

Canadian Collaborative

Mental Health Care

Conference

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Book of Orals

Organized by Presenter Last Name (A-Z)

E-Mental Health Strategy for Canada - Paving the way for digital mental health solutions, collaboration, and growth

Session ID: A4.2

Presenter(s): Maureen Abbott

Submission Author(s): *Maureen Abbott¹*

Affiliation(s): *1Mental Health Commission of Canada*

ABSTRACT

Introduction: In response to the national call to support Canada’s current and future e-mental health resources, the Mental Health Commission of Canada (MHCC) was mandated by Health Canada to lead the development of a national strategy in collaboration with experts from across the country. This presentation will provide an overview of the E-Mental Health Strategy for Canada, launching in Spring 2024.**Objectives:** The E-Mental Health Strategy provides actionable recommendations for Canada, provinces and territories, and communities to advance the e-mental health agenda nationally.**Methods:** A two-year collaborative process, grounded in evidence-based research (domestic and international), was undertaken. Ongoing consultations with diverse groups of mental health providers and experts, including people with lived and living experience, guided the identification of priority areas to address through actionable recommendations.**Results:** The strategy places a strong emphasis on the importance of collaborative care in the digital health landscape, especially concerning e-mental health solutions.**Discussion:** Within the broader health ecosystem, e-mental health solutions play a crucial role. To date, there has not been a national strategy that provides inclusive direction towards a better e-mental health reality for Canadians. By promoting collaborative care within e-mental health services, the strategy recognizes the importance of fostering teamwork, integrating diverse services, sharing information, engaging patients, and leveraging technology to create a more connected mental health system, ultimately improving mental health outcomes. The strategy lays out the foundational pieces and the “how” to inform digital health leaders, e-mental health advocates and champions to lead change in our current health ecosystem.

Reshaping digital mental health for diverse youth in Canada: Findings from a research, policy and practice knowledge exchange workshop

Session ID: A4.3

Presenter(s): Medard Adu & Bilikis Banire

Submission Author(s): *Bilikis Banire¹, Mya Dockrill¹, Alzena Ilie¹, Elizabeth Lappin², Patrick McGrath¹, Samantha Munro³, Kady Myers⁴, Gloria Obuobi-Donker¹, Rita Orji¹, Rebecca Pillai Riddell⁵, Lori Wozney⁶, Victor Yisa¹, Medard Adu¹*

Affiliation(s): *1Dalhousie University, 2Maritime SPOR Support Unit, 3Acadia University, 4Nova Scotia Health, 5York University, 6IWK Health*

ABSTRACT

Introduction: Collaborative care for youth mental health and substance use encourages interprofessional, intersectoral and community collaboration in supporting mental wellbeing. This work is increasingly enabled by a rapidly expanding array of digital mental health tools, mobile apps, text-message services, artificial intelligence informed processes and online programs. However, there is a long history of health technologies benefiting privileged groups and not living up to the promise of more equitable and inclusive service options. **Objectives:** The Digital, Inclusive, Virtual, and Equitable Research Training in Mental Health Platform (DIVERT), the Maritime Strategy for Patient Oriented Research (SPOR) Support Unit and the IWK Mental Health and Addictions Program co-hosted a dynamic knowledge exchange event. The objective was to inform policy, practice, training and research in inclusive digital mental health services for youth in Canada. **Results:** Thirty-eight policy makers, health system administrators, clinicians and trainees from primary, secondary and tertiary health care teams, computer scientists, researchers, youth and caregiver advocates attended. Eleven challenges (e.g., white colonial normativity in digital health content, lack of community created promotional materials, few diversity measures or standards) and nine opportunities (e.g., trauma informed training for tech developers, policy accountability, active allyship) were identified. Results of the pitch event and panel discussion will also be shared. **Discussion:** Collaboration across disciplines and roles will ensure cultural, structural, financial, geographic, and material differences that shape a young person's ability to encounter and engage with digital mental health are considered. Future digital mental health solutions for young people should challenge, not replicate historical inequities.

Burnout amongst the Canadian public health workforce and its implications for population mental health promotion

Session ID: A7.1

Presenter(s): Elizabeth Alvarez

Submission Author(s): Elizabeth Alvarez¹, Japteg Singh², Jessica Hopkins³, David E-O Poon⁴, Laura Anderson¹, Chris Verschoor⁵, Arielle Sutton⁶, Zayya Zendo⁶, Thomas Piggott⁷, Emma Apatu¹, Donna Churipuy⁷, Ian Culbert⁸

Affiliation(s): 1McMaster University, 2McGill University, 3Public Health Ontario, 4University of Toronto, 5Health Sciences North Research Institute, 6Western University, 7Peterborough Public Health, 8Canadian Public Health Association

ABSTRACT

Introduction and Objectives High rates of burnout have been observed in public health workforces outside of Canada. This study presents the prevalence of burnout among the Canadian public health workforce surveyed after three years of the COVID-19 pandemic and explores potential associations between burnout and work-related factors. **Methods** We distributed an online survey in English and French between November 2022 and January 2023. We measured burnout through a modified version of the Oldenburg Burnout Inventory. Logistic regressions were used to model relationships between burnout and work-related factors. Burnout and intentions to leave or retire because of the COVID-19 pandemic were explored using multinomial logistic regressions. Open-text responses were analyzed for themes. **Results** In total 2,079 participants completed the survey; 78.7% met the criteria for burnout; 49.1% reported being threatened, assaulted, or bullied during the pandemic; 65.7% felt safe at the workplace; and 61.4% were offered workplace supports. Burnout was positively associated with years of work experience, redeployment to the pandemic response, being harassed during the pandemic, feeling unsafe in the workplace, and not being offered workplace supports. Furthermore, burnout was associated with greater odds 6.13 (95%CI: 3.71 to 10.13) of intending to leave public health or retire earlier than those without burnout. **Discussion** The Canadian public health workforce faces high levels of burnout, with subsequent plans to leave public health work, creating loss of capacity and expertise in our public health systems. Our results emphasize the need for public health organizations to prioritize workplace supports and safety to mitigate burnout.

