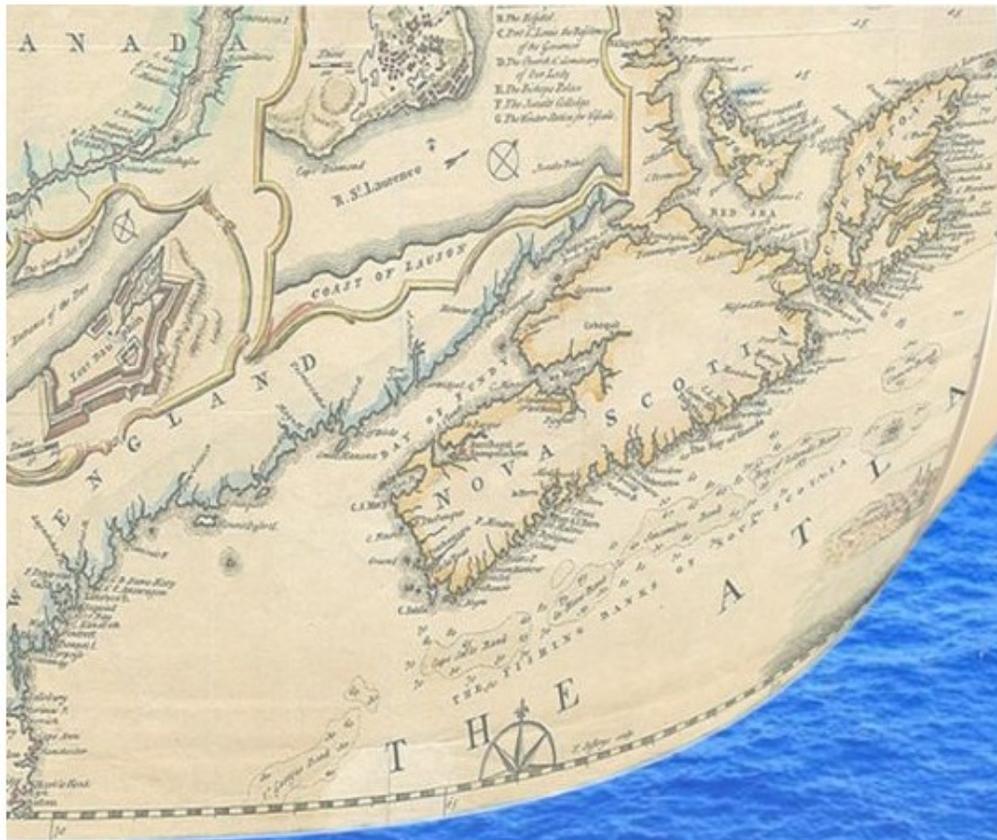


12th Canadian Collaborative Mental Health Care Conference



charting a new course
to better care:

STRONGER LINKS BETWEEN CONSUMERS,
FAMILIES AND HEALTH CARE PROVIDERS

HALIFAX, NOVA SCOTIA • JUNE 23-25, 2011

12th CANADIAN COLLABORATIVE MENTAL HEALTH CARE CONFERENCE

www.shared-care.ca



Back row: Greta Rasmussen, Maureen Wheller, Sabina Abidi, Joan Rankin, Ajantha Jayabarathan, Janet Imbeault, Peter Duke, Joanne MacDonald, Cheryl Billard, Myra Donnelly-Gay
 Seated: Anne Godden-Webster, Shauna Swinimer, Cathie Carroll, Mary Cripton, Kim Peterson, Naomi Mensink
 Inset: Mary Ritchie, Kathleen Buchanan, Ginny Arsenault
 Absent: Sari Ackerman, Debbie Battiste

The Planning Committee Welcomes You to the Conference

Sabina Abidi

Psychiatrist, IWK Collaborative Mental Health Care Program

Sari Ackerman Hamilton Family Health Team Conference Coordination

Ginny Arsenault

Bayers Road Community Mental Health, Capital Health Conference Coordination

Debbie Battiste

Unit Clerk, Capital Health Conference Support

Cheryl Billard

Program Leader Community Mental Health, Capital Health

Kathleen Buchanan

Student, Addiction Prevention and Treatment Services, Capital Health

Cathie Carroll

Executive Director, Nova Scotia College of Family Physicians

Mary Cripton Coordinator, Halifax Community- Based Services

Addiction Prevention and Treatment Services, Capital Health

Myra Donnelly-Gay

Executive Director Healthy Minds Cooperative

Peter Duke

Program Supervisor, Laing House

Anne Godden-Webster

Interprofessional Experience Coordinator Faculty of Health Professions, Dalhousie University

Janet Imbeault Community Mental Health, Capital Health Conference Administrative Support

Ajantha Jayabarathan

Family Doctor

Joanne MacDonald Psychiatrist, Reproductive Mental Health Service

Department of Psychiatry, Dalhousie University

Naomi Mensink Lecturer - Medical Informatics / Organization Development Consultant

Kim Peterson Manager, District Department of Family Practice Capital Health

Joan Rankin

Social Worker
 IWK Collaborative Mental Health Care Program

Greta Rasmussen

Conference Coordinator

Mary Ritchie

Nurse, Seniors Mental Health Service, Capital Health

Shauna Swinimer

Administrative Support Nova Scotia College of Family Physicians

Maureen Wheller

Senior Strategy Advisor (Mental Health Services)
 Capital Health



Premier's Message

On behalf of the Province of Nova Scotia, it is my pleasure to welcome you to 12th Canadian Collaborative Mental Health Care Conference in Halifax.

I am pleased that Nova Scotia was chosen to host these important discussions. Our province is currently developing a new Mental Health and Addictions Strategy that will ensure Nova Scotians and their families who need help have access to the programs and services they need, when they need them.

It is encouraging to see health care professionals and people living with mental illness coming together to share their stories and suggestions on how to improve mental health care right across the country. It is meetings like these that help eliminate stigma around mental illness and put us that much closer to finding solutions.

Keep up the great work, best wishes for a productive conference and please come visit us again soon!

Sincerely,

A handwritten signature in black ink that reads "Darrell Dexter". The signature is written in a cursive, flowing style.

Darrell Dexter, Q.C., M.L.A.
Premier





**Health and Wellness
Office of the Minister**



PO Box 488, Halifax, Nova Scotia, Canada B3J 2R8 • Telephone 902 424-3377 Fax 902 424-0559 • www.gov.ns.ca

**12th Canadian Collaborative Mental Health Care Conference
June 2011**

On behalf of the Province of Nova Scotia, and the Department of Health and Wellness, I would like to welcome delegates from across the province, country and world to the 12th Canadian Collaborative Mental Healthcare Conference. It is a privilege to host you, and I hope you enjoy your time here in Nova Scotia.

This year's conference theme "Charting a New Course to Better Care: Stronger Links between Consumers, Families and Health Care Providers," links directly with the work government is doing to improve and enhance mental health service and care in Nova Scotia.

We know that one in five Canadians is affected by mental illness in their lifetimes, and most Nova Scotians will be indirectly affected by mental illness through relationships with friends, family members, and co-workers.

Mental health is a priority for government, and we are committed to working closely with our community partners, government colleagues and many others to ensure appropriate mental health care services are available to people when they need it. This is part of our overall plan to make health care better for families in every region.

Our plan involves the development of a mental health strategy for Nova Scotia. We've consulted with over 1,000 individuals, families and mental health partners as we develop this strategy aimed at improving mental health services and supports.

Government supports your work as you collaborate to inform best practices and establish communities of practice by developing evidence-based, innovative and progressive solutions to mental health issues. We know we still have work to do, but we're pleased with the strong foundation we've laid to date. Together, we can continue to make a difference for the individuals and families living with mental illness.

Congratulations on the many accomplishments you've achieved in the mental health field within your organizations. I wish you continued success in the future.

Best wishes for a successful conference.

Yours truly,

Maureen MacDonald
Minister



Greetings

from the Mayor



On behalf of Halifax Regional Council, I'm delighted to extend warm greetings and a special welcome to all attending the 12th Canadian Collaborative Mental Health Care Conference taking place at the World Trade and Convention Centre, June 23rd – 25th.

The 2011 Conference '*Charting a New Course to Better Care: Stronger Links between Consumers, Families and Health Care Providers*' will give delegates the opportunity to network, share information and experiences respecting mental health care with other participants from across Canada and around the world. An educational experience, the annual conference will foster relationships and form linkages generating a greater understanding of the future of mental health and wellness.

Again, I welcome you to Halifax Regional Municipality and invite you to enjoy all we have to offer, our region's culture is noted for its unique blend of history and tradition, co-existing, comfortably with the contemporary. Enjoy!

Respectfully, I remain

Peter Kelly
Mayor

Messages from Conference Sponsors



Mental Health Program

June 2011

June 2011

Dear Conference Delegates,

Welcome!

Mental illness is common, affecting one person in five over their lifespan. Many with mental illness never return to their former state of health. Mental illness is often chronic. That being the case, it is critically important that the management of mental illness be the best it can be.

As has often been pointed out, mental illness is common. With one in five affected at some point in their lives, this means that well over 6 million Canadians and 200,000 Nova Scotians will experience mental illness - while their families, friends, and neighbours will be indirectly but forcefully affected. The World Health Organization says that by 2020 depression will be the leading cause of health morbidity worldwide.

Experience with a variety of chronic illnesses tells us that the optimum approach is collaborative care, and that true collaborative care includes the patient as a full member of the interdisciplinary team.

In very recent years there has been a strong worldwide movement to tackle mental illness – reduce stigma, improve treatment, and engage all aspects of society in dealing with these widespread, debilitating conditions. In England the National Health Service's 2011 mental health strategy – No Health Without Mental Health – was announced by their Prime Minister as a strategy which must involve all aspects of society, not just the formal mental health system.

The **patients** bring expertise in their personal experience of mental illness and their intimate knowledge of their individual support systems.

Their **family physicians** bring experience in the assessment and management of a wide variety of illnesses, mental illnesses among them; an understanding of the interplay between the mind, body, and spirit; and an appreciation of the patient's family and social milieu.

Mental health workers can support patients as they live through and recover from mental illness, learn new ways of being, and build upon their existing personal and social supports.

Psychiatrists hold knowledge and experience in the diagnosis and management of complex and challenging mental illnesses.

When working collaboratively, this interdisciplinary team has the knowledge and it has the tools. It can and should be able to develop and implement the best possible plan for each individual.

Two very important aspects of this study are represented here at the 12th Collaborative Care Conference – primary care and families. It has been known for many years that the largest percentage of actual treatment and care provided by the health system to those with mental illnesses has been and is provided by family physicians. Leveraging the expertise of both primary care and mental health together for the benefit of our clients and patients has been the long-held goal of the “shared care” approach. As one who was in on the ground floor of this approach in Hamilton, Ontario, it is heartening to see how it has flourished, and now is here in force in Nova Scotia.

Along with primary care there is – finally – a new appreciation of the crucial and previously undervalued role which families, friends, and others in the patient's life can and do play. Mental illnesses are often lengthy in nature, and care and support are often required over many years. Families want to do what they can – finally the system is recognizing that including them in, rather than turning them away, is of inestimable value to the client.

However, despite the potential rewards, collaboration can be hard work. It takes time to learn it and it's hard to sustain it.

So, collaboration between family physicians, patients, and families themselves is essential. This is what we will learn more about in the next few days.

Hopefully, this conference will bring new insight to those who have yet to realize the benefits of true collaboration. For those who have experienced collaboration, this will be an opportunity to share your enthusiasm and to recharge your batteries. Enjoy!

And - welcome to Halifax, and to Nova Scotia.

Dr. Rick Gibson, Chief
District Department of Family Practice

Best regards,

Peter Croxall
Director, Capital Health Mental Health Program

Conference Objectives

- To demonstrate evidence-informed, innovative and progressive examples of collaborative mental health care;
- To showcase the principles and impact of consumer, family and peer support integration in collaborative mental health care;
- To develop a critical & practical understanding of factors that lead to challenges and successes in collaborative mental health care delivery;
- To energize and broaden potential networks of interest in collaborative mental health care – during and beyond the conference; we seek to engage consumers, citizens, families & a variety of service providers from diverse communities & value systems.

Study Credits

As an accredited provider, Dalhousie University Continuing Medical Education designates this continuing medical education activity for up to 16.75 credit hours for MAINPRO M-1 of the College of Family Physicians of Canada and as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

June 23 = 7.50 hours June 24 and 25 = 9.25 hours

Certificates for study credits will be sent to physician participants after the event. Other healthcare professionals should report participation in this program following the usual guidelines for continuing education in their profession.

Presenting and Networking at the Conference....

Networking Opportunities

One of the greatest benefits of the Annual Canadian Collaborative Mental Health Conference is to stimulate thinking and share ideas about best practices in collaborative mental healthcare. Networking receptions, lunches, and facilitated discussion groups during the Conference offer excellent opportunities for professional interaction. The **Conference Lounge** will host refreshment breaks throughout the Conference and is designed to promote informal networking between education sessions. The Lounge will also host exhibits, artwork and poster presentations during the conference.

Welcome First-Timers and Returning Friends!

If this is your first time at the conference, we extend a warm welcome to you! We hope you are inspired by what you learn and look forward to your continued interest in this annual event. If you are returning to this annual event, welcome back! We have conference content shaped to meet your growing needs in the field of collaborative mental health care. We hope you make friends, meet leaders in the field and have extended opportunities to meet presenters and staff.

Preconference Presentations, June 23, 0730-1730

Join your colleagues and friends for diverse “streams” of information on a variety of mental health and collaborative care topics. Enjoy art-based presentations of lived experience of mental illness and compassion fatigue. Immerse yourself in workshops on involving family members in mental health care, anti-stigma advocacy, the work of the Mental Health Commission of Canada, compassion fatigue, mental wellness and resilience.

Conference Presentations, June 24 and 25, 0730-1730

Join us to open the 2011 conference with special guests at the opening ceremony that showcases Nova Scotia’s unique heritage and stay for our closing ceremony as we pass “the spoon” onto Vancouver, British Columbia. Don’t miss the opportunity to sing “Farewell to Nova Scotia” with all your new friends and colleagues. This year we are featuring a number of keynote presentations to suit the new developments in mental health care. Enjoy the variety and diversity in the presentations brought to you from local, national and international groups.

Networking Lunch: Facilitated Discussion Groups

Friday’s lunch includes facilitated discussion groups on a variety of topics. The list of discussion topics will be available at registration and in the lunch room. Simply choose a topic and find a seat at the corresponding table. Many presenters and experts will be available for an informal, informative and delicious discussion!

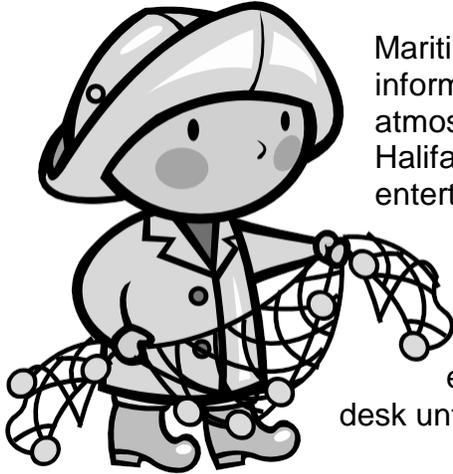
Poster Presentations

Poster presentations allow author(s) to meet and speak informally with interested viewers, facilitating a greater exchange of ideas and networking opportunities. At our conference we have created “poster panels” which allow a brief overview of the poster content, followed by opportunity for audience interaction.

