Canadian Collaborative Mental Health Care Conference

25th Anniversary

JUNE 13-14

2024

Ottawa Ontario

Book of Posters

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Perceived impact of cognitive and communication deficits on shared decision making in people with a schizophrenia spectrum disorder: protocol for a qualitative study

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ABSTRACT

Introduction: We know little on the abilities required to participate fully in shared decision making (SDM). People with schizophrenia spectrum disorders (SSD) often experience cognitive or communication deficits, and this study aims to document whether these deficits are perceived to have a negative impact on their ability to fully participate in SDM.Methods: This qualitive descriptive study takes place at the Clinique Notre-Dame des Victoires (CNDV), a specialized clinic for young adults with a recent-onset of psychosis in Québec City, where we will recruit a purposeful sample of 15 patients with SSD and 10 mental health professionals (e.g. psychiatrists, case managers, psychologists, pharmacists). Participants will be invited to take part in individual interviews that will be audio taped and transcribed verbatim. Informed by the Ottawa Decision Support Framework (targeting SDM) and the Measurement and Treatment Research to Improve Cognition in Schizophrenia framework (targeting cognition in SSD), our interview guide includes sections focusing on (1) the decisions made by patients at CNDV, (2) their cognitive or communication deficits and (3) the impact of these deficits when it comes to being fully involved in SDM. The qualitative data will be analyzed using a reflexive thematic approach.Results: This study is ongoing.Conclusion: This study will provide a novel perspective on the impact of cognitive and communicational abilities on SDM, opening the door to exploring these impacts in other clinical populations.

A Framework for Future Muslim Mental Health Program Development

Presenter(s): Sadaf Anjum
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ABSTRACT

Introduction:Muslims are one of the fastest growing minority groups in Canada and research suggests they are underutilizing mental health services, despite high levels of psychological stress in this population. Currently there lacks a comprehensive understanding of the needs and barriers to mental health services for Muslims.Objectives:(1) Identify the key mental health needs of Muslims in North America and barriers to accessing mental health services. (2) Understand the interconnected roles of Muslim community members and the broader community in improving mental health services for Muslims. (3) Create a comprehensive framework that may guide mental health program development for Muslims, taking into consideration religious and cultural practices.Methods:An integrative literature review was conducted in June 2022 to identify the key mental health needs of Muslims in North America and barriers to mental health services. Twenty-two studies from 3 databases were included in the final review. Results & Discussion:Results showed the Muslim, mental health, and broader communities are integral in improving mental health programs and uptake for Muslims. Several key themes surrounding needs and barriers include, the need for spiritual outreach programs within mosques, increased supports for Muslim community leaders and mental health professionals, and increased services in the community. These themes, along with several recommendations, form the basis of the first Framework for Mental Health Program Development for Muslims. This practical framework identifies collaborative responsibilities and key considerations required to increase uptake of effective mental health services for Muslims that better meet their needs.

Satisfied, unsatisfied, or dissatisfied: Youth perceptions of care in services transformed to be youth-friendly and provide low-barrier access to timely services

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ABSTRACT

The need for accessible, youth-friendly mental health services sparked a global effort to transform mental health care systems. Satisfaction, an important factor influencing engagement and adherence to treatment, is integral for assessing services from youths' perspectives and evaluating service quality improvements. This project aimed to determine satisfaction rates and correlates for youth receiving services from ACCESS Open Minds (AOM), a co-created network of youth-focused services across Canada. The 4-item Client Satisfaction Questionnaire (CSQ), a well-established satisfaction tool in health research, was used to assess youth satisfaction. It was completed by 395 youth aged 11-25 at AOM sites in Alberta, New Brunswick, Nova Scotia, Ontario, and Quebec over a one-year period starting in March 2020. We also assessed youths' preferred method of contact with their service providers, whether in-person, through video conferencing, phone, or text messaging. Additionally, youth provided demographic data, including birth year, gender, and time in service. Descriptive analyses revealed that 90.6% of youth were satisfied with services, and no differences were found across gender, age, time in service, or location. 74.1% of youth preferred accessing services in person. 27.1% of youth reported a maximum satisfaction score on the CSQ, indicating possible ceiling effects. High satisfaction rates across demographics suggest that AOM delivered appropriate services to diverse youth. These results are comparable to those reported by other youth services reform initiatives in Canada and internationally. The implications of these findings will be discussed with other methodological limitations common to satisfaction surveys in mental health.

The experiences of people with mental-physical multimorbidity with recovery-oriented care: findings from a qualitative study

Presenter(s): Marjorie Brochu
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ABSTRACT

Introduction: People with co-existing mental health and chronic physical conditions (i.e. mental-physical multimorbidity) are common in primary care yet are vulnerable to receiving care that is fragmented and sub-optimal in quality. Few studies, however, have examined the extent to which the care they receive is consistent with the principles of recovery-oriented care.Objective: To explore the perspectives of people with mental-physical multimorbidity on their experiences receiving care that was consistent (or not) with recovery-based approaches.Methods: We conducted a qualitative descriptive study examining the care experiences of people with mental-physical multimorbidity prior to and during the COVID-19 pandemic. Thirty-one (31) participants from different regions of Quebec were purposefully sampled and took part in semi-structured interviews lasting approximately 90 minutes. Participants were asked about their general experiences receiving mental health care and about specific experiences that positively or negatively influenced their personal recovery process. The data was analyzed using reflexive thematic analyses informed by conceptual frameworks for recovery-oriented care.Results: The sample included mostly women (24 women, 4 men, 2 non-binary) with common mental disorders (e.g. depression, anxiety disorders, stress-related disorders) and a diverse range of chronic physical conditions. Analyses related to recovery-oriented care are ongoing and will be completed by conference time.Conclusion: The recovery model is an important operating principle for the organization of mental health care but it remains to be seen to what extent current practices in primary care for people with multimorbidity reflect these principles.

Developing Pan-Canadian Practice Principles for Working with Goals in Youth in Community Mental Health

Presenter(s): Drew Burchell
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ABSTRACT

Across the mental health care continuum, from primary care to intensive services, youth are often engaged by mental health professionals in setting goals as part of shared decision-making in treatment planning. However, there is little guidance for clinicians on the best ways to work with youth to set meaningful goals, plan for how to achieve their goals, or monitor and measure progress towards goals. There are many tools, scales, measures, templates, and forms being used in practice, so the proper standard is not always clear. There is even less guidance on how goal-oriented practices might need to be adapted to make them culturally relevant and inclusive for diverse youth and their families. Our objective was to to develop a set of candidate practice principles for goal-oriented practice in youth mental health treatment. To develop these guidelines, we drew on scientific knowledge (review of academic literature), knowledge from lived experience (interviews and focus groups with youth and caregivers), the knowledge of experts (key informant clinician engagement), and worked with pan-Canadian and international partners. This poster will present key results of the literature review and describe how these aligned or did not align with lived experiences heard from youth and caregiver engagement. Conference attendees will be given an opportunity to provide their direct input and inform development of the final version of the practice principles. We expect findings will guide future policy and practice in a variety of mental health service settings and catalyze new lines of research.

Barriers in Accessing Mental Healthcare for Canadian Women Living on a Low Income: A Qualitative Systematic Review

Presenter(s): Pilar Camargo-Plazas
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ABSTRACT

Background: Access to mental healthcare for Canadian women with low incomes presents significant challenges, amplified by socioeconomic status. Despite federal and provincial efforts to improve mental healthcare, issues such as chronic underfunding and unequal distribution persist. Understanding how these women access and are provided with mental healthcare is crucial.Objectives: To assess and synthesize available qualitative evidence concerning the experiences of women with low incomes in accessing mental healthcare in Canada.Methods: Following the JBI methodology for qualitative systematic reviews, we conducted systematic searches across 13 databases (e.g., MEDLINE, CINAHL) for English and French articles published from 2013 to 2023. The process involved screening titles and abstracts, followed by full-text reviews and methodological quality assessment conducted by two independent reviewers. The review focused on qualitative and mixed-methods studies, resulting in 17 studies included.Results: Our review reveals that women with low incomes face compounded challenges in accessing mental healthcare, primarily due to cultural and socioeconomic barriers and stigma. Intersectional barriers such as income, ethnicity, and immigration status further exacerbate these challenges, highlighting the urgent need for mental healthcare that is affordable, accessible, and sensitive to diverse identities.Conclusion: The findings underscore the substantial barriers women with low incomes face in accessing mental healthcare, driven by cultural, socioeconomic, and intersectional factors. This review calls for mental healthcare that is inclusive, adaptable, and focused on enhancing cultural sensitivity and reducing stigma. With the aim of improving mental health outcomes for women from equity-deserving groups in Canada.