Canadian Veteran's experiences of living with chronic pain and impacts on domains of well-being

Session ID: D7.2

Presenter(s): Elizabeth Alvarez

Submission Author(s): Moizza Zia Ul Haq¹, Vahid Ashoorion², Cheng'En Xi³, Eileen Wang³, Natasha Ross⁴, Nandana Parakh³, Jason W. Busse^{1, 2, 5}, Andrea J. Darzi^{1, 2}, Elizabeth Alvarez^{1, 6}

Affiliation(s): ¹Department of Health Research Methods, Evidence and Impact, McMaster University, ²Department of Anesthesia, McMaster University, ³Bachelor of Health Sciences (Honours), Faculty of Health Sciences, McMaster University, ⁴Global Health, Faculty of Health Sciences, McMaster University, ⁵Michael G DeGroot Centre for Medicinal Cannabis Research, McMaster University, ⁶Centre for Health Economics and Policy Analysis (CHEPA), McMaster University

ABSTRACT

IntroductionThirty percent of Veterans live with chronic pain compared to 20% of the general Canadian population, and more than 85% of Veterans suffering from mental illness also experience chronic pain.
ObjectivesThis study explored experiences of Veterans living with chronic pain (VLWCP), including how pain impacts seven domains of well-being (health, including mental health, employment or other meaningful activity, finances, social integration, life skills, housing and physical environment, and cultural and social environment).
MethodsWe conducted a descriptive qualitative study using semi-structured in-depth interviews with Canadian VLWCP.
ResultsWe interviewed 35 Canadian VLWCP who reported that pain affected their lives in many ways, including negatively impacting relationships and quality of life and preventing them from doing leisure activities or hobbies. Participants identified the cyclical relationship between mental health and chronic pain. Pain added to mental stress or exacerbated mental health problems by causing lack of sleep, change in mood, or limiting what one could do. Pain increased with poor mental health by leading to poor behaviours, deconditioning and weight gain, or isolation. Other domains of well-being also had bidirectional effects on chronic pain. For example, for some, being social could distract from pain or improve mental health, but unmanaged pain could limit the ability to socialize.
DiscussionParticipants highlighted the impact of chronic pain on multiple domains of well-being, including mental health. Generalizability of these findings will be important for future research and knowledge translation to improve chronic pain care and quality of life for Canadian Veterans.

Prevalence and care of chronic diseases in patients in community mental health services

Session ID: D7.3

Presenter(s): Poliana Alves

Submission Author(s): Poliana Alves¹, Michele Oliveira¹, Valéria Coimbra¹, Luciane Kantorski¹, Kenia Brito¹, Bruno Nunes¹

Affiliation(s): ¹Federal University of Pelotas

ABSTRACT

Introduction: In Brazil, care for people with mental disorders is provided in a network through coordination and collaboration between specialized, urgent and emergency services and primary care services. These last services are responsible for primary health care, for example, care for people with chronic illnesses. **Objectives:** To verify the prevalence of chronic diseases in patients in community mental health services and whether these patients sought primary care services to care for their chronic diseases. **Methods,** This is a cross-sectional study, carried out with 309 users of six community mental health services. The study was carried out in a medium-sized city in southern Brazil. Data were collected between October 2022 and October 2023 after approval by the Research Ethics Committee. For data analysis, Stata Software was used to identify occurrence measures. **Results** The results showed that, of the 309 patients interviewed, 140 (45.3%) had some chronic disease. However, among these users, only 81 (57.9%) sought care at a primary care service to treat their chronic disease. The results show that there is a significant portion of users of community mental health services who have chronic illnesses. However, a considerable number of these users have not sought Primary Care services for care for their condition. This situation highlights the possibility of a worsening of chronic diseases in this population and a need for greater coordination between the services that make up the mental health network so that there is comprehensive care for people with a mental disorder.

Insights into Addiction: Lived Experience Counselling

Session ID: E3.2

Presenter(s): Dean Anderson

Submission Author(s): Sarah Montes¹, Dean Anderson¹

Affiliation(s): ¹caccf

ABSTRACT

Dean Anderson and Sarah Montes, seasoned lived experience addiction counsellors, combine their expertise to enrich our presentation significantly. The duo offers diverse perspectives and firsthand knowledge, ensuring a comprehensive exploration of addiction and its complexities. Dean and Sarah will provide attendees with a well-rounded understanding and adaptable toolkit for addiction counselling. To enhance interactivity, our session incorporates:

1. Case Studies and Role-Playing: Real-world case studies and interactive role-playing exercises allow participants to apply theoretical concepts practically, fostering a deeper understanding of how lived experience informs counselling techniques.
2. Open Dialogue and Q&A: Throughout the session, we encourage an open dialogue and invite participants to share their perspectives. The Q&A segment provides a platform for collaborative learning and knowledge exchange.
3. Small Group Discussions: Participants engage in focused discussions within small groups, encouraging networking, peer learning, and the sharing of diverse perspectives on addiction counselling challenges.
4. Interactive Polling and Technology Integration: We utilize interactive polling tools to gather real-time feedback and questions, tailoring the session to the specific interests of participants and enhancing overall engagement.

