

# Conference Program



16th Annual  
Canadian Collaborative  
Mental Health Care  
Conference

June 19 – 20, 2015 Sheraton Cavalier Calgary, Alberta

*Jump on the  
Bandwagon!*



## Local Organizing Committee

- *Co-Chair:* Christine Luelo, Medical Director, South Calgary Primary Care Network
- *Co-Chair:* Michael Trew, Chief Addiction and Mental Health Officer, Alberta Health
- Sheena Clifford, Program Manager, South Calgary Primary Care Network
- Mina Sisodiya, Director, Primary Care Services, South Calgary Primary Care Network
- Richard Ward, Medical Director, Primary Care, Alberta Health Services, Calgary Zone
- Maureen Melnyk, Conference Manager, BUKSA Strategic Conference Services

## National Advisory Committee

- Terry Isomura, Consultant Psychiatrist, Fraser Health
- Nick Kates, Professor and Chair, Department of Psychiatry and Behavioural Neurosciences, Michael G. DeGroot School of Medicine, McMaster University; Quality Improvement Advisor, Hamilton Family Health Team
- Sari Ackerman, Researcher, Hamilton Family Health Team

## Scientific Committee

- *Co-Chair:* Christine Luelo, Medical Director, South Calgary Primary Care Network
- *Co-Chair:* Michael Trew, Chief Addiction and Mental Health Officer, Alberta Health
- Nancy Brager, Psychiatrist, University of Calgary Hotchkiss Brain Institute
- Crystal Degenhardt, Social Worker, Edmonton Southside PCN
- Terry Isomura, Consultant Psychiatrist, Fraser Health
- Nick Kates, Professor and Chair, Department of Psychiatry and Behavioural Neurosciences, Michael G. DeGroot School of Medicine, McMaster University; Quality Improvement Advisor, Hamilton Family Health Team
- Jean Leong, Shared Care Consultant, Shared Mental Health Care, Sheldon M. Chumir Health Centre
- Dennis Pusch, Clinical Psychologist, Southport Psychology
- Paul Ragusa, Shared Mental Health Care, Alberta Health Services
- Helen Spenser, Child and Adolescent Psychiatrist, Children's Hospital of Eastern Ontario
- Andrea Wong, Shared Care Consultant, Shared Mental Health Care, Sheldon M. Chumir Health Centre

## Conference Secretariat



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## Learning Objectives

Following attendance at this conference, delegates will be able to:

- Advance collaborative care through inter-professional practice for the management of mental illness and addiction disorders in primary care and community settings
- Enhance the role of patients and families in collaborative care, including peer-led initiatives
- Increase knowledge about primary mental health care delivery in the patient's medical home
- Strengthen networks and share resources
- Support team-based care through support of the team itself
- Promote mental health across the lifespan of our clients (children to geriatric populations)

## Program Themes

Interactive workshops and oral presentations are organized into five themes, which are color-coded in the program as follows:

**Innovation**

**Prevention**

**Measurement-Based Care**

**Mental Health Initiatives within the Patient's Medical Home**

**Systems Integration**

## Accreditation

### Royal College of Physicians and Surgeons of Canada

The 16th Annual Collaborative Care Conference, Pre-Conference Workshop (2014 Mackid Symposium Follow-up) and Evening Symposium on Marijuana for Medical Purposes are 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, and approved by the University of Calgary Office of Continuing Medical Education and Professional Development.

Participants can claim up to a maximum of 21.25 study credits.

### College of Family Physicians of Canada

This program has been accredited by the College of Family Physicians of Canada and the Alberta Chapter for up to 21.25 Mainpro-M1 credits.

## Committee and Faculty Disclosures

Committee members and program faculty were asked to disclose potential conflicts of interest.

The following disclosures were received:

- David Clark has received book royalties from Sentient Publications.
- Richard Ward has participated in advisory boards for Boehringer Ingelheim, Janssen Inc., Lundbeck Canada Inc., Pfizer, Sanofi Canada, and Shire Canada, and is a member of a speakers bureau or has received grants or honoraria from Astra Zeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb Canada, Janssen Inc., Lilly, Merck, Sanofi Canada and Shire Canada.

## Schedule at a Glance

7:00 – 8:00 am	Registration & Breakfast
8:00 – 8:15 am	Welcome
8:15 – 9:00 am	<b>Integrating Primary Care and Behavioral Health</b>
9:00 – 9:45 am	<b>Emotional Vital Signs</b>
9:45 – 10:15 am	Break, Posters and Exhibits

## Friday, June 19, 2015

Foyer
Sheraton Ballroom
Sheraton Ballroom
Sheraton Ballroom
Canadian Room

### 10:15 – 11:15 am

### Concurrent Session 1: Oral Presentations

#### A: Sheraton Ballroom

#### B: McKnight East

#### C: Alberta North

#### D: Alberta South

Innovation	Measurement-based Care	Systems Integration	Mental Health Initiatives within the Patient's Medical Home
10:15 – 10:35 am			
Mental Health Supports for Teen Parents Project (018)	A Measurement-Based Care Algorithm for the Use of Antidepressants in Primary Care (023)	Mental Health and Addiction: Analysis of Recent Policy Documents in Ontario With Respect to Psychotherapy (033)	The Shared Mental Health Care "In House" Orchestra: Patient, Physician, Clinician and Family Medicine Resident (029)
10:35 – 10:55 am			
Challenge by Choice: A Collaborative Program for Youth with Mental Illness (061)	Understanding Clinician and Client Perspectives on Collaborative Care Implementation and Evaluation (044)	Interprofessional Collaboration in Mental Health Crisis Response Systems: Findings From a Scoping Review (017)	Family Medicine Resident Training in Collaborative Mental Health Care: A Survey of Existing Curriculum at the University of Toronto (076)
10:55 – 11:15 am			
Cible Qualité: A Knowledge Application Program to Improve the Quality of Care for Anxiety and Depression in Quebec Community-based Primary Mental Health Care Teams (052)	Designing Models for Rapid Access to Youth Mental Health Services in Canada: What Can We Learn From a Contextualizing Scoping Review? (078)	Creating and Evaluating an Urgent Care Pathway from the CAMH Emergency Department to The Mood and Anxiety Ambulatory Service (024)	

11:15 – 11:30 am Break & Room Change

### 11:30 am – 12:30 pm

### Concurrent Session 2: Workshops

#### A: Sheraton Ballroom

#### B: McKnight East

#### C: Alberta North

#### D: Alberta South

Innovation		Mental Health Initiatives within the Patient's Medical Home	
11:30 am – 12:30 pm			
First Nations Mental Wellness Continuum Framework (MWCF) & The Mental Health and Addictions Elders Advisory Committee in Alberta, As An Example Consistent With Applying the MWCF (083)	Innovative Programs Responding to Community Needs (072)	Solving Medical Mysteries: Unexplained Symptoms and Hidden Stresses (021)	Part 1 - Traumatized Adults in Primary Care: The Challenge of ACEs (041)