Psychometric properties of instruments measuring integrated mental health care in primary care

Presenter(s): Genève Caron
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ABSTRACT

Introduction: The integration of mental health care in primary care has received major attention in Canada and internationally but there remains a lack of clarity around how to conceptualize and measure integrated care. Psychometrically valid instruments are needed to accurately assess integrated care services and understand how to strengthen integration.Objective: To examine the psychometric properties of instruments (tools, scales, questionnaires, etc.) designed to measure the integration of mental health care in primary care.Methods: We conducted a scoping review to identify relevant instruments measuring integrated mental health care. The initial searches were conducted in Medline, Embase and PsycINFO and complemented by grey literature searches (websites of Canadian and international organizations). This review identified 107 instruments examining different aspects of integrated care (e.g., the level of integrated care, competencies needed for integrated care, patient perspectives of integrated care, etc.). Using reverse citation searches, we retrieved all articles reporting the psychometric properties of these instruments. We specifically extracted data on the instruments' purpose, development process, internal consistency, and validity (e.g., content, convergent, discriminant).Results: Our analyses are ongoing and will be completed by the time of the conference. Preliminary results suggest that only a small number of instruments have undergone rigorous psychometric assessment.Conclusion: While a large number of instruments have been developed to measure the integration of mental health care in primary care, there is no gold standard in this area and greater attention towards instruments' psychometric properties is warranted.

Toward a dynamic understanding of the needs of families with a member living with a mental disorder: A scoping review

Presenter(s): Marie-Ève Caron
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ABSTRACT

Almost every Canadian family will be affected by a mental disorder. Family members react in different ways through a dynamic process that evolves over time, rather than a static role as caregiver. Despite encouragements for families to be involved in healthcare settings, they still feel unprepared and marginalized. A scoping review, using the JBI group's methodology, was conducted to map the evidence regarding the needs of families with a member living with a mental disorder. The search strategy was established with a specialist health sciences librarian. The selection and analysis of articles was carried out by two people with an inter-judge agreement of over 90%. Of the 30 articles included, the majority were qualitative studies describing the experiences and needs of the caregiver only. No article included families in the design or development of the study. Results show that educational family needs are both theoretical and functional (ex: knowledge of the disease and its management, available services and how to access them, etc.). Support for these families was needed from a variety of sources such as other family members, healthcare professionals for the family, and financial support from organizations. Limited research is available on the evolving and dynamic needs of families throughout the recovery journey. Families remain largely excluded from research and intervention development, perpetuating an imbalance of information and power: to scale up collaborative care, families need to be engaged. Finally, this review initiates a grounded theorization process with a participatory approach to model families' illness experiences through life.

Profiles of Emergency Department Users with Mental Disorders Related to Barriers to Outpatient Care

Presenter(s): Tiffany Chen
Submission Author(s): *Tiffany Chen1, Zhirong Cao2, Francine Ferland3, 4, Lambert Farand 5, Marie-Josée Fleury1, 2*
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ABSTRACT

Introduction: Emergency department (ED) overcrowding is a growing problem worldwide. High ED users have been historically targeted to reduce ED overcrowding and associated high costs. Patients with mental disorders (MD) including substance-related disorders (SRD) are among the largest contributors to high ED use. Since ED are meant for urgent cases, they are not an appropriate setting for treating recurrent patients or replacing outpatient care. Objectives: Identifying ED user profiles in terms of perceived barriers to care, service use, and sociodemographic and clinical characteristics is crucial to reduce ED use and unmet needs. Methods: Data was extracted from medical records and a survey among 299 ED patients from 2021-2022 in large Quebec networks. Cluster algorithms and comparison tests identified three profiles. Results: Profile 1 had the most patients without barriers to care, with case managers and best primary care received. Profile 2 reported moderate barriers to care and low primary care use, best quality of life and more serious MD. Profile 3 had the most barriers to care and high ED users, and lower service satisfaction and perceived mental/health conditions. Discussion: Our findings and recommendations inform decision-makers on evidence-based strategies to address the unmet needs of these vulnerable populations.

Walk-In Wellness: Improving Access by Bringing Mental Health to the Mall

Presenter(s): Erin Clayton
Submission Author(s): Erin Clayton1, Samantha Allcock1
Affiliation(s): 1Pathstone Mental Health

ABSTRACT

Introduction: Pathstone Mental Health undertook an innovative community-based initiative aimed at improving access to free mental health services for youth and families. By establishing walk-in clinics in two local malls, we sought to provide our services in an environment that was already familiar and accessible to the clients we serve. We hoped this would help address barriers to mental health care access and increase awareness of mental health issues among the Niagara Region population.Methods: The walk-in clinics provide on-site counselling services, psycho-education, mental health resources, and referrals to additional support services. These sites can be reached through an established transit infrastructure to ensure accessibility for all clients. Partnering with Big Brothers Big Sisters facilitated the integration of other community partners, and supports families in accessing the services they need. The sites also focused on fun community-building activities, helping to reduce stigma and increase awareness of the programs offered.Results: The initiative attracted significant community interest and participation, evidenced by increased attendance rates and positive feedback. Adding our walk-in clinics to existing high-traffic areas for Niagara's youth also created the opportunity for normalizing discussions around mental health and promoting early intervention and support.Discussion: Our collaborative approach underscores the importance of community partnerships in addressing children's mental health needs. This initiative exemplifies the potential of community-based services to enhance access, reduce stigma, and promote early intervention in mental health care.

How to improve the rates of youth completing self-report measures: Preliminary impressions from an ongoing systematic review

Presenter(s): Tovah Cowan
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ABSTRACT

Collaborative care requires gathering information from all stakeholders for well-informed decision-making. Patient-reported measures are one avenue for service users to communicate their experiences. Learning health systems - networks of health services/stakeholders that use and learn from data from multiple sources for continuous quality improvement and treatment planning- are being integrated into youth mental health services/systems to improve care. Prioritizing youth-reported measures allows youth services to assess outcomes and experiences, facilitate shared decision-making, and optimize treatment and policy. However, youth-reported measures are often not completed, and reports of missing data range from 30-90%. These low rates hinder collaborative care and the centering of services in youth perspectives. As of yet, there is no comprehensive understanding of typical response rates or factors that improve response rates. This ongoing systematic review is designed to identify factors that impact the completion of measures by youth in mental health settings and the overall rates of completion across studies. The studies included in the review focus on youth (aged 11-30) receiving mental healthcare which uses youth-reported measures for treatment decision-making and/or quality improvement. Preliminary impressions will be shared, including the types of services which prioritize youth-reported outcome measures (early psychosis services, integrated youth services, psychotherapy clinics using assessments to guide goal setting and share progress, settings tailoring medication based on youth-reported measures, etc). Factors impacting completion rates will be discussed, with attention to variation across setting, time, and youth sub-groups. Findings have implications particularly given the high and increasing level of investments in youth services across Canada.

Climate worry and daily life impacts among a clinical sample of Canadian youth

Presenter(s): Zachary Daly
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ABSTRACT

Introduction: Amidst calls to support youth experiencing climate distress, clinical data remains limited, hampering evidence-aligned responses. Our poster explores climate distress among youth accessing outpatient services via Foundry, an integrated youth services network in British Columbia, Canada.Objectives: To explore the relationships between climate worry, resultant impacts to daily life, mental health, and functioning among a clinical sample of youth.Methods: Youth (16-24 years) from four Foundry centres (n=425) completed a survey package that included the PHQ-8, K-10, WHO Disability Assessment Schedule-2.0 (WHODAS) and two questions on climate change. Relationships between variables were examined using Goodman and Kruskal's gamma. Results: Overall, 40.2% of respondents were very or extremely worried about climate change and 28.1% reported impacts to their daily lives due to climate change.We found a strong positive relationship between the level of climate worry and daily life impacts due to climate change (G=0.521, p<0.001), a weak positive relationship between climate worry and psychological distress (G=0.151, p=0.024) and a moderate positive relationship between climate worry and WHODAS general disability scores (G=0.205, p<0.001).We also found moderate positive relationships between reporting daily impacts due to climate change and psychological distress (G=0.332, p<0.001), depressive symptoms (G=0.207, p=0.014) and WHODAS general disability scores (G=0.330, p<0.001).Discussion: This study is among the first to explore youth climate worry among a clinical sample. Not only are youth worried about climate change, in some cases they experience associated adverse impacts on mental health and functioning. Future research will explore how youth wish to be supported.

