The bandwagon effect is a phenomenon whereby the rate of uptake of beliefs, ideas, practices or trends increases the more that they have already been adopted by others. As more people come to believe in something, others also "jump on the bandwagon."

This conference encourages physicians, nurses, psychologists, counsellors, other healthcare professionals, patients and family members to “jump on the bandwagon” of collaborative, team-based mental healthcare in order to ensure better access and outcomes.

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

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

- Innovation
- Prevention
- Measurement-Based Care
- Mental Health Initiatives within the Patient’s Medical Home
- Systems Integration

Friday, June 19, 2015

7:00 – 8:00 Registration & Breakfast

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

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

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

- Discuss the evidence base for the collaborative care model and variations in different populations
- List the key members of the collaborative care team and describe their specific roles and responsibilities
- Understand the cultural differences between primary care and behavioral health and how to address team dynamics

9:00 – 9:45

**Emotional Vital Signs**
Robbie Babins-Wagner, Calgary Counselling Centre, Calgary, Alberta

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

Following this presentation, attendees will be able to:

- Describe the role emotional vital signs can play in primary care
- Articulate key features of the OQ-10 in measuring a patient’s emotional vital signs
- Explain the impact of the use of emotional vital signs on patient progress in mental health counselling

9:45 – 10:15

Break, Posters and Exhibits

10:15 – 11:15

**Session 1 – Concurrent Oral Presentations**

**Alberta North**

1A1:

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

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

Following this presentation, attendees will be able to:

- Discuss the issue of teen pregnancy and the increased risk of mental health concerns
- Describe the Mental Health Supports for Teen Parents program and how it addresses these concerns, the accomplishments from the pilot year and current year, and its direction moving forward.
1A2:  
**Challenge by Choice: A Collaborative Program for Youth with Mental Illness (061)**  
Ericka Tricker, Canadian Mental Health Association - Edmonton Region  

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

Following this presentation, attendees will be able to:  
- Explain key features of the Challenge by Choice program  
- Describe the TIP model, program evaluations and findings to date, as well as the anticipated future direction of the program

1A3:  
**Cible Qualité: A knowledge application program to improve the quality of care for anxiety and depression in Quebec community-based primary mental health care teams (052)**  
Pasquale Roberge, Université de Sherbrooke  

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

Following this presentation, attendees will be able to:  
- Explain the factors that facilitate the adoption and implementation of quality improvement strategies  
- Identify opportunities for collaborative care for patients with depression and/or anxiety disorders in order to increase the quality of patients’ care experience  
- Integrate elements of shared-care in patients’ care pathways

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1B1:  
**A measurement-based care algorithm for the use of antidepressants in primary care (023)**  
Douglas Green, The Ottawa Hospital Shared Care Program  

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

Following this presentation, attendees will be able to:  
- Review the evidence for treatment of depression in primary care indicating
suboptimal use of antidepressant medication

- Understand measurement-based care as an approach to improve treatment of depression
- Discuss an algorithm which employs an evidence and measurement-based approach to the use of antidepressant medication

1B2:
**Understanding clinician and client perspectives on collaborative care implementation and evaluation (044)**
Anjana Aery, St. Michael's Hospital
Gwen Jansz, St. Michael's Hospital

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

Following this presentation, attendees will be able to:

- Describe provider and client perspectives on Collaborative Care as implemented in organized primary care settings
- Discuss the strengths and challenges of collaborative care implementation using a quality framework
- Consider potential improvements to collaborative care implementation

1B3:
**Designing Models for Rapid Access to Youth Mental Health Services in Canada: What can we learn from a contextualizing scoping review? (078)**
Madeline Doyle, ACCESS, Douglas Mental Health University Institute, McGill University

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

Following this presentation, attendees will be able to:

- Understand ACCESS-Canada's model for rapid access to youth mental health services
- Discuss models for rapid access to mental health services presented in the literature, their evaluation (or lack thereof) and their relevance to the ACCESS-Canada model
- Measure the success of this model for rapid access to youth mental health services
1C1: Mental Health and Addiction: analysis of recent policy documents in Ontario with respect to psychotherapy (033)
Saadia Hameed, Western University

