

Fifteenth Canadian Collaborative Mental Health Care Conference
June 20th and 21st, 2014
Toronto, ON

Concurrent Sessions Program Guide

Includes Poster Session

Canadian Collaborative
Mental Health Care Conference 

Friday Concurrent Sessions #1

10:25 AM – 12:15 PM

Session 1A:

ID: 2030 **Type: 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.

Learning Objectives:

1. List several methods of educational needs assessment.
2. Become familiar with successful method of workshop development for interprofessional audience of community providers.
3. Reflect on how this workshop could be implemented in different settings.

Session 1B:

ID: 2106 **Type: 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.

Learning Objectives:

1. Provide an overview of the collaboration between the Centre for Addiction and Mental Health and Ontario Family Health Teams (FHTs) to provide cost-free smoking cessation treatment to FHT patients through the Smoking Treatment for Ontario Patients with Family Health Teams (STOP with FHTs) program.
2. Describe the utility of multi-stakeholder collaborations in primary care.
3. Demonstrate how this collaboration has improved the capacity of FHT practitioners to deliver comprehensive smoking cessation interventions to their patients.
4. Discuss the unique experiences and successes of FHTs who are engaged in this partnership through a panel discussion about their participation in the program.

Session 1C:

ID: 2117 **Type: 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.

Learning Objectives:

By the end of this session, participants will be able to:

1. List factors that contribute to successful collaborations between interprofessional teams on geriatric inpatient units.
2. Describe an approach to collaborative care for patients with complex medical and mental health issues.
3. Identify opportunities for further collaboration in palliative care and geriatric psychiatry.

Session 1D:

ID: 2054 **Type: 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.

Learning Objectives:

1. Review the role of a centralized child and youth psychiatry (CYCPS) service within primary care.
2. Examine the successes and obstacles of the first year experience of our CYCPS experience.
3. Encourage an interactive exchange with the audience to have the opportunity to discuss child psychiatry within the primary care setting.

Session 1E:

ID: 2042 **Type: 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.

Learning Objectives:

1. Participants will learn how to collaborate in the construction of a recovery narrative.
2. Participants will learn about ways in which the recovery narrative tool can be collaboratively integrated into clinical, community settings.
3. Participants will have the opportunity to dialogue about their own experiences with this tool.

ID: 2059 **Type: 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.

Learning Objectives:

By the end of this session, participants will be:

1. Familiar with the mental health portal eMentalHealth.ca | eSantéMentale.ca (<http://www.eMentalHealth.ca> / <http://www.eSanteMentale.ca>) and how it can be used in their day-to-day management of mental health issues.
2. Familiar with its features, which include a directory of mental health organizations, services and tools; information for patients and professionals; online screening tools.
3. Aware of opportunities for partnership and collaboration with eMentalHealth.ca, such as sharing and developing content together and populating their local resource directories.

ID: 2032 **Type: 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.

Learning Objectives:

1. Review evidence and current gaps in-patient centered approaches to mental health research and service delivery.
2. Apply principles derived from inter-professional, collaborative mental health care to patient-centered research and clinical practice.
3. Highlight systemic challenges and organizational strategies required to implement patient-centered research and service delivery.
4. Evaluate patient-centered strategies that promote engagement, treatment, acceptance and, ultimately recovery.

ID: 2048 **Type: Paper Presentation** **11:55 – 12:15**

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

Charette, Catherine, PhD.

Learning Objectives:

1. To reflect on the importance of interpersonal skills in providing care to persons seeking help and on one's own practice.
2. To link the findings to the practice of treatment principles (e.g., hospitality, recovery, trauma informed, suicide intervention, evidence informed, individualized).
3. To translate the findings to other primary and emergency health care settings where persons seeking help may be welcomed and supported by professionals who may not have specialization in mental health.

Session 1F:

ID: 2026

Type: 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:

1. 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.
2. One psychiatrist will describe what he has learned from offering indirect consultations to a large number of clinicians across Hamilton Family Health Teams.
3. An on line tool kit will be discussed including feedback and future directions.
4. 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.