Roots and Routes: A Qualitative Exploration of Mental Health Experiences and Service Access Among South Asian Youth in British Columbia

Presenter(s): Avneet Dhillon
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Affiliation(s): 1UBC, 2Foundry BC , 3Foundry BC

ABSTRACT

Introduction: In Canada, 1 in 4 youth report mental illness by 25, facing fragmented mental health and substance use (MHSU) services. Racialized and immigrant youths encounter unique barriers such as stigma, lack of cultural resources, and intergenerational trauma, further underscoring the need for research on diverse youth experiences in mental health care to enhance access and tailor services. The South Asian community in British Columbia (BC) has significantly grown, with youth making up a third of this group. Addressing these barriers is crucial for improving mental health service utilization among South Asian youth.Objectives: The aim of this qualitative research is to gain deeper insights into the distinctive experiences of South Asian Youth with mental health and their access to services across British Columbia, Canada.Methods: The study utilized participatory action research with a youth advisory committee (YAC) composed of South Asian youths aged 16-24 with mental health experience in British Columbia (N=3). Recruitment for study participants was through word of mouth and purposive sampling for diversity. The YAC, meeting virtually four times, co-created the research methodology and contributed to analysis and knowledge translation. Participants (N=15), South Asian youth were recruited to talk about their experience with mental health and service access. Data collection involved semi-structured interviews focusing on cultural and service access experiences. Data analysis used an inductive, interpretive description methodology, with findings refined through YAC feedback and participant validation.Results: Analysis in progress. Results will be available prior to the conference presentation.

Understanding Meaningful Engagement in mHealth Access in Integrated Youth Service

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Affiliation(s): 1University of British Columbia, 2Foundry

ABSTRACT

IntroductionDigital solution is one of the major pillars of integrated care. However, as a form of digital health, current mobile health (mHealth) tools for youth mental health are highly unregulated and lack engagement in the design, development, and implementation stages. ObjectiveThe objective of this study was to describe the value of meaningful engagement in the scaling of mHealth interventions for youth mental health services. MethodsResearchers recruited mHealth developers, service providers, and youth users. Participants were recruited at Foundry, an IYS (integrated youth service) initiative based in British Columbia. We conducted semi-structured interviews via Zoom. All interviews were recorded and thematically analyzed. ResultsCurrently, data continues to be collected to achieve saturation. Preliminary results suggest that key component of mHealth in IYS integration is systematic collaboration with diverse stakeholders. Three main themes have emerged: 1) utilizing co-design efforts to ensure first-time impressions of the service; 2) clearly defining roles throughout the ongoing processes of development, refinement, and scaling; and 3) building ongoing processes to ensure meaningful and sustainable participation of new youth and families. Across all three groups, participants suggested the term "engagement" be constantly examined to ensure the values are applied and participants are not tokenized. DiscussionPreliminary findings highlight the importance of engagement in mHealth development and the substantial effort required for effective implementation within a dynamic team addressing youth needs. These insights are crucial for establishing guidelines for collaborative engagement in building sustainable and impactful integrated mHealth solutions for the evolving needs of youth.

LOFT's Back to Home Program

Presenter(s): Carolyn Donaldson, Jason Fuocco & Dorota Kasner
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Affiliation(s): 1LOFT Community Services

ABSTRACT
Back to Home model is an award-winning model designed to support seniors facing complex mental health challenges, addiction, dementia and responsive behaviours along with physical health and care needs, who do not have access to appropriate housing and social determinants of health. Often these individuals no longer require acute care but remain in hospital, as they require ongoing care; and are usually experiencing poverty and homelessness. This model builds on years of learning to design the next evolution of specialized supportive housing. It is a comprehensive model integrating; enhanced specialized transitional care, specialized supportive housing with wraparound supports through strong integrated partnerships. The model adopts a flexible person-centred approach offering 24/7 specialized personal care, medical support, psychogeriatric case management, individual and group life enrichment activities, medication support, behavioral support, and meals. It integrates partnerships with hospital and community to ensure residents are attached to primary care, geriatric-psychiatry, pharmacy, etc. This model improves patient flow from hospital and reduces ALC rates. One of LOFT's newest sites, launched in 2021, hospitalizations and ED visits were reduced by over 85% during the first year, and total cost savings were estimated at $2,225,453 from housing 26 hospitalized individuals.* LOFT replicated the model across Ontario. Model can be scaled and spread. LOFT is in the process of developing a playbook to document the model, the learning, and support capacity building with other seniors or mental health organizations wanting to do this kind of work to support people in returning to the community with dignity.

Exploring the experiences of Quebec adults with mental health conditions with virtual care during the COVID-19 pandemic

Presenter(s): Savannah Dubé
Submission Author(s): *Savannah Dubé1, Sophie Rivet2, Stefany Dufour2, Marjorie Brochu3, Sabrina Lavallée2, Myreille Bédard4, Jean-Sébastien Paquette2, Arnaud Duhoux5, Matthew Menear2*
Affiliation(s): *1VITAM Research Centre, 2Université Laval, 3Université de Sherbrooke, 4Patient partner, 5Université de Montréal*

ABSTRACT

Introduction: The COVID-19 pandemic led to significant transformations in the health system, notably in the shift towards virtual service delivery. While previous studies have shed light on the benefits and challenges of the rapid shift to virtual care, few studies have explored the virtual care experiences of mental health service users, particularly in the Quebec context. Objective: To explore the virtual care experiences of adults with mental health conditions during the COVID-19 pandemic.Methods: We conducted 29 individual semi-structured interviews with adults in Quebec living with one or more mental health conditions as part of a larger mixed-methods study exploring the care experiences of individuals with mental-physical multimorbidity during the pandemic. Participants were asked about their experiences related to the accessibility, continuity, comprehensiveness, and person-centredness of their care. Interview transcripts were analyzed using a mixed inductive-deductive thematic analysis approach to identify recurrent themes in participants' experiences. Analyses were supported by NVivo software and themes were discussed by an interdisciplinary team.Results and conclusion: Preliminary findings suggest that while virtual care helped enhance or maintain accessibility and continuity of mental health care for many participants, there was also a perception that it raised challenges with respect to the person-centredness of care. For some participants, restrictions on in-person consultations challenged therapeutic relationships with providers. Participants also expressed a desire for more options, choice and flexibility with respect to virtual care modalities. These findings shed light on areas that can be targeted for quality improvement to improve mental health care experiences.

Mapping the care journeys of people with co-existing mental health and chronic physical conditions

Presenter(s): Stefany Dufour
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Affiliation(s): *1Université Laval, 2Université de Sherbrooke, 3ENAP, 4Patient partner, 5Université de Montréal*

ABSTRACT

Introduction: People with co-existing mental health and chronic physical conditions often require team-based care that is accessible, comprehensive, well-coordinated, and centred on their unique needs. However, the care that people actually receive often falls short of what is optimal and consistent with best practices. Journey mapping is a patient-oriented methodology that can help gather insights into the care experiences of service users and how these evolve over time.Objective: The purpose of this poster presentation is to illustrate the journey mapping approach used in a qualitative study of the care experiences of people with co-existing mental health and chronic physical conditions prior to and during the COVID-19 pandemic.Approach: Our journey mapping methods were inspired by several previous studies (Davies et al. 2022). We first conducted individual semi-structured interviews with 31 people with co-existing mental health and chronic physical conditions living in different regions of the province of Quebec. Next, we used interview transcripts to prepare initial journey maps illustrating participants' episodes of care over time, interactions with different health providers, and positive and negative care experiences. Team members created the journey maps using online whiteboard from the Zoom platform and a map legend was used to ensure consistency in visual graphics across maps. Participants were then invited to an in-person mapping activity to validate their maps and share further details about their care experiences.Conclusion: Journey mapping creates narrative timelines illustrating the critical moments in people's care experiences and can generate novel insights for change and quality improvement.

A capacity building partnership between Adult Day Programs and a Community Geriatric Psychiatry outreach team to develop knowledge and skill in working with people with dementia.