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

Following this presentation, attendees will be able to:
- Assess current mental health and addictions policy documents with respect to access and provision of psychotherapeutic services
- Identify gaps in the mental health policy documents with respect to psychotherapy and its provision in Ontario
- Provide recommendations to fill the gaps, based on evidence and comparison with other countries that have successfully implemented evidence based psychotherapeutic programs within their public health systems

1C2: Interprofessional Collaboration in Mental Health Crisis Response Systems: Findings from a scoping review (017)
Shannon Winters, Western University

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

Following this presentation, attendees will be able to:
- Identify the ways that conceptualization of interprofessional collaboration in regard to other practices does not overlay completely with mental health crisis response systems
- Recognize some of the unique considerations specific to collaborating in mental health crisis environments and embark on collaborative endeavours in their regions
Creating and Evaluating an Urgent Care Pathway from the CAMH Emergency Department to The Mood and Anxiety Ambulatory Service (024)
Laura Loli-Dano, Centre for Addiction and Mental Health (CAMH)

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

Following this presentation, attendees will be able to:
- Apply innovative service delivery approach for clients with urgent mood and anxiety issues
- Utilize an inter-professional model of care
- Explain the evaluation framework undertaken in this early implementation project

Sheraton Ballroom

Mental Health Initiatives within the Patient’s Medical Home

1D1:
The Shared Mental Health Care "in house" orchestra: Patient, physician, clinician and family medicine resident (029)
Wendy Tink, Department of Family Medicine, University of Calgary
Ryan Leo, Department of Family Medicine, University of Calgary
Jean Leong, Shared Mental Health Care Program, Alberta Health Services

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

Following this presentation, attendees will be able to:
- Describe the Calgary Shared Mental Health Care program
- Identify core competencies for collaborative practice and how to skillfully incorporate family medicine residents and medical students into shared mental health care service models in a medical home
- Appreciate how this model of care improves patient outcomes, breaks down care giver silos, enhances provider skills, meets accreditation expectations for health professions’ education and contributes to knowledge translation
1D2:
Family Medicine resident training in collaborative mental health care: a survey of existing curriculum at the University of Toronto (076)
Kristina Powles, Mt. Sinai Hospital

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

Following this presentation, attendees will be able to:
- Describe working models of collaborative mental health training for family medicine residents in the Patient’s Medical Home
- Outline parallel work being done in Psychiatry residency training programs nationally, especially with respect to defining core competencies in collaborative mental health care
- Appreciate the benefits of shared learning in collaborative mental health for both Family Medicine and Psychiatry residents

11:15 – 11:30  Break & Room Change

11:30 – 12:30  Session 2 – Concurrent Workshops
Alberta North  Innovation

2A:
The First Nations Mental Health Wellness Continuum Framework: A Coordinated, Comprehensive Approach to Mental Health and Addictions Programs and Services

Mental wellness service gaps for First Nations communities can include service coordination, culturally safe delivery. In 2012, a joint process mapped existing services, engaging community members, health administrators, FN leadership, Elders, provincial service providers, regional/national/provincial/territorial partners, other federal departments, researchers, policy makers. The resulting Framework outlines opportunities for communities to improve existing services; recognizes role of culture, evidence-based best practices; was released by AFN in 2015. Implementation will require ongoing collaboration and sustained partnerships.

Following this presentation, attendees will be able to:
- Understand the vision of Mental Wellness Continuum Framework jointly developed by AFN, Health Canada, and Indigenous mental health leaders, including the National Native Additions Partnership Foundation and the Native Mental Health Association
- Discuss how the Framework can be used to help guide the design of mental wellness programming that meets First Nation community needs and priorities
- Describe the importance of collaboration and partnership with First Nations to strengthen coordination and effectiveness of mental wellness programs and services
### 2B: Solving Medical Mysteries: Unexplained Symptoms and Hidden Stresses

**David C. Clarke, Oregon Health & Science University**

A diagnostic and therapeutic approach to patients with unexplained symptoms or chronic functional syndromes based on detailed interviews with over 7000 such patients.