This collaborative and participatory approach aims to create a dynamic environment where participants actively contribute to exploring the role of lived experience in addiction counseling. We believe these interactive elements will foster a deeper understanding and appreciation for the diverse ways in which lived experience can enhance the effectiveness of addiction counseling practices.

The role of Individual Placement and Support (IPS) in primary health care: exploring program implementation and impacts

Session ID: A3.2

Presenter(s): Skye Barbic

Submission Author(s): Stephany Berinstein 1, Amanda Kwan2, Jonathan Morris1

Affiliation(s): 1Canadian Mental Health Association British Columbia, 2The University of British Columbia, Faculty of Medicine

ABSTRACT

Introduction: Individual placement and support (IPS) is an evidence-based model designed to help people with severe mental illness re-connect to employment. To address a more complex and multi-barriered population, for example those with a history of persistent health and social challenges, the Links to Employment program focuses on a more collaborative and integrated approach to recovery and wellness by embedding IPS services within primary health care settings. **Objectives:** The objective of this study is to support the implementation and integration of a community-based employment program with health services. Specifically, exploring community perspectives and experiences around program implementation and impacts. **Methods:** Surveys and focus groups were conducted with service providers (N = 15) and program clients (N = 41). Descriptive and thematic analyses were performed. **Results:** Service providers identified four cross-cutting themes for promoting a more collaborative and integrated approach to program implementation: investing in pre-implementation activities, supporting a dynamic and flexible program, building from community experiences, and developing a system for shared knowledge. After one year in the program, 37% of clients had an employment outcome, with clients also reporting improved levels of anxiety and depression, self-confidence, and social connection. **Discussion:** Implementing an IPS program within a new context (e.g., primary health care setting) presents a set of unique challenges and considerations; however, it also has the potential to better support the overall well-being of populations that are complex and multi-barriered, especially when a collaborative approach is used with community partners driving decisions around implementation processes and practices.

Taking Steps Together for Supported Reintegration (Phase II): Implementing Social Prescribing for Better Mental Health.

Session ID: C6.1

Presenter(s): Noémie Bergeron-Germain

Submission Author(s): *Marcia-Lisa Dennis¹, Barbara Hamilton-Hinch¹, Sobaz Benjamin²*

Affiliation(s): *1Dalhousie University, 2iMOVE Arts Association*

ABSTRACT

The stigma attached to committing a criminal offence complicates the community reintegration process for individuals who were formerly incarcerated by hindering access to essential goods and services. Due to the ongoing legacy of anti-Black racism in Canada, these challenges are amplified for individuals of African ancestry. The fact-finding phase of the current project revealed that formerly incarcerated individuals of African ancestry did not receive appropriate discharge planning and case management; did not have access to meaningful education, employment, or skills development opportunities; experienced significant mental health difficulties; and did not have access to service or program providers representative of their background. Additionally, findings from the first phase showed that individuals who faced incarceration by proxy did not have appropriate culturally relevant supports in place to help cope with a loved one's incarceration. The goal of this project's implementation phase was to develop partnerships with organizations providing community reintegration services to help establish trusting relationships between them and service users from using a community-based social prescribing scheme. Social prescribing is a holistic approach to addressing social determinants of health by connecting individuals with cross-sectoral community partners offering clinical and social services to improve overall health and well-being. In the context of this project, enhancing health and well-being outcomes are linked to recidivism risk and successful community reintegration. During this phase, frontline team members of African ancestry conducted needs assessments that covered eight areas of wellness, made referrals to community organizations, and provided support to project participants while they navigated community resources.

How to Incorporate Data and QI Methodology in Scaling Up a Collaborative Program

Session ID: A2.2

Presenter(s): Erin Burrell

Submission Author(s): *Christine Tomori*¹

Affiliation(s): *1Executive Director*

ABSTRACT

The CBT Skills Group program is a revolutionary, innovative solution to address the gap in mental health care within primary care. Family physicians and psychiatrists collaborate to offer publicly funded structured skills training programs through a central provincial referral centre. The program spread from a local pilot in 2014 to a provincial program that now provides access for 7000 BC patients a year. Key to the program's success and spread is the focus on data collection and quality improvement. This has become a cornerstone of the decision-making process and informs program development, physician training, policy development and spread. We incorporated the use of small pilots, pre-and post-clinical outcome measures, frequent surveys to measure process, satisfaction and perceived effectiveness, focus groups, and post-hoc analyses to hone the mental health interventions offered. The training program examined attrition and no show rates, facilitator preparation time, facilitator satisfaction and confidence, and cross-referenced patient outcomes, particularly sense of safety and satisfaction. We also examined group fill rates, no show rates and predictors of attendance and effectiveness to improve the referral and scheduling process. Statistical analyses showed program effectiveness for symptom improvement trends and high participant satisfaction, and qualitative measures suggested specific improvements. The accessible, functional data we reported on promoted buy-in from key stakeholders and has been key to spread, particularly program adoption and partnership building. The team has embedded the Plan-Do-Study-Act process in all operations, continuing to improve the patient and provider experience, as well as guide decision-making within our decentralized physician-led organization.