Exhibits

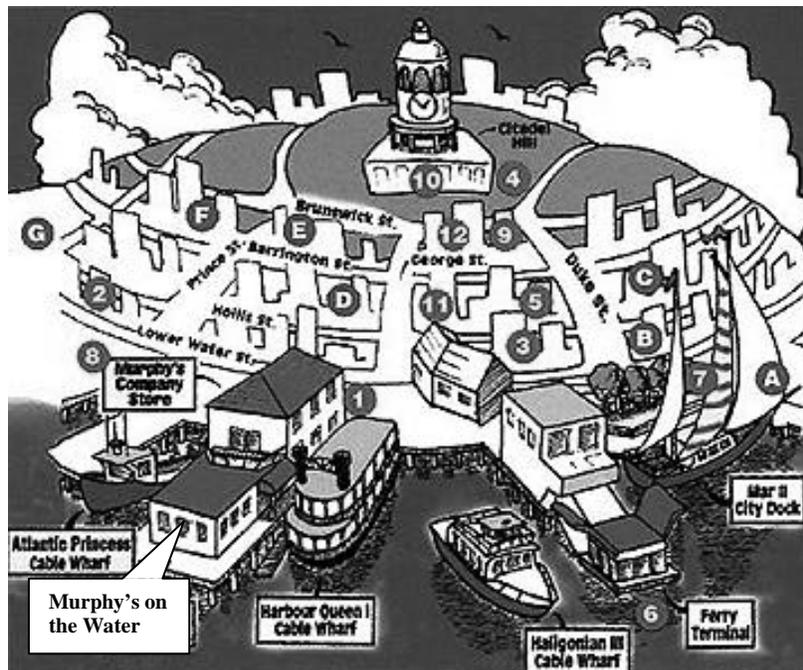
The purpose of the Exhibits is to see, hear, examine, question and evaluate the latest developments in equipment, supplies and services. A showcase of the latest in technology, products, equipment, and services for use in the healthcare profession will be on display during the Conference.

Murphy's Cable Wharf Friday, 1800 – 2130



Maritimers are well known for their hospitality, warmth and informal gatherings. Join us in the casual and nautical atmosphere of Murphy's On the Water, located on the historic Halifax waterfront, for a delicious meal and Nova Scotian entertainment. Enjoy the sights and sounds of the sea and a fantastic view of the Harbour. The venue with its outdoor patio encourages interaction in a relaxed environment.

For those who have not pre-purchased tickets for this event, a limited number will be available at the registration desk until noon Friday.



Workshop: Establishing Effective Triangles of Care: Making It Real: Developing Partnerships With People With Lived Experience of Mental Health Difficulties and Families in Mental Health Care

Meriden Family Programme, Birmingham, West Midlands, UK

0830–1730, Room 200C1



Dr. Gráinne Fadden is a Consultant Clinical Psychologist based in Birmingham and Solihull Mental Health Foundation NHS Trust, Honorary Senior Research Fellow at the University of Birmingham and Director of the Meriden Family Programme. The Programme has trained over 3600 people to work with families and received numerous prestigious awards. In November 2009, Dr Fadden was awarded the prestigious Marsh Award which is a lifetime achievement award given by Rethink, the UK national mental health charity, for her outstanding contribution to mental health.

Dr. Fadden has worked in the area of family work throughout her career; in clinical practice, research, training and more recently in relation to influencing organisational change to incorporate family work routinely into mental health services. She has also written extensively on the effects of mental health problems on families, the ways in which families can be supported, and on the training of mental health professionals to work with families, including books, book chapters and research articles.

Dr. Fadden links with the Department of Health on issues relating to families and carers and also works closely with a range of national bodies, including the Royal College of Psychiatrists, regarding these issues. Her international reputation has resulted in her delivering training in Europe and as far afield as Canada and Australia.



Chris Mansell is a Registered Mental Health Nurse employed by Birmingham & Solihull Mental Health Foundation NHS Trust and is Deputy Director of the Meriden Family Programme.

The Meriden Family Programme is a training and organisational development programme which has been promoting the development of family sensitive and evidence based mental health services since 1998, with particular emphasis on the importance of family work. The Programme works with both statutory and voluntary organisations locally, nationally and internationally.

Chris has been Head of Nursing in both Generic and Forensic Mental Health settings and has extensive experience across a range of settings including community and in-patient. He was instrumental in ensuring that family work was delivered in forensic settings where there are often complex issues to address. He has also written about family work in in-patient settings. He has developed a number of the training approaches delivered through the Meriden Family Programme including the Caring for Carers Programme and training directed at in-patient staff. He trained in the model of Behavioural Family Therapy and trained as a trainer and supervisor in family work in 1998. He has experience of both using the model of family work and delivering training and supervision across a wide variety of clinical settings.



Dr. David Shiers has been actively involved in mental health development in England over the last 15 years. He now chairs a national network of clinical leads, having previously led the National Early Intervention in Psychosis Programme (2004-10) jointly with Dr Jo Smith. Most recently he has become a trustee to Rethink, a major UK mental health charity. A General Practitioner by background, his special interest in mental health stems from personal involvement as carer to a daughter with schizophrenia. This experience convinced David of the need to improve services for young people with early psychosis, particularly their physical health and how an early intervention approach can be applied for bodies as well as minds.

Dr. Shiers is currently trustee, Rethink (a major UK mental health charity); GP advisor, Royal College of Psychiatrists National Audit of Schizophrenia and GP and Carer Advisor, National Institute for Clinical Excellence (NICE) Schizophrenia under 18s Guidelines Development Group.

"Moving from Health Care to Health - Health Informatics as a Catalyst"

0830–0925, Room 204

Dr. Robert Kolodner



Robert M. Kolodner, MD , FACMI is co-founder and President of Collaborative Transformations, LLC, which consults with government and non-profit organizations regarding their health IT strategies and plans. In addition, he serves as the Chief Health Informatics Officer for Open Health Tools, Inc. (OHT), a multinational, non-profit organization dedicated to improving the health of people through the transformation of health information technologies (IT) for personal health, health care delivery, and population health.

Dr. Kolodner brings to his current activities a wealth of experience in health IT from 31 years of Federal service and leadership in two Departments – Veterans Affairs and Health and Human Services. From 2006 to April 2009, Robert M. Kolodner MD served as the President's designated lead for the United States eHealth initiative as the National Coordinator for Health Information Technology (IT) in Office of the Secretary of the U.S. Department of Health and Human Services (HHS). For over 28 years prior to transferring to HHS, Dr. Kolodner had been the key clinical champion in the U.S. Department of Veterans Affairs (VA) providing vision, direction, and effective leadership for the development and pervasive use of VA's award-winning suite of health IT solutions, including My HealthVet, a Personal Health Record for veterans, and VistA – the world's first successful large-scale Electronic Health Record implementation.

Dr. Kolodner received his undergraduate degree Magna Cum Laude from Harvard College and medical degree from Yale University School of Medicine, and completed his medical internship at New England Deaconess Hospital (now Beth Israel Deaconess Medical Center) and psychiatric residency at the Washington University School of Medicine. Dr. Kolodner has medical specialty board certification in psychiatry and is a Fellow in the American College of Medical Informatics.

Health Law in Mental Health Care: A Relational Approach to Decision Making Capacity

0830–0925, Room 203

Sheila Wildeman

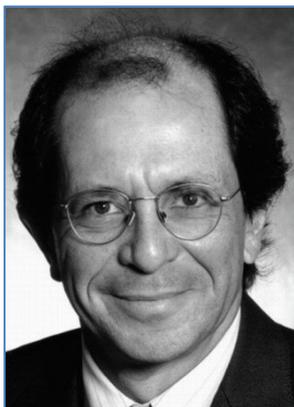


Sheila Wildeman, BA (Toronto), MA (Columbia), LLB (Dalhousie), LLM (Toronto) is an Assistant Professor at Dalhousie University Schulich School of Law, where she teaches administrative law and public law. Her research is mainly concentrated in mental health law, with a focus on the assessment of capacity to make psychiatric treatment decisions. Sheila is also involved in research examining adult protection laws and practices in the Maritime Provinces, and the state of provincial laws on substitute decision-making about research participation

What Gets in the Way of Collaborative Care?

0830–0925, Room 205

Dr. Isser Dubinsky

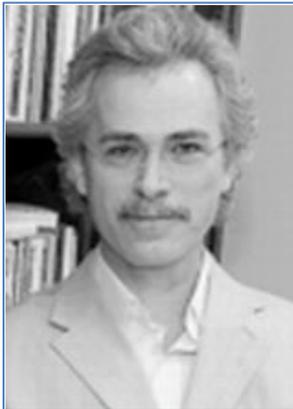


Dr. Isser Dubinsky is an honours graduate from U of T's medical program (1975) and is currently an Associate Professor in the Department of Family and Community Medicine at University of Toronto. He is Director of Hay Group Health Care Consulting. He joined Hay Group from Miltom Consulting Inc. where he was Vice President. Dr. Dubinsky's academic and consulting focus includes improving the effectiveness and efficiency of healthcare services, human resource planning, physician compensation, conflict resolution, evaluation and assessment of new technologies and physical plant development and redevelopment.

Prior to entering consulting, Dr. Dubinsky was Chief of the Department of Emergency Medicine at University Health Network. Prior to this he was Chief of Emergency Medicine at North York General Hospital, one of Canada's busiest emergency departments. He was member of the Medical Advisory Committee of both North York General Hospital and the University Health Network, a member of the Board of North York General Hospital, Program Director of the Emergency Medicine program at North York General Hospital, and a member of the Hospital Executive at both the Toronto Western and North York General Hospitals. Prior to NYGH, Dr. Dubinsky was Chief of Anaesthesia at Memorial Hospital in Bowmanville. Following graduation from medical school he had a range of experiences from performing

mission work in rural hospitals in Africa to working in small community hospitals in Canada. He is the past winner of many awards for excellence in teaching, including the prestigious PAIRO award.

"Understanding Mental Wellness" and "What Is Mental Wellness? Are You Flourishing or Languishing?" 1230–1325, Room 202
Dr. Corey Keyes



Corey Keyes is an associate professor of sociology with a joint appointment in public health and an adjunct professor of psychology at Emory University. An internationally known expert on mental health, Keyes helped conceptualize the principles for a new field known as positive psychology, the scientific study of optimal human functioning. Keyes is one of a select group of scholars striving to shift the emphasis of psychology from fixing what is wrong with people to developing what is right. Keyes measures social and psychological functioning through the “mental health continuum,” which evaluates a person’s positive feelings toward life. Keyes coined the word “flourishing” to describe mentally healthy adults who have high levels of emotional well-being in their lives. He teaches the concept of flourishing as part of his sociology and Evening at Emory courses and is in great demand as a lecturer throughout the world. It is the interdisciplinary focus that Keyes particularly enjoys about his work at Emory. He first became a proponent of cross-disciplinary research during his work with the John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development. He is excited about an interdisciplinary initiative under way at Emory — predictive health. Part of the University’s strategic plan, predictive health calls for a new model of health care focused on health maintenance rather than treatment of disease. Keyes was a featured speaker at the recent Emory/Georgia Tech Predictive Health Symposium.

PEC: Protest, Educate & Make Contact: An anti-stigma, research-based advocacy campaign"
Dr. Manon Charbonneau and Dr. Pippa Moss

1330–1525, Room 204



Manon Charbonneau, MD FRCPC, began her career as the only psychiatrist in Sept-Îles, on the north shore of Quebec, after graduating from the University of Montreal in 1990. Over the next 15 years she developed a comprehensive, collaborative mental health program, based in the Sept-Îles community hospital, for Côte-Nord Région 09, under the authority of the Côte-Nord Local Health and Social Services Network Development Agency. Dr. Charbonneau headed the program, as its Chief of Psychiatry in 1990-96, 1998-2000 and 2004-2005.

Dr. Charbonneau's past service to the Canadian Psychiatric Association (CPA) includes four years as the Council of Provinces' Quebec representative (2001- 2005), two years as Chair of the Membership Affairs Committee (2004-2006), and four years on the Board of Directors as the Quebec representative (2004-2009), during one of which she served as CPA President. Currently she is the Chair of the CPA's Working Group on Stigma-Discrimination since 2007, in continuity of her presidential theme work on “Identity, humanity, generativity”. She has also been active with the Quebec Psychiatric Association (AMPQ) as a member of its Board since 1995 and its Executive since 2001. As an AMPQ Board member she has served as the AMPQ Secretary (2003- 2005), on the organizing committee for secondary and tertiary services, Chair of the Human Resources Committee, a member of the Scientific Committee of the AMPQ Congress, and Chair of the AMPQ Committee on telepsychiatry. She is currently the past

Vice-President of AMPQ (2007-2010). Dr. Charbonneau is also involved in her community. She presided over the RELAY for life for the Canadian Cancer Society in 2009 as a medical doctor and as a person with a lived experience of both depression and cancer.



Dr. Pippa Moss grew up travelling around the world, training in University College, St Thomas' and The Maudsley in London, England, and Dalhousie University, Halifax, Nova Scotia. She is the Coordinator and a founding member of NORCAP, a cross-district Child Psychiatry service in rural Nova Scotia. As Chief of Psychiatry in Cumberland Health District, she has established a department of psychiatry in which services are provided according to developmental stages rather than at arbitrary age cut-offs.

Federal involvement includes past membership on the Canadian Psychiatric Association's Council of Provinces, Economics Committee and Board, as well as many years on the Board of the Foundation of the CPA. She is currently a founding member of the CPA's Stigma and Discrimination Working Group. Dr. Moss is also a longstanding and active member of the Academy of Child and Adolescent Psychiatrists, having served on their Board and being asked to establish their Fee and Tariff Committee, which she chaired for many years. She has presented to the Senate on matters pertaining to autism and currently is a member of the Royal College Subspecialty Committee for Child and Adolescent Psychiatry. She is married, and has an adult son with autism, in university, as well as other relatives with a variety of mental illnesses, and is the founder of a home for AIDS abandoned and orphaned children in Kenya in which children are cared for through sponsored adoption.

She has been recognized for her work in Canada and abroad, as a Fellow of the Canadian Psychiatric Association, and continues to work in rural areas

"Age and Gender: Two Neglected Aspects of Mental Health Surveillance"
Dr. Cara Tannenbaum

1530–1700, Room 201



With over 10 years of consecutive funding from the Canadian Institutes of Health Research as well as an FRSQ chercheur-boursier award, **Dr. Cara Tannenbaum** is a leader in cutting-edge geriatric research both nationally and internationally. She is the recipient of a 2004 New Investigator Award from the American Geriatrics Society and the 2008 May-Cohen Gender Equity Award by the Association of Faculties of Medicine of Canada. In 2008, Dr. Tannenbaum became the inaugural Chair of the Michel Saucier Endowed Chair in Geriatric Pharmacology, Health and Aging of the Faculty of Pharmacy at the Université de Montréal. She is also an Associate Professor of Medicine in the Faculty of Medicine at the Université de Montréal. As Director of the Geriatric Incontinence Clinic at the Institut universitaire de gériatrie de Montréal, her clinical practice fuels the vision for her patient-oriented research program. Dr. Tannenbaum obtained her medical degree at McGill University in 1994 and subsequently obtained specialty training in geriatric medicine and older women's health. She pursued a Master's Degree in epidemiology and biostatistics in 2002 at McGill University.

Dr. Tannenbaum's research focuses on best practices in pharmaceutical care for the elderly, better understanding the brain-bladder connection, self-management, mental health indicators and outcomes, and gender-based analysis. Through her work, she aims to deconstruct ageism for issues related to incontinence, cognitive impairment and mental health.

When Helping Hurts: Addressing Compassion Fatigue
Leslie McLean

1550–1730, Room 204



Leslie McLean, RN, MScN, is an Advanced Practice Nurse and Project Manager with the Capital Health Cancer Care Program, Coordinator of Capital Health's Clinical Ethics Consultation service, and an Adjunct Professor with the Dalhousie University School of Nursing in Halifax, N.S. Leslie has worked for over 25 years in a variety of areas and roles in health care, both within Canada and abroad, and is passionate about helping to create healthy work environments for health care providers.