Presenter(s): Tiffany Dugas
Submission Author(s): Tiffany Dugas1, Lauren Orlofsky1, Jennifer Cavanagh1
Affiliation(s): 1Geriatric Psychiatry Community Services of Ottawa

ABSTRACT

Family members of people with dementia (PWD) provide invaluable hours of care, and it is vital that they receive respite supports to sustain their capacity to care for their loved ones through the course of the dementia journey. Adult Day Programs (ADP) offer an important source of caregiver respite as well as an opportunity for a person with dementia to socialize and participate in activities that are tailored to their abilities. Day programs can find it challenging to meet participants' needs as their illness progresses and with the emergence of responsive behaviours leading to a discharge when families need help the most. Geriatric Psychiatry Community Services of Ottawa has partnered with the Champlain Community Support Network to provide eight ADPs with needs-based dementia-specific education and training including Dementiablity Methods enhanced by ongoing coaching with a geriatric psychiatry case manager to mentor staff and support implementation. Positive data was collected demonstrating an improvement in staff knowledge of dementia topics and comfort level in responding to participants' behavioural expressions. These changes have led to day programs enhancing staff competency, delaying client discharge, and improving access to care ensuring ongoing respite for caregivers and meaningful engagement for PWD.

Socioeconomic Trajectories throughout Childhood and Mental Health Service Use During Adolescence and Early Adulthood: A Birth-Cohort Study Using Population Based Health Administrative Data

Presenter(s): Jordan Edwards
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Affiliation(s): 1Offord Centre for Child Studies, McMaster University, 2Epidemiology & Biostatistics, Western University , 3Department of Sociology, King's University College, 4Psychiatry, Schulich School of Medicine & Dentistry, Western University , 5ICES Western

ABSTRACT

Aims: The association between childhood socioeconomic deprivation and later mental disorders is well-established, however, less is known regarding the impact of longitudinal change in socioeconomic status through childhood on mental and substance use disorders.Objective: Examine the association between neighbourhood-level income trajectories during childhood and the subsequent risk of service use for mental or substance use disorders.Methods: We constructed a population-based retrospective birth cohort using data from the Ontario health care system. This birth cohort includes over 600,000 children born between 1992 and 1996 and followed to age 25-30 years within the databases. We used longitudinal latent class modelling to identify neighbourhood-level income trajectories from birth to age 12 and modelled the association between income trajectories and first contact with the health care system for a mental or substance use disorder during adolescence and early adulthood.Results: We found evidence of a gradient effect for neighbourhood income trajectory and acute care visits for mental and substance use disorders. Compared to the stable moderate/high-income groups, youth in the upwardly mobile group had an IRR=1.25(95%CI:1.23,1.27); those in the downwardly mobile had an IRR=1.30(95%CI:1.28,1.32); and those with stable low-income had an IRR=1.42(95%CI:1.40,1.44).Limitations: The generalizability of our evidence is limited to physician service use.Conclusions: Identifying disparities in mental and substance use disorders across population subgroups using population-based data is important for addressing the substantial public health impacts of mental disorders among children and youth. Our findings suggest neighborhood income trajectories are important antecedents of future mental health related acute care visits.

OPTIMIZATION OF CODEINE PRESCRIPTION AND DOSING IN CLINICAL CARE NURSING: RECOMMENDATION FOR GENETIC TESTING AND PRECISION MEDICINE IMPLEMENTATION

Presenter(s): Florence Emenji Asaba
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Affiliation(s): 1CYPRUS INTERNATIONAL UNIVERSITY

ABSTRACT

CodeineCodeine is an opioid analgesic that is used to treat pain, cough, cold and diarrhea. It is primarily metabolized by CYP2D6 to the more potent morphine.Codeine Response (Metabolism/PK, Efficacy and Toxicity/ADR)The primary limitation in the clinical utility is related to severe and sometimes life threatening and fatal toxicity/ADR. On the other hand, some patients do experience sub-optimal or no analgesic effect (therapeutic failure).Pharmacogenomics of Codeine Response Based on the available evidence and content expert clinical opinion, CPIC, HCSC, FDA, DPWG, CPNDS, Swissmedic and PMDA recommend CYP2D6 genetic testing in patients prior to the administration of codeine to optimize codeine prescriptions and dosing in clinical nursing care.Recommendation for Genetic Testing• ULTRARAPID METABOLIZER (MORPHINE INTOXICATION): Avoid prescribing codeine due to potential risk for toxicity/ADR and consider alternative analgesics that are not metabolized by the CYP2D6 enzyme.• NORMAL METABOLIZER (NORMAL RESPONSE): Standard recommended dose of codeine may be used.• INTERMEDIATE METABOLIZER (INTERMEDIATE RESPONSE): Standard recommended dose of codeine may be used, but patient should be monitored for reduced efficacy. In case of inadequate response, consider increasing the codeine dose. If the response is still inadequate, then consider alternative analgesics not metabolized by the CYP2D6 enzyme.• POOR METABOLIZER (POOR RESPONSE): Should avoid codeine use due to potential risk for poor or no response, and consider alternative analgesics not metabolized by the CYP2D6 enzyme.

Validation of the Canadian Psychosocial Rehabilitation competency document: A Delphi study

Presenter(s): Selina Fan
Submission Author(s): Selina Fan1, Regina Casey2, Michael Lee3
Affiliation(s): 1University of Alberta, 2Douglas College, 3University of British Columbia

ABSTRACT

Introduction: The recovery-orientated framework focuses on supporting people with mental health issues to live a satisfying, optimized life, even with mental health symptoms. It has become the central framework for mental health services globally. Psychosocial rehabilitation is the practical application of these values.Objectives: In partnership with Psychosocial Rehabilitation (PSR) Canada, this project aims to develop an evidence-based competency framework for PSR practitioners in Canada. The existing framework, written in 2017, is the only one in Canada, and needs continued refinement and validation to reflect the changing priorities of Canadians. Methods: This is a Delphi study involving focus groups and two rounds of questionnaires with a diverse group of knowledge holders, with the goal of reaching a high level of agreement on the competency statements. These stakeholders service users, family members, peer support workers, and healthcare and academic stakeholders. Two rounds of online questionnaires involving the same groups to validate the new competencies will be completed in February and March.Results: So far, we have data from 26 people through online focus groups, including 18 people with lived experience and 8 service providers. Five themes have emerged- 1. Format of the document 2. Need for Indigenous cultural safety 3. Emphasis on harm reduction 4. Emphasis on PSR values, and 5. Involvement of family members for people with serious mental illness.Discussion: This validated competency document will better reflect the needs and values of service users and family members, and contribute to the improvement of PSR services in Canada.

Equity and access to primary mental health care for adults experiencing mental health issues: where do we stand?

Presenter(s): Morgane Gabet
Submission Author(s): Matthew Menear1, Morgane Gabet1
Affiliation(s): 1VITAM, Université Laval

ABSTRACT

Introduction: Mental health issues will affect one in three persons in Canada. Access to primary care services for people experiencing mental health issues is said to be limited. Intersecting social determinants of health influence both the risk of experiencing mental health issues as well as the lack of access to dedicated interventions in primary care. Yet primary care settings are said to be particularly adequate to provide quality services for people experiencing common mental health issues, such as depression and/or anxiety. Our objective is to evaluate what evidence is available, within literature, on how to consider intersectional inequities in access to primary care services in people experiencing mental health issues. Methods. We will perform a scoping review following JBI guidelines, focusing on primary care studies of interventions aimed at improving access to primary care services for adults experiencing depression and anxiety disorders. MEDLINE, EMBASE, PsycINFO, and Scopus will be searched in collaboration with a librarian. Outcome measures. We will use a structured framework called PROGRESS-Plus to assess the reporting and consideration of equity. This framework integrates factors such as place of residence, race/ethnicity/culture/language, occupation, age. Results. One interesting result will be to consider the integration, or not, by those studies, of PROGRESS-Plus factor(s) - especially the examination of differential effects across one or more PROGRESS-Plus factors. Expected outcomes. Although we know that vulnerable populations might experience difficulties to access quality primary care services, there's a need to investigate how to tailor more equitable interventions for improving their access to those services.