Youth Wellness Hubs Ontario A Youth Mental Health and Substance Use Learning Health System

Session ID: C2.3

Presenter(s): Deb Chiodo

Submission Author(s): *Deb Chiodo¹, Jo Henderson¹*

Affiliation(s): *¹Centre for Addiction and Mental Health*

ABSTRACT

Youth Wellness Hubs Ontario (YWHO) is an integrated care model designed to address service gaps in the youth mental health and substance use system in Ontario. YWHO local Hub Networks deliver services for mental health, substance use, primary health care, and other health and social services for youth in Ontario aged 12 to 25. This model allows YWHO to provide rapid, low-barrier access to services that are high-quality, co-developed with youth, and tailored to meet their needs. There are currently 22 local YWHO Hub Networks in 31 communities across Ontario. Service interventions within YWHO hubs are determined in part through the use of standardized clinical assessments and service goals identified by youth include low intensity options such as psychoeducation and solution-focused brief therapy, moderate intensity services such as structured psychotherapy for mental health concerns, and high intensity services such as psychiatry or medication consult. Services are provided virtually and in-person by a team of interdisciplinary hub staff, and focus on evidence-based and evidence-generating, low-barrier approaches to addressing health and social inequities faced by youth. Service offerings sometimes differ across hubs according to localized needs, and are guided by in-depth community consultation, including youth and family advisory committees as well as a local hub network governance table. YWHO operates as a Learning Health System where Networks collectively drive system change through continuous learning and growth by bringing together information from practice, evaluation, quality improvement, and research and feeding it back to the system in ways that are meaningful and useful.

How indie authors can use the power of their stories to promote healing in collaboration with health care providers: My lived experience

Session ID: E3.3

Presenter(s): Lisa Crowder

Submission Author(s): *Lisa Crowder1*

Affiliation(s): *1None*

ABSTRACT

As an occupational therapist, I will discuss the process of writing my story (and my mental health teams role in supporting me), helped me to come to terms with my story, organize it in my head and use it as a means to inform new health care providers of my history using the words that I have chosen. I found sharing my story to be difficult for many reasons, one of which was trying to find the words at the time that I was talking to the health care professional. When I decided to start writing a book, I found it helped me to organize my thoughts and have more effective therapy with my psychotherapist. When the book was complete, I was able to share my story with my family doctor, my psychiatrist, my mental health professionals such as psychotherapists and caseworkers, and students who are just learning how complex someone's history can be. The goal of the presentation is not to go through my story as written in my book; it is to encourage people with lived experience to write and to share it with their team. It is a way to empower ourselves to decide on the words we want to use, told in the fashion we want to tell it. I am not trying to say that everyone needs to write a whole book, rather I'm trying to encourage the use of writing and sharing these writings (either the writings themselves or the concepts they put down).

Bridging Gaps, Building Paths: A Collaborative Approach to Equitable and Accessible Infant and Early Mental Health Care in Ontario

Session ID: C3.1

Presenter(s): Amanda Davis & Karys Peterson-Katz

Submission Author(s): Amanda Davis¹, Karys Peterson-Katz², Chaya Kulkarni²

Affiliation(s): ¹The Knowledge Institute on Child and Youth Mental Health and Addictions, ²Infant and Early Mental Health Promotion (IEMHP), SickKids

ABSTRACT

Introduction Infancy to early childhood is critical for healthy development and is the optimal time to address early signs of mental health issues. However, access to care is often complicated, and barriers can lead to inequitable care access, delivery, and wellness outcomes for children (0-6) and their families. Infant and early mental health (IEMH) care pathways help families and service providers identify and access available early identification and intervention services. The Knowledge Institute and IEMHP work with Ontario communities to strengthen partnerships across sectors and implement integrated IEMH care pathways. Objectives We partnered with three Ontario communities to build on local strengths and resources, enhance the capacity to recognize and respond to early vulnerability, and develop integrated IEMH care pathways across sectors. We will share how we are expanding our work with new communities through the Pathways Initiative. Methods We facilitated intersectoral collaboration and offered training on IEMH basics, the Ages and Stages Questionnaires®, and developmental support plans. We supported service providers and leaders in developing community-specific IEMH care pathways. Results Communities collaboratively developed care pathways to inform community-specific, integrated IEMH service planning and delivery across sectors, and participated in training to foster common language, tools, and resources. Discussion We will discuss lessons learned and considerations taken to strengthen partnerships across sectors. We will highlight how project outcomes informed the current Pathways Initiative and our new guide From building blocks to care pathways: Working together to support timely access to infant and early mental health care.

Managing eating disorders in primary care: supporting physicians to best support patients

Session ID: F5.2

Presenter(s): Katerina Denediou Derrer

Submission Author(s): Katerina Denediou Derrer¹, Alexandra Liu¹

Affiliation(s): ¹The Ottawa Hospital

ABSTRACT

The field of eating disorders (EDs) in Canada continues to be underfunded and understudied. Medical students receive very little teaching on eating disorders. There is a dearth of eating disorders psychiatrists. A research paper by Tse et al. <https://doi.org/10.1186/s40337-022-00570-5> identified four themes highlighting training needs for family physicians who are often the first port of call for patients with an eating disorder (ED) (a) improving communication skills when treating a patient with ED, (b) more effective screening and diagnosis in primary care practice, (c) optimizing management strategies for patients with an ED, especially patients who are waiting for more intensive treatment and (d) distress experienced by family physicians as they try best to manage and access care for their patients with EDs. There are guidelines for medical emergencies in eating disorders, but no evidence-based protocols appropriate for community practitioners to support those who are on waiting lists. Existing research in Australia has found that community-based low-intensity programmes providing early intervention in mild to moderate eating disorders can provide guidance to primary practitioners. Crow et al. <https://doi.org/10.1002/eat.22087> The web-based stepped care Recovery Support Programme (RSP) has potential to be adapted to the needs of people with ED. Wood et al. <http://dx.doi.org/10.1136/bmj-2023-002366> The presenters are staff and resident psychiatrists working in eating disorders programme at an urban hospital in Ontario. They have interests in providing equitable care to underserved populations and acknowledge referenced work by Body Brave. 10% intro, 70% small group work on objectives, 20% groups presenting their discussions.

Co-leading transformative change: Promoting population-based health in primary care and community settings.