Learning Objectives:

1. To review the epidemiology of child and youth mental illness in comparison to services available
2. Participants will learn about four different models of building capacity in primary care settings to deliver mental health diagnosis and treatment to children and youth.
 - (a.) Participants will be introduced to a child and youth mental health on-line resource toolkit for primary care,
 - (b.) A model of indirect consultation to Family Health Teams in Hamilton,
 - (c.) PTCAP a comprehensive national strategy to develop a curriculum in child and adolescent psychiatry for rural family physicians, and
 - (d.) An innovative program in Halifax of patient driven choice and partnership in planning and delivery of youth mental health care (CAPA).
3. Participants will be engaged in-group discussion regarding unique initiatives to enhance collaborative efforts between primary care and child and adolescent psychiatrists and allied mental health professional teams. An opportunity for the audience to discuss needs and barriers to collaboration in their own communities along with lessons learned and recommendations from workshop participants' experiences.

Session 1G:

ID: 2050

Type: 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.

Learning Objectives:

1. Attendees will describe how to efficiently and accurately screen for and assess suicide risk, and determine an appropriate disposition within a brief 20-minute primary care appointment.
2. Attendees will practice creating crisis response plans suitable for the primary care behavioral health model.
3. Attendees will identify brief evidence-based interventions for managing suicidal patients in integrated primary care settings.
4. Attendees will describe the roles of all primary care team members who can collaborate to address suicide in primary care.

Session 1H:

ID: 2100

Type: 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.

Learning Objectives:

1. Promote the social determinants and a community-based approach as a framework for mental health care collaboration.
2. Identify strengths and gaps in appropriate and culturally relevant mental health care that addresses social determinants, intersectionality and access.
3. Provide examples of successful peer-led initiatives and share lessons learned based on evidence and experience.

ID: 2105 **Type: 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.

Learning Objectives:

1. Participants will receive copies of the agreements utilized and hear how it has been working, including the pros and the cons.
2. Participants will hear from the funder as to what their expectations are from both agencies.
3. Participants will have an opportunity to ask questions and problem-solve together as to how these relationships can and do work.

Session 11:

ID: 2014 **Type: 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.

Learning Objectives:

1. To provide an overview of consumer treatment information needs related to depression.
2. To explore the process of development and evaluation of the materials with a particular focus on the involvement of consumers and health care providers.
3. To provide information on the use of consumer educational materials for shared-care settings.

ID: 2068 **Type: 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.

Learning Objectives:

1. Provide an overview of 'Integrated Care Pathways'.
2. Use Integrated Care Pathways as a vehicle to drive inter-professional collaboration and evidence based practice.
3. Review the core enablers and principles needed to successfully develop 'Integrated Care Pathways' in Mental Health.
4. Learn methodologies needed for successful implementation and sustainable.
5. Illustrate a Integrated Care Pathway example: Ambulatory Treatment for Comorbid Depression and Alcohol Dependence

ID: 2072 **Type: 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.

Learning Objectives:

1. Review the chronic disease model in the management of depression.
2. Review the stepped care approach to treating mental illness in primary care.
3. Learn about a new treatment algorithm being developed to assist with the management of depression in primary care.

ID: 2017

Type: 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?

Learning Objectives:

Participants will learn:

1. What psychotherapy means to Family Physicians.
2. How it is practiced in primary care.
3. What are some of the factors that influence practice.

Session 1J:

ID: 2041

Type: 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

Learning Objectives:

1. To review the prevalence of concurrent substance use and psychiatric disorders in perinatal populations.
2. To describe the development of the Toronto Centre for Substance Use in Pregnancy (T-CUP) in an academic primary care setting at St. Joseph's Health Centre.
3. To review program evaluation data to demonstrate the effectiveness of T-CUP in improving maternal and neonatal outcomes.

ID: 2031

Type: Paper Presentation

10:55 – 11:15

Enhancing clinician competency in assessing risk for Suicide: Implementing the RAO 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.

Learning Objectives:

1. To outline the core competencies in the assessment of adult suicide risk.
2. To share how best practices in suicide risk assessment can be taught and sustained in a large mental health and addiction hospital setting.
3. To apply adult learning principles in an interprofessional context.

ID: 2104

Type: 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.

Learning Objectives:

The aim of this paper presentation is to:

1. Recognize collaborative mental health assessment, documentation, and policy for interprofessional clinical practice.
2. Understand the importance of multi-faceted educational strategies from client and staff experiences.
3. Learn about the significance of implementing and evaluating a best practice guideline adopting a staged approach.

ID: 2020

Type: 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.

Learning Objectives:

1. Identify the role of each professional on an interprofessional team providing care for individuals with a mental illness.
2. Recognize the value of teamwork and the roles of all health professionals in providing collaborative mental health care.
3. Demonstrate collaboration in the development of an interprofessional care plan for mental health care.

