was a member of the Family Caregivers Committee of the Mental Health Commission of Canada (2008 – 2010). He also serves as an elder/advvisor for Enaahchtig Healing Lodge and Learning Centre and the Native Mental Health Association of Canada.



Plenary Speaker 3

Dr. David Goldbloom

Saturday, June 21, 2014
9:00 – 10:00

The Mental Health Commission of Canada and Collaborative Care

Dr. David S. Goldbloom, MD, FRCPC

Senior Medical Advisor, Centre for Addiction and Mental Health
Professor of Psychiatry, University of Toronto
Chair, Mental Health Commission of Canada

Biography

Dr. Goldbloom was born in Montreal and raised in Quebec and Nova Scotia. He completed an honours degree, majoring in Government, at Harvard University and then attended the University of Oxford as a Rhodes Scholar where he obtained an M.A. in Physiological Sciences. He trained in medicine and psychiatry at McGill University and is a Professor of Psychiatry at the University of Toronto. Dr. Goldbloom's activities have been recognized and awarded by his peers and students. He has authored numerous scientific articles and book chapters and has provided talks and lectures to student, professional and public audiences. He maintains an active clinical and teaching role at the Centre for Addiction and Mental Health where he serves as Senior Medical Advisor. He is also Chair of the Mental Health Commission of Canada. In addition to his professional activities, Dr. Goldbloom is immediate past Chair of the Board of Governors of the Stratford Shakespeare Festival of Canada.

Friday Concurrent Session 1

10:25 AM – 12:15 PM

Session 1A

Rossetti B/C

Interactive Workshop

10:25 - 11:55

Collaboration through education: An innovative workshop for interprofessional audience.

Kljenak, Diana, MD FRCPC.

This presentation will outline the development and implementation of an innovative workshop for interprofessional audience. The process of interprofessional collaboration, the teaching methods and content, and the evaluation results will be described. Participants will be invited to consider the applicability of the workshop to their setting.

Session 1B

Windsor

Interactive Workshop

10:25 - 11:55

STOP with FHTs: Building capacity to deliver smoking cessation programming in family health teams.

Peters, Carolyn, MSc.; and Ting-A-Kee, Ryan, PhD.

This presentation will demonstrate the utility of multi-stakeholder collaborations and their ability to effect change and enhance patient outcomes in primary care. Highlighting the collaboration between FHTs and CAMH in Ontario, smoking cessation interventions have been successfully integrated into individual and organizational practices and have increased patient access to evidence-based comprehensive tobacco dependence treatment programming. Similar models can be used for other preventive treatment programs in primary care to better patient outcomes.

Session 1C

Rossetti A

Interactive Workshop

10:25 - 11:55

The power of collaboration: When a palliative care specialist, a primary care physician and a psychiatrist join forces to improve the care of older adults.

Grief, Cindy, MD.; Grossman, Daphna, MD.; and Kirzner, Michael, MD.

Using case-based material, the presenters will demonstrate how key principles of collaborative care can be incorporated when treating hospitalized older adults with complex medical and mental health issues. The perspectives represented include those of a palliative care specialist, a primary care provider and a geriatric psychiatrist. Group discussion will enable participants to explore the merits of using a collaborative approach within their own practice settings.

Session 1D

Seymour

Innovative Presentation

11:20 – 12:10

Child and Youth Centralized Psychiatry Service Hamilton Family Health Team - a one year review of our shared experience in primary care.

Stockwell, Michelle, MHSc; Macdonald, Kathryn, MD; and Clark, Sheri, MSW.

This presentation will review the first year experience of the Child and Youth Centralized Psychiatry Service developed within the Hamilton Family Health Team for children and youth ages 4 to 25 years. The goals were to provide families, physicians and mental health counsellors with improved access to a psychiatric consultation and provide support for early diagnosis and treatment within primary care. We will discuss the challenges and successes from the perspectives of the treatment team, primary care physicians, mental health counsellors and the families.

Session 1E

Carlyle

Paper Presentation 10:25 – 10:45

Recovery Narratives: A tool for building client/family centered collaborative care.

Karpa, Jane MMFT; and Robinson, Renee, J. PhD

Recovery Narratives have been linked to patterns of positive recovery processes for those who face the challenges of psychiatric disabilities and enhance understanding of lived experiences for health care practitioners. A research project was undertaken to formally evaluate the effectiveness of a Recovery Narrative assignment. The qualitative data for this study has been analyzed and the purpose of this presentation is to present the findings and implications for collaborative primary mental health care.

Paper Presentation 10:55 – 11:15

eMentalHealth.ca: Online mental health information and tools for professionals, patients and families

Mireille St-Jean, MD, CCFP(C); Michael Cheng, MD, FRCP(C); and Erin Kelly, MD, FRCP(C)

eMentalHealth.ca, an initiative of the Children's Hospital of Eastern Ontario (CHEO), makes it easy for anyone to find information about mental health as well as where to go for mental health help. Using eMentalHealth.ca, a busy family physician can quickly review a condition prior to seeing a patient; use the online screening tools to screen a patient; recommend resources and information to a family; link to relevant external resources such as the Shared Care toolkits.

Paper Presentation

11:25 – 11:45

Nothing About Me, Without Me! Designing collaborative interventions to reduce rapid psychiatric readmissions: A patient-centered approach to mental health service planning and evaluation.

Steinberg, Rosalie MD, MSc; and Sunderji, Nadiya MD, FRCPC

Rapid psychiatric readmissions represent a failure of mental health care coordination and continuity. Patients' perspectives on readmission causality have been overlooked and are needed to develop and evaluate appropriate and effective interventions. Including patients as members of service delivery and/or research teams requires approaches that address power differences and potential discordance between patients' experiences and clinicians' assessments of admission causality. Participants will evaluate and apply patient-centered strategies that promote engagement, treatment, acceptance and, ultimately recovery.

Paper Presentation

11:55 – 12:15

Welcoming and supportive: What does it mean in a mental health care setting?

Charette, Catherine, PhD.

This presentation will explore the determinants of welcoming and supportive care according to CRC (Mental Health Crisis Response Centre (CRC) in Winnipeg) clients, their families and members of the collaborative care teams.

Session 1F

Scott

Interactive Workshop 10:25 – 11:55

Innovative child and youth mental health models of collaborative mental health care across Canada: Increasing quality and accessibility of mental health care for children and youth in Canada.

Spenser, Helen R, MD FRCP C.; Kondra Peter, MD FRCP C.; Espinet, Stacey D. PhD; and Abidi, Sabina, MD FRCP C.

This presentation will explore child and adolescent shared mental health care. Four different models of capacity building in children's mental health collaborative care will be outlined with an opportunity for small group discussion. The four models will include:

PT-CAP a pan Canadian Survey of Rural and Remote family physicians and their knowledge and skill in child and youth mental health delivery was used as the foundation to develop a curriculum to assist primary care clinicians across the country to more confidently deliver mental health care to children and youth.