Understanding the factors and outcomes related to the access of mental health and substance use services by East and Southeast Asian immigrant youth and families: A scoping review

Presenter(s): Chloe Gao
Submission Author(s): Chloe Gao1, Lianne Cho1, Avneet Dhillon1, Soyeon Kim2, Kimberlyn McGrail1, Michael Law1, Nadiya Sunderji3, Skye Barbic1
Affiliation(s): 1University of British Columbia, 2McMaster University, 3University of Toronto

ABSTRACT

Introduction: Research evidence suggests that East and Southeast Asian immigrant youth are less likely than other racialized youth to seek mental health and substance use (MHSU) services.Objectives: This presentation summarizes a recent scoping review that identifies factors and outcomes related to how East and Southeast Asian immigrant youth and families access MHSU services.Methods: We followed the five-stage scoping review methodology from Arksey and O'Malley to identify and assess relevant empirical literature addressing how East and Southeast Asian youth access MHSU services. Qualitative content analysis was used for deductive identification of themes, guided by the five dimensions of healthcare accessibility, Bronfenbrenner's Ecological Systems Theory, and the process-person-context-time (PPCT) model.Results: Seventy-three studies met the inclusion criteria for studies on access of MHSU services by East and Southeast Asian youth and families. Analysis using the five dimensions of healthcare accessibility shaped four themes: 1) Acceptability; 2) Appropriateness; 3) Approachability; and 4) Availability and Accommodation. Bronfenbrenner's Ecological Systems Theory and the PPCT model shaped an additional four themes: 1) Intermediate Environment/Proximal Processes (Social Support Networks and Connectedness, including Family Support/Environment and Peer/Interpersonal Relationships); 2) Context (School-Based Services/Community Resources, Discrimination, Prevention, Virtual Care); 3) Person (Engagement in Services/Treatment/Research, Self-management); 4) Time (Immigration Status).Discussion: The review highlighted that East and Southeast Asian immigrant youth experience several inter-related challenges and barriers while seeking MHSU services. Future research should adopt family-centred, youth- and family-engaged strengths-based perspectives to enhance our understanding of MHSU service access in this population.

Adaptation and evaluation of a psychoeducational program for patients with depression in primary care

Presenter(s): Feyza Gökce
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ABSTRACT

Most patients with depression first consult their general practitioner (GP) about their depressive symptoms. Although GPs provide valuable care to their patients, due to various shortcomings, such as very short consultation times or a lack of confidence in treating depression, depression care in general practice remains limited. Thus, in order to improve depression treatment in primary care, an existing psychoeducational group therapy program for patients with depression, used in inpatient settings in Germany, was adapted for use in general practices. In an exchange with GPs and a patient representative, a new psychoeducational program was designed to provide psychoeducation for patients with depression in primary care. To analyze the benefits of this program, we conducted an RCT comparing our intervention with treatment as usual. The study involved 20 GP practices in Bavaria, Germany, each of which recruited up to 8 patients as part of a cluster randomization. Patients assigned to the intervention group received up to four individual sessions of psychoeducation on depression based on illustrative material (flipchart table) presented by their GPs. In addition to the effects of the intervention on depression symptoms, which are measured using the BDI-II, other variables, such as depression competence and other clinical and non-clinical variables, are collected using self-report questionnaires. The data is collected at the beginning of the study (t0), after 3 months (t1) and after 6 months (t2). As the data collection is still ongoing, the first results are not yet available, but will be available at the beginning of the conference.

Young Professionals' Mental Health at Work Survey

Presenter(s): Catherine Harrison & Karen Hidalgo
Submission Author(s): Catherine Harrison1
Affiliation(s): 1Revelios

ABSTRACT
This presentation explores the results of an online survey conducted from February to March 2024 which aims to explore workplace culture as it relates to mental health and wellness as well as the different forms of stigma present in organizations. This survey was distributed virtually via emails and social channels using snowball sample methodology to ensure a generalizable sample of the North American working population. It includes Likert-style statements and questions to evaluate the impact of employees' perceptions regarding their workplaces' mental health practices and policies. The results reflect the self-stigma, social stigma, and systemic stigma in organizations through measures of employee's self-reported personal and professional development throughout their career. The survey data suggests the advantages of implementing and integrating all-encompassing mental health language and practices that facilitate an employees' wellness for improvements in organizational performance.

Exploring psychosocial and psychological interventions in psychiatric intensive care units: Findings from a scoping review

Presenter(s): Audrey Laberge
Submission Author(s): Audrey Laberge1, Audreyanne Gagnon1, Marjorie Brochu2, Matthew Menear1
Affiliation(s): 1Université Laval, 2Université de Sherbrooke

ABSTRACT

Introduction: Psychiatric intensive care units (PICUs) provide rapid assessment, stabilisation, and intensive treatment to individuals with severe and unstable mental illness. Treatment is typically provided by an multidisciplinary team but the composition of these teams can vary widely. Some units are staffed only by physicians and nurses but other teams include professionals providing psychosocial and psychological supports to promote patients' rehabilitation and recovery. Yet, little is known about the roles and collaborative practices of these professionals.Objective: To describe the roles and practices of professionals providing psychosocial and psychological interventions within psychiatric intensive care units.Methods: A scoping review was conducted to summarize the evidence on the structures and practices of adult PICUs (from 2000 to 2022). Our search strategy included database searches (MEDLINE, EMBASE, PsycINFO) and searches in reference lists and target journals. Several team members screened titles, abstract and full texts. We extracted data on the composition of PICU teams and the roles and practices of all team members, including professionals delivering psychosocial and psychological interventions.Results-Discussion: The scoping review included 164 articles overall and 128 articles describing PICU teams. The presence, roles and/or practices of occupational therapists, psychologists, and social workers were reported in 36, 26, and 19 studies respectively. Analyses of their roles and practices is ongoing and will be completed by conference time. Preliminary results suggest however that the integration of these professionals reflects a different model of care within PICUs that is rooted in psychosocial rehabilitation and recovery principles.

Experiences and care pathways of women affected by perinatal depression: Protocol for a qualitative study

Presenter(s): Nour El Houda Laieb
Submission Author(s): *Nour El Houda Laieb1, Savannah Dubé2, Morgane Gabet1, Matthew Menear1*
Affiliation(s): *1Université Laval, 2VITAM Research Centre*

ABSTRACT

Introduction: Perinatal depression affects 10-15% of women worldwide and has profound impacts on the mother, her child, and on other family and social relationships. While the negative effects of perinatal depression can be mitigated by early detection and appropriate treatment and follow-up, in many cases this form of depression goes undetected and treated sub-optimally. Few studies have explored women's experiences and journeys receiving care for depression during and/or after their pregnancy.Objective: This presentation is intended to share the protocol for a qualitative study that aims to explore the care experiences of women affected by perinatal depression and map their care journeys.Methods: We will conduct a qualitative study nested within a larger participatory action research project taking place in Quebec City. We intend to purposefully sample 15-20 women that have experienced an episode of perinatal (antenatal and/or postnatal) depression within the past year and that received services from primary care and maternal care services in the Capitale-National region. Women will first participate in semi-structured interviews to explore their experiences related to depression care (access to care, detection, continuity of care, person-centredness, etc.). Preliminary journey maps will be prepared following each interview and women will then participate in a second interview intended to clarify and deepen our understanding of their depression care interactions and experiences over time.Results and conclusion: This will be the first study that applies a journey mapping lens to the care experiences of women with perinatal depression and will potentially bring to light care improvement opportunities.

Reclaiming our Occupational Therapy Identity in Mental Health

Presenter(s): Monique Lizon
Submission Author(s): Skye Barbic 1, Justine Jecker 2, Hélène Sabourin2
Affiliation(s): 1University of British Columbia , 2Canadian Association of Occupational Therapists

ABSTRACT

Introduction: Canadians are concerned with the availability of mental health resources and the overall state of Canadians' mental health (Angus Reid Institute, 2023). Canada is also facing an unprecedented shortage of healthcare professionals across the country. This shortage and limited access to mental health services requires urgent attention. The occupational therapy profession is a vital part of the solution to the growing mental health crisis. Mental health practice is a core part of the occupational therapy profession (Marshall et al., 2022) and unknown to many, forms its historical foundation.Objectives: (1) Provide a historical background of occupational therapy in mental health (2) Discuss the importance of engaging the occupational therapy scope within the healthcare system and (3) Highlight the profession's vision in mental health for the next ten years, including a review of the mental health curriculum in occupational therapy education.   Methods: The presentation will build upon the well-established foundation of occupational therapy in mental health to envision system level transformation within a collaborative mental health care framework and expand upon recommendations from a national mental health Professional Issues Forum. Discussion: The occupational therapy profession is positioned to be a part of the solution to address the growing mental health crisis across Canada. Utilizing the expertise of the profession represents an opportunity for policymakers to relieve the pressure on an already overwhelmed mental healthcare system. This outcome is only possible if the healthcare system focuses on optimizing scope of practice and shifts from traditional care models to team-based collaborative approaches.

