7:00-8:30 AM	**Breakfast**
8:30-8:40 AM	Conference Welcome *Nick Kates and Matthew Menear*
8:40-9:00 AM	Indigenous Opening Ceremony *Elaine Kicknosway*
9:00-9:15 AM	Opening Remarks *The Honourable Ya'ara Saks*
9:20-10:20 AM	Partnership and co-design: the transformative power of lived experience *Allison Dunning, Shauna Cronin, Ravneet Kaur and Chidera Ikewibe* Moderated by Matthew Menear
10:20-10:45 AM	**Break**

11:00 AM-12:00 PM	**Concurrent Session A**						
	A1: Panel	**A2: Scaling Up Collaborative Care**	**A3: Implementation Issues**	**A4: Digital Health**	**A5: Education & Training**	**A6: Promoting Recovery**	**A7: Workforce Issues**
	Towards standardization of stepped care models in mental health care: implementation examples from 2 distinct settings across Canada & current research to develop pan-Canadian standards *Sarah Mughal, Jai Shah, Bryan Young, Alexia Jaouich and Elise Durante*	A2.1 Adapting and scaling a collaborative hub-based and integrated psychiatric and primary care program: the Seamless Care Optimizing the Patient Experience Mental Health Program *Carly Whitmore* A2.2 How to incorporate data and QI methodology in scaling up a collaborative program *Erin Burrell and Christine Tomori* A2.3 Transformative collaborative care pathways: scaling innovative schizophrenia treatment across acute, tertiary and community continuums *Sarah Kipping* Moderated by Carly Whitmore	A3.1 Demystifying planning: cultivating a community of practice to advance quality implementation of evidence-based therapies within the veteran mental health system *Shannon Tracey and Michele Todd* A3.2 The role of Individual Placement and Support (IPS) in primary health care: exploring program implementation and impacts *Skye Barbic* A3.3 Understanding barriers to employment experienced by adults with persistent and multiple barriers in a novel Individual Placement and Support program embedded within primary health care setting in British Columbia, Canada *Padmini Thakore* Moderated by Vicky Stergiopoulos	A4.1 Innovation to implementation: Mental Health Commission of Canada (MHCC) assessment framework for mental health apps *Sapna Wadhawan* A4.2 E-mental health strategy for Canada – paving the way for digital mental health solutions, collaboration, and growth *Maureen Abbott* A4.3 Reshaping digital mental health for diverse youth in Canada: findings from a research, policy and practice knowledge exchange workshop *Medard Adu and Bilikis Banire* Moderated by Catherine Harrison	A5.1 Mentoring matters: successes, challenges, and strategies in supporting family physicians *Helen Spenser and Chase McMurren* A5.2 Designing and evaluating a multimodal mental health assessment training program for primary care nurses: toward better collaborative care *Marie-Hélène Lemée* A5.3 Building capacity in perinatal mental health: initial impressions from Canada's first perinatal psychiatry access program *Mark Kaluzienski* Moderated by Alyssa Frampton	A6.1 Knowledge complementarity work in the co-production of a recovery college training course: a concrete example of collaborative processes and strategies *Joanie Theriault* A6.2 An integrated and recovery-oriented model of care for people with concurrent disorders: results of a Delphi study *Angela Russolillo* A6.3 Client-directed integration of recovery-oriented mental health and substance use services *Vicky Huehn* Moderated by Karina Czyzewski	A7.1 Burnout amongst the Canadian public health workforce and its implications for population mental health promotion *Elizabeth Alvarez* A7.2 Exploring two psychosocial factors for health care workers: support for psychological self-care and protection from moral distress in the workplace: facilitators and barriers *Kamlesh Tello and Hannah Kohler* A7.3 Psychologically healthy and safe health care working and learning environments: a newly developed toolkit, leaders' key role, and its impact on quality health care *Kamlesh Tello and Karina Urdaneta* Moderated by Ashleigh Hyland

12:00-1:00 PM	**Lunch**

	Concurrent Session B						
	B1: Panel	**B2: Workshop**	**B3: Workshop**	**B4: Workshop**	**B5: Workshop**	**B6: Workshop**	**B7: Panel**
1:00-2:30 PM	Through multiple lenses: understanding the impact of walk-in counselling at Foundry *Darlene Seto, Elise Durante, Lara Wease and Jodh Ghuman*	Stepped care 2.0 and collaborative mental health care: better together? *Danielle Impey and Mary Bartram*	The Compass Program: a collaborative mental health and substance use capacity-building response for providers working with children & youth in BC & the Yukon in rural & remote regions *Karina Czyzewski*	Teaching behavioural sciences to family medicine residents: the "collaborative care" approach *Jon Davine*	Supporting a population health approach in primary care: Can electronic health records act as patient registries to support a collaborative mental health care program? *Sarah Jarmain, Judith Francis and Arlene MacDougall*	Managing anxiety conditions in primary care using the Ottawa Anxiety Algorithm *Douglas Green*	PAIRPEP – Integrating peer support/family peer support in Early Intervention Services (EIS) in Quebec using a learning health system approach: innovative intersectoral collaboration with patient/caregiver partners in youth mental health care *Manuela Ferrari, Mary-Anne Levasseur and Natalie Boileau*
2:30-3:00 PM	**Break**						

	Concurrent Session C					
	C1: Panel	**C2: Learning Health Systems**	**C3: Access to Care**	**C4: Addressing Stigma**	**C5: Digital Health**	**C6: Vulnerable Populations**
3:00-4:00 PM	Substance use health: a framework for collaboration across a spectrum of services *Brianne Peters and Shawn Fisk*	C2.1 Supporting quality integrated care for adolescent depression in primary care: a learning system approach *Diana Sarakbi* C2.2 Barriers and facilitators to implementing a learning health system within an integrated youth service initiative *Christine Mulligan* C2.3 Youth Wellness Hubs Ontario: a youth mental health and substance use learning health system *Deb Chiodo* Moderated by Skye Barbic	C3.1 Bridging gaps, building paths: a collaborative approach to equitable and accessible infant and early mental health care in Ontario *Amanda Davis and Karys Peterson-Katz* C3.2 An evaluation of experiences and outcomes of equity-deserving service users accessing substance use and mental health services *Hanie Edalati and Christina Katan* C3.3 Perceived barriers and facilitators to accessing on-campus mental health and wellness services: a focus group study with Canadian post-secondary students *Camila Velez* Moderated by Sapna Wadhawan	C4.1 Dismantling structural stigma in health care: making real change for and with people living with mental health problems or illnesses and/or substance use concerns *Hannah Kohler and Carolina Chadwick* C4.2 Recovery-based arts: an innovative strategy to address stigma in collaborative mental health care in Chile *Paola Velasco* C4.3 The Chilean experience of adapting and implementing a Canadian intervention to reduce stigma and promote recovery in collaborative mental health care *Jaime Sapag* Moderated by Alyssa Frampton	C5.1 Technology-Enabled Collaborative Care for Diabetes and Mental Health (TECC-DM): establishing a treatment to care pathway in primary care settings *Carly Whitmore* C5.2 Evaluation of an interdisciplinary virtual training package to deliver self-management support with people living with schizophrenia and co-morbidities *Susan Strong* C5.3 L'approche STAT-C: un nouveau modèle de soins interprofessionnels pour la gestion des arrêts de travail pour un trouble de santé mentale commun *Annie Plamondon* Moderated by Carly Whitmore	C6.1 Taking steps together for supported reintegration (Phase II): implementing social prescribing for better mental health *Noémie Bergeron-Germain* C6.2 Community innovation: building capacity in an intensive case management program for vulnerable populations by focusing on partnerships, research, data collection and innovation *Denise Hillier and Kayla Follett* C6.3 Outpatient care following Emergency Department visits for patients experiencing an onset of mental disorder in Quebec: What about collaborative care? *Morgane Gabet* Moderated by Geoffrey Maina
4:00-4:15 PM	**Break**					
4:15-5:15 PM	Opening the substance use health doorway for all your clients' care *Alexander Caudarella and Gord Garner* Moderated by Nick Kates					
5:15-6:30 PM	**Poster Viewing & Cocktail Reception**					