Friday Concurrent Session #2

2:25 PM – 4:15 PM

Session 2A:

ID: 2066 **Type: 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.

Learning Objectives:

1. Learn how a community program can be designed to both teach arts practice and tend to the needs of clients with concurrent disorders.
2. Explore how non-traditional funding models can help to shape the ways and types of healthcare that are offered.
3. Learn how community-based programming is a stepping-stone during recovery for clients with mental health and addictions issues who are regaining their independence.

Session 2B:

ID: 2101 **Type: 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 collaboration to the test. They will consider problems for clients engaged with two agencies: the Criminal Justice system, and Child and Family Development.

Learning Objectives:

1. To explore how the dynamics of interagency collaboration differ from those of interprofessional collaboration.
2. To examine how differences in mandates between organizations interfere with collaboration.
3. To identify strategies for improving inter-organizational collaboration.

Session 2C:

ID: 2025 **Type: 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.

Learning Objectives:

1. To Identify characteristics of patients with severe mental illness that may affect how they access, respond to, and engage in care at the end of life.
2. To identify and barriers and motivators in care team members when working with people with a severe mental illness at the end of life.
3. To reflect on strategies to improve care through shared expertise and resource sharing between care team providers, patients, and families.

Session 2D:

ID: 2073 **Type: 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.

Learning Objectives:

1. Increase awareness about the co-occurrence of mental illness, substance-abuse disorders and STBBI in urban populations.
2. Increase knowledge on evidence-based models of co-occurring disorders treatment.
3. Present a comprehensive integrated program model for co-occurring disorders based on collaborative care.

ID: 2110 **Type: 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.

Learning Objectives:

1. Practice Based Evidence: Learn examples of how partnerships and collaborations at the service and program-planning level improve client outcomes.
2. Learn how such partnerships can increase recovery for youth, adults, families with inter-generational addiction and addiction-related mental health problems in complex clients and family situations.
3. Uptake and Spread: Begin to assess system strengths and challenges to increase practical and achievable service integrations between/among agencies with minimal downside.

Session 2E:

ID: 2015 **Type: 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.

Learning Objectives:

1. To describe a collaborative child/youth mental health program between a tertiary setting child and adolescent psychiatry team and an Academic Family Health Team.
2. Present a program evaluation of the initiative.
3. Present lessons learned including benefits and challenges of the collaborative care program.

ID: 2113 **Type: 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.

Learning Objectives:

1. Encourage conference participants to think creatively in response to waitlists and other challenges of the health care system.
2. The presentation will demonstrate the possibility for effective collaboration between hospitals and social service agencies, exemplifying how an interprofessional team can work together to provide better support and care for families of adolescents with eating disorders.
3. The presentation will highlight a possible role parents and caregivers can play in the treatment of their child/adolescent with an eating disorder.

ID: 2028 **Type: 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 funded 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.

Learning Objectives:

1. To gain knowledge on communities of practice and their impact on collaborative work and on knowledge co-construction.
2. To learn about the process of implementation and experimentation of a community of practice in youth mental health in Montreal.
3. To acquire a better knowledge about concrete modalities (virtual and in-presence) that may be used as exchange knowledge strategies in community of practices.

ID: 2086

Type: 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.

Learning Objectives:

1. Gain understanding of intricacies of a dual-agency partnership with school systems.
2. Identify direct value to students and families from school-nurse collaboration.
3. Consider specific approaches that blend strengths from different systems that serve youth.

Session 2F:

ID: 2057

Type: 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.

Learning Objectives:

At the end of this presentation audience members will be able to:

1. Appreciate the consequences of chronic medical-psychiatric co-morbidity in primary care.
2. Apply a model of synchronous interprofessional care to this patient population.
3. Translate elements of this model to their own clinical settings.

Session 2G:

ID: 2102

Type: 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.

Learning Objectives:

1. Examine mental health services, policies, research, and practices around youth to adult's services (emerging adult) on a national level.
2. Share research findings and highlight recommendations aimed at enhancing elements to encourage effective policies and services for emerging adults.
3. Showcase the youth and family caregiver perspective around youth transitioning to adult mental health services through a variety of knowledge exchange activities.

Session 2H:

ID: 2019 **Type: 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.