Aider sans filtre : Une initiative québécoise innovante pour et avec les jeunes

Presenter(s): Maude Lupien-Montesinos
Submission Author(s): Seynabou Touré1, Grace Dickner1, Yasmina Lahlou1
Affiliation(s): 1CAP santé mentale

ABSTRACT

Introduction : Le projet Aider sans filtre est déployé par la Confédération des associations de proches en santé mentale du Québec (CAP santé mentale) et s'inscrit dans le plan d'action interministériel en santé mentale 2022-2026 du Ministère de la Santé et des Services sociaux du gouvernement du Québec. Le projet vise à créer des conditions favorables au mieux-être des jeunes touchés par les problématiques de santé mentale, spécifiquement les jeunes ayant un·e proche vivant avec de tels enjeux. Le projet Aider sans filtre est le premier projet de cette envergure au Québec visant spécifiquement les jeunes proches d'une personne vivant avec des problématiques de santé mentale. Objectifs : Le projet vise à aller à la rencontre des jeunes pour les sensibiliser aux enjeux se rattachant à la proche aidance en santé mentale et à soutenir les jeunes proches. Méthodes : Le projet est construit dans un esprit de « pour et avec ». L'équipe de projet ainsi que les intervenant·es embauché·es pour aller à la rencontre des jeunes proches et les soutenir sont en très grande majorité âgé·es de 35 ans et moins. Résultats : Le projet se déploie simultanément dans plus de 40 organismes communautaires à travers tout le Québec. Les nombres de jeunes sensibilisés et soutenus augmentent. Discussion : D'ici 2026, nous nous concentrerons sur le développement du projet via la création d'outils, le développement d'un programme d'intervention jeunesse en partenariat avec des équipes de recherche, le développement de partenariats aux niveaux provincial et régional pour favoriser le référencement, le développement d'une application mobile, etc.

Evaluating Implementation of Collaborative Care for Mental Health: Insights from the Thames Valley Mental Health and Addiction Collaborative Care Network

Presenter(s): Arlene MacDougall
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Affiliation(s): 1Western University, 2St. Joseph's Health Care London, 3Thames Valley Family Health Team, 4St. Joseph's Medical and Dental Clinic, 5Middlesex London Ontario Health Team

ABSTRACT

The Thames Valley Mental Health and Addiction Collaborative Care Network is leading the development of integrated care delivery, bridging acute and tertiary care psychiatry, primary care, and community mental health and addictions services using existing resources. Our collaborative care model (CCM) is based on the core principles of the AIMS Centre model. A process evaluation at three primary care pilot sites is underway to ensure fidelity to the exemplar. The evaluation is monitoring implementation through key indicators and activities documented in patient registries and clinical/administrative records, alongside stakeholder surveys to gather insights from providers, administrators, support staff and patients. Process measures will be collected quarterly over a year. Patients will be invited to provide feedback following their 3rd session through a short survey to assess whether quality-of-care delivery and process-of-care tasks are being carried out effectively. Provider/staff stakeholder consultations will occur at 6- and 12-months to assess perspectives on early impacts, team dynamics, and model alignment with a semi-structured group interview offered at 6-months to capture more detailed qualitative data of their experiences. Analysis of collected data will identify trends in CCM processes, with expected increases in activities such as the number of mental health screenings over 12 months. Successful adoption of CCM hinges on staff training and changes in awareness, skills, and attitudes. Provider satisfaction, attitudes toward collaborative care, and knowledge/skills assessments will be critical indicators of progress. Preliminary findings will be presented. This evaluation will provide valuable insights into the regional implementation of CCM and inform future strategies.

First Steps in Piloting Pediatric Shared Mental Health Care in Ottawa, Ontario - A Needs assessment survey of Community Paediatricians

Presenter(s): Olivia MacLeod
Submission Author(s): Olivia MacLeod1, Anne Gillies1
Affiliation(s): 1CHEO

ABSTRACT

IntroductionCollaborative Mental Health Care is an effective and cost-saving model for pediatric as well as adult populations. Ottawa, Ontario, Canada is a mid-sized city with over 140 community-based paediatricians (CBP). A small group of Child and Adolescent Psychiatrists (CAP) at an academic hospital accept referrals from CBP and family doctors, however, there is no formal Collaborative Care model that exists. Waitlists are growing as CAP are struggling to keep up with referral volume, while CBP are carrying a significant load of patients with increasingly complex mental health diagnoses. ObjectivesThe purpose of this study is to collect data that would lay the foundation for the development of a new Collaborative Care model involving CBP and CAP in Ottawa. MethodsA survey was distributed to members of the Ottawa Community Pediatrics group. Data was collected on practice composition, typical length of follow-up, percentage of patients with mental health diagnoses and their challenges, resources used and interest in Collaborative Care. Results and DiscussionData collection is ongoing and will be complete by the time of presentation. Results will inform the creation of a pediatric Collaborative Care initiative in Ottawa to improve quality of care and extend scarce mental health resources. The next stage of this project is to create a consultative small group for CBP with a CAP mentor with the hope of decreasing CAP waitlists by reducing referrals and increasing CAP capacity by providing opportunities for earlier return of care from CAP to CBP.

Closing the Loop: Digital Communication Solutions for Involving Physicians in Mental Health Care

Presenter(s): Taylor McAllister
Submission Author(s): Saretta Herman1, Taylor McAllister1
Affiliation(s): 1Layla Care

ABSTRACT

Introduction:Despite the importance of collaborative care to patient outcomes in mental health, physicians and mental health clinicians often face communication barriers. Increasing collaboration requires innovative communication approaches. Our presentation explores the patient-therapist matching system and communication strategies between physicians and therapists. Layla Care strives to close the gap between mental health care and primary care. Our organization utilizes digital sharing of client-therapist match information and progress notes, with client consent, to ensure physicians are participating in the mental health care continuum.Objectives:Demonstrate the effectiveness of digital communication tools in bridging the information gap between physicians and therapists.Explore the impact of consent-based feedback on the collaborative care model, enhancing transparency and trust in patient care.Equip physicians with the information to engage with a service designed to enable updates on their clients' mental health care, fostering a more cohesive care experience for patientsMethods:We outline a communication protocol that, with patient consent, shares client-therapist match information and enables therapists to easily share valuable feedback with physicians regarding their patient's mental health treatment. This process respects patient confidentiality and empowers physicians with insight into their patient's mental health care.Results & Discussion:The discussion will cover barriers to system implementation, utilization data, and physician feedback from those who have engaged with Layla Care's communication strategies, highlighting their satisfaction in increasing their understanding of patient progress in mental health care. This enhanced communication fosters a more informed, collaborative approach to patient care, bridging mental health and primary care more effectively.

Family physicians' experiences using digital tools to support a collaborative approach to managing mental health-related sickness leave in primary care

Presenter(s): Matthew Menear
Submission Author(s): Matthew Menear1, Éloi Lachance1, Savannah Dubé1, Cynthia Cameron2, Kathleen Lemieux2, Jean-Daniel Carrier3, Marie-Thérèse Lussier4, Patrick Ayotte5, Chantal Sylvain3
Affiliation(s): 1Université Laval, 2GMF-U Lévis, 3Université de Sherbrooke, 4Université de Montréal, 5Patient partner

ABSTRACT

Introduction: Common mental disorders are a primary cause of sickness leave. Family physicians are the main prescribers of sickness leave and play a critical role in managing their patients' mental health and occupational problems. Yet, family physicians receive little training in occupational health and their sickness leave-related practices can vary widely.Objective: We aimed to explore the experiences of family physicians using new digital tools co-designed to support a person-centred and collaborative approach to managing mental health-related sickness leave in primary care.Methods: We adopted a user-centred design approach to develop two digital tools (EMR templates): 1) a tool to support the initial assessment of common mental disorders and the need for a sickness leave from work, and b) a tool to support a systematic follow-up of the patient's sickness leave and the preparation for a return to work. Next, we purposefully sampled 13 family physicians from a Family Medicine Group in Quebec to pilot test the tools with a small number of their patients and then invited them to participate in semi-structured interviews to share their experiences and the barriers/facilitators that influenced their use of the tools. The interviews were conducted via Zoom and transcribed and analyzed using a deductive content analysis approach.Results: Analyses are ongoing and will be completed by conference time.Conclusion: Family physicians recognize a need for greater supports in the management of mental health-related sickness leave and our digital tools show promise as supports that can be adopted by physicians at the point-of-care.