Following this presentation, attendees will be able to:
- Learn how to persuade patients that psychosocial stress is capable of causing pain and other somatic symptoms of nearly any level of severity and duration
- Use interviews to uncover the common psychosocial etiologies for unexplained and/or functional somatic illnesses
- Discuss treatment techniques for these problems that will significantly improve outcomes in this patient population

### 2C: Innovative Programs Responding to Community Needs

**Cindy Jang Fang, Wood’s Homes**  
**Amanda Starchuk, Wood’s Homes**

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

Following this presentation, attendees will be able to:
- Understand clients with mental health issues and needs
- Discuss the process of developing different types of programs to respond to the emerging needs of the clients and the community
- Gain skills of outcome measurement and program evaluation

### 2D: Part 1 – Traumatized Adults in Primary Care: The Challenge of ACEs

**Lauren Allan, Alberta Health Services**  
**Dennis Pusch, Alberta Health Services**  
**Thomas Burton, ACEs-Alberta Advisory Group**  
**Cynthia Clark, ACEs-Alberta Advisory Group**

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

Following this presentation, attendees will be able to:
- Understand the prevalence of ACEs in Albertan primary care settings, and the relationship between ACE scores and a variety of health outcomes
- Adopt a valid measure of ACEs in their own clinical work
- Develop strategies for interacting with patients with developmental trauma, based on the narratives shared by two adults with lived experience of ACEs

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

1:00 – 1:30 pm Luncheon Presentation: Launch of the Mental Health Commission of Canada Caregivers' Toolkit to Mobilization

Panelists:
- Ed Mantler, Mental Health Commission of Canada
- Bonita Varga, Mental Health Commission of Canada
- Nicholas Watters, Mental Health Commission of Canada

1:30 – 2:30 Session 3 – Concurrent Workshops

Alberta North

3A: Caregiver Guidelines: Toolkit to Mobilization
Bonita Varga, Mental Health Commission of Canada

1) Provide an overview of key findings of the Guidelines (20 min);
2) Examine current research around the benefits of caregiver support (10 min);
3) Introduce the Toolkit to Mobilization (15 min);
4) Using an interactive format, participants will learn how to use the toolkit as a way of mobilizing the Guidelines (30 min);
5) Questions and comments (15 min).

Following this presentation, attendees will be able to:
- Understand the current situation for caregivers of adults living with mental illness
- Discuss recommendations for improving supports for caregivers across sectors
- Understand the knowledge mobilization process for the Guidelines through the mobilization toolkit
3B: **Happiness Basics**  
Renee Joslin, Red Deer PCN

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

Following this presentation, attendees will be able to:
- Explain the main features of the Happiness Basics program
- Describe basic principles of positive psychology
- Experience the “What Went Well” skill used in the program
- Articulate how the “Savoring,” “Count your Blessings,” and “Thinking and Writing about Positive Events” skills work

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3C: **ADHD Shared Medical Visit for Caregivers of Children and Youth: A Hamilton Family Health Team Pilot Project**  
Brenda Mills, Hamilton Family Health Team

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

Following this presentation, attendees will be able to:
- Describe the rationale, development and implementation of the model.
- Recognize the benefits and challenges of the SMV model for ADHD from both the clinicians and patient perspective.
- Replicate the model in their own settings.

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3D: **Part 2 – Opening Pandora’s Box: Delivering Trauma-Informed Care and Providing Evidence-Based Trauma Treatment within the Medical Home**  
Penny Borghesan, South Calgary Primary Care Network  
Sherry Harris, Alberta Health Services  
Chantelle Klassen, Alberta Health Services

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

Following this presentation, attendees will be able to:
- Talk to their patients about ACE’s with increased confidence and compassion
- Articulate specific screening questions, language and strategies for addressing the needs of primary care patients impacted by past trauma
- Understand key elements in evidence-based treatment for early developmental trauma and how this can be implemented in a primary care setting

2:30 – 2:45 Break & Room Change

2:45 – 3:45 Session 4 – Concurrent Oral Presentations

4A1: The East Calgary Family Care Clinic: A Model for Mental Health Integration into the Medical Home (040)
Kara Irwin, East Calgary Family Care Clinic, Alberta Health Services
Nureen Pirbhai, Alberta Health Services