One psychiatrist will describe what he has learned from offering indirect consultations to a large number of clinicians across Hamilton Family Health Teams.

An on line tool kit will be discussed including feedback and future directions.

The CAPA model in Halifax increasing involvement and participation by clients in their own health care via MD choice, telephone consultation and community programming will be outlined.

Session 1G

Wren

Interactive Workshop 10:25 – 11:55

Assessment and management of suicidal patients in integrated primary care.

Corso, Kent, PsyD.

Attendees of this workshop will learn evidence-based strategies to collaboratively screen for, assess, and manage suicidal patients in primary care. This material has been developed for use in integrated primary care

settings whereby primary care teams and behavioral health professionals collaborate, delivering a higher caliber of primary care to their entire patient population. The intended audience for this workshop includes nurses, physicians, behavioral health providers, and any other healthcare professionals working in primary care.

Session 1H

Mountbatten A

Innovative Presentation 10:25 – 11:10

Addressing the social determinants of mental health: A consumer's perspective.

Hassen, Nadha, MPH (c).

Through relating personal interactions with the mental health care system as a consumer, "Addressing the Social Determinants of Mental Health: A Consumer's Perspective" will discuss a range of current, pressing issues to advance collaborative peer-led initiatives. Consumers from priority or disadvantaged populations, such as low-income, newcomer and racialized individuals, face unique challenges in accessing appropriate and culturally relevant mental health care. The nuances of intersectionality require attention to improve care, services and treatment while removing barriers to accessing services.

Innovative Presentation 11:25 – 12:10

Collaboration and innovation within the mental health industry: consumer and health care organizations getting along.

Calixte, Shana, M.A.; Quigley, Marion; and O'Shea, Mike.

Across the Ontario region, many smaller consumer/survivor initiatives are being asked to integrate with larger mental health organizations. In northeastern Ontario, the organizations working in mental health are doing things a bit differently. This presentation will highlight some of the benefits and challenges of working through a recovery-focused partnership, where each organization continues to exist as independent units, and in the end, collaborating to provide the best services for people with lived experience of mental illness.

Session 11

Stevenson

Paper Presentation

10:25 – 10:45

Evidence-based educational materials to support treatment choices about depression in shared care.

Beaulac, Julie, PhD.; Walker, John R., PhD.; and the Mobilizing Minds Research Group.

A Canadian group is studying the information needs and preferences of consumers concerning treatments for common mental health problems with a particular focus on young adults. The team has developed extensive, evidence-based, plain language educational materials for depression. This presentation will discuss the process of development and evaluation of the materials with a focus on the involvement of consumers and providers. Information will be provided about the use of such materials in shared-care settings.

Paper Presentation

10:55 – 11:15

Developing and implementing an Integrated Care Pathway for comorbid depression and alcohol dependence.

Awan, Saima MBA; Voore, Peter, MD FRCPC; Quilty, Lena PhD C.Psych.; Samokhvalov, Andriy V. MD PhD; and Le Foll, Bernard MD PhD CCFP

One of the greatest challenges in health care is trying to make the best use of a finite envelope of resources while providing excellent care. Patients expect that clinical decisions will be made on the basis of evidence. An Integrated Care Pathway (ICP) is an inter-professional outline of anticipated care for patients with a similar diagnosis (Middleton & Roberts, 2002). Pathways are effective in evidence-based practice, improving clinical outcomes and team functioning.

Paper Presentation

11:25 – 11:45

Creating an algorithm to manage depression in primary care.

Green, Douglas, MD.

Depression is very common in primary care settings with a point prevalence ranging from 4.8% to 8.6%. Chronic disease management strategies have been demonstrated to be helpful in managing this condition. This paper will introduce an algorithm, which employs these strategies. This algorithm, which can easily be adapted to any other settings, will contain key elements such as a treatment algorithm, self-management strategies and a care pathway, which takes into account the complexity of the presentation as well as response to treatment.

Paper Presentation

11:55 – 12:15

Psychotherapy in family medicine.

Hameed, Saadia, MD.

A qualitative study looking at how family doctors define, practice and conceive psychotherapy. This practice is not uniform and there is wide variability in the training of physicians in this domain. What are some of the factors that affect the practice of psychotherapy in primary care from the patient, physician and policy points of view, and what direction are they steering therapy in? Is shared care the solution to improving access and quality of psychotherapy in primary care?

Session 1J

Baker

Paper Presentation 10:25 – 10:45

Development of an integrated and collaborative model of care for pregnant substance-using women.

Ordean, Alice, MD.

This presentation will describe the rationale and the process of developing the Toronto Centre for Substance Use in Pregnancy (T-CUP). T-CUP is an integrated and collaborative program for pregnant substance-using women located in a primary care based clinic within a community teaching hospital. Services provided and community linkages will be reviewed. Outcome data will also be provided to demonstrate the effectiveness of this program to improve both maternal and neonatal outcome

Paper Presentation 10:55 – 11:15

Enhancing clinician competency in assessing risk for Suicide: Implementing the RNAO Best Practice Guideline in an interprofessional context.

Tindall, Claudia, MSW, RSW.; and Ryan, Kathy, RN, MSc(N), CPMHN(C).

This paper describes how the Registered Nurses Association of Ontario Best Practice Guideline, “The Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour”, was introduced to a large interprofessional staff group at CAMH. The paper will review three learning modules, including suicide awareness and self-reflection, the elements of a suicide risk assessment, including documentation, and intervention. Staff feedback from two pilot teams will be discussed using a mixed-method research design. A review of the documentation template will demonstrate how structured documentation can enhance the assessment process.

Paper Presentation 11:25 – 11:45

Applying a multi-faceted educational strategy to enhance interprofessional practice change: A pilot study assessing the implementation of pain assessment tools and pain management interventions in a mental health and addiction milieu.

Uranis, Christopher, MN; Rolin-Gilman, Cheryl, MN; Cleverley, Kristin, PhD; Sproule, Beth, PharmD; Silver, Ivan, MD; and Watt-Watson, Judy, PhD.

The stigma of aging with a mental illness or addiction in addition to an inpatient episode of care at a mental health care facility may affect the quality of addressing physical pain. Applying a multi-faceted educational strategy and a staged approach to introduce validated pain assessment tools, standardized documentation, and active client involvement is fundamental to advancing interprofessional practice. Early findings of a pilot study may inform other environments to introduce such practice change interventions.

Paper Presentation 11:55 – 12:15

The benefits of using an interprofessional education module in an undergraduate mental health nursing course.

Snow, Nicole, MN, RN, CPMHN(C); Alteen, Anna Marie, MN, RN, CPMHN (C); Budden, Florence, BN, RN, CPMHN(C); and Meadus, Robert, PhD, RN.

The Centre for Collaborative Health Professional Education at Memorial University has developed Interprofessional Education Modules aimed at facilitating student understanding of collaborative approaches to client care. One such module focused on mental health concerns and involved Nursing, Social Work, Pharmacy, Medicine, and Psychology students. The process of developing, implementing, and evaluating this mental health module has been invaluable in facilitating the students' understanding and valuing of the role they will play in client care.