12:30 – 1:30 pm Lunch, Posters and Exhibits

Foyer / Canadian Room

1:00 – 1:30 pm

**Luncheon Presentation:**

Sheraton Ballroom

**Launch of the Mental Health Commission of Canada Caregivers' Toolkit to Mobilization**

1:30 – 2:30 pm

**Concurrent Session 3: Workshops**

**A: Sheraton Ballroom**

**B: McKnight East**

**C: Alberta North**

**D: Alberta South**

Innovation			Mental Health Initiatives within the Patient's Medical Home
1:30 – 2:30 pm			
Caregiver Guidelines: Toolkit to Mobilization (034)	Happiness Basics	ADHD Shared Medical Visit for Caregivers of Children and Youth: A Hamilton Family Health Team Pilot Project (035)	Part 2 - Opening Pandora's Box: Delivering Trauma-Informed Care and Providing Evidence-Based Trauma Treatment within the Medical Home (056)

2:30 – 2:45 pm

Break & Room Change

2:45 – 3:45 pm

**Concurrent Session 4: Oral Presentations**

**A: Sheraton Ballroom**

**B: McKnight East**

**C: Alberta North**

**D: Alberta South**

Innovation		Systems Integration	Mental Health Initiatives within the Patient's Medical Home
2:45 – 3:05 pm			
The East Calgary Family Care Clinic: A Model for Mental Health Integration into the Medical Home (040)	Psychosocial Needs and Stressors of Frontline Workers (071)	Participation of Young-Adult Family Members in Collaborative Mental Healthcare Settings in Canada and Germany (081)	Improving Quality of Life Through Managing Emotions Group (013)
3:05 – 3:25 pm			
Re-Engineering Mental Health and Addiction Services Across the Continuum of Outpatient Care: Imbedding Clinical Competencies into Lean Service Delivery (082)	Implementation Evaluation of Novel Integrated Service Coordination Teams (068)	From Transactional to Transformation Change Through Client and Family Co-Design (088)	GROUPS - GAINS & GOALS: A Review of Ottawa's Group Therapy Program (042)
3:25 – 3:45 pm			
Listening to Families: Building Collaborative Programs to Support Families Affected by Parental Mental Illness and/or Addictions (022)	Insomnia Groups in Primary Care (046)		

3:45 – 4:00 pm

Break & Room Change

4:00 – 4:45 pm

**Plenary Session – Invited Poster Presentations**

Sheraton Ballroom

4:45 – 6:00 pm

**Wine & Cheese Reception & Poster Viewing**

Canadian Room

*Free Evening / Dinner on Own*

## Schedule at a Glance

7:00 – 8:00 am	Registration & Breakfast
8:00 – 8:45 am	<b>At Least One: Hope-Inspiring Relationships</b>
8:45 – 9:00 am	<b>CFPC/CPA Awards Presentation</b>
9:00 – 9:15 am	Break & Room Change

## Saturday, June 20, 2015

Foyer
Sheraton Ballroom
Sheraton Ballroom

### 9:15 – 10:15 am

### Concurrent Session 5: Workshops

**A: Sheraton Ballroom**

**B: McKnight East**

**C: Alberta North**

**D: Alberta South**

Mental Health Initiatives within the Patient's Medical Home	Systems Integration	Innovation	Mental Health Initiatives within the Patient's Medical Home
9:15 – 10:15 am			
The Real Deal: Honoring Lived Experience	Psychiatric Outreach to BC First Nations: Conceptualizing Collaboration (039)	Closing the Gap: Two Community-Based Mental Health Initiatives (084)	Bridging the Gaps for Complex Pain Patients (036)

10:15 – 10:30 am Break & Room Change

### 10:30 – 11:30 am

### Concurrent Session 6: Oral Presentations

**A: Sheraton Ballroom**

**B: McKnight East**

**C: Alberta North**

**D: Alberta South**

Systems Integration	Innovation	Mental Health Initiatives within the Patient's Medical Home	Prevention
10:30 – 10:50 am			
Child and Youth Mental Health Promotion: The Role of Public Health (045)	Waiting-List Care for Depression (011)	A Free Book for Caregivers of Individuals with Intellectual Disabilities and Mental Illness: Showcasing an Innovation (065)	Digitizing Ourselves to Death (073)
10:50 – 11:10 am			
Interprofessional Education and Collaborative Care in Youth Mental Health: The Experience and Evaluation of Transcultural and Inter-Organizational Case Discussion Seminars (015)	Successful Canadian Implementations of Peer Support in Primary Care and Outpatient Settings (020)	Common Mental Disorders and Chronic Medical Conditions: How Can We Improve Patients' Mental Health Care Experience? (050)	Building Belonging in the South Similkameen: Towards Community-Wide Cross-Cultural Mental Health Promotion (075)
11:10 – 11:30 am			
Families Amongst the Agencies: Experiences Between Professional Cultures (028)	Take One: Time to Talk (T2T), South Calgary PCN's Centralized Mental Health Pilot (057)	Weaving the Web to Care for the Mental Health Patient in Primary Care (077)	



11:30 am –12:30 pm

Lunch, Posters and Exhibits

Foyer / Canadian Room

**12:30 –1:30 pm**

**Concurrent Session 7: Workshops**

**A: Sheraton Ballroom**

**B: McKnight East**

**C: Alberta North**

**D: Alberta South**

Innovation		Mental Health Initiatives within the Patient’s Medical Home	
<b>12:30 – 1:30 pm</b>			
I’m not Sick, I’m Transgender! (066)	A Practical Interactive Workshop for Primary Care Clinicians on the Child and Adolescent Mental Health Toolkits Updated for DSM 5 (055)	Accelerating the Adoption of Recovery-Oriented Practices Within Primary Care (054)	Bridging the Gaps for Complex Pain Patients (036)  (Workshop Repeated)

1:30 – 1:45 pm

Break & Room Change

1:45 – 2:45 pm

**How Life Experiences Shape Brain Development, and Why Does it Matter?**

Sheraton Ballroom

2:45 – 3:45 pm

**Plenary Panel – Hop On! Hayside Reflections and Blazing Trails**

Sheraton Ballroom

3:45 – 4:00 pm

Conference Close

Sheraton Ballroom

Full abstracts for all concurrent workshops, oral presentations and posters are available on the conference website at [www.shared-care.ca](http://www.shared-care.ca)

**All sessions take place in the Sheraton Ballroom unless otherwise noted.**

7:00 – 8:00 am **Registration & Breakfast** Foyer

8:00 – 8:15 am **Welcome**  
*Christine Luelo, Conference Co-Chair*  
*Michael Trew, Conference Co-Chair*

8:15 – 9:00 am **Integrating Primary Care and Behavioral Health**  
*Lori Raney, Collaborative Care Consulting*

Behavioral health conditions are prevalent in primary care settings and increase total health expenditures. Given the need in health care reform to improve outcomes and the patient experience of care while containing costs, integrating primary care and behavioral health has become an evidence-based approach to addressing these central tenets of the Triple Aim. This presentation will cover the evidence base for integrated care, the models and the roles of the key players on the teams. It will also cover the challenges faced in merging the diverse cultures of primary care and behavioral health and tips for successful and effective collaboration.