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

Following this presentation, attendees will be able to:
- Describe the model of integrated mental health in primary care used at the East Calgary Family Care Clinic
- Comprehend the impact of the model thus far through the use of case studies and a discussion of challenges to date
- Explain the future directions and areas of growth proposed for the future of the model

4A2: Re-Engineering Mental Health and Addiction Services Across the Continuum of Outpatient Care: Imbedding Clinical Competencies into Lean Service Delivery (082)
John Moore, Nova Scotia Health Authority
Dana Pulsifer, Nova Scotia Health Authority

This oral presentation will detail the unique path that AVH has travelled in modernizing its outpatient Mental Health & Addiction Services Department by establishing key partnerships with primary care and local schools, implementing a lean service delivery model, and creating a MHAS clinical competency framework. We will make reference to the literature and underpinning theory and we will report on the outcomes of our system transformations.
Following this presentation, attendees will be able to:
- Describe a model for embedding the principles of lean management and stepped care within Mental Health & Addiction Services (MHAS) and within its collaborative relationships
- Explain key features of a model for implementing and disseminating a MHAS clinical competency framework at the primary, secondary and tertiary levels
- Articulate how this model can help to create and maintain collaborative relationships between MHAS and primary care and local schools.

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4B1:  
**Psychosocial Needs and Stressors of Frontline workers (071)**  
Jeannette Waegemakers Schiff, University of Calgary

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

Following this presentation, attendees will be able to:
- Understand the lived and learned realities of sexual and gender minority individuals
- Discuss issues using appropriate LGBTQ terminology
- Break down the myths and misunderstandings about transgender people
- Help construct a safe, supportive and nurturing environment for people of a sexual or gender minority
- Communicate with and about sexual or gender minority people in a way that is respectful and meaningful
- Define their professional responsibility to create inclusive and safe environments for sexual and gender minority children, youth, adults their families

4B2:  
**Implementation Evaluation of Novel Integrated Service Coordination Teams (068)**  
Dima Saab, Centre for Research on Inner City Health, St. Michael's Hospital

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

### 4C1:

**Participation of Young-Adult Family Members in Collaborative Mental Healthcare Settings in Canada and Germany (081)**

Marion Schnute, University of Hildesheim

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

Following this presentation, attendees will be able to:
- Define 3 roles of young family members in collaborative healthcare settings, and their implications for systems-integration
- Explain potentials and barriers to collaborative approaches to healthcare from a young family member perspective
- Identify the benefits and challenges of intersectoral-collaboration between the healthcare and social service system as they are experienced by young family members

### 4C2:

**From Transactional to Transformation Change Through Client and Family Co-Design (088)**

Garry Laws, Peer Support South East Ontario
Jennifer Payton, South East Local Health Integration Network

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

Following this presentation, attendees will be able to:
- Demonstrate the process for maintaining a client-led and client informed process that enables direct transformational change in health care.
- Discuss the overall process for large-scale system integrations in the Addictions and Mental Health sector
- Express how an Ideal Client Experience/Journey can be developed and mapped to
regionalized system of integrated care with a common basket of service for all clients and consumers.

4C3:  
**Listening to Families: Building collaborative programs to support families affected by parental mental illness and/or addictions (022)**  
Kristina Dixon, Canadian Mental Health Association, Vancouver Fraser Branch  
Tina Lee, Child and Adolescent Program, Vancouver Coastal Health  
Sonja Sinclair, Mental Health and Addictions, Vancouver Coastal Health  
Danny Taylor, Richmond Addiction Services Society

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

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

Following this presentation, attendees will be able to:

- Understand the needs of families living with parental mental illness
- Effectively collaborate across disciplines and understand the benefits that these types of collaboration bring to family and children impacted by mental illness
- Describe needs and complexities of children living with parents with mental illness and/or addictions
- Develop a collaborative model that supports children and parents and ensures that both child and parental needs are simultaneously met
- Navigate the building of a collaborative, strength based model of practice that keeps families living with mental illness and or addictions connected to their community

**Sheraton Ballroom**  
**Mental Health Initiatives within the Patient’s Medical Home**

4D1:  
**Improving Quality of Life Through Managing Emotions Group (013)**  
Crystal Degenhardt, Edmonton Southside Primary Care Network

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

Following this presentation, attendees will be able to:

- Better understand the tools that contribute to increasing the emotional health within participant population, using a time-limited psycho-educational approach for delivery

4D2:
GROUPS - GAINS & GOALS: A Review of Ottawa's Group Therapy Program (042)
Donna Klinck, TOH & Bruyere Academic Family Health Teams

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

Following this presentation, attendees will be able to:

- Give an overview of the group therapy initiative, as offered by the Ottawa Shared Mental Health Care team within the Patients Medical Home (PMH)
- Share statistical findings and evaluation results over 4 yr. period in order to analyze how this information might influence clinical practice and future development
- Analyze current program delivery as well as next steps, by gaining insight from other organizations in order to improve innovation in our system design going forward

4D3:
Insomnia Groups in Primary Care (046)
Tena Hoekstra, Alberta Health Services
Patricia Waymouth, Alberta Health Services

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

Following this presentation, attendees will be able to:
• Recognize the benefits of cognitive-behavioural strategies for the treatment of psychophysiological insomnia in primary care
• Describe the cognitive-behavioural strategies highlighted throughout the six sessions of the insomnia group
• Implement a psycho-educational group for insomnia in primary care

3:45 – 4:00 Break & Room Change

4:00 – 4:45 Plenary Session – Invited Poster Presentations (3 @ 10 min +5 Q&A)

1. Collaborative Care Competencies for Psychiatrists to Support Primary Mental Health Care
   Nadiya Sunderji, St. Michael's Hospital
   Kristina Powles, Mt. Sinai Hospital

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

   Following this presentation, attendees will be able to:
   • Describe key competencies for Psychiatrists practicing Collaborative Care,
   • Analyze how these competencies enable Psychiatrists to support Family Physicians (FPs) and Interprofessional Health Care Providers (IHPs) in the delivery of high quality primary mental health care in the Patient Medical Home
   • Explore the parallel need to define Collaborative Care competencies for FPs and IHPs in the Patient Medical Home.

2. Adverse Childhood Experiences and Adult Health Outcomes in an Albertan Sample
   Julia Poole, University of Calgary

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

   Following this presentation, attendees will be able to:
   • Assess the extent to which adverse childhood experiences relate to depressive symptoms and chronic health conditions in an Albertan sample
   • Identify which types of ACEs have the most salient effects on depressive symptoms and chronic health conditions
   • Determine whether gender differences exist in these relationships.
3. Profiles of Collaborative Practices in Youth Mental Health Teams Newly Implemented in Primary Care
   Annie Pontbriand, CSSS de la Montagne

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

Following this presentation, attendees will be able to:
- Acquire a better understanding of different collaborative practices of youth mental health teams implemented in Quebec
- Appraise the professionals’ views about their roles and identity as mental health primary care workers
- Gain knowledge on the main barriers encountered by youth mental health teams in providing collaborative care.

4:45 – 6:00 Wine & Cheese Reception & Poster Viewing

Free Evening / Dinner on Own

Saturday, June 20, 2015

7:00 – 8:00 Registration & Breakfast

8:00 – 8:45 At Least One: Hope-Inspiring Relationships
   Gina Calhoun, National Director for Wellness & Recovery Education, Copeland Centre for Wellness and Recovery, Brattleboro, Vermont

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

What does the practical application of this quote look like in the human interactive experience?

In this keynote, Gina shares her personal story of transitioning from long-term institutionalization to active community citizenship. Through her journey, we will discover the importance of hope-inspiring relationships including the essential role of Certified Peer Specialists in the hospital to community transition.

Following Gina’s story we will examine three specific ways to support others to believe in their own abilities to succeed.

Following this presentation, attendees will be able to:
- Examine the recovery journey through storytelling
- Evaluate the benefits and outcomes of supportive relationships
- Define the unique role of peer support in mental health services
- Explore three approaches to support others to believe in their own abilities to move toward self-identified life goals
The presenter will draw on relevant literature as well as his experiences of running a psychiatric outpatient clinic to a BC First Nation over a period of two and a half years, as a basis for exploring and discussing the concept of collaboration with special reference to the context of modern (Western) psychiatric services and Canadian indigenous communities. For the purposes of conceptualizing the concept of collaboration, a three-tier typology will be tentatively proposed, one that encompasses “structural”, “ideological”, and “in-person” collaboration – with the argument being that this serves as a useful framework within which to think about the concept of collaboration not just with regards to the modern psychiatry/indigenous community interface but more widely. This will be followed by an explication of those barriers to collaboration that have been identified (again, both through experience and in the literature) with the intention that this will promote discussion as well as further understanding of relevant issues.