Friday Concurrent Session 2

14:25 PM – 16:15 PM

Session 2A

Wren

Interactive Workshop 14:25 – 15:55

“What’s Art Got To Do with It?” A knowledge translation film brings together an integrated arts and health model from an arts-based occupational therapy program called Creative Works Studio, of St. Michael’s Hospital in Toronto, that aids recovery and enhances well-being in collaboration with a multidisciplinary team and with clients living with concurrent disorders.

Fryszberg, Isabel; and Parsons, Janet.

“What’s Art Got To Do With It?” is a knowledge-translation documentary that looks at Creative Works Studio – an arts-based occupational therapy program in Toronto that serves clients with a wide range of mental health and addictions issues, many of whom experience concurrent disorders. This film screening, followed by a discussion and question and answer session, will familiarize participants with this integrated arts and health model that aids recovery and enhances well-being in collaboration with clients.

Session 2B

Carlyle

Interactive Workshop 14:25 – 15:55

Testing inter-organizational collaboration and promoting system change.

MacBeath, Lyn, FRCPC., Sze, Shirley, FCFP., Samson, Rae, MSW., and Buller, Kurt, FRCPC.

The presenters of this interactive workshop will model skills of interprofessional teamwork. They will address challenges of inter-organizational collaboration encountered when agency mandates conflict. The clinicians, managers and other professionals at Kamloops Community Mental Health and Addiction Services have worked together to put inter-organizational col-

laboration to the test. They will consider problems for clients engaged with two agencies: the Criminal Justice system, and Child and Family Development.

Session 2C

Windsor

Interactive Workshop 14:25 – 15:55

Optimizing end of life care for people with severe mental illness: Overcoming barriers with shared care and innovation.

Whitehead, Katherine, MD.

This is an interactive and case based workshop where participants will collaborate to problem solve effective strategies for dealing with challenges in the delivery of end of life care to severely mentally ill people. Themes to be explored can include: barriers and motivators to care, patient/client expectations and needs, examples of successful care delivery models, and strategies to improve care.

Session 2D

Rossetti B/C

Innovative Presentation 14:25 – 15:10

Substance abuse/Mental illness/STBBI; Daring to make a difference for an urban clientele presenting complex health problems.

Bond, Tania, BScN.

Co-occurring disorders are highly prevalent in urban populations and are frequently encountered in emergency rooms. Three nurses thus developed a project connecting the ERs, the healthcare units of the “Centre Hospitalier de l’Université de Montréal (CHUM)” and community partners. Accessibility to integrated services for patients presenting co-occurring disorders (mental illness/addictions/STBBI) is henceforth possible at the CHUM. This initiative significantly facilitates the access to qualified integrated services and lowers visits to the ER for vulnerable populations.

Innovative Presentation 15:25 – 16:10

Providing addiction-specific service partnerships for complex, multi-problem clients: Integrating services, maintaining agency strengths and mandates, enhancing recovery.

Welsh, Paul, MSW, RSW.

Participants will identify challenges for clients when their addiction-related needs exceed the experience of a primary service provider or vice-versa, assess potentials and needs for value-added service partnerships, identify influences which help or hinder those potentials, and consider strategies to facilitate value-added partnership.

Session 2E

Scott

Paper Presentation 14:25 – 14: 45

A collaborative approach to delivering child/youth mental health care in the primary care setting. An exploratory project between the Centre for Addiction and Mental Health and the Mount Sinai Academic Family Health Team.

Naimer, Michelle, MD, MHSc, CCFP.; Schachter, Debbie, MD, FRCPC.; Mian, Irfan, MD, FRCPC.; Henderson, Joanna, Ph.D. C.Psych.; MacKenzie, Susan MD, FRCPC.; Wanono, Oshrit, MD, FRCPC.; and Beitchman Joe, MD, FRCPC.

This Paper Presentation will describe a collaborative care program that was developed between a tertiary setting child and adolescent psychiatry team and an Academic Family Health Team (FHT). The challenges, benefits and lessons learned from this initiative will be presented.

Paper Presentation 14:55 – 15:15

Assessing the impact of an educational and skills-based group for parents of adolescents with eating disorders.

Anderson, Joanna, MSW.; Robb, Sara, MSW (c); and Stranks, Marrison, MSc.; Katzman, Debra, MD, FRCP(C).; Dimitropoulos, Gina, MSW, PhD, RSW.; Greenbaum, Elyssa, MSW, RSW.; and Freeman, Victoria, MSW, RSW.

Members of a research team--comprised of professionals from Sheena's Place, Toronto General Hospital, and the Hospital for Sick Children--will present an overview of the development of, and initial results from, a psycho-educational group for parents of adolescents with an eating disorder. The presentation will highlight parental involvement in the treatment of their child with an eating disorder, as well as the capacity for interprofessional collaboration in the mental health field.

Paper Presentation 15:25 – 15:45

Interweaving of knowledge, collaboration and support: implementing a community of practice around collaborative care in youth mental health.

Nadeau, Lucie, MD.; Pontbriand, Annie, M.Sc.; Rousseau, Cécile, MD.; and Johnson-Lafleur, Janique, M.Sc.

This presentation reports on the process of implementing a community of practice (CoP) in youth mental health among health and social services primary care professionals in Montreal, Quebec (FRSQ/MESRST founded research). The presentation addresses theoretical questions and the participatory process of the CoP's implementation, and provides cues to practical aspects through a visit of its virtual platform. Participants are invited to share their views regarding this innovative knowledge exchange strategy in collaborative care.

Paper Presentation 15:55 – 16:15

Collaboration between mental health nurses and school systems to improve mental health outcomes in children and adolescents.

Seto, Meigan, RN, BSN.; and Nichols, Lori, RN, MS.

The Mental Health and Addiction Nursing- School Program at Toronto Central Community Care Access Centre collaborates with four school boards to address the mental health needs of students. This session explores how nurses and board staff work together for better outcomes with students and families by coordinating and capitalizing on strengths of each discipline.

Session 2F Rossetti A

Interactive Workshop 14:25 – 15:55

Telemedicine IMPACT Plus (TIP): A video-conferenced interprofessional complex care clinic for medical-psychiatric co-morbidity in solo primary care.

Sunderji, Nadiya, MD FRCPC.; Pariser, Pauline, MD MASc CCFP., Tang, Priscilla, MPP.; Bismil, Supuneet, MBBS.; and Oriade, Agnes, RN.

Patients with chronic co-morbid medical and psychiatric conditions experience decreased quality of life, and increased functional impairment, health care costs and mortality. Traditional models of serial disconnected consultations fail to address the whole person and their mutually reinforcing biomedical and psychosocial conditions. We describe Telemedicine IMPACT Plus, a novel urban telemedicine program providing interprofessional collaborative support to solo family physicians managing complex patients in the community. We discuss the clinic format, strengths, facilitators, and implementation challenges.