9:00 – 9:45 am **Emotional Vital Signs**  
*Robbie Babins-Wagner, Calgary Counselling Centre*

This session will provide an overview of the use of emotional vital signs measures in primary care. Participants will be introduced to a brief measure that can be easily used with patients and will provide feedback to both the physician and the patient. This session will also demonstrate the application of emotional vital sign tools for group practice.

9:45 – 10:15 am Break, Posters and Exhibits Canadian Room

10:15 – 11:15 am **Concurrent Session 1: Oral Presentations**

**Innovation**

10:15 – 10:35 am **A: Sheraton Ballroom**

**Mental Health Supports for Teen Parents Project (018)**  
*Taylor Cumming, Canadian Mental Health Association – Edmonton Region*

This presentation will explore the issue of teen pregnancy and its relationship to mental health. The Mental Health Supports for Teen Parents Program will be introduced, which was established to address mental health concerns experienced by pregnant and parenting teens attending Braemar School. Program findings and our direction moving forward will also be discussed.



## Measurement-Based Care

10:15 – 10:35 am

**B: McKnight East****A Measurement-Based Care Algorithm for the Use of Antidepressants in Primary Care (023)***Douglas Green, The Ottawa Hospital Shared Care Program*

Despite the high prevalence of depression in primary care settings, and the availability of effective treatments, studies indicate suboptimal use of antidepressant medication. Measurement-based care, using a validated depression rating scale, has been demonstrated to improve the treatment of depression by assisting with decision-making in antidepressant use. This presentation will introduce a measurement and evidence-based algorithm for the use of antidepressant medication and will be demonstrated using 12 of the most commonly employed antidepressants.

## Systems Integration

**C: Alberta North****Mental Health and Addiction: Analysis of Recent Policy Documents in Ontario With Respect to Psychotherapy (033)***Saadia Hameed, Western University*

Psychotherapy is an integral part of mental health care. Nationwide data shows that psychotherapeutic services are one of the biggest unmet mental health need of Canadians. This study critically examined current mental health and addiction policy documents from Ontario to see what measures, if any, have been taken to rectify this problem. The results show that the policy documents ascribe to the highest ethical and moral values like equity, universal access, inclusivity and scholarship etc., with respect to mental health services, but do not provide a blueprint for the consistent provision of psychotherapeutic services to Ontarians. Some recommendations are made by the authors by comparing Ontario's mental health care with other countries that have successfully implemented evidence based, insured psychotherapeutics services within primary care.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****The Shared Mental Health Care "In House" Orchestra: Patient, Physician, Clinician and Family Medicine Resident (029)***Ryan Leo, Department of Family Medicine, University of Calgary**Jean Leong, Shared Mental Health Care Program, Alberta Health Services**Wendy Tink, Department of Family Medicine, University of Calgary*

This session will profile the Calgary Shared Mental Health Care model, highlighting interprofessional care, in the family physician office, with family physician and patient. We describe innovation to include resident and medical student learner needs without loss of efficacy. Demand for interprofessional education accreditation standards and primary care renewal with emphasis on effective team based care makes this innovation relevant and pressing. Perspectives from patients, family medicine residents, mental health clinician and family physician will be shared.

## Innovation

10:35 – 10:55 am

**A: Sheraton Ballroom****Challenge by Choice: A Collaborative Program for Youth with Mental Illness (061)***Ericka Tricker, Canadian Mental Health Association - Edmonton Region*

This presentation will give an overview of the Challenge by Choice program and how it has impacted youth with mental health concerns. Program evaluation results, successes, and the programs future direction will also be reviewed.

## Measurement-Based Care

**B: McKnight East****Understanding Clinician and Client Perspectives on Collaborative Care Implementation and Evaluation (044)***Anjana Aery, St. Michael's Hospital**Gwen Jansz, St. Michael's Hospital*

We are conducting a qualitative study of clinicians' and clients' perspectives on the implementation and evaluation of collaborative care. We interviewed 15 clinicians and 5 clients from diverse backgrounds who provide collaborative care in organized primary care settings. We will discuss facilitators and barriers to effective collaborative care implementation in primary care, beliefs about how these programs should be evaluated with respect to quality of care, and suggested improvements to Collaborative Care.

## Systems Integration

**C: Alberta North****Interprofessional Collaboration in Mental Health Crisis Response Systems: Findings From a Scoping Review (017)***Shannon Winters, Western University*

This session will begin by providing an overview of a published scoping review on collaboration in mental health crisis response systems. Key terms (crisis, collaboration and system) will be presented, with the aim of being transparent regarding the authors' interpretations and how we came to frame the scope of the study. Findings will be presented as well as implications for practice, policy, and future research.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****Family Medicine Resident Training in Collaborative Mental Health Care: A Survey of Existing Curriculum at the University of Toronto (076)***Kristina Powles, Mt. Sinai Hospital*

In this presentation we describe collaborative mental health learning experiences of Family Medicine (FM) residents at the University of Toronto, with detailed examples of the innovative opportunities for FM and senior Psychiatry residents training at the Mount Sinai and St Michael's Family Health Teams, and a broader comparison to the other 12 teaching sites. We include an update on important research ongoing to define core competencies in collaborative mental health for Psychiatry residents in Canada, and early work for parallel research in Family Medicine.

## Innovation

10:55 – 11:15 am

**A: Sheraton Ballroom****Cible Qualité: A Knowledge Application Program to Improve the Quality of Care for Anxiety and Depression in Quebec Community-based Primary Mental Health Care Teams (052)***Pasquale Roberge, Université de Sherbrooke*

We developed and evaluated an evidence-based knowledge application program to improve the quality of care for anxiety and depression in six community-based primary mental health care teams in Québec, Canada. This program was based on the Promoting Action on Research Implementation in Health Services framework and the Chronic Care Model. Our results contribute to the understanding of factors associated with the implementation of quality improvement interventions in primary mental health care.

## Measurement-Based Care

**B: McKnight East****Designing Models for Rapid Access to Youth Mental Health Services in Canada: What Can We Learn From a Contextualizing Scoping Review? (078)***Madeline Doyle, McGill University*

ACCESS-Canada's model for quick and engaging first contact to mental health services for youth will be presented - including a description of the intake clinician and their role in screening (within 72 hours) and engagement of youth and their families, and the web- and phone-based (self-)referral systems. This model will be contextualized by the preliminary results of a scoping review of interventions facilitating rapid access to mental health services described in the literature.