REGISTRATION 0730–0830						
FAMILY CAREGIVER STREAM <i>Rm 200C1</i>	MENTAL HEALTH COMMISSION STREAM <i>Rm 200C2</i>	FIRST PERSON EXPERIENCE STREAM <i>Rm 201</i>	YOUTH STREAM <i>Rm 202</i>	HEALTH LAW STREAM <i>Rm 203</i>	HEALTH INFORMATICS STREAM <i>Rm 204</i>	PRIMARY CARE STREAM <i>Rm 205</i>
0830–1730 Meriden Workshop: Establishing Effective Triangles of Care: Making It Real: Developing Partnerships With People With Lived Experience of Mental Health Difficulties and Families in Mental Health Care Meriden Family Programme Birmingham, West Midlands, UK	0830–0925 Mental Health Strategy for Canada L. Bradley Mental Health Commission of Canada	0830–0925 Cyber- Bullying P. Murchison & A. MacKay Halifax, NS	0830–0925 Pathways to Resilience: A Symposium of 3 Presentations on What We Have Learned from Youth Facing Homelessness L. Liebenberg (#3983) N. Landry (#4023) J. Ikeda (#4018) Halifax, NS	0830–0925 Health Law in Mental Health Care: A Relational Approach to Decision Making Capacity S. Wildeman Halifax, NS	0830–0925 Moving from Health Care to Health: Health Informatics as a Catalyst R. Kolodner Washington, DC	0830–0925 What Gets in the Way of Collaborative Care? I. Dubinsky Toronto, ON
	0930–1025 Knowledge Exchange in Collaborative Care: It Sounds Boring but It's Actually Not D. Blisker BC (#4080)	0930–1025 Communities Addressing Suicide Together A. Davis NS (#4074)	0930–1025 Consult the Experts! IWK Youth Patients Advise on Engaging Youth in Collaborative Health Care R. England Halifax, NS (#4019)	0930–0955 Finding Allies: A Mental Health Consumer's Journey T. Sanders Halifax, NS (#4062)	1000-1025 Suicide and Inheritance Laws M. Daigle	0930–1025 The Virtual Emergency Room: Using Technology to Reach Youth in Crisis J. Thompson Southern Ontario (#3974)
COFFEE BREAK 1030–1050						
FAMILY CAREGIVER STREAM <i>Rm 200C1</i>	MENTAL HEALTH CRISIS STREAM <i>Rm 200C2</i>	FIRST PERSON EXPERIENCE STREAM <i>Rm 201</i>	YOUTH STREAM <i>Rm 202</i>	TRAINING, TEACHING, & EVALUATION STREAM <i>Rm 203</i>	HEALTH INFORMATICS STREAM <i>Rm 204</i>	PRIMARY CARE STREAM <i>Rm 205</i>
0830–1730 Meriden Workshop (continued)	1055–1155 Follow-Up Next Day Service: A Model for a Collaborative Approach to Service Delivery J. Elliott Halifax, NS (#3992)	1055–1125 The Experience of Multiple Admissions: One Family's Story S. Morrison Halifax, NS (#3986)	1055–1155 Mindfulness-Based Resiliency Skills (MBRS): Cultivating Teen Mind Power S. Paquette South Shore District Authority, NS (#4083)	1055–1155 An Innovative, Inter-professional and Collaborative Approach to Teaching Behavioural Sciences in a Postgraduate Family Medicine Training Program N. Sunderji Toronto, ON (#3978)	1055–1155 e-Health at the Helm: A Strategic Enabler of Collaborative Care M. Nusbaum BC (#3945)	1055–1155 A Collaborative Model in Primary Care for Addiction Management C. Els Edmonton, AB (#4081)
		1130–1155 Coping with Mental Health Issues: A Survivor's Guide H. McNally NS (#4075)				
LUNCH 1200–1225						

FAMILY CAREGIVER STREAM Rm 200C1	CIHR Depression in Primary Care Research Rm 200C2	FIRST PERSON EXPERIENCE STREAM Rm 201	MENTAL WELLNESS STREAM Rm 202	TRAINING, TEACHING, & EVALUATION STREAM Rm 203	PARTNERSHIPS STREAM Rm 204	PRIMARY CARE STREAM Rm 205
0830–1730 Meriden Workshop (continued)	1200-1730 Participation by invitation only	1230–1300 Pandora’s Box: The Descent into Depression and the Healing Return Journey G. McCulloch Halifax, NS (#4042) 1305–1325 MOSH Effectiveness of Mobile Outreach P. Melanson Halifax, NS	1230–1325 Understanding Mental Wellness C. Keyes Atlanta, Georgia	1230–1255 Quantitative Assessment of Partnership in Youth Mental Health Collaborative Care L. Nadeau Montreal, QC (#4015) 1300–1325 (poster panel) Impact of Shared Mental Health Care: An Analysis of Emergency Room Usage and Mental Health Admissions J. Jarva (#3920) Introducing Shared Care in North Western Ontario C. Hettrick Thunder Bay, ON (#4037)	1230–1300 (poster panel) Expanding the Continuum of Mental Health Care for PEI B. Flynn PEI (#4022) Partners in Care Committee: Sharing an Example of a Collaborative Approach to Better Mental Health Care A. Al-Mosawie Halifax, NS (#4059) CANCER CARE/ MENTAL ILLNESS STREAM Rm 204 1300–1325 (poster panel) Tough Roses C. Dietrichsen Lethbridge, AB (#3868) Phenomenological Approach to Understanding a Person Who Hoards M. Haase Edmonton, AB (#3950)	1230–1325 The Restless Pillow: Treating Insomnia in Primary Care J. Davidson Kingston, ON (#3896)
FAMILY CAREGIVER STREAM Rm 200C1	CIHR Depression in Primary Care Research Rm 200C2	EMPLOYMENT & EDUCATION STREAM Rm 201	MENTAL WELLNESS STREAM Rm 202	TRAINING, TEACHING, & EVALUATION STREAM Rm 203	ANTI-STIGMA & COMPASSION FATIGUE STREAM Rm 204	PRIMARY CARE STREAM Rm 205
0830–1730 Meriden Workshop (continued)	1200-1730 Participation by invitation only	1330–1425 JUST US: Fair Trade: The Story of Chocolate and Mental Health T. Smith Halifax, NS	1330–1355 Treating Mind Body and Spirit D. McGinley 1400–1425 Navigating New Directions: Happiness Groups L. Lambert Red Deer, AB (#3901)	1330–1400 Teaching Future Health Professionals: Clients’ Impressions and Experiences L. Matheson Halifax, NS (#4026) 1405–1425 Integrating the Trainee into Integrated Care K. Yates Detroit, MI (#3904)	1330-1525 PEC: Protest, Educate & Make Contact M. Charbonneau P. Moss Canada	1330–1400 Opioid Education – Moving from Individual to Group Approaches B. LaForme Hamilton, ON (#4014) 1400–1425 SELF: Empowering Patients to Self-Manage and Direct Their Health Care Needs J. Brown Guelph, ON (#4077)

<p>0830–1730 Meriden Workshop (continued)</p>	<p>1200-1730 Participation by invitation only</p>	<p>1430–1525 Access to Employment for People with Serious Mental Illness in Northeastern Ontario K. R. Gruhl Sudbury, ON (#3893)</p> <p>College Pathways to Education and Employment G. Quartaro Toronto, ON (#4020)</p>	<p>1430–1525 Spirituality – How Can the Faith Community Be Part of the Team? H. McNally NS (#3991)</p>	<p>1430–1525 Teaching Behavioural Sciences to Family Practice Residents(#3979) & A Third Year Program in Psychiatry for Family Doctors (#4084) J. Davine Hamilton, ON</p>	<p>1430–1525 Incredible Years, Incredible Collaboration J. Elliot Halifax, NS (#3948)</p>
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COFFEE BREAK 1530–1545

<p>FAMILY CAREGIVER STREAM <i>Rm 200C1</i></p>	<p>CIHR Depression in Primary Care Research <i>Rm 200C2</i></p>	<p>AGE & GENDER STREAM <i>Rm 201</i></p>	<p>MENTAL WELLNESS STREAM <i>Rm 202</i></p>	<p>ANTI-STIGMA STREAM <i>Rm 203</i></p>	<p>ANTI-STIGMA & COMPASSION FATIGUE STREAM <i>Rm 204</i></p>	<p>PRIMARY CARE STREAM <i>Rm 205</i></p>
<p>0830–1730 Meriden Workshop (continued)</p>	<p>1200-1730 Participation by invitation only</p>	<p>1530–1700 Age and Gender: Two Neglected Aspects of Mental Health Surveillance C. Tannenbaum Montreal, QC</p>	<p>1550–1625 (poster panel) Mental Health Promotion: Grass Roots Collaboration A. Cochrane Halifax, NS (#4012)</p> <p>Exploring the health-leisure connection for women caring for people with additions S. Wood NS (#4055)</p> <p>Compassion Satisfaction: Connection to Positive Psychology H. Higgins Halifax, NS (#3894)</p> <p>Addressing Mental Health Through Sports and Recreation K. Radchuck Halifax, NS (#3929)</p>	<p>1550–1700 Developing a National Anti-Stigma Training CME for Family Physicians and Specialists D. Gallson Canada (#3975)</p>	<p>1550–1730 When Helping Hurts: Addressing Compassion Fatigue L. McLean Halifax, NS</p>	<p>1550–1620 Mental Health Psychology: Illustrations, Explorations and Aspirations A. Starzomski Halifax, NS (#4004)</p> <p>1620–1630 (poster) Pediatric Psychopharmacological Training Needs of Primary Care Physicians C. Gray Ottawa, ON (#4060)</p> <p>1630–1700 Q & A</p>

CHEER RECEPTION HOSTED BY MENTAL HEALTH COMMISSION OF CANADA
 Collaborative Healthcare Exchange, Evaluation and Research, a primary health care initiative that is being led by the Knowledge Exchange Centre at the MHCC
Open to all conference registrants and invited guests
1730–1830
Rm 200E

0830 to 1200

3983 Pathways to Resilience: A profile of multiple service using youth

Linda Liebenberg (Resilience Research Centre, Dalhousie University) Michael Ungar (Resilience Research Centre, Dalhousie University) Janice Ikeda (Resilience Research Centre, Dalhousie University) Nicole Landry (Resilience Research Centre, Dalhousie University)

The Pathways to Resilience Program takes up the call for a comprehensive study of how youth interact with formal services and informal supports. Using a mixed methods design and an ecological understanding of resilience, the study seeks to identify those pathways that result in healthy psychosocial outcomes. Drawing on quantitative data from the study, this presentation will use risk and resilience profiles of youth to explore service use patterns given the needs of youth. **(Room 202)**

4023 Pathways to Resilience: Youth experiences of collaborative care

Nicole Landry (Dalhousie University) Janice Ikeda (Dalhousie University) Linda Liebenberg (Dalhousie University) Michael Ungar (Dalhousie University)

While many research studies have emphasized the importance of collaborative care, especially in mental health, there is little evidence documenting how young people are experiencing these collaborative treatment plans and what this can indicate about the implementation of integrated service systems. Drawing on narratives from multiple service-using youth across Atlantic Canada, this presentation will explore youths' experiences of collaborative care between services and programs in mental health, justice, alternative education, child welfare and/or community-based organizations. **(Room 202)**

4018 Pathways to Resilience: A community based example of care

Janice Ikeda (Dalhousie University) Miia Suokonautio (Phoenix Youth Programs) Linda Liebenberg (Dalhousie University) Nicole Landry (Dalhousie University) Michael Ungar (Dalhousie University)

There are a variety of reasons that at risk and homeless youth experience barriers in accessing and engaging in services. It is important to consider how service providers respond to and interact with youth and how this affects their service engagement and consequent outcomes. This presentation will explore Phoenix Youth Programs as a case study to demonstrate effective collaborative care for youth who are homeless or at risk of becoming homeless in Atlantic Canada. **(Room 202)**

4019 Consult the Experts! IWK Youth Patients Advise on Engaging Youth in Collaborative Health Care

R. England

The little video that could: the IWK Health Centre's Youth Advisory Council designed an innovative sportscast-themed video for teaching health centre-wide professionals, staff and other youth patients. Content: skills-based approach to 'little big things' that matter most in engaging youth in their health care, and this directly improves the quality, safety and experience of care. Next, youth hosted Pediatric Grand Rounds teaching collaborative practice from patient perspective and cross-program applications resulting in physician/staff practice changes. **(Room 202)**

4062 Finding Allies: A Mental Health Consumer's Journey

Troy Sanders

The presentation recalls a first-person journey toward mental health. The spirit of collaboration will be examined using a parallel in the legal system called Restorative Justice. This example will illuminate shared challenges and hidden potential involved in any such effort at broad-based collaboration. Specific allies – professional and otherwise – will also be examined including the consequences of openness when discrimination and ignorance transform a potential partner into the greatest challenge to mental wellness. **(Room 203)**

3974 The Virtual Emergency Room: Using Technology to Reach Youth in Crisis

Jane Thompson RN, Project Coordinator, Virtual Emergency Room, (Ontario Shores Centre for Mental Health Sciences) Cynthia Weaver, MSW, RSW, Administrative Director, Adolescents and Dual Diagnosis Service, (Ontario Shores Centre for Mental Health Sciences) Wendy Decaire, RN, HBScN, MHSC, Program Director Mental Health and Dialysis, (Ross Memorial Hospital) Stuart Stein, Manager Mental Health and Addictions, (Ontario Telemedicine Network) Shelley Morris, RN, BScN, Regional Manager LHIN 8 & 9, (Ontario Telemedicine Network)

This interactive workshop describes the VER model of collaborative service delivery that allows communities lacking youth psychiatric resources within Central Ontario to access consultations within 72 hours of referral. The panel will discuss how the VER mitigates geographic barriers of time and distance, capitalizes on the use of scarce resources and treats families in their home communities, using the Ontario Telemedicine Network (OTN) live two-way videoconferencing technology. **(Room 204)**

3977 Managing Uncertainty: A Novel Approach to Undifferentiated Mental Disorders

Patricia Rockman MD, CCFP, FCFP (Associate Professor, University of Toronto, Department of Family and Community Medicine) Jose Silveira MD, FRCPC (Psychiatrist in Chief, St. Joseph's Health Centre, Toronto)

Family Physicians are often the only point of contact for patients with serious Mental Disorders that present in an undifferentiated manner. This evokes anxiety in the treating physician who must manage these patients without diagnostic clarity. Traditional Diagnostic Psychiatric models taught may thus not be congruent within the Primary Care context. This novel approach organizes assessment and management into 3 areas: Risks, Functional Impairment and Critical Symptoms (RFS) to enable early intervention and to provide a concrete method for those in collaborative care to discuss clinical concerns when the diagnosis is unclear. This workshop will be didactic and interactive. Participants will learn the model and use cases for discussion. Research is underway to assess the model's utility at the Residency level. **(Room 205)**

4080 Knowledge Exchange in Collaborative Care: it sounds boring, but it's actually not

Sapna Mahajan (Mental Health Commission of Canada) Dr. Elliot Goldner (Simon Fraser University and Centre for Applied Research in Mental Health and Addiction) Dan Blisker (Simon Fraser University and Centre for Applied Research in Mental Health and Addiction) Geoff Couldrey (Vice President of Knowledge and Innovation)

The effectiveness of collaborative care depends vitally upon the exchange of dynamic knowledge among key participants: patients, primary care providers, family members, researchers and decision-makers. In this presentation, collaborative care will be examined as a form of knowledge exchange, using the Activated Knowledge Exchange framework developed by the Mental Health Commission of Canada. Activated Knowledge Exchange is built around 4 key components: units of dynamic knowledge, participants in conversations, types of knowledge & activating strategies. In order to demonstrate its practical usefulness, Activated Knowledge Exchange will be applied to a specific collaborative practice: supported self-management for depression. Barriers to knowledge exchange in collaborative care will be highlighted and solutions will be suggested. **(Room 200C2)**

4074 Communities Addressing Suicide Together

Angela Davis (Canadian Mental Health Association Nova Scotia Division)

This presentation will provide information on collaboration around suicide prevention, intervention and postvention in the context of the Communities Addressing Suicide Together (CAST), an initiative of the CMHA-NS. CAST focuses on bringing communities of Nova Scotia together to form Coalitions to Address Suicide, in part through the provision of the Communities Addressing Suicide Together Tool Kit. This presentation will explain the process of forming Coalitions, explore challenges and successes of this model, as well as the resources the CAST Tool Kit offers to address suicide using a community development approach. **(Room 201)**

4083 Mindfulness Based Resiliency Skills (MBRS): Cultivating Teen Mind Power

Stephen Paquette (South West Health)

This interactive workshop will include an overview of the Mindfulness Based Resiliency Skills (MBRS) framework for mental health promotion. MBRS forms the nucleus of Mind Power, a school-based collaborative mental health promotion program for teens living with mental illness. Participants will experience various mindfulness based practices and participate in a discussion around applying mindfulness to everyday mental stress. **(Room 202)**

3978 An Innovative, Interprofessional and Collaborative Approach to Teaching Behavioural Sciences in a Postgraduate Family Medicine Training Program

Nadiya Sunderji (Women's College Hospital) Batya Grundland (Women's College Hospital) Gwen Morgan (Women's College Hospital) Behnaz Abedi (Women's College Hospital)

This interactive workshop outlines the development and implementation of an innovative behavioural sciences curriculum for family medicine residents. The presenters will describe the process of interprofessional collaboration, the teaching methods and content, and the evaluation results. Participants will be invited to reflect on the strengths and areas for improvement in this curriculum and to contribute to the process of developing Year 2 of this two-year curriculum. **(Room 203)**

3945 e-Health at the helm: a Strategic Enabler of Collaborative Care

Michael Nusbaum, BAsC, MHSA, FHIMSS (M.H. Nusbaum & Associates Ltd.)