Session 2G Mountbatten A

Interactive Workshop 14:25 – 15:55

Building on a mental health and addiction service delivery system for emerging adults

Papadopoulos, Despina MEd.; and Davidson, Simon, MBBCh.

Currently, the term 'emerging adult' (EA) is increasingly used to describe youth and young adults (16-25), and highlights the significance of dynamic growth and development during this part of the lifespan. With an emphasis on knowledge transfer and exchange, this presentation examines Canadian mental health services; policies/practices around transitional services for youth to adult services and highlights recommendations that encourage effective transitions for and responses to emerging adults across Canada.

Session 2H Stevenson

Innovative Presentation 14:25 – 15:10

Exploring complexities to service collaboration in rural and remote areas: Rurality and system improvement through service collaboratives.

MacEachern, Shauna, M.A.

Collaborative work in rural and remote areas can be challenged by complex access and capacity issues. Rural and remote partners often find creative and collaborative approaches to provide services and supports to their clients and their families. This presentation will explore the approaches applied by rural and remote partners through the System Improvement through Service Collaboratives (SISC) initiative. Identifying methods of approach and implementation will provide participants with applicable learning's for their collaborative work.

Innovative Presentation 15:25 – 16:10

EENet Connect: An online community to support collaboration across Ontario's mental health and addictions systems.

Guriel, Jason, PhD.; Sliemers, Stephanie, MEd (Candidate).; Yip, Angela, BSc.; and Bullock, Heather, MSc.

This presentation will demonstrate how an online community supports knowledge exchange for mental health and addictions systems in Ontario. By exploring theory, background, development, successes, and lessons learned, presenters will show how online communities can reinforce connections and enhance collaborations among diverse stakeholders. Best practices and recommendations for online community development will be discussed.

Session 21

Baker

Paper Presentation 14:25 – 14:45

A year-long study of the mental health services provided by a large Ontario family health team, the Summerville Family Health Team (SFHT).

Foroughe, Mirisse, Ph.D., C.Psych.; and Cordeiro, Kristina, B.A., Hons.

Findings of a year-long study of mental health services provided through interprofessional collaboration at the Summerville Family Health Team (SFHT), a multi-site Ontario family health team comprising four full-time social workers and a full-time clinical child and adolescent psychologist, will be shared. Referral patterns, wait times, treatment course and outcomes, collaboration between health care professionals, and patient satisfaction will be discussed in relation to future directions for collaborative mental health care.

Paper Presentation 14:55 – 15:15

Collaborating to improve service systems: Consumer and family member perspectives on getting help for mental health, substance use and violence.

Haskell-Thomas, Rebecca, MA.; Graham, Kathryn, PhD.; Bernards, Sharon, MA.; Flynn, Andrea, PhD.; and Wells, Samantha, PhD.

We present findings from the Consumer Journey study, which explored experiences of seeking and receiving care for mental health, substance use, and/or violence problems through interviews with 114 consumers and family members in two Ontario communities. This presentation focuses on the need for collaboration among policy makers, service providers, consumers and family members in the management of concurrent disorders, based on the findings of the interviews and lessons learned in conducting the research.

Paper Presentation 15:25 – 15:45

Groups in Motion from concept to implementation: The interaction between interprofessional clinical practice & research.

Wilansky, Pamela, Ph.D.; and Tykoliz, Caroline, MHS.

Groups in Motion (GIM) was created to provide a coordinated and structured environment that encourages patient participation and activity in their own recovery focused treatment. GIM aimed at increasing opportunities for clients to join previously unavailable groups, access to quality evidence based groups, collaboration among inter-professional staff, and variety of groups. Trends in patient attendance and satisfaction data over 1 year will be presented, as well as implications for inter-professional practice.

Paper Presentation 15:55 – 16:15

Cognitive Behavioural Interpersonal Skills (CBIS) training can reduce mental illness related stigma among healthcare providers.

Campbell, Helen, FRCPC.; Patten, Scott, FRCPC.; Knaak, Stephanie, PhD.; Stretch, Janet, RPN.; Groves, Nadine, MEd.; and Hall, Shana, BA.

Stigma is significant for those living with a mental illness and is a major barrier to care, recovery and quality of life. The Mental Health Commission of Canada partnered with B.C.'s Island Health to examine the impact of the Cognitive Behavioural Interpersonal Skills training on healthcare provider stigma. The results showed reduced stigma, lending support to the theory that increasing healthcare providers' skill-set and increasing their understanding of mental illness as manageable, can reduce stigma.

Session 2]

Seymour

Paper Presentation 14:25 – 14:45

Standardizing an emergency room medical assessment stability/clearance protocol for quality improvement: A pilot collaboration between emergency medicine and mental health professionals.

Ungar, Thomas MD.; Aluwahlia, Nalin MD.; Sidhu, Kuldeep MD.; and Bingham, Kathleen MD.

We describe preliminary results and experiences in the development and pilot implementation of a standard protocol for assessing and establishing medical stability/clearance for persons presenting to emergency departments with mental health and addictions concerns. Inter-professional emergency room care teams including emergency medicine, mental health, and addictions at several mid to large community hospitals participated in the quality improvement initiative.

Paper Presentation 14:55 – 15:15

From practice to classroom: An interprofessional collaborative partnership to teaching motivational approaches in building therapeutic relationships.

Romano, Donna RN, PhD.; Skinner, Wayne J, MSW, RSW.; and Florius, Polly, RN, MN.

Motivational Interviewing (MI) is form of interacting to elicit and strengthen motivation. Given the increasing clinical complexity, a need was identified by nursing faculty to teach strategies such as MI that enabled students to be better equipped to support patients. Building on each other's expertise, nursing faculty collaborated with social work in co-teaching course content that incorporated MI. In doing so, they role modeled interprofessional collaboration that demonstrated to students a collaborative approach to care.

Paper Presentation 15:25 – 15:45

Effectiveness of individualized inter-professional care plans for heavy emergency department users.

Hunchak, Cheryl, MD (CCFP-EM), MPH; Borgundvaag, Bjug, MD CCFP(EM), PhD; Hunter, Jon, MD, FRCP; van den Broek, Kate, RN, MScN, ENC(C); Maunder, Robert, MD, FRCPC; Waisberg, Liz, MSW; Carver, Sally, BSc; and Ovens, Howard, MD CCFP(EM), FCFP.

Heavy Emergency Department (ED) users, the few patients who use a disproportionately large amount of ED resources, often have complex mental health issues and chronic needs, which are not well matched to the services available in the ED. Using an interdisciplinary approach, we have been able to develop individualized care plan guidelines for these patients which have demonstrated a significant reduction in ED visits as well as length-of-stay for a large percentage of this population.

Paper Presentation

15:55 – 16:15

Comparing referrals for common mental disorders (CMD) and serious mental illness (SMI) in primary care and other lessons learned: Examining the impact of introducing shared mental health care.

Haggarty, John, MD.; and Bailey, S. Kathleen, MA.