7:00-8:15 AM	**Breakfast**						
8:15-8:30 AM	Welcome Back Remarks *Nick Kates and Matthew Menear*						
8:30-9:15 AM	Strategies to scale collaborative care implementation (25th Anniversary Keynote Series) *Anna Ratzliff* Moderated by Matthew Menear						
9:15-10:00 AM	Scaling up collaborative care: Canadian perspectives (25th Anniversary Keynote Series) *Ian Boeckh and Nadiya Sunderji* Moderated by Matthew Menear						
10:00-10:30 AM	**Break**						
	Concurrent Session D						
	D1: Partnering with Families	**D2: Workshop**	**D3: Workshop**	**D4: Workshop**	**D5: Workshop**	**D6: Workshop**	**D7: Integrated Care**
10:30 AM-12:00 PM	D1.1 Supporting recovery, supporting ourselves: a family perspective *Sonja Riddle* D1.2 Family caregivers: collaborators waiting in the wings *Susan Inman* D1.3 Caregivers' help-seeking for child/youth mental health care *Gwendolyn Fearing* D1.4 Caregiving collaboration: supporting young caregivers across Canada *Alicia Pinelli* Moderated by Geoffrey Maina	Co-design workshop for quality indicators related to recovery-oriented mental health and substance use care in primary care *Matthew Menear, Morgane Gabet and Marjorie Brochu*	Battling mental health stigma using video game storytelling and immersive experience: the Road Ahead project, a youth-led video game *Manuela Ferrari, Stephanie Barcan, Michael Serravalle, Geoffrey Meugens, Corina Lazarenco and Arkana Fuentes-Pilafidis*	Tu es libre! Présentation d'outils cliniques pour aider la personne à s'approprier son pouvoir d'agir *Tin Ngo-Minh*	Integrating contemplative practices: re-imagining a dynamic toolbox for mental health care providers *Allan Donsky*	Prioritizing the voices and experiences of youth of African descent and their caregivers in strengthening the provision of mental health and substance use services *Ifeyinwa Mbakogu and Brad Richards*	D7.1 Fetal Alcohol Spectrum Disorder and mental health: a resource & practice guide for professionals *Emma Jewell* D7.2 Canadian veterans' experiences of living with chronic pain and impacts on domains of well-being *Elizabeth Alvarez* D7.3 Prevalence and care of chronic diseases in patients in community mental health services *Poliana Alves* D7.4 Integrating physical health care into mental health settings for adults experiencing serious mental illness: a policy analysis *Cara Evans* Moderated by Skye Barbic
12:00-1:00 PM	**Lunch**						
1:00-1:30 PM	**Awards Ceremony**						
1:30-1:45 PM	**Break**						

	Concurrent Session E				
	E1: Panel	**E2: Implementation Issues**	**E3: Lived Experience**	**E4: Prevention-Early Intervention**	**E5: Indigenous Health**
1:45-2:45 PM	Matching mental health and substance use health care to the needs and goals of children, young people, and their families through a new quality standard *Alexandra Tucci, Kai Flicker, Louise Murray-Leung and Amy Porath*	E2.1 PIVOT! Persevering through an unsuccessful attempt to spread an evidence-based intervention: lessons for other teams *Tara McFadden* E2.2 Co-producing innovation with structurally vulnerable populations: lessons about adopting, implementing and assimilating health and social care innovations from Canada, Scotland and Sweden *Sandra Moll* E2.3 Service providers' perspectives: inner and outer setting connections as key elements to youth-adapted Individual Placement and Support (IPS-Y) implementation and service delivery in a pan-Canadian integrated youth services context *Gesthika Kaltsidis* Moderated by Skye Barbic	E3.1 How to do mental health-related public policy work: learnings from peer organizations *Robin Dziekan* E3.2 Insights into addiction: lived experience counselling *Dean Anderson* E3.3 How indie authors can use the power of their stories to promote healing in collaboration with health care providers: my lived experience *Lisa Crowder* Moderated by Catherine Harrison	E4.1 Early psychosis intervention: a regional expansion initiative *Tabatha Freimuth* E4.2 Influence of restrictive emotionality on college-aged men's reluctance towards help seeking *Priya Kar* E4.3 Factors influencing first-year university students' mental health and wellness: findings from the ACCESS Open Minds University of Alberta qualitative study *Camila Velez* Moderated by Hanie Edalati	E5.1 Regrets, this presenter had to withdraw from the conference E5.2 Prioritizing Inuit perspectives and worldviews to develop wellness programming for communities *Melita Paul* E5.3 Evaluation of a culturally integrated transdiagnostic group treatment for First Nation children *Kristy Kowatch* Moderated by Vicky Huehn
2:45-3:00 PM	Break				
	Concurrent Session F				
	F1: Panel	**F2: Lived Experience**	**F3: Substance Use Health**	**F4: Child and Youth Health**	**F5: Innovations in Collaborative Care**
3:00-4:00 PM	Data and measurement in youth mental health services: What is the current state of affairs? *Alyssa Frampton, Carolyn Melro, Ama Wiredu, Jai Shah, Manuela Ferrari and Skye Barbic*	F2.1 Building capacity for improving service delivery, interactions and health outcomes within collaborative care models *Ashleigh Hyland* F2.2 Sowing and growing: developing a theory of the process of emergence of co-production in health and social services *Sandra Moll* F2.3 Co-leading transformative change: promoting population-based health in primary care and community settings *Lisha Di Gioacchino* Moderated by Catherine Harrison	F3.1 A province-wide clinical care pathway for youth who use substances *Shirley Sze and Veronic Clair* F3.2 Operationalizing the role of opioid agonist treatment in a substance use strategy for youth *Kirsten Marchand* F3.3 Safe supply: program restarts and diversion discussions *Marlene Haines and Emily Hill* Moderated by Ifeyinwa Mbakogu	F4.1 Informing tailored services for youth who use prescription opioids: a cohort study of youth accessing a provincial network of integrated youth services in British Columbia *Kirsten Marchand* F4.2 Mental health stressors in pictures: a photo voice project on negative immigration experiences of racialized youth that contribute to mental illnesses *Geoffrey Maina* F4.3 Unveiling team synergy: understanding the impact of supporting interdisciplinary teams in pediatric neurodevelopmental health care *Katelyn Lepinskie* Moderated by Karina Czyzewski	F5.1 New tools to measure and address structural stigma in the health care system *Stephanie Knaak and Nitika Rewari* F5.2 Managing eating disorders in primary care: supporting physicians to best support patients *Katerina Denediou Derrer* Moderated by Elizabeth Alvarez
4:00-4:15 PM	Break				
4:15-4:30 PM	Open Forum: The future of Canadian Collaborative Mental Health Care Conference Moderated by Nick Kates and Matthew Menear				
4:30-4:40 PM	Closing Remarks *Nick Kates*				