Learning Objectives:

1. Applying creative, collaborative and feasible approaches to improving partnerships and engagement for rural and remote communities.
2. Lessons in implementation science will be leveraged to identify evidence-informed approaches to service delivery in rural and remote locations that is based upon a spirit of collaborative working and a network approach.
3. Barriers and challenges will be explored through an appreciative inquiry approach that will propel the group towards solutions and next steps for them and their communities.

ID: 2044 **Type: 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.; Sliekers, 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.

Learning Objectives:

At the end of this presentation, participants will be able to:

1. Identify the theory for and principles of KE in the area of mental health and addictions.
2. Explain how an online community can support KE in Ontario's mental health and addictions system.
3. List best practices and recommendations for developing an online community.

Session 2I:

ID: 2047 **Type: 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).

Forouge, 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.

Learning Objectives:

BY the end of the session, participants will:

1. Learn about the mental health services at a large, multi-site Family Health Team (FHT), comprising four social workers and a full-time clinical child and adolescent psychologist.
2. Be able to identify reasons for referral, effective referral management strategies, and a variety of individual, family, and group-based programs that can be provided to maximize outcomes and patient satisfaction in a primary care setting.
3. Be able to recognize when referrals are appropriate for mental health services, including diagnostic, preventative, and treatment services for children, teens and families.
4. Better understand the potential roles and added value of psychology and mental health services in collaborative teams and within primary health care settings.

ID: 2090 **Type: 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.; Bernard, 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.

Learning Objectives:

By the end of this presentation, participants will have a better understanding of:

1. The service needs and wants of persons who have co-occurring problems relating to mental health, substance use/addiction and/or violence.

2. System strengths and weaknesses in terms of how problems with mental health, substance use/addiction and violence are addressed by different services within the system of care in two Ontario communities.
3. Potential directions for collaboration to improve the system of care.

ID: 2070 **Type: 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.

Learning Objectives:

1. To learn about the evolution of the Groups in Motion concept.
2. To present attendance data and patient evaluation of groups.
3. To discuss potential evaluations of groups

ID: 2034 **Type: 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.

Learning Objectives:

1. Increase awareness of stigma as a barrier to timely and accessible mental health care.
2. Increase understanding of mental illness related stigma in health care professionals.
3. Explore the idea that increasing healthcare providers' skills, confidence and comfort in treating persons with mental illness and increasing their understanding of mental illness as something manageable, can reduce stigma.

Session 2J:

ID: 2060 **Type: 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.; Aluwhalia, 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.

Learning Objectives:

1. Gain knowledge about the emergency room medical assessment and stability/clearance determination.
2. Gain awareness of a standardized medical stability protocol used in an emergency room pilot project.
3. Reflect upon the value of a standardized medical stability protocol to improve quality of care and improve interprofessional team functioning and care.

ID: 2098 **Type: 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.

Learning Objectives:

1. To gain an understanding of how interprofessional collaborative educational partnerships can enhance the faculty and student experience.
2. To acquire the fundamentals of Motivational Interviewing (MI) as an approach in building the therapeutic relationship.
3. To explore the applications of MI in clinical practice as a way to enhance collaborative care across health care settings.

ID: 2083

Type: 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.

Learning Objectives:

1. To examine visit patterns and characteristics of heavy emergency department (ED) users.
2. To discuss the roles of intra and interprofessional collaboration to develop and implement care plans aimed at improving care and reducing ED visits by heavy ED users in this single-site study.
3. To discuss the study results indicating decreased number of visits and ED length of stay for a significant proportion of heavy ED users after implementation of the care plans.

ID: 2038

Type: 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.

Learning Objectives:

1. Despite anecdotal suppositions, the audience will learn that many patients with serious mental illness can be and are managed in Primary Care with Shared Mental Health Care.
2. Opportunities to inform clinical decision-making and organizational change through applied clinical research are often overlooked.
3. Audience members will be engaged to think about active involvement in empirical research as an indispensable part of clinical innovation.

Saturday Concurrent Sessions #3

10:25 AM – 12:15 PM

Session 3A:

ID: 2069

Type: 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.

Learning Objectives:

At the end of this session, the learner will understand:

1. Factors that influence the implementation of evidence based integrated care in addressing mental health and addictions issues in the primary care settings.
2. The potential role of a Behavioural Care Technician in supporting and enhance the inter professional collaboration between primary care and mental health providers.
3. The potential role of innovative technology to support the collaboration between primary care and mental health providers.

Session 3B:

ID: 2096

Type: 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.