## Systems Integration

**C: Alberta North****Creating and Evaluating an Urgent Care Pathway from the CAMH Emergency Department to The Mood and Anxiety Ambulatory Service (024)***Laura Loli-Dano, Centre for Addiction and Mental Health (CAMH)*

It is noteworthy to highlight how this innovative service stream met its original objectives. Overall, the stakeholder feedback indicates positive consensus around the Urgent Response Model of Care. Data collected from the Early Implementation Phase of this care stream does suggest promising results on client outcome measures. Since the launch of this care stream, mechanisms have been developed to address some of the program's operational issues and challenges (i.e., daily communication processes between the urgent response team and the ED staff).

11:15 – 11:30 am

Break &amp; Room Change

11:30 am – 12:30 pm

**Concurrent Session 2: Workshops****Innovation****A: Sheraton Ballroom****First Nations Mental Wellness Continuum Framework (MWCF) & The Mental Health and Addictions Elders Advisory Committee in Alberta, As An Example Consistent With Applying the MWCF (083)***Reg Crowshoe, Elder, Treaty 7 Management Corporation**Dustin Twin, Elder, Treaty 8 First Nations of Alberta**Kirstin Doull, First Nations and Inuit Health Branch, Health Canada**Coreen Everington, First Nations and Inuit Health Branch, Health Canada**Jennifer Robinson, Assembly of First Nations**Marilyn Willier, 3 Eagle Wellness Society, Sucker Creek First Nation*

In 2012, a joint process mapped mental wellness services, engaging community members, health administrators, FN leadership, Elders, provincial service providers, FPT partners, and policy makers. The resulting Framework outlines a holistic approach to mental wellness services with FN culture as the foundation. It describes care along a continuum, away from siloed programs, and delivery mechanisms and is an opportunity to recognize the role of culture to improve care. It was released by AFN in 2015.

**Innovation****B: McKnight East****Innovative Programs Responding to Community Needs (072)***Cindy Jing Fang, Wood's Homes**Amanda Starchuk, Wood's Homes*

With 100 years' history serving children and families with mental health concerns and needs, Wood's Homes is presenting the experience of developing innovative programs to respond to community emerging needs. This presentation will highlight the Community Psychiatric Unit program that successfully met community needs. A review of the outcome measurement framework and the immediate findings of the entire pilot-test phase will highlight key lessons for serving this population as well as the collaborative work with the health region.

**Mental Health Initiatives within the Patient's Medical Home****C: Alberta North****Solving Medical Mysteries: Unexplained Symptoms and Hidden Stresses (021)***David C. Clarke, Oregon Health & Science University*

This workshop will present a diagnostic and therapeutic approach to patients with unexplained symptoms or chronic functional syndromes based on detailed interviews with over 7000 such patients.

### Mental Health Initiatives within the Patient's Medical Home

11:30 am – 12:30 pm

#### D: Alberta South

#### Part 1 – Traumatized Adults in Primary Care: The Challenge of ACEs (041) Mental Health Initiatives within the Patient's Medical Home

*Lauren Allan, Alberta Health Services*

*Thomas Burton, ACEs-Alberta Advisory Group*

*Cynthia Clark, ACEs-Alberta Advisory Group*

*Dennis Pusch, Alberta Health Services*

Adverse Childhood Experiences (ACEs) are strong predictors of adult health outcomes. In this workshop, participants will learn of recent efforts to develop an ACEs tool suitable for use in primary care. Results from a recent investigation of the prevalence of ACEs in Alberta will be shared, including the relationship between ACEs and adult health outcomes. Two survivors will share ideas about how healthcare providers can help people with traumatic histories, based on their own experience.

**\* Part 2 of this session will be offered as Workshop 3D after lunch. Participants are encouraged to attend both Part 1 and Part 2**

12:30 – 1:30 pm

Lunch, Posters and Exhibits

Foyer / Canadian Room

1:00 – 1:30 pm

#### Luncheon Presentation:

#### Launch of the Mental Health Commission of Canada Caregivers' Toolkit to Mobilization

*Ed Mantler, Mental Health Commission of Canada*

*Bonita Varga, Mental Health Commission of Canada*

*Nicholas Watters, Mental Health Commission of Canada*

1:30 – 2:30 pm

### Concurrent Session 3: Concurrent Workshops

#### Innovation

#### A: Sheraton Ballroom

#### Caregiver Guidelines: Toolkit to Mobilization (034)

*Bonita Varga, Mental Health Commission of Canada*

This session will provide an overview of the key findings within the Caregiver Guidelines, and will examine current research around the benefits of caregiver support. Using an interactive format, participants will learn how to use the new Toolkit to Mobilization as a way of implementing the guidelines.

1:30 – 2:30 pm

## Innovation

**B: McKnight East****Happiness Basics***Renee Joslin, Red Deer Primary Care Network*

In this presentation, attendees will learn about the Happiness Basics program run by the Red Deer PCN. This session will give you the opportunity to learn a bit about the program and engage in some positive psychology activities based in science and research that will enhance your life personally and professionally.

## Innovation

**C: Alberta North****ADHD Shared Medical Visit for Caregivers of Children and Youth:  
A Hamilton Family Health Team Pilot Project (035)***Brenda Mills, Hamilton Family Health Team*

Based on the principles of Chronic Disease Management model in combination with a Shared Medical Visit (SMV) model, a family practice team in Hamilton, ON, piloted an ADHD Shared Medical Visit model for caregivers of children and adolescents diagnosed with ADHD. The team of Health Care Providers who took part in this pilot will present the rationale, overview of the model, preliminary findings, lessons learned and next steps.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****Part 2 –****Opening Pandora's Box: Delivering Trauma-Informed Care and Providing Evidence-Based Trauma Treatment within the Medical Home (056)***Penny Borghesan, South Calgary Primary Care Network**Sherry Harris, Alberta Health Services**Chantelle Klassen, Alberta Health Services*

Adults who have been exposed to Adverse Childhood Experiences (ACEs) are likely to develop a variety of health risk behaviors and poor health outcomes. Their unique needs can and should be addressed in primary care settings. A collaborative model that includes patients, family physicians, and mental health clinicians is articulated, including specific strategies for speaking effectively and compassionately about early life trauma. A multi-modal brief treatment model for adults with trauma histories is also presented.