Keynote/Plenary Presenters

Ian Boeckh

Ian Boeckh is president of the Graham Boeckh Foundation (GBF), a family foundation named in honour of Graham Boeckh who passed away at age 23 from complications related to mental illness. Ian has led the foundation over the past 8 years. During this period, GBF has been fostering a pan-Canadian movement to develop and scale a community-based youth mental health care system known as integrated youth services (IYS). GBF has developed IYS by creating an ecosystem of pan-Canadian collaboration and funding which spans local communities, provincial and Federal governments, philanthropy, and the non-profit sector. Overall, the foundation has become a recognized leader in strategic philanthropy that fosters collaboration and achieves impact (see the foundation's website: grahamboeckhfoundation.org for more information). Ian has an educational background in economics. Prior to joining GBF, Ian worked in the areas of financial market research, investment management, and natural resource policy.

Alexander Caudarella

Dr. Alexander Caudarella is a bilingual family physician with specialty training in substance use health issues. He joined the Canadian Centre on Substance Use and Addiction (CCSA) as Chief Executive Officer in August 2022. Alexander believes his experiences help him understand and appreciate the diversity of substance use health services, challenges and opportunities that exist in our country. The organization's national mandate to empower people in Canada and government to focus on substance use issues, and its work to centre the voices of people who use substances and their families, drew him to CCSA. Through CCSA's work with national and international partners, Alexander wants people in Canada to understand the scope of substance use health and the solutions they can put in place in their communities. He passionately believes that collaboration across sectors is essential in improving the health and well-being of people who use drugs and alcohol. This is a difficult time for people who use drugs and alcohol, as well as the families and health workers who care for them. Alexander is proud to work with the amazing team at CCSA to build hope, and continue to build Canada as an international leader in this area.

Allison Dunning

Allison Dunning (she/her) is the Executive Director of Peer Support Canada. Allison draws upon her personal lived experience of mental health challenges to inform the way she guides the development, implementation and evaluation of Peer Support programming across the country. Allison works to amplify the voices of people around her, and has a genuine passion for ensuring that evidence-based peer support services are utilized to create system change.

Gord Garner

Mr. Gord Garner is a recognized thought leader and an agent of transformational system change. He has presented nationally, internationally and participated multiple times at the United Nation Drug Commission Conference. He is passionate in focusing on impact and evidence. Directionally correct decisions and implementation, with built-in organizational humility, for self-assessment, with client, family and service provider feedback, allowing real-time, evidence-based change. This systemic change management system is at the heart of impact, avoiding the traps of perfection and ideological debate that block decisions, implementation and continuous improvements.

Dera Ikewibe

Chidera Ikewibe is an Igbo Nigerian Canadian, she is studying Psychology and English at the University of Windsor. She is a member of the Youth Wellness Hub in Windsor and is a member of the DAG committee through YWHO. She is also the city of Windsor's Youth Poet Laureate.

Nick Kates

Nick Kates recently stepped down after 11 years as Chair of the Department of Psychiatry & Behavioural Neurosciences at McMaster University and has cross-appointments in the Departments of Family Medicine, and of Health, Aging and Society at McMaster. He was formerly the Director of the Hamilton HSO / FHT Mental Health and Nutrition Program, which integrates psychiatrists, mental health counsellors and dietitians into the offices of what is now 180 family physicians across Hamilton and where he still does his clinical work. He has co-chaired the CPA – CFPC joint working group on collaborative mental health care in Canada for 25 years and for 5 years he was the Ontario Lead for the Quality Improvement and Innovation Partnership (QIIP) which promoted quality improvement in primary care. He is a distinguished Fellow of the Canadian Psychiatric Association and the American Psychiatric Association and an honorary member of the College of Family Physician of Canada.

Ravneet Kaur

Ravneet Kaur (she/her) is a youth mental health advocate who takes inspiration and motivation from personal lived experiences to bring forth meaningful change. She is passionate about making the mental health care system more accessible and equitable. She serves as a youth advisor on the Youth Wellness Hubs Ontario provincial youth council and has supported other projects such as the organization's strategic planning and the Mindsense initiative. She currently works as the Art and Wellness Coordinator at the Ottawa Art Gallery.

Elaine Kicknosway

Elaine Kicknosway pronouns Qwe/she/her. Traditional helper . Swampy Cree through her biological mother from Amisk Lake and her biological father's side is from Buffalo Narrows Sk. She is a member of Peter Ballantyne Cree Nation in Northern Saskatchewan, and is Wolf Clan. She is a Sixties Scoop Survivor and returned home in 1996. She has been long-time community advocate in the areas of child welfare, MMIW2SG, healthy families, and Indigenous Wellness that include spaces for the LGBTQ2S+. Elaine is an Indigenous trauma-informed Counsellor, a Blanket exercise facilitator and trainer, Indigenous full-spectrum doula, indigenous death Doula , Traditional dancer, singer, drummer and is the Co-founder of The Sixties Scoop Network and carrier of ceremonial teachings.

Matthew Menear

Matthew Menear is an Assistant Professor in the Department of Family Medicine and Emergency Medicine at Université Laval and Researcher at the VITAM Research Centre for Sustainable Health. He is also the Scientific Leader of the RCPI (Réseau de collaboration sur les pratiques interprofessionnelles en santé et en services sociaux), a provincial centre of expertise in interprofessional collaboration. He leads the REMIX Research Lab, which aims to empower people with mental health challenges and support the widespread adoption of integrated, person-centred and recovery-oriented mental health services across Canada and internationally.

Anna Ratzliff

Dr. Anna Ratzliff is a US national expert on Collaborative Care and, specifically, on training teams to implement and deliver mental health treatment in primary care settings. Her passion for translating complex research ideas into practical real-world applications began when she received her MD and PhD in Anatomy and Neurobiology as part of the Medical Scientist Training Program at the University of California at Irvine. She currently is a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington where she has developed additional expertise in mental health workforce development, suicide prevention training, adult learning best practices, and mentorship. Dr. Ratzliff is the Co-Director of the AIMS Center (Advancing Integrated Mental Health Solutions) and Director of the UW Integrated Care Training Program for residents and fellows.

The Honourable Ya'ara Saks

The Honourable Ya'ara Saks was first elected as the Member of Parliament for York Centre in 2020. She previously served as Parliamentary Secretary to the Minister of Families, Children and Social Development, before being named Canada's Minister of Mental Health and Addictions and Associate Minister of Health in July 2023. Minister Saks is a long-time community advocate and leader focused on promoting health and addressing inequalities in society. Minister Saks brings a Canadian and global perspective to her community engagement work. She has held advisory roles in policy, communications, and project management, having worked in the Office of the Mayor of Jerusalem and on the Israeli-Palestinian peace process. Before entering politics, she was a successful small business owner and the Director of Trauma Practice for Healthy Communities, a Toronto-based mental health charity working for better access to mental health services.