While the use of e-Health to support collaborative care for mental health & addictions is now 10 years old, the maturity and prevalence of implementation is still in its infancy. This presentation will discuss what we've learned over the past decade, and how this useful tool can be better leveraged to support care models of the future. **(Room 204)**

4081 Clinical Neglect and Nicotine: Time to Wake Up Health Care Professionals?

Charl Els (School of Public Health, University of Alberta) D. Kunyk (Faculty of Nursing, University of Alberta) D. Wilson (Faculty of Nursing, University of Alberta)

This presentation outlines current evidence-based smoking cessation interventions, the legal duty for all healthcare professionals to treat smoking as a chronic illness that requires treatment, and the impact of smoke-free facility policies. A single algorithmic approach to the treatment of nicotine withdrawal and tobacco addiction, applicable to both inpatient and outpatient settings, aimed at interdisciplinary collaboration and bridging levels of care will be presented. This guide addresses urgent, global concerns regarding neuropsychiatric events (e.g. depression, suicide) by incorporating increased vigilance to mood monitoring through the cycle of smoking, abstaining, and relapse. This guide for safe and effective treatment delivery may be particularly appropriate in resource-scarce settings. The authors postulate that Canadian healthcare professionals may need to "wake up" to the reality of legal action over alleged neglect of individuals with tobacco addiction. This wake up could also impact governments that have been able to collect tobacco taxes while ignoring the human and social cost of tobacco addiction. **(Room 205)**

3992 Follow-Up Next Day Service - A model for a Collaborative Approach to Service Delivery

Judy Elliot (IWK Health Centre)

This presentation will include a 20 minute DVD and PowerPoint presentation which will describe the Follow-Up Next Day Service (FUNDS). This partnered service of IWK, CDHA, HPD and Community Services provides coordinated crisis stabilization services for families experiencing severe parent/child conflict where housing for the youth/adolescent is at risk as a result of the presenting situation. The importance of a collaborative approach across services to provide the best possible service to clients will be discussed. **(Room 200C2)**

- 3986 **The Experience of Multiple Admissions - One Family's Story of Challenges and Successes**
Sheila Morrison (Caregiver)

Reflecting on 18 years of mental health care for a family member the author examines the challenges faced by one family, as well as interventions that were successful with a view to deciphering how we can build on them. She will discuss what families need in order to be able to manage care once the patient is established in the community. **(Room 201)**

- 4075 **Coping with Mental Health Issues - A Survivor's Guide**
Heather McNally (Personal)

Through a brief account of her personal story, Dr. Heather McNally describes surviving a Traumatic Brain Injury (TBI) in a serious car accident. She has also coped with Bi-Polar Mood Disorder (BMD). The severe TBI physical effects have measurably improved through rehabilitation and time. The mental health effects of BMD require ongoing personal effort, family support, and medical care. In her presentation she will review the coping strategies that have enabled her to survive and thrive. **(Room 201)**

1230 to 1530

- 4015 **Quantitative assessment of partnership in youth mental health collaborative care**
Lucie Nadeau (CSSS de la Montagne, McGill University) Alex Battaglini (CSSS Bordeaux-Cartierville-St-Laurent) Cécile Rousseau (CSSS de la Montagne, McGill University) Suzanne Deshaies (CSSS Bordeaux-Cartierville-St-Laurent)

This is a joint presentation by two members (Nadeau and Battaglini) of a CIHR funded research team, which studies partnership in the domain of youth mental health collaborative care within three urban multicultural primary care facilities in Montreal, Quebec. It will describe two instruments used to appraise the quality of partnership in care: the Decisional Conflict Scale and the Interprofessional Collaboration Model Questionnaire, and discuss their usefulness in the context of youth mental health. **(Room 203)**

- 4022 **Expanding the Continuum of Mental Health Care for P.E.I.**
BobbiJo Flynn (Health P.E.I.)

The socio-political factors and health system change impacting this rural health center's move from acute care focus to an expanded collaborative model of service delivery, are shared. We will review the collaborative planning process used to develop the key components of a tiered mental health services, which include rapid access appointments, brief treatment and care coordination, expanding primary care capacity to provide basic mental health care, specialized mental health care, and linking with peer support. **(Room 204)**

- 4059 **Partners in Care Committee: Sharing an Example of a Collaborative Approach to Better Mental Health Care**
Asraa Al-Mosawie (Dalhousie University) and other Partners in Care Committee members (IWK Health Centre, Dalhousie University, and Laing House)

Our poster/story board represents a reflection on the work of a partners in care committee, an inpatient psychiatry hospital (IWK Health Centre) committee that was established in 2007. Members of this hospital committee include staff, health care professionals, family members, educators, and youth/consumers. We hope that through sharing our committee's work and experience we can inspire other mental health programs to establish a similar mental health "partners in care" committee in their hospital and/or programs. **(Room 204)**

- 3896 **The Restless Pillow: Treating Insomnia in Primary Care**
Judith Davidson (Kingston Family Health Team)

What to do when a patient complains of poor sleep? When the problem is chronic, the treatment of choice is CBT-I (cognitive behavioural treatment for insomnia). This effective intervention is now being delivered in primary care. This workshop presents CBT-I -- the techniques and the outcome research. An interactive discussion will include topics such as who is likely to benefit from hypnotic medication, from CBT-I, and who should be referred for polysomnography. **(Room 205)**

- 4042 **Pandora's Box—The Descent into Depression and the Healing Return Journey**
Gillian McCulloch-Visual, Artist

I talk about how symptoms vary from person to person, i.e. some people eat too much, others not enough, some people sleep too much, others not enough. I talk about low self-esteem and no sex life, inappropriate outbursts of anger or frustration, suicidal thoughts. I talk about "self-medication", alcohol or drugs, which can make matters worse. I ask, "How many divorces, addictions or overdoses, unexplained car accidents and suicides are due to untreated depression?" **(Room 201)**

- 3920 **The Impact of Shared Mental Health Care: An analysis of emergency room usage and mental health admissions**
John Haggarty (St. Joseph's Care Group) Janelle Jarva (St. Joseph's Care Group) Lynn Martin (Lakehead University) Jane Hohenadel (North West Local Health Integration Network) Hillary Maxwell (St. Joseph's Care Group) Bruce Cook (Northern Ontario School of Medicine).

This study proposes to examine the impact of shared mental health care (SMHC) on emergency room usage and inpatient psychiatric services in our community. We anticipate that, when compared to patients whose clinics do not offer SMHS, patients of SMHS clinics will demonstrate less emergency room utilization related to both physical and minor to moderate mental diagnoses, and comparable rates of emergency room visits / psychiatric admissions related to severe mental health diagnoses (not routinely managed by SMHC). **(Room 203)**

4037 Introducing SMHC in Northwestern Ontario: Influencing Utilization and Growing Efficiency

Christine Hettrick (St. Joseph's Care Group), John Haggarty (St. Joseph's Care Group) Janelle Jarva (St. Joseph's Care Group) Sacha Dubois (St. Joseph's Care Group)

This presentation is a continuation of previous studies examining the impact of the introduction of shared mental health care services on the wait times for existing mental health services and examination of the clinical path of mental health patients. The present study examines the differences in utilization between provider groups, and how efficiency of service may be enhanced through the use of co-located collaborative care models. **(Room 203)**

3868 Tough Roses: Battling Female Cancers

Celeste Dietrichsen, MB., ChB (Rural AHS Family Physician) Janice Ledsham, MPsyCh, BSW, RSW (AHS - Shared Mental Health Clinician)

"Tough Roses" is a psychoeducational/support group for women battling female cancers. It was initiated by a rural primary care family physician and a shared care clinician to address the needs of isolated women. The group was based on educational materials provided by the Canadian Cancer Society and supplemented with specific information to address possible mental health issues. Future group initiatives will be largely steered by group member feedback. **(Room 204)**

3950 A phenomenological approach to understanding the actions and life of a person who hoards

Dr Mary Haase (Grant MacEwan University) Dr Irene Coulson (Grant MacEwan University) Melissa Watkins (Grant MacEwan University)

This storyboard poster presentation highlights the stories and findings of a phenomenological study conducted to gain a deeper understanding of the actions and life of the person who hoards. Hoarding is defined as a behavioural action characterized by the emotional attachment to the collection of poorly useable objects. A critical and practical understanding of the opportunities and challenges for registered nurses in developing collaborative strategies, when working with governments, community agencies, and health care agencies will be presented. **(Room 204)**

4026 Teaching future health professionals: Clients' impressions and experiences

Leslie Matheson (IWK Health Centre) Sandy Wells (Dalhousie University) Susan Nasser () Anne Godden-Webster

Client-centred, collaborative health care must be taught before it can be enacted. A novel program at Dalhousie University seeks to prepare students in 17 health professional programs for this kind of practice by placing them in collaborative learning teams with a community volunteer living with a chronic health condition. Initial impressions of the Dalhousie Health Mentors Program (HMP) will be described as they relate to the contributions of community volunteers living with chronic mental health conditions. **(Room 203)**

4014 Opioid Education; Moving from Individual to Group Approaches. A collaborative care patient education initiative addressing chronic non-cancer pain and opioid medication use.

Brad LaForme (Hamilton Family Health Team) Anne Mallin (Hamilton Family Health Team)

This paper presentation will follow the development of a new patient psycho-education group which addresses issues related to Chronic Non-Cancer pain and opioid medication use. The genesis of this group idea will be examined in light of collaborative care practice, and followed through the planning and implementation stages. Some patient feedback and information from the initial four pilot groups will also be discussed. **(Room 205)**

3901 Navigating New Directions: Happiness Groups Focus on Happiness Rather than Being Free of Depression

Louise Lambert (Red Deer Primary Care Network) Donna Thompson (Red Deer Primary Care Network)

Focused on both treatment and prevention, a primary care network in Alberta developed happiness groups grounded in positive psychology to increase levels of happiness in depressed and non-depressed individuals. The 7-week happiness program involves strategic weekly interventions and the introduction of empirical research concerning the science of well-being. This presentation highlights the referral process along with group experiences and data reflecting the impact on happiness and physical well-being of participants three months after group termination. **(Room 202)**

4077 SELF – Empowering patients to self-manage and direct their health care needs

Julie Brown, M.S.W. (Clinical Program Specialist – Guelph Family Health Team)

SELF is a brief but intense course centered on the use of a dynamic multi-disciplinary self-assessment tool. The self-evaluative process of the course guides patients to clearly identify areas of mental and/or physical health concerns, define personal care plans, while providing education regarding stress and change management. SELF promotes the patients' abilities to be the "driver of the bus" in primary care settings and life in general. From a clinical perspective SELF takes collaborative care to a higher level; providing a foundation for undefined therapeutic settings & interventions (collaborative primary care) and answers the question "HOW do we work together"? **(Room 205)**

3904 Integrating the Trainee into Integrated Care

Kiristin Yates (Wayne State University)

Are you currently training or interested in training a behavioral health professional? Are you a student interested in pursuing a career in integrated care? Trainees can be a critical part of the integrated care team resulting in a mutually rewarding experience. Trainee roles can overlap, expand or be limited depending on the integrated model. At this presentation, learn about how roles vary and the dynamics of behavioral health trainees that excel in integrated care settings. **(Room 203)**

3991 Spirituality-How Can the Faith Community be part of the TEAM?

Heather McNally (Rapha Initiative Working Group) Jennifer Smart (Rapha Initiative Working Group)
Presenter: The RAPHA Initiative (sponsored by the Department of Public Witness and Social Concern of the Convention of Atlantic Baptist Churches)

Families within the church need support as they face the challenges of mental illness which may occur for them. Pastors and leaders of local church congregations are very much in the front lines. They need to be supportive and helpful in dealing with those who struggle with mental health issues. Therefore, it is imperative that these individuals understand and respond to concerns as they arise in the very best and most helpful manner. We are attempting to increase awareness and reduce stigma through education, and build bridges to be a part of the team with other mental health care providers. The faith community offers the unique ability to address spirituality in the holistic recovery of mental health. **(Room 202)**

3979 Teaching Behavioural Sciences to Family Practice Residents: The Shared Care Approach

Jon Davine (McMaster University)

There will be a didactic part of the presentation wherein we will describe the longitudinal behavioural sciences program for family medicine residents at McMaster University. This will be followed by the direct viewing of an audio visual tape to simulate using audio visual case-presentations in the learning encounter. Participants will be encouraged to share their experiences in this field. **(Room 203)**

4084 A Third Year Program in Psychiatry for Family Doctors

Jon Davine (McMaster University)

There will be a didactic power point presentation of a PGY-3 program in psychiatry for family doctors at McMaster University. The participants will be encouraged to share their experiences in this field and to give feedback on the presented program. **(Room 203)**

3948 Incredible Years, Incredible Collaboration

Judy Elliot (IWK Health Centre)

This presentation will include a 20 minute PowerPoint presentation which will describe the work that has been done by the IWK and its partners to build capacity in communities to offer the "Incredible Years Parenting Group". What began as collaborative vision has evolved into this evidence based group now being offered in several communities throughout the province, often co-facilitated by staff from different areas. **(Room 205)**

3893 Access to employment for people with serious mental illness in northeastern Ontario

Karen Rebeiro Gruhl (Laurentian University/Sudbury Regional Hospital)

A collective case study using community-based participatory methods was employed to examine access to employment for people with serious mental illness. The study spanned five phases, and engaged 95 participants from 21 postal code communities across northeastern Ontario. Qualitative individual and group interviews complemented by primary and secondary data sources informed the findings. This presentation will describe the employment status of persons with SMI in northeastern Ontario and the current collaborative activities that aim to build the local community capacity to provide evidence-based employment services. **(Room 201)**

4020 Recovering the Future: College Pathways to Education and Employment

Georgia Quartaro, Ph.D. (George Brown College) Jaswant Kaur Bajwa, Ph.D. (George Brown College) Tony Priolo (George Brown College)

This presentation describes two supported education programs at George Brown College in Toronto. These programs serve over 200 adults who have had serious mental illnesses and have strong partnerships with a major hospital and many community agencies. The presentation explores the roles of supported education, self-efficacy, client self-determination, and skill development can play for consumers who want to further their education or transition to employment. Practices and findings are highly transferable to other settings. **(Room 201)**

1530 – 1700

4012 Expanding the Definition of Mental Health Care: Grass Roots Collaboration

Andrea Cochrane (Capital Health) Marjorie Willison (Chebucto Communities Development Association) Tara Lee (Capital Health) Denise Marchand (Capital Health)

Expanding the definition of mental health care to include mental health promotion is relevant for all citizens, including people with a mental illness. A grass-roots group in Spryfield nurtures collaboration among health care, other sectors, and communities to promote mental health. They consider such concepts as the two-continuum model of mental health and mental illness; key principles of, and dialogue on evidence in, mental health promotion; determinants of mental health framework; and best practice approaches. **(Room 202)**

4055 Exploring the health-leisure connection for women caring for people with addictions

Stephanie Wood, MA, CTRS ()

Caregivers of people harmfully involved with alcohol, drugs and gambling (PHI) are likely to experience health related problems. Leisure has the potential to ameliorate health problems by providing venues for healthy physical activity, stress relief and social support. This study explored how Nova Scotian women caring for PHIs shape their leisure. Findings revealed the complexity of their relationships, burden they carried and negotiation of self-care. **(Room 202)**

3894 Compassion Satisfaction: Connection to Positive Psychology

Heather Higgins, Psychologist (Capital Health Community Mental Health Services)

Compassion satisfaction, an emerging concept in the well-being of mental health service providers, is presented through the lens of positive psychology. This poster provides an overview gleaned from journal articles and other publications. Relevant terms, an assessment tool, and findings from various research studies are included. Strategies for clinicians are presented, designed to increase awareness of compassion satisfaction and encourage specific behaviours so that compassion fatigue will be reduced and burnout will not occur. **(Room 202)**

3929 Addressing Mental Health through Sports and Recreation

Katherine Radchuck (Sun Life Financial Chair in Adolescent Mental Health) LJ Bartle (HighFive) Stanley Kutcher (Sun Life Financial Chair in Adolescent Mental Health)

With 1 in 5 young people in Canada affected by mental disorders, HighFive and Sun Life Financial in Adolescent Mental Health developed educational training materials for recreational leaders. This program focuses on understanding mental health and the needs of youth, incorporating their work with children and mental health, identifying youth with mental problems, and how to interact appropriately with youth, parents and mental health providers. **(Room 202)**

3975 Developing a National Anti-Stigma Training CME for Family Physicians and Specialists

Phil Upshall (Mood Disorders Society of Canada) Chairing presentation; Panel; Dave Gallson, (MDSC); Rivian Weinerman (Vancouver Health Authority); Micheal Pietrus, (MHCC); Richard Chenier, (MDSC)

This interactive workshop will provide an overview of a new anti-stigma CME designed to assist Family Physicians and Specialists provide environments free from stigma and discrimination leading to enhanced patient services. The project represents the culmination of years of research on stigma and discrimination and will provide a central point of access for all family Physicians and Specialists to information and resources on mental health stigma within the medical profession and what to do about it. The program will be submitted for accreditation by the College of Family Physicians Canada and the Royal College of Physicians and Surgeons of Canada.