Learning Objectives:

1. To demonstrate the alignment and synergies between mental health collaborative care models with recovery- oriented mental health practices and policies.
2. To share how core recovery-oriented values and practices have innovated mental health care via institutional transformation and enhanced quality care outcomes.
3. To explore ways to best accelerate uptake of a recovery-orientation at a policy, program and practice level that will inform the development of Canadian recovery guidelines.
4. To share best practices in recovery practice in Canada. work of the MHCC in accelerating uptake.

Session 3C:

ID: 2111

Type: 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.

Learning Objectives:

1. Provide at least an example of how this enhanced collaboration between addictions and mental health is relevant to your practice or policy setting.
2. Identify at least one key consideration for action that can support those charged with implementing collaboration on the ground.
3. Identify one person with whom you wish to continue the dialogue on effective collaboration across addictions, mental health and primary care.

Session 3D:

ID: 2055 **Type: 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.; and Stockwell, Michelle, MHSc.

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.

Learning Objectives:

1. To recognize the opportunities and challenges faced by primary care and residents in a high priority neighbourhood.
2. To learn how the Nurse Networker role can facilitate collaboration between and amongst residents and service providers to identify gaps and generate change in a high priority neighbourhood.
3. To understand how interdisciplinary collaborative partnerships in primary care can improve the health of patients of a Family Health Team practice located in a high priority neighbourhood.

ID: 2061 **Type: 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.

Learning Objectives:

1. Increase knowledge about primary mental health care by learning about a new mental health and addiction initiative that is a collaboration across school boards, community care access centres, primary care, hospitals and community-based organizations.
2. Strengthen your network and share resources between sectors by learning about the unique role the mental health and addiction nurses bring to community-based child and youth mental health services.
3. Define the benefits and key performance indicators related to the role of the CCAC mental health and addiction nurses in schools and community sectors.

Session 3E:

ID: 2046 **Type: 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.

Learning Objectives:

1. To enhance awareness, understanding, and compassion for the unique complexities of concurrent disorders.
2. To review the implementation process of a new Concurrent Disorders Specialist Role at Grand River Hospital's Mental Health and Addictions Program.
3. To expand on the challenges and highlight successes resulting from the implementation of this role.
4. To discuss future directions and collaborative initiatives to meet the changing needs of those living with a concurrent disorder and their support networks.

ID: 2079 **Type: 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.

Learning Objectives:

After the session, participants will be able to:

1. Identify challenges and benefits of engaging stakeholders to inform a research agenda.
2. Describe criteria and a process used for setting research priorities.
3. Identify prioritized areas of research for the advancement of community-based dietetic services for people with mental health conditions.

ID: 2108 **Type: 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.

Learning Objectives:

After the session participants will be able to:

1. Describe one example of an advantage of close collaboration between mental health and legal clinics.
2. Value collaboration between mental health and legal clinics as a strategy to meet the unmet needs of patients.
3. Share experiences of successful collaboration between mental health and legal teams.

ID: 2018 **Type: 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.

Learning Objectives:

1. To understand that when psychiatric patient is in crisis, the patient's goal is not to manipulate the mental health clinicians.
2. To notice that what mental health clinicians observe of a patient in crisis cannot be taken at face value (e.g. being uncooperative and frustrating the helpers) and that the patient has decreased tolerance when the patient is in intense pain.
3. To understand the importance of not dismissing and not causing additional anxiety for the patient as well as working with the patient as a person and not an illness.

Session 3F:

ID: 2056 **Type: 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 Carvalho, 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.

Learning Objectives:

At the end of the presentation, participants will be able to:

1. Describe four models of collaborative mental health care and situate them within the needs of specific populations (e.g. inner city, homeless, HIV positive populations).
2. Analyze the implementation challenges and opportunities of integrated care.
3. Discuss the successes and limitations of these integrated care models in achieving the IHI's Triple Aim

Session 3G: WITHDREW

ID: 2043 **Type: Interactive Workshop** **10:25 – 11:45**

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

Gagné, Marie.

Le rétablissement est un processus souvent difficile à définir et à favoriser dans nos pratiques quotidiennes. Pourtant, nous avons tous vécu l'expérience du rétablissement à divers moments de notre vie. À partir d'une présentation définissant les concepts et leurs interrelations, cet atelier est une occasion de faire le point, de tenir des réflexions sur les valeurs du rétablissement et de la citoyenneté, et ce, en vue d'amorcer un virage vers de nouvelles pratiques et unir nos forces pour relever le défi collectif que représente les soins de collaborations dans une perspective de pleine citoyenneté?