Maternal Mental Health - Mothers with Schizophrenia

Presenter(s): Amanda Mihalicz
Submission Author(s): Amanda Mihalicz1
Affiliation(s): 1University of Regina

ABSTRACT

Women with schizophrenia lose custody of their children at alarmingly high rates within the first few years of being born. Research has shown that over fifty percent of these mothers wil have their children removed and placed into foster care or permanently relinquished through adoption. Women who experience custody loss of their children are understandably devastated, bewildered and traumatized by such circumstances. As an adult adoptee I was separated from my own birth family including my birth father, sister and mother who was diagnosed with schizophrenia at the age of two and a half. My personal connection to this social issue fueled my interest and motivation ot explore thirty years after my own adoption, whether society has made advancements in supporting families impacted by mental illness. The present study used phenomenological methodology along with a poststructural and critical feminist lens to understand the lived experiences of mothers with schizophrenia or schizoaffective disorder. Nine in-depth qualitative interviews and follow up discussions were conducted with participants, finding rich and meaningful descriptions of their experiences. After the data collection period was complete, all interview data was transcribed, and 418 significant statements were identified and coded into eight themes and eighteen subthemes. The mothers in this study highlight the true difficulties of parenting with schizophrenia, including balancing illness symptoms, medication side effects, the importance of community support along with increased risk of child protective services involvement and custody loss.

From Pan-Indigenized to Personalized: Indigenous Sovereignty in Wellness Practices

Presenter(s): Alexia Miron
Submission Author(s): Alexia Miron1
Affiliation(s): 1Faces to the Sun Consulting Inc.

ABSTRACT
Introduction Current (mental) health care practices across Turtle Island (colonially "Canada") for Indigenous communities utilize oversimplified and monolithic perspectives which do not serve adequately. This pan-Indigenized approach to wellness contributes to, rather than addresses increased substance use and suicidality. ObjectivesDemonstrate the need for sovereignty over wellness understanding, practices, and services within Indigenous communities in order to promote holistic notions of wellness. Highlight the importance of building capacity at community levels for services and initiatives that support Indigenous wellbeing. Emphasize the need for youth led ideas that are rooted in cultural reclamation and harm reductive practices in order to work towards a better future, particularly to benefit the next seven generations, in line with cultural teachings. MethodsUtilize current and past research to study the impacts of ongoing colonialism on Indigenous wellness in order to make suggestions for future direction. Ensure notions of Etuaptmumk (Two-Eyed Seeing) and participatory methodology to balance reclamation of Indigenous ways of knowing while navigating colonial constraints and Western ways of accepted methodologiesResults/DiscussionWith a focus on harm reductive practices, such as access to Circles of Care and broader social services driven by community voice, we demonstrate that the way forward is through Indigenous led initiatives. Drawing on Indigenous teachings of the next Seven Generations, and working "in a Good Way", we highlight youth voice as our way forward. The presented paradigm shift towards unique approaches that are community led, is imperative in order for "Canada", to work towards reconciliation actively, rather than passively.

A Behaviour Analyst's Role within a Mental Health Inpatient Setting

Presenter(s): Janet Nacouzi
Submission Author(s): Stephanie Thornburgh1
Affiliation(s): 1CHEO

ABSTRACT

Introduction:Interdisciplinary collaboration has become an integral component of quality mental health care. In the inpatient mental health setting, there are a variety of complex needs that are best addressed with a multi-disciplinary team. Behaviour analysts can play an important role in enhancing patient care as part of an interdisciplinary mental health team.Objectives:This poster will provide information about the field of Applied Behaviour Analysis (ABA), describe research on how ABA strategies can improve interprofessional practice, and describe the role of behaviour analysis on assessment and treatment of patients in an inpatient mental health setting as part of the Extensive Needs Service at a Pediatric hospital.Methods: This poster will describe a case example of a neurotypical teenager with an obsessive-compulsive disorder (OCD) diagnosis within an inpatient mental health unit. Mental assessments were completed by the team and appropriate treatment was identified; however, the team was unable to carry out the appropriate intervention. Discharging the patient was complicated by the inability to effectively treat the patient. The patient was then referred to the ABA inpatient team for support in effectively managing the treatment with a target goal of medication compliance.Results:At baseline, the patient had 0% success with medication compliance and within 3 weeks medication adherence was 100%.Discussion: This case study is one example of the valuable role of ABA in the mental health setting. We highlight some challenges Behaviour Analysts face on mental health teams and offer suggestions to increasing the collaboration within mental health services.

Comparing perceived and unmet mental health needs in individuals with different sexual orientations.

Presenter(s): S M Kawser Zafor Prince
Submission Author(s): *S M KAWSER ZAFOR PRINCE1, JianLi Wang1, Jennifer Lane2, Cindy Feng1*
Affiliation(s): *1Departments of Community Health & Epidemiology, Dalhousie University, 2School of Nursing, Dalhousie University*

ABSTRACT

Background and Objective: In Canada, not everyone can easily get the mental health help they need, and this problem can be even bigger for people with different sexual orientations. The objective of this study is to, among individuals with different sexual orientations, estimate and compare the proportions of perceived and unmet mental health needs, and to identify barriers to mental health services among those who did not use mental health services.Methods: This is a cross-sectional study using the Mental Health and Access to Care Survey (MHACS) data. Descriptive analysis will be conducted to estimate the proportions of perceived and unmet mental health needs. Bivariate and multivariate analyses will be used to compare perceived and unmet mental health needs between LGB(Lesbian, Gay and Bisexual) and Non-LGB(heterosexual), controlling for potential confounders. The groups will also be compared about their barriers to the mental health services. PARIHS framework will be used to develop the KT Plan.Results: We'll provide more details on results when we present our poster. Preliminary results showed that there are significant differences in mental health needs among people with different sexual orientations. Many did not seek help because of problems like feeling judged (stigma), long waiting time, unavailability etc.Discussion: This study aims to shed light on the mental health challenges faced by people with various sexual orientations and the reasons why many don't seek or receive help. The findings will inform changes that make mental health services more available and welcoming for sexual minorities nationally and globally.

Collaborative Care for PTSD in primary care setting: A Systematic Literature Search and Narrative Review

Presenter(s): Jonas Raub

Submission Author(s): *Jonas Raub1, Hannah Schillok1, Lukas Kaupte1, Caroline Jung-Sievers2, Markus Bühner3, Jochen Gensichen1, for the POKAL-Group *4*

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ABSTRACT

Introduction: Post-traumatic stress disorder (PTSD) is a condition that is associated with significant functional impairment and a diminished quality of life. A proven concept typically applied in the primary care setting is Collaborative Care (CC). Numerous published RCTs and meta-analyses have provided robust evidence for the effectiveness of Collaborative Care interventions for psychiatric diseases (especially for patients with depression). Examining the effectiveness and implications of CC for individuals with PTSD, we found a notable gap in research, especially in the primary care setting. With this systematic review, we aim to gather the current evidence on the effect of Collaborative Care in patients with PTSD in primary care.Methods: We conducted a literature search following the PRISMA guidelines combining the three components: Collaborative Care, PTSD and randomized controlled trial using five major databases. We consider changes in PTSD scores as our primary outcome, while changes in quality of life and depression scores are evaluated as secondary outcomes. Data synthesis is conducted narratively.Preliminary Results: During the screening process, we identified nine relevant articles related to PTSD. Some of the included trials showed a significant superiority of the collaborative care intervention for PTSD symptom reduction in patients with PTSD compared to usual care. Discussion: Three studies demonstrate a faster and statistically significant improvement in PTSD and depression outcomes among patients with PTSD. The reason for the differences in the results could stem from the observed heterogeneity in the intervention design or the patient collectives across the different studies.