This presentation describes differences in referrals for outpatient mental health (MH) services from five primary care sites, 2001-2004. Referrals for common mental disorders (CMD) and serious mental illness (SMI) were examined. Significantly more referrals for CMDs and psychosocial problems and fewer referrals for SMI were made after the introduction there of SMHC. Implications and possible interpretations will be discussed.

Saturday Concurrent Session 3

10:25 AM – 12:15 PM

Session 3A Mountbatten A

Interactive Workshop 10:25 - 11:55

An integrated care model for addictions and mental health care in primary care.

Perivolaris, Athina, MN.; Mulsant, Benoit. H. MD.; and Rodie, David. MD.

This presentation will summarize the design of an innovative integrated care model. This model supports primary care providers with behavioural care technicians and telephone- and computer-based care management. Its aims at improving quality and outcomes of treatment for depression, anxiety and alcohol misuse in primary care. This model will be used as a “case” to discuss with the audience the role, impediments, and opportunities for these types of integrated models in primary care settings.

Session 3B Seymour

Interactive Workshop 10:25 – 11:55

Strengthening collaborative care through recovery-oriented practices.

Chodos, Howard, PhD.; Cumming, Deborah, MSW.; Raymond, Glenna, CHE.; and Martin, Neasa, O.T.

The Mental Health Strategy for Canada places recovery as a central tenet to improving health outcomes & quality of life for people living with mental health problems & illnesses. Recovery oriented practices are also seen as key levers to mental health system transformation. The synergy between collaborative care and recovery-oriented practices requires further exploration and implementation “on the ground”. Furthermore, policy development must reflect and support this transformative model of care to improve health & social outcomes.

Session 3C Stevenson

Interactive Workshop 10:25 – 11:55

Enhancing addictions and mental health collaboration.

Furlong, April MA.; Rush, Brian, PhD.; Skinner, Wayne, MSW RSW.; Chaim, Gloria, MSW RSW.; Reist, Dan, PhD.; Selby, Peter, MD.; Bland, Roger, FRCPC.; Butt, Peter, MD.; Aitchison, Katherine, MD, PhD.; Notorandrea, Rita, MSc.; Knoop, Francine.; Clarke, Beverly.; and Andres, Barry, MSc.

Despite momentum within systems toward improved collaboration between the mental health and addictions, effective strategies for collaboration at the practice level have not been systematically developed, evaluated, documented and shared. Findings of a 2-year national project to consolidate knowledge and generate consensus about such strategies and an overview of the best advice document that has emerged will be presented. Participants will be invited to explore what they can do to enhance collaboration.

Session 3D Rossetti B/C

Innovative Presentation 10:25 – 11:10

The McQuesten Community Nurse Networker Pilot Project; An innovative approach to addressing the social determinants of health in a high priority neighborhood.

Haalboom, Rachael, B.A/BScN.; Stockwell, Michelle, MHSc.; and, Browett, Brent, MA, BHsc, CMM III, ACP, AEMCA

An interactive panel of the health care professionals involved in the project including the project Coordinator, the practice physician, the Community Nurse Networker, and the City of Hamilton Director of Community Health Planning & Integration will discuss the origin of the pilot, the conceptualization of the framework, the planned systems entry and evaluation of the pilot. A video montage of the community residents sharing their experiences with the Community Nurse Networker will enrich the presentation.

Innovative Presentation 11:25 – 12:10

Helping students survive and thrive in school and in life -- Collaborating with schools to build resilience in our children and youth: Community Care Access Centres (CCACs) Mental Health and Addiction Nurses (MHANs).

Johnston, Cynthia, BScN.; Mantynen, Rebecca (Becky), MSW.; Chornoboy, Billie, BScN.; Johnston, Shauna, BScN.; and Codner, Patricia, MSW.

By working collaboratively across sectors, Community Care Access Centre mental health and addiction nurses are providing children, youth and families with fast access to high quality services, and identify and intervene in child and youth mental health issues early on. The program helps to prevent hospital admissions and also helps transition these students returning to school after they have been discharged from hospital. They enhance the services that schools provide to students.

Session 3E

Rossetti A

Paper Presentation 10:25 – 10:45

Concurrent disorders: Shifting treatment paradigms within a hospital setting.

Benoit, Trish, MSW.; and Demers, Stephanie, MSW.

The prevalence of concurrent disorders is higher in hospital patients than in the general population. The mental health and addiction systems have historically worked in silos, however provision of integrated care is the gold standard. The Mental Health and Addictions Program at Grand River Hospital implemented a Concurrent Disorders Specialist Role with the goal of shifting care to an integrated approach. Challenges and successes of this role will be discussed, with practical knowledge regarding screening, clinical interventions, and staff capacity building to be shared.

Paper Presentation 10:55 – 11:15

Dietitians and community mental health: Setting the research agenda.

Mitchell, Scott, BA.Hons.

The goal of the Dietitians and Community Mental Health project is to identify and prioritize key areas of research needed to advance healthcare policy and practice, improve access to dietetic services for people living with mental illness, and evaluate the impact and outcomes of community-based healthy eating programs. Researchers, knowledge users, policy makers, and people with lived experience of mental illness are collaborators in a shared process to co-create a meaningful research agenda.

Paper Presentation 11:25 – 11:45

Medical – legal clinic collaboration to meet patient needs.

Ghavam-Rassoul, Abbas, MD.; Shartal, Sarah LLB.; Trudell, Barb, RN BScN.; and Bashir, Selima.

This paper describes our experience in collaborating with a co-located legal clinic. Through the use of case scenarios we will describe how collaboration between primary care, mental health and legal services can produce synergies to meet the needs of our patients. Our experience has been that this approach improves access to medical care for patients and that access to legal services improves housing and income stability and can ensure fair treatment by the court system.

Paper Presentation 11:55 – 12:15

Misinterpretations of a mental health patient in crisis.

Mak, Diana.

The purpose of this paper is to present the misconceptions of the patient's behaviours and to clarify why these behaviors existed during a crisis. The goal of this paper is to explain to those providing help that the behaviors of a patient can be misinterpreted and what is seen on the surface may not correspond with what is actually happening to the patient.

Session 3F

Carlyle

Interactive Workshop 10:25 – 11:55

Integrated models of mental health service delivery spanning acute and community settings.

Sunderji, Nadiya, MD.; Das, Paul, MD MSc.; Kates, Nick, MD.; Stergiopoulos, Vicky, MSc MD MHSc.; and Carvalhal, Adriana, MD PhD.

We describe four models of integrated mental health service delivery designed to meet the needs of distinct patient populations. We discuss the rationale for integration, and key considerations in the design and implementation of specific models (including degree of integration). We present the results of process and outcomes evaluations for each model and discuss the common elements and challenges these models face.

Session 3G

Session withdrawn

Interactive Workshop 10:25 – 11:45

Rétablissement et pleine citoyenneté dans le contexte des soins de collaboration.

Gagné, Marie.