(Room 203)

4004 Mental Health Psychology Collaborations in Capital Health (Halifax): Illustrations, Explorations and Aspirations

Andrew Starzomski (Capital Health (Halifax)) Jennifer Denney-Hazel (Capital Health (Halifax)) Amy Gilgan (Capital Health (Halifax))

This paper presentation will look at some of the ways that the Psychology Council of Capital Health's Mental Health Program has collaborated within, and outside of, the Mental Health Program. Psychologists' roles in understanding needs and contributing supports for clinical service, education and program evaluation will be discussed. The presenters are especially keen to explore ways that Psychology can evolve to be of best use to the needs of clients, families and communities. **(Room 205)**

4060 Pediatric Psychopharmacological Training Needs of Primary Care Physicians

Clare Gray (University of Ottawa) Katherine Young (University of Ottawa) Cloutier Paula (Children's Hospital of Eastern Ontario)

Research into the psychopharmacological training needs of Primary Care Physicians (PCPs) will allow the development of more effective training methods and benefit patient mental health outcomes by furthering collaboration between Psychiatry and PCPs. This presentation will describe best practice training methods identified by the literature coupled with data collected from PCPs indicating their learning needs regarding the use of stimulants, antidepressants, and atypical antipsychotics in youth. The resulting training program(s) will be presented. **(Room 205)**

OPENING REMARKS

0800–0855, Room 200C



Megan Leslie is a Canadian politician, who has been the federal Member of Parliament for the electoral district of Halifax since the 2008 Canadian federal election. She is a member of the New Democratic Party and serves as the NDP critic for the environment. Until May 2010, she was the critic for housing and homelessness, deputy critic for justice and deputy critic for First Nations, Métis and Inuit affairs (urban issues). Leslie, was raised in Kirkland Lake, Ontario. She holds a Bachelor of Arts (Hons) in Social & Political Thought and History and a Certificate in Refugee and Migration Studies, both from York University. She has a law degree from Dalhousie University.

KEYNOTE PRESENTATION

0900–0955, Room 200C

Establishing Effective Triangles of Care: Making it Real - Developing Partnerships With People With Lived Experience of Mental Health Difficulties and Families in Mental Health Care

Meriden Family Programme, Birmingham, West Midlands, UK

Dr. Gráinne Fadden, Chris Mansell, Dr. David Shiers (see bios in Thursday section)

"Moving from Health Care to Health - Health Informatics as a Catalyst"

1020–1045, Room 200C

Dr. Robert Kolodner (see bio in Thursday section)

A Relational Approach to Health Law: Its Application in Mental Health

1045–1110 Room 200C

Sheila Wildeman (see bio in Thursday section)

What is Mental Wellness? Are You Flourishing or Languishing?

1110–1135 Room 200C

Corey Keyes (see bio in Thursday section)

KEYNOTE PRESENTATION

1250–1355, Room 200C

You Arrive

Bonnie Harnden and Actors

A theatre piece that captures the development of the child's mind and the effects of parenting



Bonnie Harnden is a professor at Concordia's drama therapy program in Montreal, Quebec, Canada. *You Arrive* is an evolving arts-based research project by Bonnie Harnden, and this piece emerged from Harnden's work with traumatized children and their families at the Montreal Children's Hospital. It is also based upon her training as a psychoanalyst. Harnden wanted to use her experience as a front-line clinician to educate families and the mental health community about development, attachment, trauma, and intergenerational trauma, but realized that publishing a journal article would limit the potential consumption of this research to knowledge-seeking professionals. In order to make her experience and research accessible to families, such as those she met at the hospital early in her career, and the front-line professionals working with these families, the research needed a different form. This led Harnden to write and produce the performance piece "You Arrive", which tells the collective stories of these families and helps clinicians and parents to understand and recognize developmental theory.

This innovative research uses a method called Performance Autoethnography, which seeks to illuminate a new understanding in the audience and researcher, and to allow for a deeper kind of learning—one that is visceral as well as cognitive—something that other forms of qualitative research cannot achieve. Through performance, the body, theory and mind are integrated and the viewer can arrive into a profound understanding of the theory and emotional content in the piece. This project has recently been awarded a grant from the Canadian Institute for Health Research to create a film for use in training health professionals, further disseminating Harnden's research and making it even more immediate and accessible.

Meriden Workshop:

1550–1700 Room 203

A condensed workshop that will introduce participants to principles of working collaboratively with consumers and families from a primary care and secondary care perspective

Meriden Family Programme, Birmingham, West Midlands, UK

Dr. Gráinne Fadden, Chris Mansell, Dr. David Shiers (see bios in Thursday section)

All Friday and Saturday sessions will be recorded.

**REGISTRATION – CONTINENTAL BREAKFAST – EXHIBITS
0700–0800**

**OPENING CEREMONIES
0800–0855
Rm 200C**

**MC: Barbara Hall, Vice-President, Person-Centred Health
Capital Health**

Spirit in the Spoon
Ajantha Jayabarathan

Opening remarks
Megan Leslie MP,
Halifax

Blessing
Dr. Harry Bishop

*Featuring **UMOJA** – Cultural Diversity Drummers: a unique and dynamic group dedicated to promoting the art / science of various ethno cultural style drumming. Formed in 2011 the members showcase different drum techniques with a rich interactive musical experience. So, enjoy the beat ...it goes from head to feet!*

**KEYNOTE PRESENTATION
0900–0955
Rm 200C**

Establishing Effective Triangles of Care: Making it Real - Developing Partnerships With People With Lived Experience of Mental Health Difficulties and Families in Mental Health Care
Meriden Family Programme, Birmingham, West Midlands, UK

**COFFEE BREAK – EXHIBITS
1000–1015**

Rm 200C	Rm 201	Rm 202	Rm 203	Rm 204	Rm 205
<p>(Plenary Panel) 1020–1045 Moving from Health Care to Health: Health Informatics as a Catalyst R. Kolodner Washington DC</p> <p>1045–1110 A Relational Approach to Health Law: Its Application in Mental Health S. Wildeman Halifax, NS</p> <p>1110–1135 What is Mental Wellness? Are You Flourishing or Languishing? C. Keyes Georgia, US</p> <p>1135–1155 Q&A</p>	<p>1020–1120 The Taddle Creek Family Health Team Peer Support Program H. Mik Toronto, ON (#3994)</p> <p>1120–1150 Examining the Transitional Needs of Adults Who Experience Mental Illness and Developmental Disability D. Nicholas and T. Shand Edmonton, AB (#5001)</p>	<p>1020–1120 Power of Peer-Led Education Programs in Building a Culture of Inclusion M. M. Newman Waterford, Maine (#4061)</p>	<p>1020–1120 The Child Welfare and Hamilton Family Health Team Community Partnership Project B. Mills Hamilton, ON (#4039)</p> <p>1120–1140 (poster panel) How Do Family Physicians View the Use of Self-Care Tools by Depressed Adults? M. Yaffe Montreal, QC (#3910)</p> <p>1140–1155 Q & A</p>	<p>1020–1110 Community Approach to Collaborative Practice: The African Nova Scotian Experience C. Beals Halifax, NS (#4021)</p> <p>1110–1140 (poster panel) Beacon House: Building Collaboration with Families and Partners to Treat Serious Mental Illness P. McKinley Annapolis Valley DHA, NS (#3919)</p> <p>Impact of Collaborative Education on Families in Treatment of Serious Mental Illness M. Crown Halifax, NS (#3960)</p> <p>1140–1155 Q & A</p>	<p>1020–1040 The Inclusion of Peer Support Specialists in Assertive Community Treatment Teams: Barriers to implementation P. Wakefield Hamilton, ON (#4064)</p> <p>1040–1100 Healthy Minds Cooperative – Collaboration in Action M. Donnelly-Gay Halifax, NS (#3709)</p> <p>1100–1140 Peer Services: Working with the Experts: Exploration of the Multi-Level Involvement of Consumers in the Recovery Model M. Knox Sherwood Park, AB (#4051)</p> <p>1140–1155 Q&A</p>

**NETWORKING LUNCH SESSION WITH “TOPIC TABLES” AND CONFERENCE PRESENTERS AVAILABLE FOR INFORMAL DISCUSSION – EXHIBITS
1200–1245**

KEYNOTE PRESENTATION

1250–1355

Rm 200C

You Arrive

Bonnie Harnden and Actors

A theatre piece that captures the development of the child's mind and the effects of parenting

Rm 200C	Rm 201	Rm 202	Rm 203	Rm 204	Rm 205
<p>1400–1455 Building Collaborative Care Infrastructure: Local, Provincial, and National Perspectives From USA Collaborative Family Health Care Association Rochester, NY (#3990)</p> <p>1500–1525 Cooperation in Partnership in Mental Health – The Australian Experience S. Kotnala Sydney, Australia (#3989)</p>	<p>1400–1410 (poster) Determinants of Delay to Help-Seeking in First Episode Psychosis P. Tibbo Halifax, NS (#3976)</p> <p>1410–1435 What We've Learned: An Evaluation of The Hamilton Program for Schizophrenia's Peer Support Workers G. Hirano Hamilton, ON (#3952)</p> <p>1435–1500 Development and Preliminary Evaluation of a Canadian Database Focusing on Schizophrenia and Epidemiology T. Shand and D. Nicholas Edmonton, AB (#5002)</p> <p>1500–1525 Q&A</p>	<p>1400–1425 Managing Depression in Primary Care: Formative Evaluation of a Manitoba Health Initiative J. Beaulac Winnipeg, MB (#3982)</p> <p>1425–1525 Does It Really Work?: Evaluation and Policy Support for a State/ Province-Wide Integrated Care Initiative B. H. Boober Maine, USA (#4048)</p>	<p>1400–1500 Family Attachment Made Simple: Practical Applications to the Performance Piece "You Arrive" for Practitioners and B. Harnden and H. Spenser (#3908)</p> <p>1500–1525 The IWK Collaborative Mental Health Care Program: Navigating by the Stars S. Abidi Halifax, NS (#4044)</p>	<p>1400–1440 Tradition in the Modern Context: Combining Western and Aboriginal Approaches in Mental Health Delivery Services V. M. Wolf Eagle (#4068)</p> <p>1440–1525 Building Bridges 2: A Pathway to Cultural Safety, Relational Practice and Social Inclusion B. Mussell BC (#4001)</p>	<p>1400–1500 Listen, Learn and Engage: Using Digital and Social Media to Connect C. Carew Halifax, NS (#3892)</p> <p>1500–1525 (poster panel) Model for School-Based Integrated Mental Healthcare Y. Wei Halifax, NS (#3935)</p> <p>What Can Physicians Do to Reduce Stigma Related to Mental Illness? M. Ricketts Canada (#4028)</p>

COFFEE BREAK – EXHIBITS

1530–1545

Rm 200C	Rm 201	Rm 202	Rm 203	Rm 204	Rm 205
<p>1550–1650 Collaborative Care – More Than a Tokenistic Gesture? An Example of Excellence from the UK A. McGinty Halifax, NS (#3925)</p>	<p>1550–1650 Working Together in Managing Chronic Mental Illness: The Power of Partnerships O. Heath St. John's, NL (#3869)</p>	<p>1550–1625 Screening and Monitoring Depression - Utilization of the PHQ-9 in the Family Practice Setting D. Green Ottawa, ON (#4057)</p> <p>1625–1700 Enhancing Depression Care: How Implementing a Simple Tool (PHQ-9) Has Shaped Our Service Response L. Born Hamilton, ON (#4008)</p>	<p>1550–1700 MERIDEN WORKSHOP A condensed workshop that will introduce participants to principles of working collaboratively with consumers and families from a primary care and secondary care perspective Birmingham, West Midlands, UK</p>	<p>1550–1635 (poster) Navigating a Path: A First Nation Amalgamated Mental Health Service Delivery Model D. Hutt-MacLeod Eskasoni, NS (#3993)</p> <p>1635–1700 An Innovative Integration of Indigenous Knowledge and Beliefs as a Pathway to Community Healing and Wellness C. Thomas Guysborough, Antigonish, Strait Regional Health Authority, NS (#4016)</p>	<p>1550–1620 Building Collaboration and Learning About Youth Needs Through a Cross-Sectoral Network Screening Project G. Chaim Toronto, ON (#5000)</p>

NETWORKING DINNER WITH ENTERTAINMENT- MURPHY'S CABLE WHARF 1800 – 2130

1030 to 1200

3994 The Taddle Creek Family Health Team Peer Support Program

Helene Mik (University of Toronto) Anne Thompson (York University) Pauline Pariser (University of Toronto) Nadiya Sunderji (University of Toronto) Lora Judge (Taddle Creek Family Health Team)

The Taddle Creek Family Health Team provides comprehensive, multidisciplinary primary care services. In 2011, it introduced a peer-support intervention for people with lived experience of mental illness. This interactive workshop elucidates the process of identifying the need for peer support, forming a working group to choose an appropriate model, and implementing the program. It emphasizes the tensions inherent in developing a sustainable program that abides by the principles of the Recovery model of mental health.