**\* This session builds on Workshop 2D offered in the morning. Participants are encouraged to attend both Part 1 and Part 2**

2:30 – 2:45 pm

Break &amp; Room Change



2:45 – 3:45 pm

**Concurrent Session 4: Oral Presentations****Innovation**

2:45 – 3:05 pm

**A: Sheraton Ballroom****The East Calgary Family Care Clinic: A Model for Mental Health Integration into the Medical Home (040)***Kara Irwin, East Calgary Family Care Clinic**Rajdeep Kandola, East Calgary Family Care Clinic*

The East Calgary Family Care Clinic is a specialized primary care facility designed to increase health care services for Albertans who are under-served and identified as having complex physical and/or mental health care needs. The clinic has developed, and practices, a model whereby mental health services are integrated within the larger primary care health home. This integration ensures wraparound, as opposed to parallel services, and is showing a great deal of promise.

**Innovation****B: McKnight East****Psychosocial Needs and Stressors of Frontline Workers (071)***Jeannette Waegemakers Schiff, University of Calgary*

This presentation brings together results of a system wide survey of staff who hold frontline positions in homeless services working with people who have high rates of mental health, addictions and trauma histories. The extent to which they experience vicarious traumatization, burnout and compassion fatigue as a result of the significant workplace stressors that occur when helping vulnerable and marginalized people is significant. This study examines predictors and mitigators of these negative consequences, including the various organizational and supervisory factors that may increase or act as a safety net for workers. The presentation will also examine ways in which managers and supervisors can effectively help staff to deal with these daily work-related stressors.

**Systems Integration****C: Alberta North****Participation of Young-Adult Family Members in Collaborative Mental Healthcare Settings in Canada and Germany (081)***Marion Schnute, University of Hildesheim*

Collaborative healthcare-networks between consumers, family-members (FMs) and healthcare providers play an increasing role for mental-health promotion, while more research on FM transitions and barriers to collaborative-care is needed. Findings of narrative-biographic interviews with 49 young Canadians and Germans suggest, that FM participation is not only the outcome of personal choices, but also informed by FMs' roles as agents, recipients and participants in collaborative-care settings, and settings' inherent personal, organizational and contextual determinants of inter-sectoral collaboration.

## Mental Health Initiatives within the Patient's Medical Home

2:45 – 3:05 pm

**D: Alberta South****Improving Quality of Life Through Managing Emotions Group (013)***Luc Therrien, Edmonton Southside Primary Care Network*

Managing Emotions (ME) is a Psycho-Educational group that was developed in collaboration between a local not-for-profit health Agency (Edmonton Southside Primary Care Network (ESSPCN)) and the Local Mental Health Program (Edmonton Mental Health) in 2013 following an increased presentation of emotional challenges by those seen within the Primary Care setting. This 4 week psycho-educational group focuses on emotional health and how to better cope with our emotions by incorporating a mindfulness based component in de-escalating those challenging emotions. Managing Emotions is an easily replicated, cost effective group that leads to clinically and statistically significant changes in those who attend.

## Innovation

3:05 – 3:25 pm

**A: Sheraton Ballroom****Re-Engineering Mental Health and Addiction Services Across the Continuum of Outpatient Care: Imbedding Clinical Competencies into Lean Service Delivery (082)***John Moore, Nova Scotia Health Authority*

This oral presentation will detail the unique path that AVH has travelled in modernizing its outpatient Mental Health & Addiction Services Department by establishing key partnerships with primary care and local schools, implementing a lean service delivery model, and creating a MHAS clinical competency framework. We will make reference to the literature and underpinning theory and we will report on the outcomes of our system transformations.

## Innovation

**B: McKnight East****Implementation Evaluation of Novel Integrated Service Coordination Teams (068)***Dima Saab, Centre for Research on Inner City Health, St. Michael's Hospital*

System fragmentation contributes to inequities in access, departures from evidence-based practice, and lack of accountability. In recognition of these challenges, two new models of Integrated Service Coordination were established to support people with complex mental health and addictions needs. We will present the results of a recent implementation evaluation of the two teams. We will discuss the rationale for developing the new models, describe their strengths and weaknesses, and identify the structures and relationships that facilitate and impede service delivery.

## Systems Integration

3:05 – 3:25 pm

**C: Alberta North****From Transactional to Transformation Change Through Client and Family Co-Design (088)***Garry Laws, Peer Support South East Ontario**Jennifer Payton, South East Local Health Integration Network*

Via an oral presentation, the presenter(s) will describe the process to develop the Ideal Individual Experience, Service Elements, and a common basket of service to support a regional system of integrated care using a co-design process. This presentation will highlight perspectives from a provider, a consumer representative and the LHIN Project Lead. The opportunities and successes of provider and consumer engagement will be presented as a foundation of a strong system transformation with a new model of care.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****GROUPS - GAINS & GOALS: A Review of Ottawa's Group Therapy Program (042)***Donna Klinck, The Ottawa Hospital & Bruyere Academic Family Health Teams*

The Ottawa Shared Mental Health Care program has been offering group therapy as part of core programming for 7 years. Group therapy is one innovative means to serve a wider range of patients struggling with mental health issues. This presentation will share data collected from group evaluations from 2011-2014, as well as offer an overview of changes made to group programming in an effort to improve service delivery in two large Family Health Teams. We encourage an open discussion to share ideas from/with other programs across Canada.

## Systems Integration

3:25 – 3:45 pm

**A: Sheraton Ballroom****Listening to Families: Building Collaborative Programs to Support Families Affected by Parental Mental Illness and/or Addictions (022)***Benjamin Wong, Richmond Addiction Services Society*

In 2008, families in Richmond, British Columbia with either parents with a mental illness or with loved ones with mental illness, were asked what they felt would make a difference to parenting and family wellness. Over 50 parents provided feedback which was used to develop a three year plan for supporting families living with mental illness and/or addictions.

From 2008 to the present Richmond has served 120 families through a number of programs, which are jointly provided and facilitated by staff from Vancouver Coastal Health, Ministry for Children and Family Development, Richmond Addiction Services and support from Community Agencies. Programs include the Building Resilient Kids Group, for 8 to 12 year olds and their parents and the Resilient Youth Group for 13-18 year olds. Family Fun Nights, which are held every second month, provide dinners, activities, and opportunities to socialize for entire families. Community Education Events are held three times a year, and facilitated support is available upon request to families that are trying to navigate mental health and child protection services. In collaboration with Canadian Mental Health Association (Vancouver-Burnaby Branch), on-going recreational services are provided to children who have completed the Building Resilient Kids and Resilient Youth. This collaboration has ensured that children and youth stay connected to peers and develop long-term friendships.

## Mental Health Initiatives within the Patient's Medical Home

3:25 – 3:45 pm

**B: McKnight East****Insomnia Groups in Primary Care (046)***Tena Hoekstra, Alberta Health Services**Patricia Waymouth, Alberta Health Services*

Insomnia is one of the most common complaints in primary care and because a growing body of research highlights significant concerns with common sleep medications, many patients and family physicians are considering alternate options for care. The Shared Mental Health Program in Calgary is attempting to provide such an option by offering a six session psycho-educational group for psychophysiological insomnia. The group, which is co-led by the SMHC consultant and the family physician focuses on cognitive-behavioral strategies to help patients learn new ways to address insomnia. This presentation will highlight the content of the group material as well as provide the preliminary evaluation results.