Following this presentation, attendees will be able to:
- Develop a deeper understanding of the concept of collaboration especially as it pertains to the relationship between Western (modern) psychiatry and traditional/indigenous communities
- Recognize collaborative initiatives, both in North America and further afield, that have sought to adapt modern psychiatry to the needs of traditional communities
- Understand some of the barriers to collaboration and to appreciate that some 'new' disciplines such as 'post-colonial studies' may assist us in deepening this understanding

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

- Illustrate the effectiveness of an interdisciplinary team which includes the role of the Medical home along with speciality care as integral to the therapeutic process in treating complex pain patients
- Understand the interplay between mental health and physical health and the successes and challenges in integrated treatment of mental health and chronic pain
- Review effectiveness of the model in comparison to more traditional speciality based models

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**McKnight East**

**Innovation**

5C: **Closing the Gap: Two Community-Based Mental Health Initiatives**
Marie Dussault, Canadian Mental Health Association, BC Division
Murli Soni, Canadian Mental Health Association, BC Division

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

Following this presentation, attendees will be able to:

- Employ innovative ways of delivering mental health promotion programs
- Discuss how different models of delivery and collaboration reach different segments of the population
- Understand how highly-trained non-specialists in the non-profit/community sector can provide mental health support to primary and secondary care professionals

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**Sheraton Ballroom**

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

5D: **Lived Experience Panel: The Real Deal – Honouring Lived Experience**
Moderator:

Panelists:

- Catherine Dyer
- Speaker TBA
- Speaker TBA

10:15 – 10:30 **Break & Room Change**
6A1: **Digitizing Ourselves to Death (073)**
Benjamin S. Wong, Richmond Addiction Services Society

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

Following this presentation, attendees will be able to:

- Consider internet addiction as a condition with physiological, social and psychological health consequences
- Understand challenges presented by a technophilic culture and its implications on development of healthy brains
- Utilize a "purpose-driven, evidence-informed" approach as best practice in areas of parenting, education, and psychosocial services in our encounter with our technophilic society

6A2: **Building belonging in the South Similkameen: Towards community-wide cross-cultural mental health promotion (075)**
Navjot K. Gill, UBC-Okanagan

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

Following this presentation, attendees will be able to:

- Integrate social cohesion and cross-cultural understanding in mental health promotion
- Explain the relationship between wellbeing and belonging
- Explore the potential role(s) of diverse formal sectors (i.e. public health system services) in promoting positive dimensions of comity mental health

6B1: **Child and Youth Mental Health Promotion: The Role of Public Health (045)**
Jodie Murphy, Thunder Bay District Health Unit
Maria Pavkovic, Hamilton Public Health Services

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

Following this presentation, attendees will be able to:

- Define areas of focus for mental health promotion in children and youth that align with public health principles of need, impact, capacity, partnership, and collaboration.
- Deconstruct common assumptions, knowledge, and beliefs of provincial stakeholders around priorities and gaps in areas of focus in mental health promotion for children and youth.
- Confirm alignment of the identified key areas of focus with the core principles of public health systems through consultation with public health leaders.

6B2:  
**Interprofessional education and collaborative care in youth mental health: the experience and evaluation of transcultural and inter-organizational case discussion seminars (015)**  
Janique Johnson-Lafluer, CSSS De la Montagne

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

Following this presentation, attendees will be able to:

- Acquire a better understanding of the specific modalities of interorganizational case discussion seminars
- Appraise the impact of these seminars on the quality of collaboration in youth mental health services
- Gain knowledge on key elements needed to implement such interprofessional educational initiatives

6B3:  
**Families amongst the agencies: experiences between professional cultures (028)**  
Noah Spector, University of Ottawa and Children’s Hospital of Eastern Ontario

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

Following this presentation, attendees will be able to:

- Describe the definition of professional cultures that is useful to understand some of the barriers to professionals sharing the treatment of an individual young person and their family.
- Understand the views of families on what contributes to their perceptions of continuity in the care.
Understand how service providers in multiple agencies can speak across common beliefs and practices to construct plans of care that are experienced as coherent by young people and their families.