Permettre de mieux comprendre le processus de rétablissement et d'en cerner les enjeux en contexte d'intervention et de gestion dans le cadre des soins de collaboration:

1. Se familiariser avec les concepts de rétablissement et de citoyenneté, ses valeurs et les principes directeurs qui doivent transcender les soins de collaboration;
2. Développer chez les différents acteurs une vision et une reconnaissance du savoir expérientiel des personnes utilisatrices de services et des membres de l'entourage, ainsi que de leur implication dans la prestation de services et dans les soins de collaboration;

Session 3H:

ID: 2076 **Type: Innovative Presentation** **10:25 – 11:10**

Is There a Psychiatrist in the House?: Collaborative care for the frail elderly.

Colman, Sarah, MD FRCPC.

Learning Objectives:

1. Present a new initiative in home-based collaborative mental health care for the frail elderly in Toronto.
2. Highlight the evidence for home-based care.
3. Provide an overview of the collaborative care movement, and specifically review the literature related to the geriatric population.
4. Discuss future directions.

ID: 2036 **Type: 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.

Learning Objectives:

1. Participants will have a better understanding of the inter-personal violence impacts men and women spirituality, sense of personal empowerment, and mental health.
2. Participants will leave knowing how to incorporate spiritual care into the treatment plan of patients exposed to childhood abuse and intimate partner violence.

Session 3I:

ID: 2120 **Type: 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 led to earlier identification and intervention and improved referral patterns to CAPs.

Learning Objectives:

1. Participants will learn about a child and adolescent psychiatry-training program for primary care providers (PCPs) in an urban setting delivered by child psychiatrists and psychologist. The training program consisted of modules that were designed by Dr. Stan Kutcher and his team.
2. Participants will be able to detect the effects of the program on PCPs as their confidence increased in treating child and adolescent psychiatric disorders and the referral rates changed to the child psychiatry division.

ID: 2112 **Type: 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.

Learning Objectives:

1. Explain the advantages of developing a collaborative multiagency community of practice for DBT with adolescents and caregivers.
2. Identify the challenges in developing a community of practice across multiple agencies and disciplines.
3. Review the innovative measures that help address these challenges.
4. Describe the benefits of a collaborative model for clients, clinicians, and agencies.

ID: 2058

Type: 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.

Learning Objectives:

1. To understand the definition of continuity of care in children's mental health.
2. To understand the dimensions of continuity of care.
3. To understand how to measure inter-sectorial continuity.
4. To consider potential applications of this new measure in our current system

Session 3J:

ID: 2024

Type: 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.

Learning Objectives:

1. Introduce a model for system improvement specific to an integrated mental health and addiction service, for the population of need experiencing, or at risk of experiencing a concurrent disorder.
2. Share knowledge and experience resulting from the implementation of the Comprehensive, Continuous, Integrated System of Care process to identify the system improvement for people experiencing concurrent disorders.
3. Outline key initiatives planned for and/ or implemented to strengthen collaboration between mental health and addiction service providers.

ID: 2080

Type: 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.

Learning Objectives:

1. Discuss strategies for motivating, increasing engagement, enhancing resilience and promoting lifestyle changes for clients with Severe Mental Illness.
2. Describe a model of coaching that can be used in the implementation of a comprehensive lifestyle intervention targeted to the special needs of Severe Mental Illness clients, encourage creative solutions in an environment of limited resources.
3. Develop a plan to practically apply coaching skills in a variety of medical contexts with common-sense Atlantic Canada.

ID: 2116

Type: 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.

Learning Objectives:

1. Understand the literature on the sociology of telepsychiatry, including political, social and non-biomedical critiques.
2. Consider the application of this critical framework for healthcare.
3. Discuss potential approaches to countering these limitations, including community, patient and family engagement; and interprofessional collaboration.

ID: 2029

Type: 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.