3:45 – 4:00 pm

Break &amp; Room Change

4:00 – 4:45 pm

**Plenary Session – Invited Poster Presentations****Collaborative Care Competencies for Psychiatrists to Support Primary Mental Health Care (080)***Kristina Powles, Mt. Sinai Hospital*

In order to “jump on the bandwagon” of collaborative mental health care, team members require preparation for this mode of practice; however, Psychiatry residency training lacks a firm foundation in the required competencies for Collaborative Care. We conducted a mixed methods study to define Collaborative Care competencies for Psychiatrists. In this poster we visually explore and synthesize how trained Psychiatrists can support clinicians in Patient Medical Homes to provide high quality primary mental health care.

**Adverse Childhood Experiences and Adult Health Outcomes in an Albertan Sample (032)***Julia Poole, University of Calgary*

This research assessed the extent to which ACEs relate to depressive symptoms and chronic health conditions in a sample of 233 participants recruited from primary health care clinics in the Calgary, Alberta area. Data indicated a significant effect of ACEs on both depressive symptoms and chronic health conditions when controlling for age, though the types of ACEs for which these relationships were most salient varied as a function of sex.

**Profiles of Collaborative Practices in Youth Mental Health Teams Newly Implemented in Primary Care (016)***Annie Pontbriand, CSSS de la Montagne*

This poster presentation describes results from a large research project on collaborative care in youth mental health in Montreal. The presentation addresses key challenges faced by youth mental health teams implemented in primary care settings in Quebec following the 2005 mental health reform. Results suggest that youth mental health teams are struggling to define their identity and to establish a place in the continuum of services which preserves both accessibility and the quality of services.

4:45 – 6:00 pm

Wine &amp; Cheese Reception &amp; Poster Viewing

Canadian Room

*Free Evening / Dinner on Own*

7:00 – 8:00 am

**Registration & Breakfast**

Foyer

8:00 – 8:45 am

### **At Least One: Hope-Inspiring Relationships**

*Gina Calhoun, Copeland Centre for Wellness and Recovery*

***“Essential to recovery is having at least one hope-inspiring relationship; a person that will stand by and believe in you, even when you can’t believe in yourself.” (William Anthony)***

What does the practical application of this quote look like in the human interactive experience? In this keynote, Gina shares her personal story of transitioning from long-term institutionalization to active community citizenship. Through her journey, we will discover the importance of hope-inspiring relationships including the essential role of Certified Peer Specialists in the hospital to community transition. Following Gina’s story we will examine three specific ways to support others to believe in their own abilities to succeed.

8:45 – 9:00 am

### **CFPC/CPA Awards Presentation**

9:00 – 9:15 am

Break & Room Change

**9:15 – 10:15 am**

## **Concurrent Session 5: Concurrent Workshops**

### **Mental Health Initiatives within the Patient’s Medical Home**

#### **A: Sheraton Ballroom**

### **The Real Deal: Honoring Lived Experience**

Moderator: Christine Luelo, Conference Co-Chair

In this session, a panel of individuals and family members with lived experience of mental illness and/or addiction will share their experiences with collaborative mental health care and offer reflections on the successes of and potential challenges for this model, as well as the language and stigma around mental illness and addiction.

*Panelists: • Elizabeth Anderson • Catherine Dyer • Lisa Piepgrass*

### **Systems Integration**

#### **B: McKnight East**

### **Psychiatric Outreach to BC First Nations: Conceptualizing Collaboration (039)**

*Tony Benning, University of British Columbia*

The presenter will draw on relevant literature as well as his experiences of running a psychiatric outpatient clinic to a BC First Nation over a period of two and a half years, as a basis for exploring and discussing the concept of collaboration with special reference to the context of modern (Western) psychiatric services and Canadian indigenous communities. For the purposes of conceptualizing the concept of collaboration, a three-tier typology will be tentatively proposed, one that encompasses “structural”, “ideological”, and “in-person” collaboration – with the argument being that this serves as a useful framework within which to think about the concept of collaboration not just with regards to the modern psychiatry/indigenous community interface but more widely. This will be followed by an explication of those barriers to collaboration that have been identified (again, both through experience and in the literature) with the intention that this will promote discussion as well as further understanding of relevant issues.

## Innovation

9:15 – 10:15 am

**C: Alberta North****Closing the Gap: Two Community-Based Mental Health Initiatives (084)***Marie Dussault, Canadian Mental Health Association, BC Division**Murli Soni, Canadian Mental Health Association, BC Division*

Bounce Back and Living Life to the Full (LLTTF) are two innovative mental health promotion evidence-based programs grounded in the principles of cognitive-behavioral therapy (CBT). This workshop, facilitated by the non-profit agency provider, will describe both program models and illustrate how, in both individual and group settings and in partnership with primary care and communities, these programs are highly effective for individuals struggling with mild to moderate symptoms of depression, anxiety and stress.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****Bridging the Gaps for Complex Pain Patients (036)***June S. Bergman, University of Calgary**Jean Leong, Shared Mental Health Care Program, Alberta Health Services**Debra McDougall, Alberta Health Services, Calgary Foothills Primary Care Network*

The presentation will provide an overview of the strong comorbidity of chronic pain and mental health issues and the impact on patient care and outcomes using an interdisciplinary model which includes the role of the medical home along with speciality care. The interdisciplinary pain management program offered by the Calgary Primary Care Network will be described through discussion of cases.

**\* This session will be offered a second time in the afternoon**

10:15 – 10:30 am

Break &amp; Room Change

10:30 – 11:30 am

**Concurrent Session 6: Oral Presentations**

## Systems Integration

10:30 – 10:50 am

**A: Sheraton Ballroom****Child and Youth Mental Health Promotion: The Role of Public Health (045)***Jodie Murphy, Thunder Bay District Health Unit**Maria Pavkovic, Hamilton Public Health Services*

A specific role for public health in addressing child and youth mental health has not been well articulated. Through a comprehensive literature review, provincial stakeholder interviews, and public health focus groups, we aimed to identify gaps in public health systems and suggest guidance for the key areas that public health should focus on in child and youth mental health promotion, including a coordinated and collaborative system, population health approaches, and a focus on protective factors.



## Innovation

10:30 – 10:50 am

**B: McKnight East****Waiting-List Care for Depression (011)***Dan Bilsker, Simon Fraser University**Douglas Green, The Ottawa Hospital Shared Care Program*

An imbalance between need for depression treatment and available resources has resulted in long waiting times for depression treatment, whether via community psychiatrists or mental health clinics. To partially address this gap, we propose the delivery of a self-management intervention for individuals awaiting treatment. Providing access to mood self-management tools while on a waiting list, especially if combined with some support, results in a significant improvement at minimal cost.