(Room 201)

4061 The Power of Peer-Led Education Programs in Building a Culture of Inclusion

Malkia Maisha Newman (Community Network Services Anti-Stigma Program) Amy Yashinsky (Community Network Services Anti-Stigma Program)

The role of Peers Support specialists in Community Mental Health is ever-growing. At Community Network Services, a team of peers developed, and continue to lead, the nationally award-winning Anti Stigma Team. Through the use of interactive dialogue, we express the trials, tribulations, and triumphs of people in recovery. Join us for a workshop that explains how we created our program, as well as provides guidance to others on how to build and sustain similar endeavors. **(Room 202)**

4039 The Child Welfare and Hamilton Family Health Team Community Partnership Project

Brenda Mills (Co-ordinator, Child & Youth Mental Health, Hamilton Family Health Team), Peggy Carter-Arrowsmith, NP (The Hamilton Family Health Team) Vicki Peirce (Hamilton Children's Aid Society) Marsha Kooiman (Catholic Children's Aid Society)

This interactive workshop will present the findings of the 15 month partnership between child welfare services and the Hamilton Family Health Team. There are many lessons learned and insights to share that illustrate how this partnership has reduced barriers and increased community linkages resulting in family centered care for children and families. **(Room 203)**

4021 Community Approach to Collaborative Practice: The African Nova Scotian Experience

Cheryl Beals, M.Ed, M.Div, B.Ed., Bsc.H, (Victoria Road United Baptist Church) Lana MacLean, MSW, RSW, (Dartmouth General Hospital) Donna M Smith, RN, NP (Health Association of African Canadians)

The African Nova Scotian community has lived with systematic racism and its effects for generations. This reality, as well as poverty, has affected the health of the community and its ability to access the appropriate health care services. Currently there is no comprehensive health status data available. Anecdotal evidence shows a prevalence of diabetes, hypertension, heart disease, cancer, addictions and mental health related issues. There is an under representation of African Nova Scotians in the health care system. Health care professionals lack cultural competency and occasionally engage the community in the care process. The presentations, discussions, and input from participants will help to chart a new course in understanding and collaborative practice that will help the ANS community to thrive. **(Room 204)**

4064 The Inclusion of Peer Support Specialists in Assertive Community Treatment Teams: Barriers to Compliance

Patricia Wakefield (McMaster University) Glen Randall (McMaster University)

This presentation reports on the extent to which ACT programs in Ontario, Canada complied with the requirement to incorporate a peer support specialist as part of the service delivery team. Results indicate an extremely low level of compliance with the standard requiring each ACT team to have a peer specialist. Barriers to full compliance and implications for policymakers and consumers are identified, and recommendations for future research are provided. **(Room 205)**

3709 Healthy Minds Cooperative – Collaboration in Action

Myra Donnelly-Gay (Executive Director, Healthy Minds Cooperative) Wayne Schnare (Consumer, Chair of the Board, Healthy Minds Cooperative) Dani-Sue Himmelman (Family Member, Board Member Healthy Minds Cooperative)

Healthy Minds Cooperative is owned and operated by end-users of mental health services, their family members, and mental health service providers and is committed to educating the public about mental health, reducing stigma, connecting consumers to resources, and providing peer support and advocacy. Healthy Minds Cooperative collaborates with the Capital Health Mental Health Program (HRM), and provides significant and meaningful input into the design, development, delivery and evaluation of mental health services in the district. **(Room 205)**

4051 Peer Services: Working with the Experts. Exploration of the Multi-level Involvement of Consumers in the Recovery Model

Faith Paul, Consumer Representative, Peer Educator Michelle Knox, Recreation Therapist, Cross Level Services and Supports, Addiction and Mental Health, Alberta Health Services

Our program employs a range of best practice, peer based services, including contracted peer educators trained in BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) and contracted facilitators delivering WRAP (Wellness Recovery Action Planning). As peers have taken on a greater role in service delivery, we have recognized the depth and value of their unique contributions. This inspired us to expand our range of peer services, thereby enhancing the overall service provision to our clients. Moving forward, peers working within our program are now being asked share their knowledge outside of our program, to inform changes within the larger mental health system. **(Room 205)**

3919 Building Collaboration with Families and Partners

Pam McKinley (Beacon Program) Pam Langille (Beacon Program) Roger Cann (Chair, Kings Co. Chapter, Schizophrenia Society)

Involving families and building those relationships was identified as a priority by the Beacon Program in the summer of 2010 in response to families and ongoing conversations with the Schizophrenia Society. An initiative began that involved researching similar work as well as discussions with local stakeholders. We looked at how working together with families could better support them, lead to improved outcomes for residents and enrich the program. Listening to families' stories provided further support for improved collaboration. In discussion with stakeholders, we have adopted guidelines for family involvement. We would like to share what we have learned from this initiative and our hopes and opportunities for growth. Please visit us at our website 'www.beaconprogram.ca'.

(Room 204)

3960 Changes in family appraisal, level of distress and knowledge prior to formal psychoeducation in a specialty First Episode Program

Margie Crown (Capital Health) Shannon Sears (Capital Health, Dalhousie University) Philip Tibbo (Capital Health, Dalhousie University) Kim Good (Capital Health, Dalhousie University) Michael Teehan (Capital Health, Dalhousie University) David Whitehorn (Dalhousie University) Heather Milliken (Capital Health, Dalhousie University)

Poster investigating changes in family appraisal, level of distress and knowledge prior to formal psychoeducation in a specialty First Episode Program. **(Room 204)**

5001 Examining the Transitional Needs of Adults who Experience Mental Illness and Developmental Disability

Dr. David Nicholas, Associate Professor, Faculty of Social Work, University of Calgary; Tom Shand, Executive Director, Alberta Division, Canadian Mental Health Association; and Chair, Alberta Alliance on Mental Illness and Mental Health

The presentation will identify preliminary findings emerging from this study. Learning objectives will be achieved through examination of transitional challenges, community-based support and service needs, and perceived means for effective transitional and community care. We will identify issues of similarity and difference across study sites (Edmonton, Red Deer, High Level, Peace River, and Grande Prairie regions). We will further examine a holistic view of the issues related to working with individuals dually diagnosed with a developmental disability and mental illness, and potential models from other geographic regions that may shed light on capacity development. **(Room 201)**

3910 How do family physicians view the use of self-care tools by depressed adults?

Mark Yaffe (Depts. of Family Medicine, McGill University & St. Mary's Hospital Center) Jane McCusker (Dept. of Epidemiology, McGill University & St. Mary's Hospital Center) Erin Strumpf (Dept. of Economics, McGill University) Tamara Sussman (Dept. of Social Work, McGill University) Maida Sewitch (Dept. of Epidemiology, McGill University Health Centre) Kim Lavoie (Dept. of Psychology, Université de Québec à Montréal)

Project DIRECT-sc (Depression Intervention via Referral, Education, and Collaborative Care -self-care module) examines supported self-care of depression in primary care. At onset patients' family physicians were surveyed on familiarity with self-care in general chronic illness management, and in specific care of depression. 42% were moderately / a lot familiar with self-care for general chronic disease management, and only 13.7% for depression care. Explanations will be postulated and implications for self-care in depression will be discussed. **(Room 203)**

1400 to 1530

3976 Determinants of delay to help-seeking in first episode psychosis

Philip Tibbo (Dalhousie University, Capital Health) Shannon Sears (Dalhousie University, Capital Health) Kim Dillen (Dalhousie University, Capital Health) Denise Bernier (Dalhousie University, Capital Health) Margie Crown (Capital Health) Heather Milliken (Dalhousie University, Capital Health)

Delays to effective treatment for psychosis are associated with poorer longitudinal outcomes. Understanding the help-seeking pathways of individuals with first episode psychosis may aid in reduction of delays to specialized care. **(Room 201)**

3982 Managing Depression in Primary Care: Formative Evaluation of a Manitoba Health Initiative

Julie Beaulac, Ph.D. (Department of Clinical Health Psychology, University of Manitoba & WRHA) Randy Goossen, MD CCFP FRCPC (WRHA) Teresa Jones, MA (WRHA) Ingrid Botting, Ph.D. (WRHA) Jeanette Edwards, MA (Manitoba Health) Angus Steele (Manitoba Health)

As part of a new Manitoba Health initiative, indicators specific to screening and managing follow-up for depression have been implemented in Shared Care sites targeting high-risk patients 18 to 69 years of age. We will present initial findings from the formative evaluation in terms of barriers and facilitators to implementation, satisfaction, and similarities and differences across the sites. Implications for managing depression in primary care with specific reference to Shared Care settings will be discussed. **(Room 202)**

3908 Practical applications for Parenting

Bonnie Harnden (Concordia University) Dr. Helen Spenser (Children's Hospital of Eastern Ontario)

This workshop will review concepts such as attachment theory and separation and individuation as they relate to the theatre piece YOU ARRIVE which will be presented Saturday night of the conference. Together we will explore what both mothers and fathers can do to apply the concepts of attachment theory to their child rearing practices. The goal will be to create an interactive setting in which participants can learn more about how to create positive connections with their children and youth as they practice one of the most difficult tasks that as humans we are faced with: parenting. This workshop is presented by Bonnie Harnden, psychoanalyst and writer and creator of YOU ARRIVE and Dr. Helen Spenser, Child and Adolescent psychiatrist at the Children's Hospital of Eastern Ontario in Ottawa. **(Room 203)**

4068 Tradition in the Modern Context: Combining Western and Aboriginal Approaches in Mental Health Delivery Services

Veronica Moonstream WolfEagle, RSW, MSW, BFNAC, Mental Wellness Team Project Coordinator () Theresa Bartlett - Chase, RNA, BA, BN, RN, Mental Health Nurse ()

Sharing personal and community lived experiences provide the historical accounts and this presentation will provide details on methods used to improve Aboriginal client care in mental health and addictions programming. Activities such as Circle of Life Teachings (Medicine Wheel) and the combination of Traditional and Western approaches will be discussed as part of the development of a Mental Wellness Team in collaboration with the Regional Mental Health and Addiction Services. The presentation is highlighted by the education and experiences of a Traditionalist facilitating Sacred Ceremonies including Pipe Ceremonies, Sweat Lodges, Vision Quests, Talking Circles and counselling. **(Room 204)**

3892 Listen, Learn and Engage: Using Digital and Social Media to Connect

Christina Carew (IWK Health Centre) Stanley Kutcher, MD, FRCPC (IWK Health Centre)

Digital and social media has created a new playing field for individuals to seek and share information. These tools however, can also be used to listen, learn and engage with target audiences. This innovative presentation shares the use of digital and social media surveillance tools in shaping strategy and knowledge translation programs, in addition the team will showcase the applied use and facilitate a discussion on how the information can be applied to your own programs. **(Room 205)**

3990 Building Collaborative Care Infrastructure: Local, Provincial, and National Perspectives

Jennifer Hodgson (Collaborative Family Healthcare Association) Benjamin Miller (Collaborative Family Healthcare Association) Randall Reitz (Collaborative Family Healthcare Association)

This workshop is presented by the president, president-elect, and executive director of the Collaborative Family Healthcare Association (CFHA), a non-profit association with a mission to promote a comprehensive and cost-effective model of healthcare delivery that integrates mind and body, individual and family, patients, providers and communities. In this 3-section workshop we will highlight local, provincial, and national efforts to better integrate healthcare—especially mental health services in primary care settings—from the United States. **(Room 200C)**

3952 What we've learned: An Evaluation of The Hamilton Program for Schizophrenia's Peer Support Workers

Gord Hirano, M.Sc., O.T.Reg. (Ont.) (The Hamilton Program for Schizophrenia)

The Hamilton Program for Schizophrenia (HPS) is a community-based program that supports over 190 individuals. HPS has 19 Peer Support Workers that are involved in 7 group or individual programs. In an attempt to better understand the experiences of the PSW's as well as the recipients of PSW support, HPS initiated a qualitative evaluation. This paper outlines the process and results of this evaluation and how they have guided recommendations for the future. **(Room 201)**

4048 Does It Really Work?: Evaluation and Policy Support for a State/Province-wide Integrated Care Initiative

Becky Hayes Boober, PhD (Maine Health Access Foundation) Barbara Leonard, MPH (Maine Health Access Foundation)

This highly-interactive workshop will be a practical, hands-on look at evaluating collaborative/integrated behavioral health and primary care programs at the clinical, systems, and population-based health levels. Proven tools will be distributed to assist integrated sites in patient engagement and quality improvement efforts, using site-specific data. Ideas will be shared on how to use experiences and data of integrated care sites to inform and shape public policy to sustain integrated care and to enhance health outcomes. **(Room 202)**

5002 Development and Preliminary Evaluation of a Canadian Database Focusing on Schizophrenia and Epidemiology

Tom Shand, Executive Director, Alberta Division, Canadian Mental Health Association; and Chair, Alberta Alliance on Mental Illness and Mental Health; Dr. David Nicholas, Associate Professor, Faculty of Social Work, University of Calgary

We will present the database and identify preliminary findings from this evaluation. Both outcome and process findings will be presented. We will offer reflections for future database development and accessible capacity building relative to community mental health. **(Room 201)**

4001 Building Bridges 2 A Pathway to Cultural Safety, Relational Practice and Social Inclusion

Bill Mussell (Native Mental Health Association of Canada) Phil Upshall (Mood Disorders Society of Canada) Richard Chenier (Mood Disorders Society of Canada)

This interactive workshop will provide participants with an in-depth overview on how cultural safety could be used to create a space for critical reflection and dialogue that will lead to action, improved mental well-being for all Aboriginal peoples and Canadian consumers. We will also define how cultural safety can serve as a means to support social justice and the mental well-being of First Nations, Inuit and Métis in Canada. **(Room 204)**

4044 The IWK Collaborative Mental Health Care Program: Navigating by the Stars

Sabina Abidi (IWK Health Centre, Dalhousie University Department of Psychiatry) Heather Dooks (IWK Mental Health and Addictions Program) Joan Rankin (IWK Mental Health and Addictions Program) Bonnie Warren (IWK Mental Health and Addictions Program)

The IWK Collaborative Mental Health Care Program aims to foster better collaboration with community partners and has a threefold mandate: 1) to assist in building capacity for community physicians and clinicians to recognize and manage care for youth with mental health concerns; 2) to collaborate with community partners to help youth in need; and 3) to assist youth and their families in navigating the IWK. **(Room 203)**

3935 Mental Health Identification and Navigation: A School-Based Integrated Pathway to Care Model for Canadian Secondary Schools

Yifeng Wei (Sun Life Financial Chair in Adolescent Mental Health, IWK Health Centre and Dalhousie) Stan Kutcher (Sun Life Financial Chair in Adolescent Mental Health, IWK Health Centre and Dalhousie)

This presentation describes a school mental health model that uses an innovative approach to address youth mental health needs by integrating mental health components into existing secondary school education frameworks. The model is delivered through the implementation of mental health literacy programs for students and educators, training programs for health providers and the wider community. The model showcases an example of strong collaboration among educators, parents/families and health providers in addressing youth mental health. **(Room 205)**

4028 What can physicians do to reduce stigma related to mental illness?

Maura Ricketts (Canadian Medical Association) Ann Chénier (Canadian Medical Association) Richard Chénier (Chénier Consulting) Marie Adèle Davis (Canadian Paediatric Society) Francine Lemire (College of Family Physicians of Canada) Alex Saunders (Canadian Psychiatric Association) Manon Charbonneau (Canadian Psychiatric Association) Philippa Moss (Canadian Psychiatric Association)

The Canadian Medical Association, the Canadian Psychiatric Association, the Canadian Paediatric Society and the College of Family Physicians of Canada held a workshop to build a shared understanding about the sources of stigma in the health care system experienced by persons with a mental illness, and to develop recommendations for action to reduce stigma and discrimination. Participants included physicians from various specialties, consumer, the Mood Disorders Society of Canada, and the Mental Health Commission of Canada. **(Room 205)**

3989 Cooperation in Partnership in Mental Health – the Australian experience

Sunita Kotnala MSW

Sunita Kotnala worked to address the housing and support needs of people with mental health problems and disorders living in, or applying for social housing under the Joint Guarantee of Service(JGOS) between New South Wales Health and Housing New South Wales, Australia from 2007 to 2010. She shares her experience to highlight the complexities of working in a multi agency partnership involving government, non- government organisations and consumer groups for consumers of Northern Sydney Central Coast Area Health Service, New South Wales Health, Australia. **(Room 200C)**

1550 to 1700**3869 Working together in managing chronic mental illness: the power of partnerships**

Olga Heath (Memorial University) Denise English (Centre for Nursing Studies) Pamela Ward (Centre for Nursing Studies)

This workshop highlights the power of partnerships both within and outside of healthcare in developing and implementing effective strategies to increase evidence-based, comprehensive, interprofessional, primary mental health care for chronic complex mental illnesses. Using the example of a successful interprofessional education program developed in the area of eating disorders, participants are engaged in considering the applicability of the model to other chronic mental illnesses. **(Room 201)**

4057 Screening and Monitoring Depression - Utilization of the PHQ-9 in the Family Practice Setting Douglas Green (Ottawa Hospital) Katherine Gillis (Ottawa Hospital) Claudia Hampel (Ottawa Hospital)

Depression is under-recognized and under-treated in primary care settings. Depression rating tools have been recommended as part of an overall strategy to improve depression care. This workshop will describe a widely utilized tool, the PHQ-9, and will demonstrate its advantages in terms of diagnosis and treatment of depression and improved opportunities for collaboration, and will show how to use it. Challenges and successes in implementing this tool in a primary care setting will be discussed. **(Room 202)**

3993 Navigating A Path: A First Nation Amalgamated Mental Health Service Delivery Model

Daphne Hutt-MacLeod- Registered Psychologist MA (Eskasoni Mental Health & Tui'kn Partnership) Norma Gould (Tui'kn Partnership Mental Wellness Team) Jane Francis (Eskasoni Mental Health Youth Resource Centre) Michael R Denny (Tui'kn Partnership- Residential School Survivor Team) Mallery Sylliboy (Eskasoni Crisis & Referral Centre) Sandra Gouthro (Eskasoni Mental Health and Social Work Services)