Protocole d'une recherche participative pour améliorer l'inclusion professionnelle des personnes vivant avec le TDAH

Presenter(s): Genevieve Sauve
Submission Author(s): Geneviève Sauvé1, 2, Marc Corbière2, Alina Stamate2, Patrizia Villotti2
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ABSTRACT

Introduction: Les symptômes du TDAH perdurent à l'âge adulte et limitent l'accès au marché de l'emploi. Peu d'interventions psychosociales spécialisées existent pour améliorer leur inclusion professionnelle. En collaboration avec un organisme communautaire local dédié au TDAH, nous avons co-développé 8 modules d'intervention de groupe pour cibler les obstacles à l'inclusion professionnelle des adultes vivant avec le TDAH. Objectifs: Notre projet a reçu un financement du ministère de l'Économie, de l'Innovation, et de l'Énergie du Québec pour tester l'acceptabilité, la faisabilité et les effets préliminaires de cette nouvelle intervention. Méthodes: Un devis expérimental à série de cas (de type ABA) sera utilisé. Un total de 20 participants seront recrutés et compléteront des questionnaires validés hebdomadairement pendant 18 semaines évaluant les effets de l'intervention sur l'atteinte d'objectifs professionnels individualisés et l'espoir vocationnel. Quatre personnes intervenantes en employabilité participeront également à des entrevues semi-dirigées pour identifier les facilitateurs et obstacles à l'implantation de l'intervention dans leur pratique. En complément, des personnes concernées par l'inclusion professionnelle des personnes vivant avec le TDAH (p. ex. proches, collègues, employeurs; n = 10) visionneront une capsule d'éducation sur les stratégies d'inclusion professionnelles des personnes vivant avec le TDAH. Elles participeront à un focus group après le visionnement de cette capsule pour recueillir leur rétroaction sur l'acceptabilité de celle-ci. Résultats anticipés et mobilisation des connaissances: Grâce à l'approche participative, nous anticipons que l'intervention sera acceptable, faisable et améliorera l'espoir vocationnel et l'atteinte d'objectifs professionnels. Cette intervention pourra être utilisée par nos collaborateurs et à travers la francophonie.

One Step Together - Expansion of Integrated Youth Services in Canada

Presenter(s): Stacie Smith
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ABSTRACT

Introduction:Integrated Youth Services is an approach to organize and deliver health and social services to youth aged 15-24. IYS works like a "one-stop shop," so no matter which door you walk through, you will get connected with the resources you need, whether for mental health, sexual health, housing, education, or something else. This creates a network more significant than the sum of its parts by taking advantage of a community's existing strengths and resources to offer services beyond that of any one organization alone.One Step Together is a project to mobilize community members to expand Integrated Youth Services across Canada. It was developed based on published research assessing the state of integrated youth services in Canada.Methods:The Frayme Knowledge Mobilization Fellowship supported this project with education, expertise, mentorship, and resources over six months. The campaign design leveraged extensive community consultation with input from several national Integrated Youth Service leaders and hundreds of youth and family members. Our project is a website housing information and resources about Integrated Youth Services.Results:We hope to increase knowledge about Integrated Youth Services (IYS), encourage community members to advocate for IYS expansion and encourage community members to participate in designing and implementing IYS.Conclusion:Youth-serving organizations and professionals are sharing this evidence to develop IYS across Canada, but there is still a gap in sharing this information within our communities.

THC to CBD Ratios and Cannabis Dependence: Where does Sex Fit In?

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ABSTRACT

Introduction: Over the past 20 years, levels of Δ9 -tetrahydrocannabinol (THC) in cannabis have significantly increased while levels of cannabidiol (CBD) have lowered to THC:CBD ratios as high as 80:1. Cannabis with higher THC potency may lead to exacerbation of symptoms related to previous trauma exposure (e.g., anxiety, psychosis). However, studies of THC:CBD effects on cannabis dependence have not examined sex moderation.Objectives: The current study was designed to examine the relationship between the proportions of THC/CBD in cannabis used by trauma-exposed regular cannabis users and their current levels of cannabis dependence; and to examine if this relationship varies by sex/gender.Methods: N=199 regular cannabis users (>1g/week in past month) with trauma histories (55.8% female/women) completed an online survey which included a measure of self-reported THC and CBD levels in participants' typically used cannabis. The validated Cannabis Use Disorder Identification Test-Revised (CUDIT-R) assessed cannabis dependence levels.Results & Discussion: Consistent with previous research, THC:CBD ratios were significantly positively correlated with CUDIT-R scores (r(193)=.206, p=.002). Unexpectedly, CUDIT-R scores were not higher in the males/men nor were THC:CBD ratios. Moreover, the positive relationship between THC:CBD ratio and cannabis dependence did not differ significantly by sex/gender (z=.278, p=.78). Results are consistent with a sex/gender convergence of previously reported differences in cannabis dependence levels among male vs. female regular cannabis users. Findings also point to the importance of considering relative THC potency as a risk for cannabis dependence in both males/men and females/women.

Improving accessibility to Mental Health & Substance Use (MHSU) services for Black immigrant youths of African Descent

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ABSTRACT

Introduction - Mental health is often relatable to physical health, referring to a state of wellbeing that incorporates our emotional state, relationship with others, feelings, and ability to adapt to highs and lows in life. Since the pandemic, there have been a rise in the rates of mental health and addiction cases for youths in Canada between the ages of 16-24 yet, this group continue to record the least accessibility to mental health services. Thus, my proposed study will be addressing systemic gaps that adversely affect services to Black immigrant youths of African Descent.Methods - This study will adopt a participatory action research method specifically a photovoice technique as a creative way to examine mental health challenges. Results - The expected results will be the first substantial evidence that depicts existing challenges of knowledge gap, stigma, lack of cultural competency, financial constraints, discrimination and delays in mental health services accessibility and possible intervention tactics to reduce these issues.Conclusions - There has been limited evidence that have explored the barriers and facilitators to mental healthcare for Black immigrant youths living in Canada. In fact, no single article has solely examined Black immigrant youths of African descent, instead most of the recent studies have represented them as part of a larger study population. Overall, this study in relevance to public health is designed to establish and create grounds for future policies that will improve access to mental health care services for young Black immigrants of African Descent.

An Evidence-Based, Practical Option for Self-Management Support: Creating Collaborative Learning Spaces for Living Well with Schizophrenia and Daily Living Challenges Using the SET for Health Approach

Presenter(s): Susan Strong
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ABSTRACT

Introduction: Self-management support (SMS) is one strategy to address healthcare inequities and improve health outcomes. Clients/families build capacity to manage the impact of illnesses on daily life; deal effectively with symptoms and life challenges that get in the way of personal recovery plans. SMS is a Health Quality Ontario standard for schizophrenia care, but not widely available.Objectives: Co-design with clients and providers an accessible, targeted approach to SMS tailored to clients' life challenges and healthcare providers' working realities integrated into routine case management services.Methods: Initial model piloted and revised with organizational changes using an integrated knowledge translation approach. A 2-year mixed methods study of SET for Health, engaged 40 diverse community living adults with persistent schizophrenia and co-morbidities, delivered by regulated health professionals (occupational therapists, social workers, registered nurses) in two traditional treatment programs.Results: Demonstrated client engagement, feasibility of delivery (21% attrition; 72.5% completion), proof of concept and benefits regardless of age, education, length of illness, tenure with provider. Significant improvements regarding: illness severity, social and occupational functioning, illness management and functional recovery. Associated with healthcare cost savings: $51,309 per person or $1,949,727 in total, from reduced emergency visits and hospitalization days (2,407 to 152 days) in the first year. Shifts in provider communications towards recovery-oriented services. Valued by users and providers.Discussion: Can we reduce lengthy journeys to attain a life of quality by strategically integrating SMS into mental health services? Will spread be transformational to service users' lives, and the culture, organization, utilization of services/resources?

A Scoping Review of the Intersections of the Training and Implementation of Peer Supporters in Clinical Mental Health Teams

Presenter(s): Tracy Windsor
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Affiliation(s): 1Dalhousie University, 2Interior Health, 3Peer Researcher

ABSTRACT

Introduction: Because peer support workers have lived experience of mental health concerns, it is particularly important for their implementation on mental health teams to be done in an intentional way that supports their mental health and emotional wellbeing. Peer support training programs tend to be generalist in nature, and training specific to the ways peer support can be leveraged in the context of early psychosis is lacking. Objectives: This scoping review will identify areas of research and practice that are relevant for the successful training and implementation of peer support services in early psychosis intervention programs. Methods: Our team determined that a scoping review is the most appropriate methodology for the purposes of this study. Scoping reviews are not limited to peer-reviewed literature, which is important for this study, as peers hold valuable information based on personal relationships, and PSWs' effectiveness depends on the quality of relationship and mutual trust that they establish through their lived experience of mental health issues, rather than use of knowledge obtained by more formal means (e.g., academic qualifications). This information is not always captured and published in formal, academic journals; therefore, a scoping review is a more appropriate method to obtain this information. Results and Discussion: The results and discussion have not yet been determined.