L'honorable Ya'ara Saks a été élue pour la première fois comme députée de York Centre en 2020. Elle a précédemment exercé les fonctions de secrétaire parlementaire de la ministre de la Famille, des Enfants et du Développement social, avant d'être nommée Ministre de la Santé mentale et des Dépendances et ministre associée de la Santé en juillet 2023. La ministre Saks est une militante communautaire de longue date et une leader dédiée à la promotion de la santé et à la lutte contre les inégalités dans la société. La ministre Saks apporte une perspective canadienne et mondiale à ses efforts d'engagement communautaire. Elle a occupé des postes de conseillère en matière de politiques, de communications et de gestion de projets, et a travaillé dans le bureau du maire de Jérusalem et sur le processus de paix israélo-palestinien. Avant de se lancer en politique, elle était propriétaire d'une petite entreprise prospère, en plus d'être directrice de Trauma Practice for Healthy Communities, un organisme de bienfaisance en santé mentale basé à Toronto qui cherche à améliorer l'accès aux services de santé mentale.

Nadiya Sunderji

Dr. Nadiya Sunderji was appointed President & CEO of Waypoint Centre for Mental Health Care in Penetanguishene on June 13, 2022 following 3 years as Vice President Medical Affairs and Chief of Staff. Throughout her time at Waypoint she has led the introduction of new programs, standards, and roles to improve patient and family experience and outcomes across Waypoint and in the broader health and mental health system.

A physician with 20 years of progressive leadership experience, Nadiya is a strategic transformational leader with a passion for research, quality improvement and integrated collaborative mental health care. Dr. Sunderji received her Doctor of Medicine in 2003, her specialty certification in Psychiatry in 2008, and her Masters in Public Health in 2016 with a certificate in Quality, Patient Safety, and Outcomes Research. She has also completed San'yas Indigenous Cultural Safety training, Mission Leadership through the Catholic Health Sponsors of Ontario, a Certificate in Mental Health Law from Osgoode Hall Law School, York University and the Institute of Corporate Directors Directors Education Program.

Dr. Sunderji has dedicated her career to advancing accessible equitable high quality mental health service delivery in strong partnership with mental health service users, caregivers, clinicians, researchers and policymakers. In several prior clinical and academic leadership roles, she led quality improvement and integrated mental health care at Unity Health and at the University of Toronto. She is past editor of the peer-reviewed journal *Families, Systems & Health* and past coordinator of the annual Canadian Collaborative Mental Health Care Conference. She previously served as a Board member of Wendat Community Programs. She co-chairs the Ontario Health Central region Mental Health & Addictions System Transformation Advisory Regional Table (START), where she is a champion for collaboration across and beyond the health sector. She is a member of the Ontario Health Central Region's Hospital Operations Table and Health Systems Recovery and Transformation Table, the bilateral MOH/OMA Physician Services Committee and the Ontario Health Mental Health & Addictions Centre of Excellence Oversight Table.

Conference Sessions

Plenary
Partnership and co-design: the transformative power of lived experience
Shauna Cronin, Ravneet Kaur and Dera Ikewibe (presenters)
Allison Dunning (moderator)

Concurrent Session A

Description:
By the end of this series of concurrent sessions, participants should be able to
- Explain the importance and benefits of collaborative practices in mental health and substance use care
- Describe innovative practices and programs related to collaborative mental health care
- Summarize the findings of research studies related to collaborative mental health care

Sub-sessions
A1 Panel: Towards standardization of stepped care models in mental health care: implementation examples from 2 distinct settings across Canada & current research to develop pan-Canadian standards
Sarah Mughal, Jai Shah, Bryan Young, Alexia Jaouich & Elise Durante

Description:
Our fragmented mental health system involves complex and traumatic pathways to care, poorly coordinated transitions, and unacceptably long waitlists. This creates a massive treatment gap for those in need, and is a crucial challenge to delivering mental health care in Canada. Stepped Care (SC) involves integrating a range of interventions, including the provision of low-intensity treatments alongside more intensive ones, purposefully arranged as part of a continuum such that interventions can be "stepped" up or down as needed. By integrating multiple services, creating smooth transitions between them, and connecting clients to services that match their needs, SC has the potential to become a best-practice delivery model and help resolve pressing system challenges. Despite promise and high uptake, there is no current agreement regarding what defines SC implementation. This ultimately limits its replicability and utility, preventing SC from being fully realized to guide evidence-based decision making in mental health care delivery. To generate alignment in SC research and practice, this panel will first showcase the following examples of SC implementation in varying Canadian settings:

1. Foundry: an evolving Integrated Stepped Care Model across a BC network of Integrated Youth Services.
2. Stepped Care Solutions: how Stepped Care 2.0 is being applied to support system transformation in Canadian provinces.

We will then describe an active research project to derive pan-Canadian Standards for SC implementation. Participants will hear early results from our national Delphi study and will participate in discussions related to building Standards, deriving national consensus, and strengthening diverse mental health systems.

A2 Scaling up collaborative care (moderated by Carly Whitmore)

A2.1 Adapting and scaling a collaborative hub-based and integrated psychiatric and primary care program: the Seamless Care Optimizing the Patient Experience Mental Health Program
Carly Whitmore

A2.2 How to incorporate data and QI methodology in scaling up a collaborative program
Erin Burrell and Christine Tomori

A2.3 Transformative collaborative care pathways: scaling innovative schizophrenia treatment across acute, tertiary and community continuums
Sarah Kipping

A3 Implementation Issues (moderated by Vicky Stergiopoulos)

A3.1 Demystifying planning: cultivating a community of practice to advance quality implementation of evidence-based therapies within the Veteran mental health system
Shannon Tracey and Michele Todd

A3.2 The role of Individual Placement and Support (IPS) in primary health care: exploring program implementation and impacts
Skye Barbic

A3.3 Understanding barriers to employment experienced by adults with persistent and multiple barriers in a novel Individual Placement and Support program embedded within primary healthcare setting in British Columbia, Canada
Padmini Thakore

A4 Digital Health (moderated by Catherine Harrison)

A4.1 Innovation to implementation: Mental Health Commission of Canada (MHCC) assessment framework for mental health apps
Sapna Wadhawan

A4.2 E-Mental Health Strategy for Canada: paving the way for digital mental health solutions, collaboration, and growth
Maureen Abbott

A4.3 Reshaping digital mental health for diverse youth in Canada: findings from a research, policy and practice knowledge exchange workshop
Medard Adu & Bilikis Banire

A5 Education and Training (moderated by Alyssa Frampton)

A5.1 Mentoring matters: successes, challenges, and strategies in supporting family physicians
Helen Spenser and Chase McMurren

A5.2 Designing and evaluating a multimodal mental health assessment training program for primary care nurses: toward better collaborative care
Marie-Hélène Lemée

A5.3 Building capacity in perinatal mental health: initial impressions from Canada's first perinatal psychiatry access program
Mark Kaluzienski

A6 Promoting Recovery (moderated by Karina Czyzewski)

A6.1 Knowledge complementarity work in the co-production of a Recovery College training course: a concrete example collaborative processes and strategies
Joanie Theriault