Session 3H

Wren

Innovative Presentation 10:25 – 11:10

Is There a psychiatrist in the house?: Collaborative care for the frail elderly.

Colman, Sarah, MD FRCPC.

A substantial proportion of older Canadians have complex health problems that render them frail and homebound. These individuals are poorly served by predominantly office based primary care delivery models. They suffer from higher rates of psychiatric illness than the general older population. This paper will describe a novel collaboration between a psychiatrist and home-based family health team, as well as review the literature of home-based and collaborative care in the elderly.

Innovative Presentation 11:25 – 12:10

Trauma-Informed care: Accounting for the interconnected role of spirituality and empowerment in mental health promotion.

Hipolito, Edgar.; Samuels-Dennis, Joan.; and Shanmuganandapala, Babitha.

Traumatic experiences affect the psychological well-being and mental health of both victims of childhood abuse and IPV through varying pathways. Using data collected from a randomly selected sample of 318 income assisted men and women we examined the relationship between childhood abuse and intimate partner violence (IPV) and the mental health/well-being of study participants. Additionally, spirituality and empowerment were examined for their buffering or protective role.

Session 3I

Windsor

Paper Presentation 10:25 – 10:45

Child and adolescent psychiatry education for primary care physicians.

Khalid-Khan, Sarosh MD.; DABPN., Blais, Julie, PhD.; and Fitzpatrick, Renee, MD, FRCPC.

Primary care providers (PCPs) can improve lives of children by routinely screening for mental health problems, recognizing symptoms early, and offering first-line treatment. However, studies show only a minority has received adequate formal training in child and adolescent psychiatry. Due to increased waitlist of youth with mental health problems, there is a pressing need for training PCP's in child psychiatry in both rural and urban areas.

In urban Southeastern Ontario practicing CAPs noted the need to improve knowledge transfer from child and adolescent psychiatrists (CAPs). A training program was offered to PCPs, which improved their knowledge and confidence in diagnosing and treating common disorders. This in turn lead to earlier identification and intervention and improved referral patterns to CAPs.

Paper Presentation 10:55 – 11:15

DBT = Doing Better Together: Building a community of practice for Dialectical Behaviour Therapy for adolescents.

Robb, Marjorie, MD.; Bragg, Heather, MSW.; Storey Baker, Pamela, MEd.; and Gallagher, Meagan, PhD.

Three organizations — Children’s Hospital of Eastern Ontario (CHEO), Royal Ottawa Mental Health Centre (ROMHC), and Youth Services Bureau (YSB) — are working in partnership to provide Dialectical Behaviour Therapy for Adolescents (DBT-A) to youth with complex needs and their families. This collaborative model has provided tangible benefits for clients, clinicians, and the organizations. Barriers to interagency partnership have been overcome and this has led to increased community capacity for serving high-needs youth and families.

Paper Presentation 11:25 – 11:45

Measuring inter-sectorial collaboration in children’s mental health

Tobon, Juliana I. PhD.; Reid, Graham J. PhD.; Goffin, Richard, PhD.; Brown, Judy, PhD.; Stewart, Shannon PhD.; and Evans, Barrie, PhD.

A new measure, Continuity of Care in Children’s Mental Health (C3MH), is presented. This measure captures collaborations between sectors/professionals and within the children’s mental health sector from the parent’s perspective. The C3MH was administered to 364 parents of children and youth recruited from 13 CMH agencies in Ontario. The C3MH is the first parent-report measure of continuity in CMH and will be useful for assessing and tracking improvements in system integration and service coordination.

Session 3J

Baker

Paper Presentation 10:25 – 10:45

HPEI, Putting out the Welcome Mat: Improving services for people experiencing concurrent disorders.

Flynn, Bobbijo, MSW.; and Reddin, Shauna, MA.

Health PEI MH&A has adopted the Comprehensive Continuous Integrated System of Care to facilitate the development of a more welcoming and capable system of care for people experiencing concurrent disorders, and to provide a framework and dialogue for identifying opportunity for collaboration and linkages. This presentation will provide an overview of the developmental process, methods for engagement, implementation of the self survey process, identified needs and interests, early results, and next steps.

Paper Presentation 10:55 – 11:15

Expanding collaboration between primary and secondary care: exploring a personalized therapeutic life.

Lamschtein, Claudia, MD.; Creamer, Anne Marie, PhD, NP.; Tynski, Joanne, BSCN,Med.; Bryden, Olga, RNBN.; and Campbell, Cheryl, BNRN.

A model of health coaching collaboration, as part of a comprehensive lifestyle intervention targeted to the challenging needs of clients with Severe Mental Illness will be presented. Case material, will emphasize creative solutions for motivating, increasing engagement, enhancing resilience and promoting lifestyle changes in an environment of limited resources. Pearls and pitfalls in plans to promote significant reductions in body weight, body fat and other modifiable cardio metabolic risk factors will be discussed.

Paper Presentation**11:25 – 11:45*****Care in the clouds: Embodiment, interpersonal, and sociopolitical dimensions of telepsychiatry.*****Crawford, Allison, MD.; and Sunderji, Nadiya, MD.**

While acknowledging the enormous potential of digital healthcare technologies, including telepsychiatry, we argue that critical perspectives on this paradigm shift are urgently needed within healthcare, and within medical education. A sociological approach to the adoption of telepsychiatry can inform mental health policy; program development; interprofessional collaboration; clinical practices; and our engagement with patients and families. We critically explore the implications of telepsychiatry for patients and families, communities, the doctor-patient relationship, and the medical profession.

Paper Presentation**11:55 – 12:15*****“Difficult” clinician-patient interactions: Tips for clinicians.*****Kljenak, Diana, MD FRCPC.**

The literature indicates that up to 15% of patient-physician encounters are perceived as difficult. In this workshop different factors contributing to difficulty in clinician-patient interaction are identified and discussed. The focus is on the importance of countertransference awareness in effective management of “difficult” interactions. Case examples serve as a platform for interactive group exercise. Strategies to manage difficult encounters more effectively are then discussed.

Poster Session

Friday, June 20, 2014 16:30 – 17:30

Mountbatten B

Poster Presentations in alphabetical order by primary author

An exploratory study of the incentives and disincentives influencing quality of care for depression and anxiety in Ontario Family Health Teams – physicians' perspectives.

Ashcroft, Rachelle, PhD.

Youth engagement as a collaborative tool for system change: The Youth System Innovation Group.

Barker, Megan, MA., Herzog, Tyson, BA., Heffernan, Olivia, BA., Chaim, Gloria, MSW, RSW., and Henderson, Joanna, PhD, C.Psych.

A Qualitative Analysis of Mental Health Collaborative Care at a Community Hospital Site: Experiences of Family Physicians and Residents.

Benassi, Paul, MD., and Broad, Kathleen, MD.

Primary care physicians' perceptions about depression management in adolescents: Applications of the theoretical domains framework to identify factors that influence physicians' decisions to manage depression in adolescents.

Cheung, Amy, MD.