## Mental Health Initiatives within the Patient's Medical Home

**C: Alberta North****A Free Book for Caregivers of Individuals with Intellectual Disabilities and Mental Illness: Showcasing an Innovation (065)***Sherri Melrose, Athabasca University*

This presentation presents an innovative new way of delivering information to caregivers of individuals who live with both intellectual disabilities and mental illness. The innovation – a free book that can be read or listened to online or on smartphones – is presented and explained.

## Prevention

**D: Alberta South****Digitizing Ourselves to Death (073)***Benjamin S. Wong, Richmond Addiction Services Society*

By presenting the assessment, prevalence, treatment, and prevention of problem video gaming, social media misuse, and other related digital addictions, this presentation discusses the impact of our technophilic culture on child development, more precisely brain development. Insight on how we can minimize the negative impact our technophilic culture can have on children and adolescents, as well as managing and understanding assistive technologies in education, will be discussed.

## Systems Integration

10:50 – 11:10 am

**A: Sheraton Ballroom****Interprofessional Education and Collaborative Care in Youth Mental Health: The Experience and Evaluation of Transcultural and Inter-Organizational Case Discussion Seminars (015)***Janique Johnson-Lafleur, CSSS De la Montagne*

This presentation will report on preliminary results from a research conducted in Montreal which documents the impact of inter-organizational case discussion seminars on the case formulation process, participants' experiences, and the quality of partnerships in youth mental health services. Preliminary results suggest a positive impact on the mutual perceptions of partners, the de-fragmentation of services, the clinicians' feeling of support, and the transfer of clinical "know-how" when working with immigrant families and complex clinical situations.

## Innovation

10:50 – 11:10 am

**B: McKnight East****Successful Canadian Implementations of Peer Support in Primary Care and Outpatient Settings (020)***Magda Czegledi, Mental Wellness Recovery**Sue Miller, Mental Wellness Recovery*

You'd like to try mental health peer support, but how can you successfully add it to your existing services? Come learn how recovery-oriented peer support has been successfully integrated with existing services, in Albertan primary care and outpatient settings, utilizing Mental Wellness Recovery groups. This easily-integrated model is delivering excellent client outcomes: including 106% improvement in the ability to plan for wellness and recovery; and 92% improvement in the ability to change unhelpful thinking.

## Mental Health Initiatives within the Patient's Medical Home

**C: Alberta North****Common Mental Disorders and Chronic Medical Conditions: How Can We Improve Patients' Mental Health Care Experience? (050)***Pasquale Roberge, Université de Sherbrooke*

We conducted a qualitative study with clinicians and patients to document challenges related to the delivery of primary care mental health services for patients with chronic diseases, and the factors associated with implementation of practice changes. Reported barriers to the provision of care include: limited time during consultations to prioritize mental health, difficulties accessing psychotherapy services, lack of adequate clinical practice guidelines. Strengthening interprofessional collaboration was highlighted as a solution to improve quality of care.

## Prevention

**D: Alberta South****Building Belonging in the South Similkameen: Towards Community-Wide Cross-Cultural Mental Health Promotion (075)***C. Susana Caxaj, UBC-Okanagan*

Using the experiences of working with the South Similkameen region in Interior British Columbia, the presentation will explore the complex opportunities and challenges involved in exploring experiences of belonging in rural communities. Further, we will discuss the implications of studying belonging amidst diversity for building a more robust approach for mental health promotion.

## Systems Integration

11:10 – 11:30 am

**A: Sheraton Ballroom****Families Amongst the Agencies: Experiences Between Professional Cultures (028)***Noah Spector, University of Ottawa and Children's Hospital of Eastern Ontario*

The results of study of families' experiences of care shared between practitioners who work in different settings including addictions, primary care and mental health will be presented. Based on these results, ways in which service providers can work together to put together a plan of care that is easy to follow for families will be discussed.

## Innovation

11:10 – 11:30 am

**B: McKnight East****Take One: Time to Talk (T2T), South Calgary PCN's Centralized Mental Health Pilot (057)***Sheena K. Clifford, South Calgary Primary Care Network**Patrick Griffin, South Calgary Primary Care Network****There is no health without mental health – World Health Organization***

Primary care visits are frequently driven by psychosocial concerns and a significant group of people with psychological problems go to their family doctor with a physical complaint rather than recognizing that they have a form of mental distress. Family physicians have a finite amount of time, diverse confidence in this practice area and limited resources. Referrals external to the patient medical home can be challenging inclusive of a lack of familiarity or trust (relationship), communication, collaboration and wait times. Time to Talk (T2T), named by our patients and team members, opened its doors in pilot mode January 2014. A centralized model, T2T employs a brief generalist therapy model involving a comprehensive initial assessment, provisional diagnosis, recommended treatment plan and feedback to/consultation with the referring family physician. Like our behavioral health consultants, our therapists are masters-level, registered and regulated health professionals. Many said they had tried and failed such a program model. We would like to share our results with you.

## Mental Health Initiatives within the Patient's Medical Home

**C: Alberta North****Weaving the Web to Care for the Mental Health Patient in Primary Care (077)***Amanda Berg, Alberta Health Services**Cori Bryant, Crowfoot Primary Care Centre**Safia Khalfan, Crowfoot Primary Care Centre*

The presentation will provide an overview of the challenges faced by primary care physicians in treating not only mental health but physical health due to underlying mental health challenges and the development of various strategies by the Calgary Foothills Primary Care Network to help address this complexity in primary care.

11:30 am – 12:30 pm

Lunch, Posters and Exhibits

Foyer / Canadian Room

12:30 – 1:30 pm

**Concurrent Session 7: Concurrent Workshops**

## Innovation

**A: Sheraton Ballroom****I'm not Sick, I'm Transgender! (066)***Marni Panas, Alberta Health Services*

This presentation will explore how to better work with, support and advocate for sexual and gender minority patients and clients. Participants will hear personal experiences and stories, learn terminology and theory, and discuss what you can do as a care provider.

## Innovation

12:30 – 1:30 pm

**B: McKnight East****A Practical Interactive Workshop for Primary Care Clinicians on the Child and Adolescent Mental Health Toolkits Updated for DSM 5 (055)***Brenda Mills, Hamilton Health Region**Blair Ritchie, Foothills Hospital & University of Calgary**Helen Spenser, Children's Hospital of Eastern Ontario & University of Ottawa*

Participants will learn via case examples how to use various components of the toolkits to derive helpful information to assist with the diagnosis and treatment of children and youth in primary care practices who may be suffering from a mental illness. With the availability of the internet in this presentation the speakers will illustrate in real time the use of the child and adolescent toolkits. Case presentations will be outlined and discussed in order to illustrate the use of the website. Participants will have an opportunity to see the tool navigated in real time. New case presentations have been updated with the DSM5 and participants will be encouraged to present cases of their own in order that they learn to navigate the web tool in a way that is most useful to individual participant practices.