A6.2 An integrated and recovery-oriented model of care for people with concurrent disorders: results of a Delphi study
Angela Russolillo

A6.3 Client-directed integration of recovery-oriented mental health and substance use services
Vicky Huehn

A7 Workforce Issues (moderated by Ashleigh Hyland)

A7.1 Burnout amongst the Canadian public health workforce and its implications for population mental health promotion
Elizabeth Alvarez

A7.2 Exploring two psychosocial factors for health-care workers: support for psychological self-care and protection from moral distress in the workplace: facilitators and barriers
Kamlesh Tello and Hannah Kohler

A7.3 Psychologically healthy and safe health care working and learning environments: a newly developed toolkit, leaders' key role, and its impact on quality healthcare
Kamlesh Tello and Karina Urdaneta

Concurrent Session B

Description:

By the end of this series of concurrent sessions, participants should be able to:

- Explain the importance and benefits of collaborative practices in mental health and substance use care
- Describe innovative practices and programs related to collaborative mental health care
- Summarize the findings of research studies related to collaborative mental health care

Sub-sessions

B1 Panel Through multiple lenses: understanding the impact of walk-in counselling at Foundry
Darlene Seto, Elise Durante, Lara Wease and Jodh Ghuman

Description:

Foundry's walk-in counselling approach combines a 'walk-in' delivery service format and a single session or 'one-at-a-time' method with solution-focused brief therapy (SFBT) as the therapeutic modality. Studies have found that walk-in counselling is acceptable and beneficial for youth and adults, leading to quicker improvements in psychosocial symptoms as well as higher rates of client satisfaction compared to traditional counselling models. The initial selection and continuing implementation of this service is supported by peer-reviewed literature, evaluations from other organizations, internal program review, and stakeholder engagement. To date, this service has now been implemented at 16 community-based, integrated youth service centres over 7 years. It has proven a strong low-barrier intervention, with nearly 50% of youth accessing this service, accessing Foundry for the first time. The diverse perspectives on this panel will speak to the strengths, challenges, and opportunities around this care model. Key perspectives that will be represented on the panel include:

- A policy lens on system impacts and opportunities of the service
- An implementation perspective around supporting centres and training service providers in this method
- Clinician perspective on providing care
- Young person and their experience and feedback of the service

This panel will highlight core learnings from the development, implementation, delivery, and ongoing assessment of Foundry's walk-in counselling (WiC) model to help inform work in other communities.

B2 Workshop Stepped Care 2.0 and collaborative mental health care: better together?
Danielle Impey and Mary Bartram

Description

Introduction

Stepped Care 2.0 (SC2.0) is an innovative model of mental health care service delivery that is expanding its reach and impact across Canada. Integrating SC2.0 and collaborative care has the potential to accelerate system transformation.

Objectives

This study details: 1) shared principles between SC2.0 and collaborative care models; and 2) lessons learned from SC2.0 implementations to inform future integration with collaborative care.

Methods

Publications on the core principles of SC2.0 and Canadian collaborative care models were compared for alignment. Documented successes, challenges, and learnings from the implementation of SC2.0 in Newfoundland and Labrador (NL) and other jurisdictions were synthesized and analyzed thematically.

Results

SC2.0 and collaborative care models prioritize person-centred, timely, and equitable access to care, as well as multi-level interdisciplinary collaboration. The implementation of SC2.0 in NL and other jurisdictions highlighted the importance of early and ongoing project-partner engagement, co-design, communication, support for service providers, and continuous improvement. While two NL sites aimed to integrate primary care into their SC2.0 model, challenges with engagement further emphasized the importance of building readiness.

Discussion

Enacting shared principles and learnings can support the effective integration of SC2.0 and collaborative care. The combined use of these models can help address the increasing demands on the mental health care system, accelerate system transformation, and lead to improvements at all system-levels. Think-pair-share and plenary discussions will foster opportunities for panelists and participants to engage in meaningful conversations, and generate ideas about how SC2.0 and collaborative care can be effectively integrated in diverse settings across the country.

B3 Workshop The Compass Program: a collaborative mental health and substance use capacity-building response for providers working with children and youth in BC and the Yukon in rural and remote regions
Karina Czyzewski

Description
Introduction
Compass operates out of the BC Children's Hospital on the stolen territories of the xʷməθkwəy̓əm, Skwxwú7mesh, and Səl̓ílwətaʔ Nations. Compass supports providers (doctors, nurses, paramedical, school staff, Elders, etc.) working with young people (0-25 years) living with mental health and substance use concerns in British Columbia and the Yukon. The average age of youth is 13.4 years, 15% are Indigenous (like 17% of the Canadian youth population), and 4% are not cisgender (compared to 0.5%).

Objectives
Compass was requested by patients to assist remote child and youth psychiatric services. This workshop will demonstrate the necessity of a collaborative, interdisciplinary and innovative approach to increasing mental health and substance use response capacity, and equitable service delivery, while decreasing emergency room wait times and provider burn-out across the region.

Methods
We will review how Compass provides immediate indirect consultation with examples. We will discuss our outreach education to increase care access and scaling up; and demonstrate our collective direct assessment and treatment planning processes. We will ask participants to work together to provide a collaborative and supportive mental health and substance use response to case scenarios.

Results
Compass is an interdisciplinary team of counsellors, nurse clinicians, social workers, Indigenous care workers and psychiatrists. We work in partnership on calls and in workshops to provide contextualized, culturally safe, harm reductive and evidence-based clinical support to providers.

Discussion
The Compass team exemplifies how a coordinated, remote resource provides a culturally safe model of increasing access to appropriate and timely MHSU support for underserved communities.

B4 Workshop Teaching behavioural sciences to family medicine residents: the "collaborative care" approach
Jon Davine

Description
In this interactive workshop, we describe the teaching of behavioural sciences to family medicine residents at McMaster University. Instead of a block placement in a psychiatric unit, teaching takes place on a weekly half-day, devoted to behavioural sciences, for the entire duration of the two-year residency. The training is problem based, usually within small groups, utilizing actual patients that the residents see in their family practice. Multi-disciplinary teaching is emphasized. The tutors for each group are usually composed of a psychiatrist, family doctor, and social worker. The bulk of each half-day involves a review of cases the residents have seen, either by direct presentation of a case to the group, or often by viewing digitalized audiovisual tapes of the encounters. We discuss the use of the audiovisual medium as a teaching tool. We will focus specifically on giving feedback on the interview process in order to foster cohesive doctor-patient relationships, and to help develop diagnostic acumen in a time-efficient manner. The initial part of the presentation will be more didactic, though we plan to take questions as we go along, to help with interactivity. The majority of the workshop will involve an experiential process where the group will participate in the direct viewing of an audiovisual tape depicting a patient encounter. Many of the techniques used in giving feedback will thus be illustrated. In this way, we hope to make this session quite interactive.