McKnight East

6C1: A Free Book for Caregivers of Individuals with Intellectual Disabilities and Mental Illness: Showcasing an Innovation (065)
Sherri Melrose, Athabasca University

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

Following this presentation, attendees will be able to:
- Share an innovative open access book that provides practical explanations of interest to all those who care about and for individuals with co-occurring intellectual disabilities and mental illness.

6C2: Common mental disorders and chronic medical conditions: How can we improve patients’ mental health care experience? (050)
Pasquale Roberge, Université de Sherbrooke

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

Following this presentation, attendees will be able to:
- Identify approaches to foster interdisciplinary services to patients with chronic diseases and depression and/or anxiety disorders
- Describe the positive impact of the contribution of allied professionals (e.g. pharmacists, nurses) on the care provided to patients with chronic diseases and depression and/or anxiety disorders
- Explain the main barriers and facilitators that influence the quality of care provided to patients with chronic diseases and depression and/or anxiety disorders and the challenges encountered by these patients when seeking or accessing health services.
6C3: 
Weaving the web to care for the mental health patient in primary care (077)
Amanda Berg, Alberta Health Services
Cori Bryant, Crowfoot Primary Care Centre
Safia Khalfan, Crowfoot Primary Care Centre

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

Following this presentation, attendees will be able to:

- Understand the interrelationship between chronic disease and mental health
- Describe how the Foothills Primary Care Network has supported mental health within the community
- Demonstrate the role of interdisciplinary team in supporting patients with mental health needs in primary care
- Demonstrate the role of specialty care in a partnership with family medicine in primary care
- Explore the role of building partnerships between primary care and tertiary care
- Share prevention strategies to prevent onset of mental illness and it’s relapse

Sheraton Ballroom

6D1: 
Waiting-List Care for Depression (011)
Dan Bilsker, Simon Fraser University
Douglas Green, The Ottawa Hospital Shared Care Program

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

Following this presentation, attendees will be able to:

- Better understand the issue of long wait times for depression treatment
- Be familiar with the benefits of mood self-management, including efficacy, cost and feasibility
- Describe strategies for enhancing standard depression care by incorporating self-management into waiting protocols

6D2: 
Successful Canadian Implementations of Peer Support in Primary Care and Outpatient Settings (020)
Magda Czegledi
Sue Miller

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

Following this presentation, attendees will be able to:

- Describe how recovery-oriented Mental Health Peer Support has been successfully integrated with existing Canadian collaborative primary care and outpatient services
- Relate the client outcomes that are being delivered using this peer support model and estimate the cost of delivering this model compared to the existing mental health services in Alberta

6D3:

Take One: Time to Talk (T2T), South Calgary PCN's centralized mental health pilot (057)
Sheena K. Clifford, South Calgary Primary Care Network
Patrick Griffin, South Calgary Primary Care Network

There is no health without mental health – World Health Organization

One of the greatest challenges facing the Canadian health sector is meeting the needs of individuals requiring mental health care. We know that primary care visits are frequently driven by psychosocial concerns and that a significant group of people with psychological problems go to their family doctor with a physical complaint rather than recognizing that they have a form of mental distress. Family physicians have a finite amount of time, diverse confidence in this practice area and limited resources. Referrals external to the patient medical home can be challenging inclusive of a lack of familiarity or trust (relationship), communication, collaboration and wait times.

Time to Talk (T2T), named by our patients and team members, opened its doors in pilot mode January 2014. A centralized model, T2T employs a brief generalist therapy model involving a comprehensive initial assessment, provisional diagnosis, recommended treatment plan and feedback to/consultation with the referring family physician. Like our behavioral health consultants, our therapists are masters-level, registered and regulated health professionals. Many said they had tried and failed such a program model. “Every system is perfectly designed to get the results its gets” – Dr. Paul Batalden. We would like to share our results with you.