Session ID: F2.3

Presenter(s): Lisha Di Gioacchino

Submission Author(s): *Lisha Di Gioacchino*¹

Affiliation(s): *1CAPSA*

ABSTRACT

Introduction: CAPSA, a national organization of subject matter experts informed by lived/living experience, helps to create system-level change through tangible solutions to address embedded systemic stigma. Approach: Integrated knowledge translation is an evidence-based approach that increases the likelihood that project results are relevant and useful to people with Substance Use Health goals and other knowledge users. Co-leadership principles and processes are demonstrated through CAPSAs partnerships to advance stepped models of co-ordinated and collaborative care, inclusive of Substance Use Health promotion and care. Results: The proposed presentation will summarize the co-leadership principles and processes that are demonstrated through integrated knowledge mobilization projects with Ottawa Public Health, AccessMHA, and Ottawa-West Four Rivers Ontario Health Team to advance stepped models of co-ordinated and collaborative care, inclusive of Substance Use Health promotion and care. Discussion: Community and system-level recommendations will be shared with participants to promote co-led research projects, health system performance surveillance tools, data sharing agreements and other patient safety protocols that build capacity to measure, monitor, and effectively manage integrated health systems. Discussion: Using an integrated knowledge mobilization process, results have been mobilized through additional research, contact-based education and other knowledge generation activities that reduce stigma and promote self-determined Substance Use Health goals. Describe and discuss the research process and how the system design recommendations and considerations have been mobilized through additional research, contact-based education, and other knowledge mobilization activities.

How to do mental health related public policy work: learnings from peer organizations

Session ID: E3.1

Presenter(s): Robin Dziekan

Submission Author(s): *Ashlee Mulligan¹, Robin Dziekan¹, Gabrielle Dupuis¹*

Affiliation(s): *1Atlas Institute for Veterans and Families*

ABSTRACT

Introduction: The mandate of the Atlas Institute for Veterans and Families is to work with Veterans, Families, service providers and researchers to improve mental health care and supports for Veterans and Families across Canada, in part by influencing related public policies. In 2023, we were ready to formally explore that role. With engagement practices and principles at the centre of the work at Atlas, we set out to seek advice from peer organizations experienced in public policy in Canada through a stakeholder engagement project. This was one of three interrelated foundational projects Atlas undertook to inform our approach to working in the Veteran and Family mental health public policy space. **Objectives:** This presentation highlights the engagement process used, and shares what we heard related to common characteristics of public policy work and priority areas for policies related to Veterans and Families. **Methods:** Over a 10-week period, we consulted with senior leaders from 14 peer organizations to discuss a series of questions related to conducting public policy work. Notes from the conversations were analyzed to identify themes and inform next steps. **Results and discussion:** Benefits from this engagement were threefold: We 1) introduced ourselves to peer organizations and built awareness about Atlas in the public policy space, 2) learned from credible peer organizations with public policy related experience and 3) mapped out the landscape of organizations working in this space. This presentation highlights some of the key advice shared by leading health, mental health and Veteran-serving organizations in Canada.

An Evaluation of Experiences and Outcomes of Equity-Deserving Service Users Accessing Substance Use and Mental Health Services

Session ID: C3.2

Presenter(s): Hanie Edalati & Christina Katan

Submission Author(s): *Hanie Edalati¹, Christina Katan¹, Sheena Taha¹*

Affiliation(s): *1Canadian Centre on Substance Use and Addiction (CCSA)*

ABSTRACT

Introduction. Given the close relationship that can exist between substance use and mental health (SUMH) concerns, the need for more integrated services and supports has been identified. However, research on effective integration of SUMH services and how to operationalise them to improve service users' outcomes remains limited. In particular, the unique needs and experiences of service users facing significant structural inequities in the health care system, i.e., equity-deserving (ED) groups (e.g., people of Color, persons with dis-abilities), have often not been considered in the process of integration and implementation of SUMH services.**Objectives.** To better understand the specific needs and experiences of ED service users accessing integrated SUMH services.**Methods.** This presentation will provide an overview of the first assessment wave of a longitudinal study evaluating clinical and social outcomes and experiences of service users (N=100) receiving integrated SUMH services from a community health centre in Ottawa, ON. The recruitment and assessment of service users in the first wave of the study will occur in February and March of 2024.**Results.** The findings will describe (1) the clinical and social outcomes and service needs of service users in relation to their ED status; and (2) the level and type of SUMH services accessed by service users in the past year in relation to their ED status.**Discussion.** The results of this study will help to better understand the specific needs and experiences of ED service users accessing SUMH services and will inform intersectional considerations when scaling up SUMH services.

Integrating Physical Health Care into Mental Health Settings for Adults Experiencing Serious Mental Illness: A Policy Analysis

Session ID: D7.4

Presenter(s): Cara Evans

Submission Author(s): Vicky Stergiopoulos^{1, 2}, Cara Evans^{2, 3}, Christopher Canning^{2, 3}, Munazzah Ambreen¹, Brian Lo^{1, 2}, Mary Rose Van Kesteren¹, Caroline Walker¹

Affiliation(s): ¹Centre for Addiction & Mental Health, ²University of Toronto, ³Waypoint Centre for Mental Health Care