This presentation focuses on the efforts of several First Nation's communities working together, by sharing resources, to provide mental health services to community members while attempting to address gaps in services through collaboration with internal First Nations and external Provincial and Federal agencies / organizations. Embedded within this model is a community mental health concept that attempts to address the stigma associated with accessing mental health services and provides clients with the opportunity to become actively involved in their care plans. **(Room 204)**

5000 Building Collaboration and Learning about Youth Needs through a Cross-Sectoral Network Screening Project

Joanna Henderson, Ph.D., CPsych (University of Toronto), Gloria Chaim, MSW RSW (University of Toronto)

Findings and implications of a 6 month, collaborative 10 agency cross-sectoral youth concurrent disorders screening project will be presented. An evidence-based brief concurrent disorders screening tool was administered to over 400 Toronto youth. Information about youth needs, provider and youth opinions and perspectives, building cross-sectoral collaboration, and knowledge exchange strategies will be shared. The initiation of a Health Canada funded replication in 10 diverse communities across the country will also be described. **(Room 205)**

3925 Collaborative Care - More Than a Tokenistic Gesture? An example of excellence from the UK

Aileen McGinty, MA, LLB, DipLP, DipPsych, MTA ((consumer)

This multi-media presentation will showcase an example of excellence in meaningful collaborative care, that of the Royal College of Psychiatrists (UK). It will demonstrate the wide range of possibilities for consumer and family involvement at all levels and in all areas of mental health care as well as considering potential barriers to collaboration and inclusion of hard to reach groups. **(Room 200C)**

4008 Enhancing Depression Care: How Implementing the PHQ-9 Has Shaped Our Service Response

Leslie Born, Enhancing Depression Care Coordinator (Hamilton Family Health Team) Jackie Bootsma, Mental Health Groups Coordinator (Hamilton Family Health Team) Catherine McPherson-Doe, Mental Health Program Manager (Hamilton Family Health Team)

This interactive workshop will provide participants a review of progress with an enhanced care of depression initiative in a large family health team, and how use of the PHQ-9 and a depression care algorithm has shaped service response and new treatments. There will be opportunity for participants to reflect on the meanings of "stepped care" and "matched care" of depression and how these concepts relate to collaborative care of depression in their settings. **(Room 202)**

4016 Development and Validation of a First Nations Community Capacity Model

Charlene Thomas (Guysborough Antigonish Strait Health Authority)

This presentation describes an intervention that focuses on building capacity in one First Nation Community following a tragedy and subsequent events. The intervention integrates indigenous knowledge and beliefs as a pathway to community healing and wellness. **(Room 204)**

KEYNOTE PRESENTATIONS

0830–0955, Room 200C

Together We Can Transform the Mental Health System

Louise Bradley, MS, RN, CHE

President and CEO, Mental Health Commission of Canada



Originally from Eastern Canada, **Louise Bradley** became a Registered Nurse in Newfoundland. She also studied at Dalhousie University and later obtained a Master of Science with a specialization in Mental Health from Northeastern University, Boston. Though Louise's experience ranges from Community Mental Health to Forensic and Corrections Health Care, she has worked primarily in the Mental Health field as a frontline nurse, administrator, researcher and educator. Louise moved to Alberta to become the Senior Operating Officer for the University of Alberta Hospital in Edmonton and, in the spring of 2009, joined the Mental Health Commission of Canada as its Chief Operating Officer. For 5 years, she was also a surveyor with Accreditation Canada, and is both a Certified Health Executive and an adjunct professor with the University of Alberta Faculty of Nursing. In April 2010, Louise became President and CEO of the Mental Health Commission of Canada.

Social Accountability: What We Expect from the Mental Health Care System

Claudette Bradshaw



Claudette Bradshaw was born and educated in Moncton, NB and is fluently bilingual. She has been in the front-line of the community-based, non-profit sector for 29 years, and is a passionate advocate and speaker for Children and Youth, Foetal Alcohol Spectrum Disorder, and Adult Literacy. Among her accomplishments, she is a foster parent, she has developed and operated youth services, community social services, and programs for high risk children and their families, she has also developed strong community networks in all provinces of Canada, initiated the first licensed day care in New Brunswick and initiated numerous conferences on Foetal Alcohol Syndrome. Currently, she is a member of the New Brunswick Task Force on Early Childhood Development, Co-chair, Early Childhood Foundation Capital Campaign, Honorary Chair, Literacy Conference, Chairperson, New Brunswick Premier's Task Force on the State of Community non-profit agencies, and was the Member of Parliament (Moncton-Riverview-Dieppe) from 1997-2006. During that time, she was the Minister of Labour, Parliamentary Secretary to Minister for International Cooperation and to Minister responsible for La Francophonie, Chairperson for the Americas, Secretary of State, Status of Women and Multiculturalism, and Minister – Literacy, Aboriginal Skill Training.

She has been awarded the Young Canadian Award, Builder of Youth Award, Boys and Girls Club of Canada, Muriel Fergusson Award, Moncton Chamber of Commerce for Business Woman of the Year, Ann Bell Award, New Brunswick Child Welfare Association, Community Leadership Award, Family Service Canada, Paul Harris Award for Community Leadership, Rotary Club, Médaille Richelieu International, Outstanding Community Work Award and an Honorary Doctorate – PhD Social Work, Université de Moncton.

What Gets in the Way of Collaborative Care?

1020–1055, Room 200C

Dr. Isser Dubinsky (see bio in Thursday section)

Stigma: Its Personal and Professional Impact

1100–1140, Room 200C

Dr. Manon Charbonneau (see bio in Thursday section)

PLENARY

1220–1305, Room 200C

When Collaboration with Consumers and Families Works: Drawing from the Lessons of Working with Providers

Laura Burke



Laura Burke is a poet, actor, playwright, mental health advocate, peer support worker, and Drama Therapist in training. She has spent the last 10 years navigating the mental health system from the inside, first for depression, and then later for schizophrenia. As she prepares to become a Drama Therapist and Certified Counsellor and Psychotherapist and to join the mental health system in Canada, she would like to share an insider's perspective on the strengths of our current system, and to shine a light on some areas in great need of improvement.

KEYNOTE PRESENTATION

1415–1500 Room 200C

The Evolution of Collaborative Mental Health Care in Canada:**A Shared Vision for the Future - Launch of the 2011 Position Paper**

Nick Kates



Nick Kates is a Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. He is also Director of Quality Improvement for the Hamilton Family Health Team and the Ontario lead for the Quality Improvement and Innovation Partnership (QIIP), which assists primary care practices to build capacity and capability for quality improvement. His major academic activities are in the area of community and social psychiatry, particularly the relationship between mental health and primary care, quality improvement and redesigning systems of care, and in innovative approaches to education. In 2010 he was awarded honorary membership in the College of Family Physicians of Canada. He is a Fellow of the Canadian Psychiatric Association and a Distinguished Fellow of the American Psychiatric Association. Dr. Kates was director of the Hamilton HSO (now FHT) Mental Health and Nutrition Program, which integrates mental health counsellors, dietitians and psychiatrists into the offices of family physicians across Hamilton. This program has become a model for the innovative integration of specialized services into primary care that has informed policy and decision-making at both the provincial and federal level. He has participated in many provincial and national planning committees and initiatives for mental health and primary care and has consulted to over 100 Canadian and international governments, organizations and programs.

Dr. Kates is co-chair of the CPA/CFPC Collaborative Working Group on Shared Mental Health Care in Canada, and was the Chair of the Canadian Collaborative Mental Health Initiative to develop a strategy for collaboration between mental health and primary care services across Canada. He was director of a community mental health clinic in Hamilton for 10 years, spent 7 years as director of the McMaster Psychiatry Residency Program, and was director of the Hamilton Regional Psychiatry Program for 10 years.

SATURDAY, JUNE 25

12th Canadian Conference on Collaborative Mental Health Care: Conference at a Glance

<p>CHILD & YOUTH MENTAL HEALTH Breakfast meeting Open to all conference registrants 0730–0825 Rm 202</p>	<p>GERIATRIC MENTAL HEALTH Breakfast meeting Open to all conference registrants 0730–0825 Rm 203</p>	<p>MENTAL HEALTH & ADDICTIONS Breakfast meeting Open to all conference registrants 0730–0825 Rm 204</p>			
<p>CONTINENTAL BREAKFAST – EXHIBITS 0800–0825</p>					
<p><i>Our day starts with a performance by All Nations: A diverse group from many backgrounds, the members of this group are home makers professional women, retired and students, but most importantly Grandmothers, Mothers, Expectant Mothers, Birth Mothers, Foster Mother and Mothers of the future. Having had drum lessons while participating in the “Women are the Medicine” program at the Mi’kmaq Native Friendship Centre they decided to continue to drum and sing together, in particular to support women’s causes.</i></p> <p>KEYNOTE PRESENTATIONS 0830–0955 Rm 200C</p> <p>Together We Can Transform the Mental Health System Louise Bradley, Mental Health Commission of Canada</p> <p>Social Accountability: What We Expect from the Mental Health Care System Madame Claudette Bradshaw, Mental Health Commission of Canada</p>					
<p>COFFEE BREAK – EXHIBITS 1000–1015</p>					
<p>Rm 200C</p>	<p>Rm 201</p>	<p>Rm 202</p>	<p>Rm 203</p>	<p>Rm 204</p>	<p>Rm 205</p>
<p>(Plenary Panel) 1020–1055 What Gets in the Way of Collaborative Care? I. Dubinsky Toronto, ON</p> <p>1100–1140 Stigma: Its Personal and Professional Impact M. Charbonneau Quebec</p> <p>1145-1155 Q/A</p>	<p>1020–1105 Reversed Shared Care in Mental Health: Bringing Primary Physical Health Care to Psychiatric Patients T. Ungar Toronto, ON (#3937)</p> <p>1110–1155 Improving the Physical Health of the Seriously Mentally Ill: A Shared Responsibility H. Milliken Halifax, NS (#4024)</p>	<p>1020–1155 Effective, Practical and Free: A Behavioural Depression Intervention That Is Easy to Deliver in Collaborative Care D. Bilsker BC</p>	<p>1020–1155 Paper Panel / Q&A Collaborative Triage and Case Conferencing for Delivering Mental Health/ Addictions Services in Rural Family Practice Settings S. Naicker Kootenay Boundary HSA, BC (#4027)</p> <p>Team Dynamics in Collaborative Care Research-Based Insights of the Dynamics of Interprofessional Collaboration S. Chreim Ottawa, ON (#3942)</p> <p>Core Competencies in Mental Health for All Physicians in Canada: Environmental Scan F. Lemire Canada (#4063)</p>	<p>1020–1105 Communities Addressing Suicide Together A. Davis Canada</p> <p>1110–1155 Approaches to Aboriginal Suicide and Critical Incident Response on Vancouver Island L. Wittmann Inter Tribal Health Authority Nanaimo, BC (#3988)</p>	<p>1020–1105 Keys to Success: Building an Integrated Behavioural Health Consultation Team D. Pusch and B. Acton Alberta (#4009)</p> <p>1105–1140 The Power of Groups: integration of Group Therapy Targeting Depression and Anxiety in Primary Care D. Klinck Ottawa, ON (#4007)</p> <p>1140–1155 Transfer into Primary Care - The Ottawa Experience (TIP-TOE) C. MacPhee Ottawa, ON (#4066)</p>

All Friday and Saturday sessions will be recorded.

<p style="text-align: center;">LUNCH AND PLENARY 1200–1305 Rm 200C When Collaboration With Consumers and Families Works: Drawing from the Lessons of Working with Providers Laura Burke Halifax, NS</p>					
<i>Rm 200C</i>	<i>Rm 201</i>	<i>Rm 202</i>	<i>Rm 203</i>	<i>Rm 204</i>	<i>Rm 205</i>
<p>1310–1410 Rise UP: Alberta and Ontario Approaches to Treating Patients Affected by Depression C. Degenhardt Alberta (#4030)</p>	<p>1310–1405 Navigating the Shoals, Charting the Possibilities Exploring Family Life and the Forensic Patient B. Banks Halifax, NS (#3889)</p>	<p>1310–1405 The Child and Adolescent Toolkit Project: One Year Later H. Spenser Ottawa, ON (#4073)</p> <p>A Canadian National Collaborative Study: Needs and Interests of Family Physicians, General Practitioners and Pediatricians H. Spenser Ottawa, ON (#3995)</p>	<p>1310–1405 Shared Mental Health Care Within Family Health Teams - Lessons Learned: The First Five Years of the Ottawa Experience K. Gillis Ottawa, ON (#3985)</p>	<p>1310–1405 An Evaluation of the Engagement Process Used by the 'Raising the Spirit' Mental Wellness Team S. Manitowabi Sudbury, ON (#4040)</p> <p>A Model of Collaborative Mental Health Care in Rural Nova Scotia: The Colchester East Hants ADHD Clinic R. Panton Colchester East Hands HA, NS (#3984)</p>	<p>1310–1405 Exploring Core Competencies for Mental Health and Addictions Work Within a Family Health Team Model A. Cudmore Hamilton, ON (#4052)</p> <p>Combining CBT and DBT Skills: A Coping Group for Women in Primary Care L. Lang Alberta Health Service, AB (#3936)</p>
<p>KEYNOTE PRESENTATION 1415–1500 Rm 200C The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future Launch of the 2011 Position Paper Nick Kates</p> <p>CLOSING CEREMONY 1500–1545 Rm 200C Hand-off to Vancouver – “Farewell to Nova Scotia”</p>					

1020 to 1200

- 3937 **Reversed Shared Care in Mental Health: Bringing Primary Physical Health Care to Psychiatric Patients**
Thomas Ungar (North York General Hospital) Stuart Goldman (North York General Hospital) Madalyn Marcus (York University)
Antoinette Wertman (North York General Hospital)

It is imperative that access to high quality primary health care be available for those suffering from severe mental illnesses. Recognizing this, North York General Hospital (NYGH) piloted a new service that built upon the benefits of Collaborative/Shared Care and the importance of service integration. This "Reversed Shared Care" clinic provided patients of NYGH's mental health department access to primary health care. Descriptive findings demonstrate the implementation of the service and patient demographics. **(Room 201)**

- 4027 **Collaborative Triage and Case Conferencing as essential elements of a model for delivering appropriate psychiatric and mental health/ substance use services in rural family practice settings**
Sharman Naicker, MBChB, FRCPC (Clinical Lead for Mental Health and Substance Use, Kootenay-Boundary HSA, Interior Health) Jim Fenning, MSW (interior health authority)

This presentation illustrates the effectiveness of implementing a triage system within rural family practice clinics to manager referrals to mental health and psychiatry. Clients benefit from quick access to Psychiatric Assessment and Case Management Services (within 2 weeks) and move through Triage to a full range of services including CBT Based Group Therapy. Tri-directional knowledge exchange refines the triage process. Factors behind improved access for previously difficult to engage clients are discussed. **(Room 203)**

- 3942 **Team Dynamics in Collaborative Care**
Samia Chreim, PhD (University of Ottawa) Robert Swenson, MD FRCPC (The Ottawa Hospital) Colleen MacPhee, RN CPMHN (The Ottawa Hospital) Katharine Gillis, MD FRCPC (The Ottawa Hospital)

The presentation will focus on the dynamics of collaborative teams. Results from in-depth research on mental health teams will be reported. Focus will be on the experience of member role change; on the dynamics of crossing and managing professional, knowledge-based, and physical boundaries; and on the provision of leadership that facilitates collaboration and removes obstacles. Implications for different components of patient care (intake, patient records, and care provision) will be addressed. **(Room 203)**

- 4063 **Core Competencies in Mental Health for All Physicians in Canada: Environmental Scan**
Francine Lemire (College of Family Physicians of Canada) Danielle Frechette (Royal College of Physicians and Surgeons of Canada) Garey Mazowita (College of Family Physicians of Canada) Alex Saunders (Canadian Psychiatric Association)

An environmental scan of the current status regarding core competencies in mental health for health providers is presented. A framework exists for those involved in this patient care area, but no framework applicable to all physicians/other providers is reported. Next steps: 1. development of a needs assessment of medical students and physicians; 2. development of core competencies in mental health for all physicians. The importance of values and attitudes to address issues of stigma and of interprofessional education is considered essential. **(Room 203)**

- 4009 **Keys to success: Building an integrated behavioural health consultation team**
Dennis Pusch, (Shared Mental Health Care, Calgary, AB) Bob Acton, (Shared Mental Health Care, Calgary, AB)