Following this presentation, attendees will be able to:

- Increase their knowledge and possibility about primary mental health care delivery in the patient's medical neighbourhood
- Promote mental health across the lifespan of our clients (children to geriatric populations)

11:30 – 12:30 Lunch, Posters and Exhibits
**Session 7 – Concurrent Workshops**

**Alberta North**

**7A:**

**I’m not Sick, I’m Transgender!** *(066)*

Marni Panas, Alberta Health Services

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

Following this presentation, attendees will be able to:
- Explain the crucial role that mental health care providers play in the lives of transgender people
- Define key LGBTQ+ terminology and address common myths and misunderstandings about transgender people
- Describe ways to create a safe, supportive and nurturing environment for people of a sexual or gender minority
- Learn skills for communicating with and about sexual or gender minority people in a way that is respectful and meaningful

**Alberta South**

**7B:**

**Bridging the Gaps for Complex Pain Patients (Workshop Repeated)**

June S. Bergman, University of Calgary

Jean Leong, Shared Mental Health Care Program, Alberta Health Services

Debra McDougall, Alberta Health Services, Calgary Foothills Primary Care Network

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

Following this presentation, attendees will be able to:
- Illustrate the effectiveness of an interdisciplinary team which includes the role of the Medical home along with specialty care as integral to the therapeutic process in treating complex pain patients
- Understand the interplay between mental health and physical health through case examples
- Demonstrate the successes and challenges in integrated treatment of mental health and chronic pain and to review effectiveness of the model in comparison to more traditional specialty based models
7C:
**Accelerating the Adoption of Recovery-Oriented Practices Within Primary Care**
Howard Chodos, Mental Health Commission of Canada

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

Following this presentation, attendees will be able to:
- Summarize the Guidelines for Recovery-Oriented Practice (May 2015)
- Explore ways to strengthen the alignment of the Guidelines for Recovery-Oriented Practice to the role of physicians
- Identify potential opportunities for partnership in advancing recovery-oriented care in Canada

7D:
**A Practical Interactive Workshop for Primary Care Clinicians on the Child and Adolescent Mental Health Toolkits Updated for DSM 5**
Helen Spenser, Children's Hospital of Eastern Ontario & University of Ottawa
Blair Ritchie, Foothills Hospital & University of Calgary
Brenda Mills, Hamilton Health Region

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

Following this presentation, attendees will be able to:
- Identify updates in DSM5 that will be important for the diagnosing and treating of children and youth who suffer from mental illness
- Use a simple screening tool to identify children and youth who may require a more detailed assessment for mental health problems
- Use various components of the toolkits to derive helpful information to clarify next steps and to identify useful psychoeducation tools for patients and their families

1:30 – 1:45
**Break & Room Change**
1:45 – 2:45  
**How Life Experiences Shape Brain Development and Why Does it Matter?**  
Judy Cameron, Professor of Psychiatry and Director of Science Outreach, University of Pittsburgh

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

Following this presentation, attendees will be able to:
- Understand basic processes by which childhood adversity affects the developing brain, and its consequences for adult mental and physical health
- Describe key indicators for intervention in individuals exhibiting signs of early childhood adversity
- Explain what types of interventions are effective for assisting individuals who have experienced adverse childhood events

2:45 – 3:45  
**Plenary Panel: Hop On! ‘Hayside’ Reflections and Blazing Trails**

a) Nick Kates, Professor and Chair, Department of Psychiatry and Behavioural Neurosciences, Michael G. DeGroote School of Medicine, McMaster University; Quality Improvement Advisory, Hamilton Family Health Team (confirmed)
b) Ellen Anderson, Clinical Assistant Professor, Department of Family Practice, University of British Columbia; Co-Chair, CPA-CFPC Collaborative Mental Health Working Group (confirmed)
c) Bob Acton, BHC Co-Leader, Shared Mental Health Care; Adjunct Faculty, Department of Family Medicine, University of Calgary
d) Pierre Chue, Edmonton Zone Clinical Department Head, Addictions and Mental Health; Mental Health Lead, Supportive Living; Director, Clinical Trials and Research Program, Community Mental Health, Alberta Health Services (to be confirmed)

3:45 – 4:00  
**Conference Close**  
Christine Luelo, Conference Co-Chair  
Michael Trew, Conference Co-Chair