ABSTRACT

Introduction- People with serious mental illness (SMI) experience poorer physical health and die 10-20 years earlier than the general population. Contributing factors include poverty, poor access to primary care, and stigma, leading to poor quality and experiences of care. “Reverse integration,” promoting physical health monitoring within mental health settings, may help to address this inequity. **Objectives-** With this study we explore reverse integration policies and initiatives internationally to inform options for Canada. **Methods-** We identified relevant policies and initiatives in English-speaking countries, including Equally Well-New Zealand, Equally Well-Australia, Equally Well-UK, Comprehensive Health Integration Framework (CHIF)-USA, Primary Care Behavioral Health Integration (PCBHI)-USA and Commissioning for Quality and Innovation (CQUIN)-UK. We applied the “3I” framework for policy analysis to assess feasibility of these approaches in the Canadian context, and to guide recommendations for a Canadian approach to advance health equity for people with SMI. **Results-** International efforts include bottom-up approaches led by healthcare organizations, top-down policy initiatives, and frameworks that span levels of analysis. A Canadian approach should: 1) prioritize health equity; Indigenous and racialized communities have distinct needs and worldviews that should be honored; 2) leverage and expand institutional capacities and balance an overarching framework with local solutions; 3) prioritize leadership of people with SMI and carers and engage broadly with health and social care providers. **Discussion-** Concerted policy action is needed to achieve healthier and longer lives for people with SMI. This study can inform an actionable policy roadmap to address pervasive health disparities.

Caregivers' Help-Seeking for Child/Youth Mental Health Care

Session ID: D1.3

Presenter(s): Gwendolyn Fearing

Submission Author(s): Gwendolyn Fearing¹

Affiliation(s): ¹Self-Employed - Social Worker

ABSTRACT

Introduction: To examine caregivers' help-seeking for child and adolescent mental health services through the lens of mental health literacy (MHL). Particularly, caregivers' knowledge and beliefs about child mental health and treatments. **Objectives:** This presentation will examine caregivers' experience with seeking mental health care for their child. Seven themes related to caregivers' help-seeking will be discussed to identify how continued and improved collaboration between systems can aid in seamless access to child mental health care and improve national mental health literacy. **Method:** Twenty-six caregivers who sought mental health services for their child between the ages of 6-18 participated in a semi-structured virtual or telephone interview. Interviews were conducted in Ontario, Canada, audio-recorded and transcribed verbatim. Grounded theory (GT) methodology was used for the thematic analysis. **Results:** A proposed model was developed to illustrate the study's seven themes: Caregivers' experience; recognition of a mental health concern; belief in child and adolescent mental health; complex access and availability of mental health services; "chasing information"; judgement in parenting and stigma. Overall, caregivers' knowledge and beliefs about child/adolescent mental health was the catalyst to seeking child mental health services. **Discussion:** Accessing child mental health services is complex, non-linear, and fraught with barriers. Despite varying self-reports of knowledge about child mental health issues and their belief in mental health and treatments, most caregivers continued to search for more information about child mental health.

Early Psychosis Intervention - A regional expansion initiative

Session ID: E4.1

Presenter(s): Tabatha Freimuth

Submission Author(s): Tabatha Freimuth¹, Russ Ferguson¹, Alicia Vicic¹

Affiliation(s): ¹Interior Health

ABSTRACT

IntroductionIn March 2021, the BC Ministry of Health substantially increased targeted funds towards early psychosis intervention (EPI) services in the Interior Health Region. A hub and spoke framework for implementation was developed in order to meet the needs of our rural/urban populations. This model allowed for programs in our Spoke communities (Vernon, Merritt, Williams Lake, Cranbrook, & Salmon Arm) to be developed with the collaboration of the more urban hub community (Kamloops).
ObjectivesParticipants will leave this session with clear knowledge of what an EPI Program is and the benefits for individuals, families, and community. They will get an understanding of the target population, the interdisciplinary approaches utilized, as well as client and family services. Utilization of this framework will be shared with intent to support implementation of a similar model in their own communities. There will be a discussion of gaps and ways to address challenges for future implementation and growth.
MethodsWe will discuss how we've implemented EPI fidelity standards and how the evaluation of EPI improved since the implementation of the Hub and Spoke Model in 2021. This will include sharing of quantitative and qualitative data on program evaluation.
Results & DiscussionThe expansion of EPI has improved access to care, thereby decreasing the duration of untreated psychosis (DUP) in our target population. This has improved outcomes for young adults aged 19-30. There are significant gaps in youth services throughout BC particularly with regards to psychosis; discussion on how to expand from there will be explored.

Outpatient Care following Emergency Department visits for patients experiencing an onset of mental disorder in Quebec: what about collaborative care ?

Session ID: C6.3

Presenter(s): Morgane Gabet

Submission Author(s): *Morgane Gabet*¹, *Marie-Josée Fleury*²

Affiliation(s): *1Université Laval, 2Université McGill*

ABSTRACT

Introduction Early intervention after an onset of mental disorder (MD) is highly recommended, contributing to treatment efficacy, patient recovery, and reduced costs. At the same time, patients discharged from emergency departments (ED) are particularly vulnerable and usually require a close collaborative care follow-up, comprehensive of their biopsychosocial needs. Objectives This 5-year longitudinal study (2012-2017) evaluated patients with an onset of mental disorder following index ED visits in Quebec (Canada) in terms of outpatient follow-up care received, sociodemographic and clinical correlates, and adverse health outcomes. Methods Data from administrative databases were collected for 2541 patients with an onset of MD, following discharge from Quebec ED. Latent class analysis was performed to identify patient profiles based on the adequacy of follow-up care after ED discharge. Bivariate analyses examined associations between class membership and sociodemographic and clinical correlates, high ED use (3 + visits/yearly), hospitalizations, and suicidal behaviors. Results Five classes of patients were identified. Two classes of patients (Classes 2 and 3), roughly 20% of the sample, were receiving collaborative care. Both included patients with complex MD, but Class 2 had more women and older patients with chronic physical illnesses. Surprisingly, Class 3 patients had the poorest outcomes, closely followed by Classes 1 and 2. Discussion Higher severity or complexity of MD and, to a lesser extent, no or low GP follow-up may have explained low adequacy of follow-up and adverse outcomes. A better provision and comprehension of collaborative care needs for these patients seem required.