This workshop, based on the development of an integrated behavioural health care team in Calgary, will highlight strategies for building a team of clinicians who are able to face the challenges of adapting their traditional therapy models to the complexity of primary care settings. Aspects of the team building process to be discussed include: strategies for hiring; orientation and training strategies; supervision strategies; team consultation strategies. Participants will have a chance to discuss and receive feedback about their own experience of similar challenges. **(Room 205)**

- 4007 **The Power of Groups: A review of the integration of Group Therapy targeting depression and anxiety, in the primary care setting of a multiple site Family Health Team Practice. Exploration of group development, delivery and outcomes. Challenges, successes and future steps**
Donna Klinck, MSW RSW (Shared Mental Health Care, The Ottawa Hospital & Bruyere Academic Family Health Teams)
Pamela Cooper, PhD., C. Psych

The purpose of this workshop is to explore the use of therapy delivered by a Shared Mental Health Care team in a group format, within 2 large urban FH Teams. We hope to present the learning, challenges and successes of incorporating this method of service delivery to a large client group. Content/structure, format and outcome measures of the weekly therapy sessions will be included. We hope to focus on sharing information and gaining feedback from other programs. **(Room 205)**

4024 Improving the Physical Health of the Seriously Mentally Ill: A Shared Responsibility
Heather Milliken (Dalhousie University)

Persons with serious mental illnesses have up to 2x the mortality rate compared to the general population and a reduced life expectancy of up to 25 years. In this interactive case-based workshop risk factors for the high rates of physical co-morbidity will be reviewed and challenges to providing collaborative optimal physical health care in primary care and mental health care settings will be discussed. Using the evidence based guidelines and pharmacologic and non-pharmacologic interventions reviewed, participants will be encouraged to develop an individual collaborative clinical practice algorithm for the monitoring and management of physical co-morbidity in the seriously mentally ill in their individual clinical practices. **(Room 201)**

3988 Approaches to Aboriginal Suicide and Critical Incident Response on Vancouver Island

Lee Wittmann ((Mentor) Inter Tribal Health Authority, Nanaimo, BC) Wa'ta (Christine Joseph) ((Elder) Advisor to BC Ministry of Children and Family Development–Child and Youth Mental Health) Michel Therrien ((Aboriginal Support Worker) BC Ministry of Children and Family Development, Port Hardy, BC) Pearl Hunt ((Administrator) Whe La La U Area Council, Namgis First Nation (Alert Bay, BC))

The presentation will include Wa'ta discussing "Protocol development and the process of engaging within Aboriginal communities", while Michel will discuss their "Digitization Project and Working Collaboratively in Northern Vancouver Island". Pearl Hunt will discuss "Aboriginal Advocacy and the creation of an Annual Youth and Family Suicide Prevention Camp". **(Room 204)**

4066 Transfer into Primary Care - The Ottawa Experience (TIP-TOE)

Colleen MacPhee (The Ottawa Hospital) McGregor Deborah (Bruyere Academic Family Health Team) Gillis Katharine (The Ottawa Hospital) Green Douglas (The Ottawa Hospital) Hampel Claudia (The Ottawa Hospital)

The outpatient psychiatry department (Ottawa Hospital) has received access for 10 patients from the psychiatric out-patient clinic for transfer to a multidisciplinary family health care team which includes a shared mental health care team. A transfer protocol (based on TIPP and CLIPP models) has been developed by the shared mental health care program. The team has received Research and Ethics Board approval to evaluate the patient's experience and satisfaction with this transition in the first year. **(Room 205)**

1310 to 1410

3889 Navigating the Shoals, Charting the Possibilities: Exploring Family Life and the Forensic Patient
Barry Banks (East Coast Forensic Hospital) Lianne Nixon (East Coast Forensic Hospital)

The family of a forensic patient is burdened with being caught within two systems; healthcare and criminal justice. This experience can leave them unaware of how they might more actively participate in their loved ones well-being. In this presentation we will examine the response of East Coast Forensic Hospital to this reality, a response determined to more fully address the family's need to experience health, healing and to collaboratively bring the family into the process. **(Room 201)**

4073 The Child and Adolescent Toolkit Project: One Year Later

Helen Spenser (University of Ottawa and Children's Hospital of Eastern Ontario) Brenda Mills (Hamilton Family Health Team) Peter Kondra (Hamilton Family Health Team and McMaster University) Blair Ritchie (Foothills Hospital and University of Calgary) Sari Ackerman (Hamilton Family Health Team)

This interactive workshop will review and illustrate the Hamilton/Ottawa Child & Youth Mental Health Toolkit in its current form. We have continued to update the toolkit in accordance with participant feedback, some of which will be discussed today. Case examples from both the audience and our own practices will be presented in order to demonstrate use of the toolkit. **(Room 202)**

3995 A Canadian National Collaborative Study: Needs and Interests among Family Physicians, General Practitioners and Paediatricians located in Rural and Remote Areas

Dr. Helen Spenser (University of Ottawa) Dr. Lucie Nadeau (McGill University) Ms Bobby Jo Flynn (Community Mental Health and Addictions Health PEI) Dr Sabina Abidi (Dalhousie University)

This is a poster presentation summarizing the results of the first cross-Canada survey of needs and interests among Family Physicians, General Practitioners and Paediatricians in rural and remote areas with respect to referral patterns and knowledge in the area of child and youth mental health care. **(Room 202)**

3985 Shared Mental Health Care Within Family Health Teams - Lessons Learned: The First Five Years of the Ottawa Experience

Katharine Gillis (The Ottawa Hospital, University of Ottawa) Douglas Green (The Ottawa Hospital, University of Ottawa) Robert Swenson (The Ottawa Hospital, University of Ottawa) Colleen MacPhee (The Ottawa Hospital) Donna Klinck (The Ottawa Hospital) Pam Cooper (The Ottawa Hospital) Claudia Hampel (The Ottawa Hospital)

If you are currently working in collaborative/shared care or thinking of getting started, this workshop should give you some helpful ideas. The workshop will review, based on the Ottawa experience, what essential ingredients the presenter (s) feel a shared/collaborative care model should have and what would be recommended to avoid if possible. Discussion will range from preferred clinical tools, documentation, interprofessional role clarification, teaching and CME strategies, to innovative use of groups. **(Room 203)**

4040 An evaluation of the engagement process used by the 'Raising the Spirit' Mental Wellness Team

Susan Manitowabi (Laurentian University)

This presentation will highlight the culturally appropriate methods used to evaluate how the "Raising the Spirit" Mental Wellness Team (MWT) pilot project maintains the engagement process and support of the participating First Nations communities; the collaboration within and across Aboriginal communities; the integration of mainstream and traditional approaches; and, capacity building at the community level. A discussion follows about the model used in this evaluation, the methods utilized and the rationale for choosing these methods. **(Room 204)**

3984 A Model of Collaborative Mental Health Care in Rural Nova Scotia: The Colchester East Hants ADHD Clinic

Ms. Rachel Panton (Colchester Regional Hospital) Ms. Melissa McGonnell (Dalhousie University) Dr. Penny Corkum (Dalhousie University) Ms. Margie McKinnon (Colchester Regional Hospital) Mr. Dan Stephenson (Chignecto-Central Regional School Board) Dr. Marilyn MacPherson (Colchester Regional Hospital) Dr. Tracey Williams (Colchester Regional Hospital)

This paper describes and evaluates a unique, specialty ADHD clinic in rural Nova Scotia that meets the diagnostic, intervention, and coordination challenges of ADHD. It is intersectorial and integrates clinical, training and research activities. Information on the formation of the clinic partnership and description and critical evaluation of the clinic will be provided. The service delivery model will be described with a focus on the assessment, intervention, research, and training functions of the ADHD clinic. **(Room 204)**

4052 Exploring Core Competencies for Mental Health and Addictions Work within a Family Health Team Model

Al Cudmore (Centre for Addiction and Mental Health) Catherine McPherson-Doe (Hamilton Family Health Team)

This paper presentation will review the findings of this project and the resulting recommendations which address both current practice and service needs in family health teams, as well as potential next steps in defining core competencies for mental health and substance use across the members of a primary care health team. **(Room 205)**

3936 Combining CBT and DBT Skills: A Coping Group for Women in Primary Care

Laura Lang (Alberta Health Services)

The purpose of the current study was to evaluate the effectiveness of a 6-session coping group, designed to help women manage difficult emotions more skilfully. The group was grounded in Dialectical Behavioural Therapy (DBT) and incorporated elements of Cognitive Behavioural Therapy (CBT). The sessions were conducted by two Behavioural Health Consultants and were offered in a primary care setting. Preliminary feedback indicates promising results and data collection is on-going. **(Room 205)**

4030 Rise UP: Alberta and Ontario Approaches to Treating Patients Affected by Depression

Crystal Degenhardt (Edmonton Southside Primary Care Network) Kimbereley Welte (Edmonton Southside Primary Care Network) Leslie Born (Hamilton Family Health Team) Jackie Bootsma (Hamilton Family Health Team)

Rise UP, a brief treatment for depression focused on behavioural activation and antidepressant skill development, has been run in group format in primary care settings in Edmonton, Alberta and in Hamilton, Ontario. In this interactive workshop, co-facilitated by staff from the Edmonton Southside Primary Care Network (Alberta) and the Hamilton Family Health Team (Ontario), we will discuss East and West variations of Rise UP groups and results from groups in

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Circle of Support

The **Nova Scotia College of Family Physicians** fully endorses the Collaborative Care Mental Health Model which is delivered by providers from different specialties, disciplines, and community sectors working together to offer complementary services and mutual support. As in any effective partnership, common goals, clear and equitable decision making, and open and regular communication are key in order to provide quality mental health care services to Nova Scotians. Our goal is to foster collaboration based on mutual respect, trust, and a recognition of each partner's potential roles and contributions in order to integrate the multi-disciplinary nature of mental health care.

The **Canadian Mental Health Association in Nova Scotia** is proud to be part of the circle of support for the 12th Canadian Collaborative Mental Health Care Conference: "Charting a New Course to Better Care: Stronger Links between Consumers, Families and Health Care Providers". We know that engaging stakeholders in the development/promotion of a more supportive mental health care system will be beneficial to consumers, family members and service providers. We wish everyone involved and participating in the Conference a wonderful experience and many opportunities to forge strong and enduring relationships/friendships. Enjoy the Conference and, if you are a visitor, take advantage of your trip and explore some of the gifts that Nova Scotia has to offer.

The **Dalhousie Faculty of Medicine** is proud to be a sponsor of the collaborative mental health care conference. Mental health teaching is an important part of our programs – ranging from residencies in psychiatry to ensuring that all physicians have the mental health skills that they need to practice effectively. We also emphasize the importance of taking care of ones own mental health.

For many years the **Schizophrenia Society of Nova Scotia** has worked to have individuals and their families included as full partners in mental health care. This conference is a major step forward towards realization of that goal. We congratulate the conference organizers in putting together an outstanding program, and we look forward to the best evidence-based practices in collaborative mental health care being utilized in Nova Scotia.

The **College of Family Physicians of Canada** is pleased to support the 12th annual Collaborative Mental Health Care Conference. The timely joint CPA-CFPC recent publication of our Position Statement on Collaborative Mental Health Care reaffirms our collective vision and engagement in this important area of patient care. We must continue to have a forum to exchange lessons learned, share innovative practices, improve access to mental health care in primary care as well as embrace the "health" part of "Mental Health". We often talk about evidence based practice. The Conference offers a wonderful opportunity to do this, as well as learn from practice based evidence. Welcome to everyone attending the conference.

The **National Institutes of Health Informatics (NIHI)** is very proud to support the 12th Canadian Collaborative Mental Health Conference. NIHI supports education and research in Health Informatics and promotes the wise and valued use of eHealth capabilities to support information and knowledge creation and use in the health system. Mental Health Care is highly dependent on information and knowledge, perhaps more so than any other area of care. NIHI would like to see the use of information and communications technologies bringing value to patients, their families and their care providers. Information and knowledge could become far more available, accessible, consumable and effective through the tools that HI research has made available. For example, Telehealth enables the possibility of engaging in therapeutic encounters and mental health education with far less disruption due to travel. We hope this conference will bring an understanding of the essential role that Health informatics has in collaborative mental health care delivery.

CFHA is pleased to support the Canadian conference. Our vision is to build an enduring and enlightening relationship with our Canadian colleagues. We look forward to meeting you at CFHA's booth and presentation.

Laing House believes strongly in the importance of integrating peer support into collaborative mental health care for youth living with mental illness. We are thrilled to be a part of 12th Canadian Collaborative Mental Health Care Conference and to help chart a new course to improved mental health care services across Canada.

The **Canadian Psychiatric Association (CPA)** is the national voice of Canada's over 4000 psychiatrists and 600 psychiatry residents. A dedicated supporter and promoter of shared care and now collaborative mental health care for well over a decade, CPA is a co-founder, along with the College of Family Physicians of Canada (CFPC), of what was initially called the Collaborative Working Group on Shared Mental Health Care. This group published a first joint CPA-CFPC position paper on shared care in 1997 and in May of this year released a new position paper on collaborative care, *The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future*

Collaborative Care is a model whose time has come – it simply makes sense to shape care around the people who need it, and make it available through providers that know and can treat the 'whole person', not just the illness. The **IWK Health Centre** is proud to support collaborative care in the community, and see the future of this model of care as very bright indeed. The solutions for care for mental health issues exist within the community itself. We need to be the catalysts for collaborative care to take hold and become the norm for primary health care in Nova Scotia. Care is most effective when the people receiving care are full partners in decision-making and when their needs, wants and most importantly their knowledge and perspective on their own illness are part of the care and decision making process. Collaborative care – bringing primary care, specialists, families, and the person with the illness together in a care collective will ultimately prove to be the most effective and supportive way to manage an illness that isolates people, by its very nature. So much more can be done when we open our minds to the truth that people's "lived experiences" must be part of the picture.

Dalhousie University's health-related Faculties, Medicine, Dentistry and Health Professions, together offer entry-to-practice preparation for more than 20 health professions. One current priority in the University is to embed interprofessional education into the curricula of the various programs so that students in each program have the opportunity to learn "about, with and from one another", to learn about the nature of collaboration, and to learn how to become effective members of interprofessional collaborative teams. The cornerstone of interprofessional education and collaborative practice is consumer and family-centred care. It is for this reason that the **Faculty of Health Professions** is delighted to support the 12th Canadian Collaborative Mental Health Care Conference in Halifax. We extend our best wishes for the conference to be highly successful and to have a significant impact on the approach of primary health care to mental health issues.

The **Dalhousie Department of Psychiatry** has been working closely with our colleagues in Family Medicine for a number of years, with the goal of promoting more and better primary mental healthcare for the people of Nova Scotia. The Department has been a direct supporter of the 12th Canadian Collaborative Mental Health Care Conference ever since April, 2009 when Dr. Terry Isomura first mooted the idea that Halifax be the host city in 2011. This suggestion was quickly ratified following a site visit by Dr. Isomura and Dr. Ambrose Cheng in June, 2009, and much work has been done since then by our conference organizers. The Dalhousie Department of Psychiatry wholeheartedly supports the further development of collaborative mental healthcare and sees it as one of the foundations of a good overall system of mental healthcare. We very much look forward to the many interesting presentations and opportunities for interactions that this conference will provide, and hope that many of the excellent ideas to be explored find their way into the provincial mental health strategy, to be released by the Government of Nova Scotia this coming fall.

"What an amazing array of speakers and topics in this conference and how great to find them all in one place. Particularly interesting for us will be the Meriden Family Workshop, Peer Support, Peer-led education, and the examples of collaborative care from different provinces and countries. We of the **Healthy Minds Cooperative** are looking forward to contributing to, and participating in the 12th Canadian Collaborative Mental Health Care Conference."

The **Self-Help Connection** is a registered charitable organization established in 1987 to assist Nova Scotians to take control of their health by increasing their knowledge, skills and resources for individual action. In 1999 the Self-Help Connection received recognition as a "best practices program" from the Federal, Provincial and Territorial Advisory Network on Mental Health for self-help and consumer initiatives.

**12th Canadian
Collaborative Mental Health Care Conference
June 23 – 25, 2011
Halifax, Nova Scotia**

Circle of Support



**Stay tuned for our next conference in beautiful
Vancouver, British Columbia in 2012!**

www.shared-care.ca/