What's good for the gander: A practical approach to providing feedback about clinical practice within the context of creating a safe learning environment.

Cooper, Carolynne, MSW, RSW., Cohen, Stephanie, MSW, RSW., Skinner, Wayne, MSW, RSW., and Godden, Tim, MSW, RSW.

Algorithmic Treatment for Agitation and Aggression in Alzheimer's and Mixed Dementia.

Davies, Simon, D.M., Kim, Donna, M.D., Burhan, Amer, M.B.Ch.B., Ting, Rong, R.N., Banerjee, Joydip, M.H.Sc., Uranis, Christopher, M.N., Ito, Holly, M.S.W., Gowling, Amy, R/T.R.O., Yang, Camilo, M.Sc.O.T., Awan, Saima, M.B.A., Woo, Vincent, M.D., Mulsant, Benoit, M.D., and Rajji, Tarek, M.D.

TEACH : System-level approaches for sustained knowledge translation in evidence-based cessation interventions.

Fahim, Myra, HBSc, Bed., Hall, Ashley, MA., D'Souza, Leah, MSc., Dragonetti, Rosa, MSc., and Selby, Peter, MBBS, CCFP, FCFP, dipABAM.

A Collaborative Care Journey for Urgent Care Clients.

Finlayson, Brenda RN, MSW, RSW., Loli-Dano, Laura MSc, RSW, CCC., Tindall, Claudia MSW, RSW., and Godden, Tim MSW, RSW.

Implementation of Clinical Practice Guidelines within a Mental Health Hospital.

Fischler, Ilan, MD, FRCPC., Riahi, Sanaz, MSN., MacDonald, Alison, MN., and Sawh, Regina, MN.

The prominence of tobacco-related mortality among individuals with alcohol- or drug-use disorders.

Gatley, Jodi, BSc., and Callaghan, Russell, PhD.

Exploring Processes for Collaborative Systems Improvement.

Gloyn, Stephanie, M.Sc. Hollingshead, Matthew, M.S.W., Vink, Josina, M.Des., and Jaouich, Alexia.

Structures and Processes of Interprofessional Collaboration in a Shared Mental Health Care Context.

Goossen, Randolph, MD, FRCPC., & Wener, Pamela, F., OT.

Improving Collaboration: The ‘Perfect’ Referral or Consultation Letter: Do Either Really Exist?

Goossen, Randolph, MD, FRCPC.

Our experience implementing a therapeutic running group for youth with mental health concerns into the Family Health Team primary care model.

Ironside, Kelly, BA, BSW, RN., Bednarowski, Catherine, BSc.PhM, CDE., and Lindsay, Chris, M.Ed., RSW.

Developing Anxiety Disorder Module in Child and Adolescent Psychiatry for Primary care Physicians.

Khalid-Khan, Sarosh M.D., and Johal, Rupinder Kaur M.D.

“Broken Bonds: Attachment in the Therapeutic Relationship” - Workshop for Community Mental Health Care Providers.

Kljenak Diana, MD FRCPC., and Hunter Jon, MD FRCPC.

Cost-effectiveness analysis of single-session walk-in counselling.

Lamsal Ramesh, MSc Candidate., Horton ,Sue, Phd., Stalker, Carol, Phd., Riemer, Manuel, Phd., and Cait, Anne Cheryl, Phd.

Mental Health Service Users Perspectives on Restraint: Informing Interprofessional Collaboration.

Ling, Sara, RN, BScN.

A standardized, clinically relevant mental health data system facilitates collaborative mental health care improving care delivery.

Luyendyk, Karen, MSN.

Creative Connections: A Collaboration between mental health and corrections to increase access to mental health services and reduce recidivism for inmates experiencing severe mental and persistent mental illness.

Sandhu, Kiren, MSW, RSW., and Connors, Tanya, MSW.

A multi-disciplinary approach to the development and delivery of a single session CBT module within a Family Health Team Setting - Will it succeed?

Meeker, Tracy, and Klinck, Donna.

Depression in the medically ill- Challenges in diagnosis.

Nadkarni, Pallavi, MRCPsych., and Khachatryan, Davit.

Study of NHP-Drug Adverse Reactions (SONAR) in Patients Seeking Mental Health Services.

Necyk, Candace, MSc.

Elementary My Dear Weston! Promoting Middle School Mental Health through Academic Partnerships, Service Learning and Participatory Community Engagement.

Nyhof-Young, Joyce, PhD., Chang, Harry, MD(c)., Cohen-Silver, Justine, MD., Talarico, Susanna, MD., Chan, Natalie, MD., Markin, Rachel, MD., Suleman, Shazeen, MD., Au, Hosanna, MD., Afroze, Ainun, MD., and Pumputis, Angela, Bed.

The HUB Arts Project: Creating collaborative mental health care opportunities in rural communities.

Schneider, Krista, DTATI.

Collaborative Mental Health Care Education: A National Survey of Residents' Perceived Learning Needs.

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Photo credit: Danielle Petti

Welcome to Toronto

This year's CCMHCC is taking place in downtown Toronto, Ontario, Canada. Toronto is the capital city of the province of Ontario and is the largest city in Canada, with a population of 2.79 million living in the city and 5.5 million in the Greater Toronto Area. Toronto is a major tourist attraction and has been designated as a world class city with nearly 10 million annual visitors and over 4.4 billion dollars in direct expenditures within the city.

What's happening around the city during your stay

North by Northeast Music and Film Festival

June 13 – 22

North by Northeast (NXNE) has become the Canadian festival destination for emerging artists and major-label headliners, for music filmmakers, and for digital interactive innovators bridging the gap between technology and the arts. Consisting of five event-packed streams – NXNE Music, NXNE Film, NXNE Interactive, NXNE Comedy, and NXNE Art – the festival creates an essential gathering spot for artists, industry professionals, and fans.

For more information, visit: nxne.com

TD Toronto Jazz Festival

June 19 – 28

The TD Toronto Jazz Festival has become known as one of North America's premier jazz festivals produced annually by Toronto Downtown Jazz. What began in 1987 as an eight day showcase of jazz now attracts in excess of 500,000 loyal patrons annually over 10 days. Attractions include more than 350 performances with over 1,500 musicians performing at approximately 40 locations around Toronto.

For more information, visit: torontojazz.com

Redpath Waterfront Festival Toronto

June 20 – 22

2014 Flyboard North American Championships, Toronto Wine & Spirits Festival, 2014 DockDogs World Qualifying Championships, and MORE! Enjoy a two-kilometre festival along Toronto's waterfront. There is an activity for everyone.

For more information, visit: tewaterfrontfest.com

World Pride 2014, presented by Pride Toronto

June 20 – 29

The mission of WorldPride 2014 Toronto is to hold an international celebration incorporating activism, education, and the history and culture of global LGBTTIQQ2SA communities. It will highlight Canada's continued progress in human rights, and the diversity and dynamism of Toronto.