Learning Objectives:

1. Identify factors contributing to patients being considered difficult.
2. Reflect on countertransference feelings that "difficult" patients invoke.
3. List effective strategies to manage difficult encounters collaboratively within interprofessional teams.
4. Reflect on how this workshop could be implemented in different settings

Poster Session

Presentations will be Friday, June 20th, 2014 16:30 – 17:30

Poster Presentations (in alphabetical order by primary author):

- ID: 2053**
An exploratory study of the incentives and disincentives influencing quality of care for depression and anxiety in Ontario Family Health Teams – physicians' perspectives.
Ashcroft, Rachele, PhD.
- ID: 2022**
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.
- ID: 2075**
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.
- ID: 2081**
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.
- ID: 2122**
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.
- ID: 2091**
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.
- ID: 2099**
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.
- ID: 2093**
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.
- ID: 2065**
Implementation of Clinical Practice Guidelines within a Mental Health Hospital.
Fischler, Ian, MD, FRCPC., Riahi, Sanaz, MSN., MacDonald, Alison, MN., and Sawh, Regina, MN.
- ID: 2094**
The prominence of tobacco-related mortality among individuals with alcohol- or drug-use disorders.
Gatley, Jodi, BSc., and Callaghan, Russell, PhD.
- ID: 2074**
Exploring Processes for Collaborative Systems Improvement.
Gloyn, Stephanie, M.Sc. Hollingshead, Matthew, M.S.W., Vink, Josina, M.Des., and Jauouich, Alexia.
- ID: 2021**
Structures and Processes of Interprofessional Collaboration in a Shared Mental Health Care Context.
Goossen, Randolph, MD, FRCPC., & Wener, Pamela, F., OT.
- ID: 2062**
Improving Collaboration: The 'Perfect' Referral or Consultation Letter: Do Either Really Exist?
Goossen, Randolph, MD, FRCPC.

ID: 2040

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.

ID: 2118

Developing Anxiety Disorder Module in Child and Adolescent Psychiatry for Primary care Physicians.
Khalid-Khan, Sarosh M.D., and Johal, Rupinder Kaur M.D.

ID: 2027

"Broken Bonds: Attachment in the Therapeutic Relationship" - Workshop for Community Mental Health Care Providers.
Kljenak Diana, MD FRCPC., and Hunter Jon, MD FRCPC.

ID: 2077

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.

ID: 2088

Mental Health Service Users Perspectives on Restraint: Informing Interprofessional Collaboration.
Ling, Sara, RN, BScN.

ID: 2052

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

ID: 2119

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.

ID: 2049

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.

ID: 2023

Depression in the medically ill- Challenges in diagnosis.
Nadkarni, Pallavi, MRCPsych., and Khachatryan, Davit., MD, MHSc.

ID: 2078

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

ID: 2071

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.

ID: 2033

The HUB Arts Project: Creating collaborative mental health care opportunities in rural communities.
Schneider, Krista, DTATI.

ID: 2064

Collaborative Mental Health Care Education: A National Survey of Residents' Perceived Learning Needs.
Sunderji, Nadiya, MD., Stergiopoulos, Vicky, MHSc MD MSc., Gupta, Mona, MD PhD., Ilyas, Jehaan MD., Zaretsky, Ari, MD., and Delwo, Justin, MD.

ID: 2063

Behavioral Health Providers Value Communication and Collaboration for Patient Care and Optimum Functioning of the Care Team.
Tabibian, Anilga, Ph.D., Vickers-Douglas, Kristin, Ph.D., Williams, Mark D., M.D., Sawchuk, Craig N., Ph.D., Somers, Kristin J., M.D., and Smyth, Kileen T., L.I.C.S.W.

ID: 2085

Synergistic Communications: Essentials for an indispensable system forewarning new trends of substance abuse
Tennant, Sean, B.Sc.Pharm., and Sanghera, Satinder, B.Sc.PhM

ID: 2114

Exploring the Relationship between Trauma and Smoking Cessation Treatment at CAMH's Nicotine Dependence Clinic.

Tomcheski, Kristine, MSW, RSW., Campbell, Tania, MSW, RSW., Hussain, Sarwar, MSc., Dragonetti, Rosa, MSc., and Selby, Peter, MBBS, CCFP, MHSc FASAM.

ID: 2097

An evaluation of meaningful family involvement and participation within the online course: Collaborating with Families Affected by Concurrent Disorders.

Wiljer, David, PhD., Collins, April, MSW., Hasan, Mahreen, Med., Johnson, Andrew, MA., Levitan, Michael-Jane, MPH., Maharaj, Asha, MBA., Manwell, Laurie, PhD., Nirula, Latika, PhD., O'Grady, Caroline, PhD., Silver, Ivan, MD., Skinner, Wayne, MSW., and Soklaridis, Sophie, PhD.