Safer Supply: Program Restarts and Diversion Discussions

Session ID: F3.3

Presenter(s): Marlene Haines & Emily Hill

Submission Author(s): Marlene Haines¹, Emily Hill²

Affiliation(s): 1University of Ottawa, 2Carleton University

ABSTRACT

Introduction: Since 2016, more than 40,000 people who use drugs have died as a result of the toxic unregulated drug supply. As this drug poisoning crisis continues to escalate, novel solutions are needed. Safer Supply programs provide people who use drugs with daily access to pharmaceutical-grade prescription medication as an alternative to the toxic unregulated drug supply. **Objectives:** We conducted a qualitative study with Safer Supply participants to better understand program discontinuation, re-engagement, and barriers to care from their perspective. **Methods:** 30 Safer Supply program participants in Ottawa, Canada participated in this study. Interviews and surveys were conducted with each participant. **Results:** Three major themes arose throughout the interviews, which include: 1) Safer Supply program entry, 2) Safer Supply program experiences, and 3) the program restart process. Participants also spoke extensively about medication diversion and myths surrounding this. **Discussion:** Ultimately, we found that discussions with participants highlighted the importance of recognizing that times of crisis are inevitable and may potentially threaten participant retention on program. Having clear program processes in place, increased wrap-around services, and flexibility when provisioning care are essential components of Safer Supply programs. More education on the topic of Safer Supply and substance use as well as improvements in communication efforts are needed to enhance continuity of care across institutions for PWUD improvements to continuity of care across institutions. Further, this research helped underscore the importance of understanding the different reasons why diversion occurs, including safety, compassion, meeting needs, survival, and pressure.

Community Innovation: Building capacity in an intensive case management program for vulnerable populations by focusing on partnerships, research, data collection and innovation

Session ID: C6.2

Presenter(s): Denise Hillier & Kayla Follett

Submission Author(s): Jackie Percy¹

Affiliation(s): ¹Social Work BSW RSW

ABSTRACT

The Community Support Program (CSP) provides intensive case management and community mental health support to participants living in the community who have complex mental health needs, a history of institutionalization, and housing instability. Operated by Stella's Circle since 2002, the program assists individuals with skill building to allow for community living, enhanced housing stability, reduced incarceration and unnecessary hospitalization, and increased quality of life. This presentation will outline how the program has been able to effectively respond to the increasing needs of the population it serves through partnerships, innovation, and the use of knowledge gained from community-based research initiatives. We make use of the quantitative data obtained through program reporting and statistics, alongside qualitative interviews with participants and staff. Our analysis highlights the importance of partnerships, including with programs operated by the provincial health authority, academic institutions, community partners, and other internal programs at Stella's Circle. Further, the use of community-based research, including a jurisdictional program review, supported the implementation of initiatives like a stepped care model, which led to service expansion, an increase in case load, and program innovation. Outcomes for participants have included decreased institutionalization, increased medication compliance, improved social determinants of health, housing stability, and increased employment. We propose to demonstrate that CSP, which positions mental health case management services alongside housing and employment supports in the same organization, has unique and significant positive outcomes in the lives of participants. The presentation will include video content, qualitative and quantitative, data, and the opportunity to engage in conversation.

Client directed integration of recovery-oriented mental health and substance use services.

Session ID: A6.3

Presenter(s): Vicky Huehn

Submission Author(s): *Victoria Huehn1*

Affiliation(s): *1PSR Canada*

ABSTRACT

Introduction: Over the years, separate funding envelopes had created a system of separated service delivery streams. This project was undertaken to embrace the evidence, create greater collaboration among the services, maximize the client voice in planning and demonstrate the values and principles of the organization in the planning. **Objectives**To determine if a client-centred process would be successful in the integration of substance use and mental health servicesTo demonstrate the use of the principles and values of recovery and psychosocial rehabilitation in the implementation processTo promote the use evidence-based information in the integration of substance use and mental health services.**Methods:** A planning quality improvement project was developed and implemented. All members of the community; clients, family members, volunteers and staff members were invited to join. Focus groups worked over a period of 18 months to define a system that was responsive to the clients' needs and collaborative. **Discussion and Results;** The focus groups identified issues and solutions. Every recommendation for the future service system needed to be affirmed by the client focus members before it could be approved for implementation. After the implementation of the recommendations, the clients indicated a greater satisfaction with the system, the waiting list for services was eliminated and there was greater collaboration among staff members.

Building capacity for improving service delivery, interactions and health outcomes within collaborative care models

Session ID: F2.1

Presenter(s): Ashleigh Hyland

Submission Author(s): *Ashleigh Hyland*¹

Affiliation(s): ¹CAPSA

ABSTRACT

Each year, we lose 60,000 people in Canada to substance use related deaths. Substance use stigma continues to be a barrier to delivering effective collaborative care models, and one of the largest detriments to health outcomes, thus impacting the lives of people who use substances, including their loved ones. 90% of those who need services cannot, or choose not, to access them, largely due to stigma (Yale, 2018). The Canadian Medical Association Code of Ethics states the fundamental responsibility to consider first, the well-being of the patient. Reducing barriers within collaborative care and the stigma that people experience, is vital to person-led care and efficient systems that improve health outcomes. In response, CAPSA, an organization of experts informed by their lived experience, proposes an innovative approach that improves multi-level interactions within service delivery, supports people in their self-determined health goals, and increases client satisfaction by applying health-focused strategies to substance use. CAPSA developed the principle of Substance Use Health to dismantle systemic barriers to person-focused outcomes along the substance use spectrum, thereby improving health outcomes for the 78% of people in Canada who use substances (including alcohol). This session will be delivered by an expert in the field of substance use stigma and the principle of Substance Use Health, who is also informed by their own lived experience, adding a unique and valuable approach to learning. The facilitator will engage the audience in discussion opportunities and interactive activities to further enhance the participants' knowledge and understanding of key concepts.