## Mental Health Initiatives within the Patient's Medical Home

**C: Alberta North****Accelerating the Adoption of Recovery-Oriented Practices Within Primary Care (054)***Howard Chodos, Mental Health Commission of Canada*

The publication of the "Guidelines for Recovery-Oriented Practice" (May 2015) will help to accelerate the implementation of a recovery-orientation across all mental health service delivery, contribute to improving access to services and foster greater social inclusion. In this presentation we will explore how the Guidelines can be aligned to the practice and training needs of physicians and serve as a basis for creating collaborative partnerships amongst physicians, people with lived experience, families and other providers.

## Mental Health Initiatives within the Patient's Medical Home

**D: Alberta South****Bridging the Gaps for Complex Pain Patients (Workshop Repeated) (036)***June S. Bergman, University of Calgary**Jean Leong, Shared Mental Health Care Program, Alberta Health Services**Debra McDougall, Alberta Health Services, Calgary Foothills Primary Care Network*

The presentation will provide an overview of the strong comorbidity of chronic pain and mental health issues and the impact on patient care and outcomes using an interdisciplinary model which includes the role of the medical home along with specialty care. The interdisciplinary pain management program offered by the Calgary Primary Care Network will be described through discussion of cases.

\* This session is a repeat of the morning workshop

1:30 – 1:45 pm Break & Room Change

1:45 – 2:45 pm

### **How Life Experiences Shape Brain Development, and Why Does it Matter?**

*Judy Cameron, Department of Psychiatry, University of Pittsburgh*

This lecture will introduce the ways by which early life experiences shape the developing brain and have a lasting effect on a child's brain architecture. The influence of brain architecture on long-term mental and physical health will be discussed. Dr. Cameron will then introduce the concept of resilience and talk about ways to improve resilience to the consequences of early adversity. Key indicators for intervention will be described and the types of interventions that can allow children who have experienced early adversity to have better mental and physical health outcomes will be reviewed.

2:45 – 3:45 pm

### **Plenary Panel – Hop On! Hayside Reflections and Blazing Trails**

*Moderator: Michael Trew, Conference Co-Chair*

In this panel, experts on collaborative mental health care from across Canada, will offer reflections on the current state of share care, share success stories and the challenges faced when using different models of mental health and addictions service delivery, and comment on what the future of collaborative care might look like.

*Panelists:*

- *Nick Kates, Michael G. DeGroot School of Medicine, McMaster University; Hamilton Family Health Team*
- *Ellen Anderson, Department of Family Practice, University of British Columbia; CPA-CFPC Collaborative Mental Health Working Group*
- *Bob Acton, BHC Co-Leader, Shared Mental Health Care; Adjunct Faculty, Department of Family Medicine, University of Calgary*

3:45 – 4:00 pm

### **Conference Close**

*Christine Luelo, Conference Co-Chair*

*Michael Trew, Conference Co-Chair*

## Plenary Session Presenters



**Robbie Babins-Wagner**

Robbie Babins-Wagner is the Chief Executive Officer of Calgary Counselling Centre, the leading research, training and knowledge-based counselling organization in Canada. She is also an Adjunct Professor in the Faculty of Social Work at the University of Calgary where she has taught since 1982. A pioneer in social work, she has more than 36 years' experience in counselling, family violence, child welfare, mental health and health care and has transformed how people perceive, receive and deliver counselling services. She is a sought after trainer and conference presenter locally, provincially, nationally and internationally.



**Gina Calhoun**

Gina Calhoun works for the Copeland Center for Wellness and Recovery as National Director for Wellness & Recovery Education. Previously she worked for the Office of Mental Health and Substance Abuse Services. She is a certified peer support specialist and has had the opportunity to be part of 21 certified peer specialist trainings, 7 certified peer specialist supervisor trainings and over 100 WRAP® trainings. Gina's unique experience centers around Harrisburg State Hospital (HSH). She used the services at Harrisburg State Hospital for several years before escaping to live on the streets. Gina came back to offer peer support during the closing of HSH and went to work on the former grounds of the hospital complex. She attributes her recovery journey to supportive relationships that choose to focus on 'what's strong' instead of 'what's wrong,' and for the opportunity to work in a supportive environment where she is part of a team making an international difference.

In 2013, Gina was the keynote speaker at the National Olmstead Policy Academy; the Center for Medicare and Medicaid's All Staff Meeting; and for the University of Tokyo's Mental Health Convention. Gina also received the Timothy J. Coakley National Behavioral Health Leadership Award, which honors consumer and family leaders in the behavioral health field whose work is characterized by the highest degree of integrity and a passion for creative approaches for improving the lives of persons living with mental illnesses, especially in the public sector. She was recently published in the *Psychiatric Rehabilitation Journal* (Volume 36, Number 3).



## Plenary Session Presenters



**Judy Cameron**

Judy Cameron is a Professor of Psychiatry and Director of Science Outreach at the University of Pittsburgh. Over the past 10 years she has been a member of the MacArthur Foundation Research Network on Early Experience and Brain Development and she is currently a member of the National Scientific Council on the Developing Child. Dr. Cameron's research focuses on the effects of everyday life stresses on long-term health. Areas of interest in her laboratory are the effects of genetic factors and early life experiences on behavioral development, and identification of factors that lead to stress sensitivity versus stress resilience. She has a long-term interest in understanding the interactions between physical health and mental health. Dr. Cameron is also a member of the Dana Alliances for Brain Initiatives, a non-profit organization of neuroscientists committed to advancing public awareness of brain research in an accessible fashion. In this role she gives numerous public lectures each year. She also participates in a number of activities that have translated science to the public including a film segment for ABC's 20/20 on "Busting Scientific Myths" and a PBS Frontline Special on animal research helping solve the mystery of Parkinson's Disease. She earned her doctoral degree from the University of Arizona in 1981.



**Lori Raney**

Lori Raney is the Medical Director of Axis Health System in Durango, Colorado. She has designed and developed collaborative care models in diverse primary care locations including Federally Qualified Health Centers, Rural Health Centers and School-based Health Centers and serves as a consultant psychiatrist to these varying locations. In addition, she participated in the design of a fully integrated healthcare facility that combines both primary care and traditional behavioral health where she is able to rapidly address the physical health issues in her patients with serious mental illness. Dr. Raney helped develop a curriculum to teach integrated care models to psychiatrists and primary care providers and chairs the American Psychiatric Association's Workgroup on Integrated Care. She speaks nationally on the topic of collaboration with primary care and works with organizations to design and implement these evidence-based care teams. She is the editor of the book *Integrated Care: Working at the Interface of Primary Care and Behavioral Health* and the owner of Collaborative Care Consulting.

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