B5 Workshop Supporting a population health approach in primary care: Can electronic health records act as patient registries to support a collaborative mental health care program?
Sarah Jarmain, Judith Francis and Arlene MacDougall

The Thames Valley Mental Health and Addiction Collaborative Care Network is a proof-of-concept initiative between acute and tertiary care psychiatry, primary care, and community mental health and addictions in the London, ON region to create an integrated care delivery network, within existing resources. Our unique model of collaborative mental health care incorporates the key collaborative care elements (based on the University of Washington's AIMS Center), with a strong population health focus, delivered within a team-based primary care setting. This interactive workshop will introduce participants to the concepts of population health management and the role of patient registries in supporting an equity-driven quadruple aim. Through the use of design thinking tools, participants will explore the "jobs to be done" in practice-based population health management and discuss the ways in which existing electronic health records can support patient segmentation, preventative care, chronic disease management and patient engagement in a team-based primary care setting. The presenters will review limitations of the currently available tools, and opportunities for future development.

B6 Workshop Managing anxiety conditions in primary care using the Ottawa Anxiety Algorithm
Douglas Green

Description
Anxiety conditions [generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder] are the most common psychiatric disorders and have a high prevalence in primary care. They are associated with substantial functional impairment, greater use of health care services and costs, decreased work productivity and increased risk of suicide. Despite the prevalence and the impact of these conditions the evidence indicates that they are often underrecognized and undertreated in primary care settings. This workshop will review the prevalence and impact of these conditions and review briefly their diagnostic criteria and management including medication and psychotherapy. Much of the workshop however will be spent learning about the Ottawa Anxiety Algorithm [www.ottawaanxietyalgorithm.ca] and how to apply it to assist with the management of these conditions, using a case. It will demonstrate screening questions and rating tools to assist with the diagnosis of these anxiety conditions. In addition, it will highlight the substantial patient resource section with tools and relevant websites to assist the patient in managing his or her anxiety condition and learning more about it. It also will illustrate the embedded treatment algorithm which has information guiding the choice of appropriate treatment and information about medication management [including for refractory cases] and links to resources for psychotherapy. This tool is a companion to the Ottawa Depression Algorithm (www.ottawadepressionalgorithm.ca) which has been assessed and found to be relevant to and acceptable in primary care settings in managing depressive disorders.

B7 Workshop PAIRPEP – Integrating peer support/family peer support in Early Intervention Services (EIS) in Quebec using a learning health system approach: innovative intersectoral collaboration with patient/caregiver partners in youth mental health care
Manuela Ferrari, Mary Anne Levasseur and Natalie Boileau

Peer Support in mental health has deep roots in communities and institutions alike. Early 20th century psychiatric institutions, Alcoholics Anonymous, The Mental Patients Association, and others enlisted the help of people with lived experience (PWLE) to support others in their recovery. Recently, the professionalization of peer support reflects a recovery-centred approach. Youth/young adults (Youth) experiencing First Episode of Psychosis (FEP) are referred to Early Intervention Services (EIS) to receive specialized treatment and recovery-based services. Family members supporting their affected youth may also receive support services. Peer/family peer support is offered by PWLE or caring for an affected youth. However, such support services emanate from community organizations, or sporadically in FEP clinics. Youth mental health is a primary objective of health care policy worldwide, with EIS at the forefront, including support for youth and families. As peer/family peer support emphasizes lived experience as expertise, peer support workers are recognized as sources of support and models for recovery. This perspective fits well with the philosophy advocated by EIS. In this interactive workshop, a diverse group of clinician researchers, healthcare professionals, PWLE and community workers illustrate the processes around an innovative and promising intervention in EIS that fully integrates peer support services in 11 FEP clinics in Quebec in collaboration with community organizations, health professionals and policy makers.

Concurrent Session C

Description

By the end of this series of concurrent sessions, participants should be able to:

- Explain the importance and benefits of collaborative practices in mental health and substance use care
- Describe innovative practices and programs related to collaborative mental health care
- Describe and apply strategies, tools and resources that can advance collaborative mental health care

C1 Panel Substance use health: a framework for collaboration across a spectrum of services
Brianne Peters and Shawn Fisk

Description

Collaboration requires an inclusive language that cuts across practice, policy, research, and direct experience. This language does not currently exist when it comes to substance use and health. We have a pervasive language of illness ("addiction") that both supports and "others" the 4.4% of people in Canada who have disorders. For the rest of the 95.6% of people who use substances, there is relatively little information or services. This binary understanding of illness and presumed health has dangerous consequences on the health of people and the economy. It increases barriers to care, perpetuates systemic stigma, and stymies our ability to collaborate and integrate services. On this panel, presenters will share the results of a 2023 national survey about what "average" people in Canada know about substance use and health; and where they turn if they have questions. The results reinforce the need to move beyond a discourse of disorder ("addiction") to include services that support people who use substances across a spectrum (non-use, beneficial, low to high risk and disorder). Panelists will present examples of solutions to fractured services by introducing a Substance Use Health framework. The framework offers practical and systems-level pathways for more collaboration and coordination across a spectrum of use. They will use the survey questions to engage the audience and conclude with a Q&A. Both presenters have more than two decades of experience as a researcher and service provider, and both have experienced the health care system as people living well with substance use disorder.

C2 Learning Health Systems (moderated by Skye Barbic)

C2.1 Supporting quality integrated care for adolescent depression in primary care: a learning system approach
Diana Sarakbi

C2.2 Barriers and facilitators to implementing a learning health system within an integrated youth service initiative
Christine Mulligan

C2.3 Youth Wellness Hubs Ontario: a youth mental health and substance use learning health system
Deb Chiodo

C3 Access to Care (moderated by Sapna Wadhawan)

C3.1 Bridging gaps, building paths: a collaborative approach to equitable and accessible infant and early mental health care in Ontario
Amanda Davis and Karys Peterson-Katz

C3.2 An evaluation of experiences and outcomes of equity-deserving service users accessing substance use and mental health services
Hanie Edalati and Christina Katan

C3.3 Perceived barriers and facilitators to accessing on-campus mental health and wellness services: a focus group study with Canadian postsecondary students
Camila Velez

C4 Addressing Stigma (moderated by Alyssa Frampton)

C4.1 Dismantling structural stigma in health care: making real change for and with people living with mental health problems or illnesses and/or substance use concerns
Hannah Kohler and Carolina Chadwick

C4.2 Recovery-based arts: an innovative strategy to address stigma in collaborative mental health care in Chile
Paola Velasco

C4.3 The Chilean experience of adapting and implementing a Canadian intervention to reduce stigma and promote recovery in collaborative mental health care
Jaime Sapag

C5 Digital Health (moderated by Carly Whitmore)

C5.1 Technology-Enabled Collaborative Care for Diabetes and Mental Health (TECC-DM): establishing a treatment to care pathway in primary care settings
Carly Whitmore

C5.2 Evaluation of an interdisciplinary virtual training package to deliver self-management support with people living with schizophrenia and co-morbidities
Susan Strong

C5.3 L'approche STAT-C : un nouveau modèle de soins interprofessionnels pour la gestion des arrêts de travail pour un trouble de santé mentale commun
Annie Plamondon

C6 Vulnerable Populations

C6.1 Taking steps together for supported reintegration (Phase II): implementing social
      prescribing for better mental health
      Noémie Bergeron-Germain

C6.2 Community innovation: building capacity in an intensive case management program for
      vulnerable populations by focusing on partnerships, research, data collection and
      innovation
      Denise Hillier and Kayla Follett

C6.3 Outpatient care following Emergency Department visits for patients experiencing an onset
      of mental disorder in Quebec: What about collaborative care?
      Morgane Gabet