Where: All over the city

For more information, visit: pridetoronto.com



Photo credit: www.torontowide.com



Photo credit: Tam Kam Chiu

National Aboriginal Day

June 21

June is Aboriginal History Month and Toronto has many opportunities to celebrate! Check out some of the activities.

For more information, visit: toronto.ca

Indigenous Arts Festival

June 20, 19:30 – 22:00

Fort York National Historic Site
250 Fort York Blvd.

Mississauga Portraits book launch, Kaha:wi Dance sunset performance

Sunrise Ceremony and Flag Raising

June 21, 5:30

City Hall Podium roof
100 Queen St. W.

Indigenous Arts Festival

June 21, 12:00 – 22:00

June 22, 14:00 – 22:00

Fort York National Historic Site
250 Fort York Blvd.

Mississaugas of the New Credit storytellers and dancers, Centre for Indigenous Theatre, Métis Fiddler Quartet, Morningstar River, Kaha:wi Dance sunset performance

Thank you to our sponsors!

Leadership Level



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Gold Level



Canadian Centre
on **Substance Abuse**
Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.

Silver Level



Bell
Let's Talk

Lundbeck



Bronze Level



Otsuka



Bristol-Myers Squibb

Next CCMHCC

The 16th (2015) Canadian Collaborative Mental Health Care Conference will be held in **Calgary, Alberta!**

Minutes from adventure in an unspoiled mountain playground, Calgary is clean and safe; a big city without big city problems. A destination like no other: a mix of dynamic big-city energy, cheerful western hospitality and wondrous natural beauty.

More information will be available in the upcoming months.

Visit www.shared-care.ca for all the latest information.



Photo credit: Tourism Calgary

About the Co-Chairs

Michael Trew, MD, FRCPC, CCPE

Dr. Michael Trew is the Senior Medical Director of Addiction and Mental Health, Strategic Clinical Network with Alberta Health Services.

Dr. Trew's area of special interest has been treating people with both psychiatric and medical illness including epilepsy, movement disorders, and HIV. He has been active in administration involving Psychiatry and Primary Care, including Shared Mental Health Care. He has also been a leader in Safety Reviews in Mental Health and health care more broadly.

Dr. Trew helped with the development of Creating Connections: Alberta's Addiction and Mental Health Strategy, the Suicide Risk Policy Suite for Inpatient Mental Health Units, and the implementation of recommendations from the Provincial Elopement Quality Assurance Review. He is also the acting Medical Director for Addiction and Mental Health within Primary and Community Care.

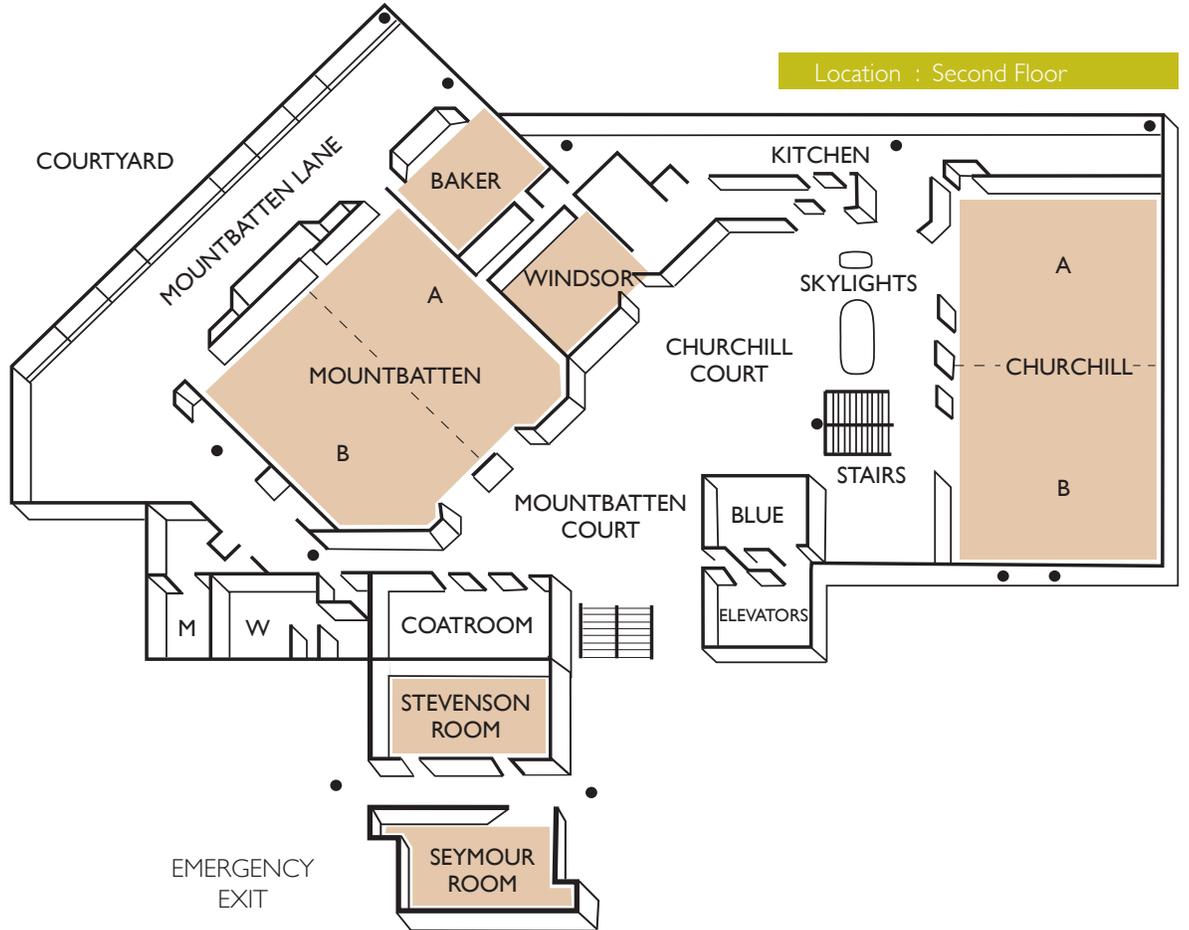
His role in the Strategic Clinical Network has focused on the management of depressive illness in adults and adolescents, appropriate use of antipsychotic medications in the elderly, and possibilities for improvements in alcohol misuse treatments.

Richard Ward MD CCFP FCFP

Dr. Ward is a community based Family Physician – one of the senior partners at Crowfoot Village Family Practice, where he has practiced for the last 25 years. As well, he is Medical Director, Primary Care, Alberta Health Services, Calgary Zone. Dr. Ward has been involved in numerous leadership activities within Primary Care including past President of Alberta College of Family Physicians, Senior Medical Lead with Calgary Foothills Primary Care Network, and member of the Section of General Practice Executive. Dr. Ward is a Clinical Associate Professor in the Faculty of Medicine, University of Calgary. He is passionate about the evolution of primary care through Family Physician led organizations, progressive compensation models and interdisciplinary care.

Eaton Chelsea, Meeting Space

Location : Second Floor



Location : Third Floor