Plenary Opening the substance use health doorway for all your clients' care
Alexander Caudarella and Gord Garner
Moderated by Nick Kates

Learning objectives:
- Discuss the relevance of strengthening the delivery and integration of substance use
  health care in the health care system
- Describe challenges and potential solutions related to integrated approaches to
  substance use health care
- Discuss how people with lived or living experience of substance use or addictions
  challenges can be engaged as partners in health care service

Plenary Strategies to scale collaborative care implementation
Anna Ratzliff
Moderated by Matthew Menear

Description
Learning objectives:
- Name the principles of collaborative mental health and addictions care and the relevance of implementation science for scaling up collaborative care
- Describe effective coaching strategies used to implement collaborative care
- Discuss future opportunities to build workforce to deliver collaborative care
- List two metrics which could be used to facilitate implementation and quality improvement in collaborative care

D2 Workshop Co-design workshop for quality indicators related to recovery-oriented mental health and substance use care in primary care
Morgane Gabet and Marjorie Brochu
Moderated by Matthew Menear

Description
Introduction
Promoting the integration of mental health and substance use (MHSU) services within primary care is a priority in Canada and internationally. Such MHSU services should not only be accessible to the population but also as recovery-oriented as possible. Quality indicators are critical for assessing the extent to which providers are currently adopting recovery-oriented approaches and for monitoring practice changes over time. However, a recent systematic review by our team revealed that few indicators for recovery-oriented MHSU care have been developed for primary care settings.

Approach: This interactive workshop has two main goals: 1) to share the findings from our systematic review on indicators of recovery-oriented MHSU care in primary care, and 2) to engage participants in a co-design process aiming to identify and prioritize elements of recovery-oriented care that should be measured in primary care. The workshop will be led by Drs. Menear and Gabet, who led the systematic review and have expertise in recovery-oriented care. The first 30 minutes of the workshop will consist of a presentation on recovery-oriented MHSU care (from a research and lived experience standpoint), the role of quality indicators in the health system, and the findings from our systematic review. The next 60 minutes will engage participants in an interactive nominal group activity. Participants will be asked to reflect on important elements of recovery-oriented care that should be measured and then discuss this within small groups. These elements will then be shared with the entire group and subsequently prioritized using a multi-voting approach.

D3 Workshop Battling mental health stigma using video game storytelling and immersive experience: The Road Ahead project, a youth-led video game
Manuela Ferrari, Stephanie Barcan, Michael Serravalle, Geoffrey Meugens, Corina Lazarenco and Arkana Fuentes-Pilafidis

The Road Ahead is a participatory co-design research project featuring a video game created by youth for youth and initiated by the Gaming Against Stigma Advisory Group. The Road Ahead is a top-down role-playing adventure game that explores youth mental health (MH) during Covid-19. The open-world format of the game allows players to enter the memories of different characters, each exploring a different type of MH condition and self-help strategies for recovery and well-being. The game's villages portray different mental health journeys and coping strategies. For example, The Painted Tear is Lakshmi's journey to self-awareness and recovery (coping strategy: self-determination techniques - Actualization and Acceptance).During this workshop, members of The Road Ahead will present core steps of the game development life-cycle model and the 'anti-stigma toolkit' for serious video games, the second focusing on promoting alternative messaging around mental illness in video games. Members will showcase their knowledge, skills, and leadership in the creation of an interactive therapeutic video game intervention. This workshop will mix formal short presentations with small-group activities showcasing the making of the game, such as: (1) conception and pre-production (i.e., how to ethically portray mental illness in video games; and how messages addressing stigma can be integrated into game and learning elements while engaging the user) and (2) production (i.e., how to involve people with lived experience and expertise in game production). Participants will have the opportunity to engage in creative writing of anti-stigma game stories as well as RPGMaker and pixelated art activities.

D4 Workshop Tu es libre! Présentation d'outils cliniques pour aider la personne à s'approprier son pouvoir d'agir
Tin Ngo-Minh

L'humain est trop complexe pour que le traitement de ses difficultés de santé mentale ne soit qu'uniquement médical ou « biologique ». Les soins sont toujours bio-psychosociaux. Si la personne veut éviter ou réduire l'apport de la médication, pour y arriver il faudra nécessairement « compenser » avec des moyens non-médicamenteux. Les outils cliniques que je présenterai confirmeront que le traitement biopsychosocial visant le rétablissement et l'affranchissement des patients peut être simple, concret, atteignable et nullement vague et déroutant. Les outils, que ce soit « Les 4 piliers du traitement »; « La CLÉ de la liberté »; « La fleur du rétablissement » ont été créés à partir de principes thérapeutiques scientifiquement prouvés : thérapie cognitivocomportementale, pleine conscience, thérapie d'acceptation & d'engagement, thérapie comportementale dialectique... Les outils sont donc des intégrations et illustrations de ces principes pour les rendre moins intimidant et plus accessibles aux patients et aux intervenants qui cherchent à les employer. À l'issue des interventions utilisant les outils, la personne devrait savoir qu'elle est en contrôle, qu'elle sait ce qu'elle peut faire pour se sentir mieux, qu'elle peut s'engager à faire son bonheur plutôt que son malheur, qu'elle a du pouvoir d'agir. Autrement dit, les outils servent à rappeler à la personne qu'elle a des choses à faire, des habitudes à changer et des attitudes à adopter pour s'offrir les AiLES qu'elle souhaite. Plus succinctement encore : la personne a des responsabilités à prendre pour gagner sa liberté. Quelques diapositives pour expliquer la théorique qui sera immédiatement traduite en atelier pour stimuler l'intégration des connaissances. Outils pratique sur www.montraitement.ca.

D4 Workshop Integrating contemplative practices: reimagining a dynamic toolbox for mental healthcare providers
Allan Donsky

Mental healthcare programs are being called upon to not only reduce negative symptoms but also to promote greater client-patient well-being and flourishing. The current psychotherapeutic system is challenged to meet this multi-faceted growing demand with innovative approaches, notwithstanding its limited resources. Research has shown that process-based practices can enhance current psychotherapeutic objectives and have been seen as "the key for the future of evidence-based care" (Hoffman & Hayes, 2019, p. 38). Contemplative practices are examples of such process-based approaches that foster a more holistic mental health, also including the development of a sustainable inner literacy. These practices have the added advantage of being self-directed and self-managed, and can foster self-care for both patient-clients and health care practitioners. This workshop will explore the untapped potential of the inclusion of contemplative practices in integrated mental health approaches. Seventy minutes of the session will be experiential and interactive, including two guided, grounding meditations, and a reflexive written task. With a focus on meta-awareness, participants will debrief their experiences with the goal of reimagining a more dynamic mental health toolbox for practitioners. Presenters provide a collaborative, interdisciplinary approach from their fields of psychiatry, public health, and education, with supporting evidence from analysis of the innovative BreathingRoom™ digital mental wellness program. We propose that the inclusion of contemplative practices can make a positive impact in promoting flourishing and wellbeing, while also being widely accessible at all rungs of a stepped-care collaborative approach to mental health services.

D6 Workshop Prioritizing the voices and experiences of youth of African descent and their caregivers in strengthening the provision of mental health and substance use services
Ifeyinwa Mbakogu & Brad Richards

Description
This workshop invites participants to reflect on the voices of youth of African Descent who have or continue to access mental health and substance use services, and the implications for promoting culturally responsive health care delivery. Key themes identified by the research team buttress the narratives of research participants, from the Voices that Count: Providing Culturally Inclusive Mental Health and Substance Use Health Service Delivery to Youths of African Descent, CIHR funded project. The findings present valuable insight into the current gaps within our mental health and substance use care system as it relates to culturally responsive services to a historically marginalized population while also providing opportunities for empowering youth of African Descent by validating their experiences. Through their shared stories and recommendations, the voices of the target population of this research study become the foundation for improvements at the systemic, organizational, community and individual levels. This interdisciplinary research team will present the findings, including the words of the research participants themselves, and recommendations for inclusive service delivery. Following this presentation, workshop participants will be invited to engage with the presenters and each other in discussions on how the findings and recommendations may be implemented to strengthen service delivery for all service users, especially Youth of African Descent.

Concurrent Session E

Description
By the end of this series of concurrent sessions, participants should be able to:

- Explain the importance and benefits of collaborative practices in mental health and substance use care
- Describe innovative practices and programs related to collaborative mental health care
- Summarize the findings of research studies related to collaborative mental health care

Sub-sessions

E1 Panel Matching mental health and substance use health care to the needs and goals of children, young people, and their families through a new quality standard
Alexandra Tucci, Kai Flicker, Louise Murray-Leung and Amy Porath

Description

Introduction

Levels of care models (LoC) organize care from the least to the most intensive and match clients to the most appropriate level of care based on their needs. Though gaining popularity, LoC models are defined and implemented inconsistently. A quality standard on LoC is needed to ensure consistent, evidence-based practice across the child and youth mental health and substance use health sector.

Objectives

We developed a new quality standard on LoC that is youth-centred, individualized, holistic, and culturally responsive to ensure timely access and increase the quality of care for children, youth, and families.

Methods

The standard was developed in collaboration with service providers, system leaders, young people, and family members using the Knowledge Institute's Standard Development Process. The standard, core principles, indicators, and implementation supports were developed based on literature reviews, expert consultations, and lived expertise.

Results

The standard is guided by ten core principles: Youth-centred, family involvement, equitable and affirming, complete continuum of care, comprehensive screening and assessment, timely and accessible, flexible and seamless, co-developed with young people and family members, rooted in community and collaboration, and continuously improving.

Discussion

This new standard provides a roadmap for creating consistency in care and will help foster improved collaboration and access to care, while supporting continuous improvement across the sector. In an engaging panel discussion with a youth and family advisor, attendees will explore innovative strategies to foster meaningful partnerships for sustainable change, generate feedback on the quality standard, and develop strategies for scaling up collaborative, high-quality care.

E2 Implementation Issues

E2.1 PIVOT! Persevering through an unsuccessful attempt to spread an evidence-based intervention: lessons for other teams
Tara McFadden

E2.2 Co-producing innovation with structurally vulnerable populations: lessons about adopting, implementing, and assimilating health and social care innovations from Canada, Scotland, and Sweden
Sandra Moll

E2.3 Service providers' perspectives: inner and outer setting connections as key elements to youth-adapted Individual Placement and Support (IPS-Y) implementation and service delivery in a pan-Canadian integrated youth services context
Gesthika Kaltsidis

E3 Lived Experience

E3.1 How to do mental health-related public policy work: learnings from peer organizations
Robin Dziekan

E3.2 Insights into addiction: lived experience counselling
Dean Anderson

E3.3 How indie authors can use the power of their stories to promote healing in collaboration with health care providers: my lived experience
Lisa Crowder

E4 Prevention – Early Intervention

E4.1 Early Psychosis Intervention: a regional expansion initiative
Tabatha Freimuth

E4.2 Influence of restrictive emotionality on college-aged men's reluctance towards help seeking
Priya Kar

E4.3 Factors influencing first-year university students' mental health and wellness: findings from the ACCESS Open Minds University of Alberta qualitative study
Camila Velez

E5 Indigenous Health

E5.1 Regrets, this presenter has had to withdraw from the conference

E5.2 Prioritizing Inuit perspectives and worldviews to develop wellness programming for communities
Melita Paul

E5.3 Evaluation of a culturally integrated transdiagnostic group treatment for First Nation children
Kristy Kowatch

Concurrent Session F

Description

By the end of this series of concurrent sessions, participants should be able to:

- Explain the importance and benefits of collaborative practices in mental health and substance use care
- Describe innovative practices and programs related to collaborative mental health care
- Summarize the findings of research studies related to collaborative mental health care

Sub-sessions

F1 Panel Data measurement in youth mental health services: What is the current state of affairs?
Alyssa Frampton, Carolyn Melro, Ama Wiredu, Jai Shah, Manuela Ferrari and Skye Barbic

The CIHR-funded Network Catalyst Grant on Youth Mental Health (YMH) is a pan-Canadian knowledge translation network which aims to provide opportunities for the youth mental health community across Canada and globally to engage, network, share developments, and build collaborations around data and measurement. This panel will reflect and discuss current efforts underway through the network, and how these illustrate and contribute to the broader landscape of youth mental health data and measurement in contextually and culturally diverse communities in Canada.

Projects and issues to be highlighted include: Indigenous data governance, data and measurement in post-secondary educational institutions, how data both reflects and shapes identities for patients, and the use of data in both specialist and integrated youth mental healthcare settings.

The presenters are both service leaders as well as representatives of the network grant with varied expertise, ranging from measurement to health systems, integration of technology, and involvement of those with lived experience. Presentations will be interactive and conversational, allowing the panelist to highlight the value of collaboration and partnership around such questions.

F2 Lived Experience

F2.1 Building capacity for improving service delivery, interactions and health outcomes within collaborative care models
Ashleigh Hyland

F2.2 Sowing and growing: developing a theory of the process of emergence of co-production in health and social services
Sandra Moll

F2.3 Co-leading transformative change: promoting population-based health in primary care and community settings
Lisha Di Gioacchino

F3 Substance Use Health

F3.1 A province-wide clinical care pathway for youth who use substances
Shirley Sze & Veronic Clair

F3.2 Operationalizing the role of opioid agonist treatment in a substance use strategy for youth
Kirsten Marchand

F3.3 Safer supply: program restarts and diversion discussions
Marlene Haines and Emily Hill

F4 Child and Youth Health

F4.1 Informing tailored services for youth who use prescription opioids: A cohort study of youth accessing a provincial network of integrated youth services in British Columbia
Kirsten Marchand

F4.2 Mental health stressors in pictures: a photo voice project on negative immigration experiences of racialized youth that contribute to mental illnesses
Geoffrey Maina

F4.3 Unveiling team synergy: understanding the impact of supporting interdisciplinary teams in pediatric neurodevelopmental health care
Katelyn Lepinskie

F5 Innovations in Collaborative Care

F5.1 New tools to measure and address structural stigma in the healthcare system
Stephanie Knaak and Nitika Chunilall

F5.2 Managing eating disorders in primary care: supporting physicians to best support patients
Katerina Denediou Derrer

Open Forum: The Future of Canadian Collaborative Mental Health Care Conference (moderated by Nick Kates and Matthew Menear)