Family Caregivers: Collaborators Waiting in the Wings

Session ID: D1.2

Presenter(s): Susan Inman

Submission Author(s): Susan Inman¹

Affiliation(s): 1B.C. Schizophrenia Society Board

ABSTRACT

Family Caregivers: Collaborators Waiting in the Wings Though substantial research demonstrates improved outcomes when mental health systems cooperate with family caregivers for people with severe mental illnesses, this kind of collaboration happens too rarely. This presentation explores the perspectives of a mother whose daughter has lived with schizophrenia for over 24 years. The presentation will include an introduction to research literature demonstrating better outcomes when families are involved in inpatient and outpatient services for people with severe mental illnesses like schizophrenia. It will go on to discuss common obstacles in establishing collaborative relationships and suggest strategies to address these problems. The presenter will share the kinds of strategies used by her daughter's psychiatrists to create this kind of cooperative process. And she'll explain how this approach let her daughter, despite significant disabilities, enjoy many years of stability. It will identify systemic improvements that families often mention they'd like to see. They frequently discuss how their lack of mental illness literacy led to delays in accessing and maintaining appropriate treatment. As well, families discuss the need for psycho-education that can let their family member understand their illness including common cognitive losses, the benefits of medication, and the nature of anosognosia. Finally, the presenter will share how sometimes initiatives from a family caregiver can lead to systemic improvements. She'll describe the process that was initiated following her 2014 article on cognitive remediation (CR) and that eventually led to British Columbia's new province wide CR pilot programs: https://www.huffpost.com/archive/ca/entry/the-consequences-of-mental-illness-that-nobody-talks-about_b_5664999 <https://www.bcscs.org/education/treatments-for-sz/cognitiveremediation/>

Fetal Alcohol Spectrum Disorder & Mental Health: A Resource & Practice Guide for Professionals

Session ID: D7.1

Presenter(s): Emma Jewell

Submission Author(s): *Emma Jewell*^{1, 2}

Affiliation(s): *1University of Guelph, 2Canada FASD Research Network*

ABSTRACT

IntroductionWith support from the Canadian Northwest FASD Partnership, CanFASD has developed the Fetal Alcohol Spectrum Disorder (FASD) & Mental Health Resources & Practice Guide for frontline mental health counsellors/therapists, prevention mentors, crisis workers, community mental health providers, and those who work directly with individuals with FASD. **Objectives**The objectives of the guide include: (1) to support and improve the mental health of individuals with FASD; (2) to increase capacity of mental health professionals to better support people with FASD; and (3) provide opportunities for professionals to consider their thoughts, attitudes, and practices. **Methods**The guide was developed through a comprehensive examination of the literature on FASD and mental health, other available resources (including content created by individuals with FASD), and consultation with professionals in the field, as well as caregivers and individual's with FASD. **Results**The guide includes 8 sections that are trauma-informed and strengths-based, providing information about FASD and recommendations for FASD-informed best practices in mental health care. It includes current research, best practices, and tools to examine and address bias and comfortability. **Discussion**Mental health is an important consideration for people with FASD, despite challenges they can face in accessing services and supports. The resource is guided in the belief that people with FASD are capable of change and personal growth and that mental health professionals need to adapt practices to be FASD-informed and suit each client's unique strengths, challenges, and neurodevelopmental needs.

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

Session ID: E2.3

Presenter(s): Gesthika Kaltsidis

Submission Author(s): *Gesthika Kaltsidis¹, Nadia Nandlall², Skye Barbic^{3, 4}, Srividya Iyer^{1, 5}, Jo Henderson^{2, 6, 7}*

Affiliation(s): *1Douglas Research Centre, 2Centre for Addiction and Mental Health, 3University of British Columbia, 4Foundry, 5McGill University, 6University of Toronto, 7Youth Wellness Hubs Ontario*

ABSTRACT

Introduction: Individual Placement and Support (IPS) is an evidence-based supported employment model that has been shown to effectively help people who have been struggling with mental health challenges find and maintain work. In Canada, IPS programs have been successfully implemented for adult service users. However, IPS has not yet been widely available for the youth population, even at Integrated Youth Services (IYS) that currently provide a wide-range of youth-oriented services. Objectives: As part of a larger qualitative study that investigated barriers and facilitators to implementation a youth-adapted IPS (IPS-Y) model in a pan-Canadian IYS context at early and mid-implementation, this presentation focuses on examining key implementation elements that acted as both barriers and facilitators. Methods: IYS staff participated in semi-structured interviews at early (<6months) and mid-implementation (>6months). Interview transcript coding was guided by an adapted Consolidated Framework of Implementation Research (CFIR) to identify key elements that were both barriers and facilitators to IPS-Y implementation. Deductive thematic analysis was subsequently used to identify themes. Results: We recruited 72 IYS staff across 12 implementation sites. Two key implementation elements were identified, Relational Connections (inner setting) and Partnerships and Connections (outer setting), each with several barrier and facilitator themes that emerged at different times of implementation. Discussion: Implementation strategies may need to target key elements that can act as both barriers and facilitators for successful IPS-Y implementation. Future research is needed to evaluate how to best address implementation challenges at different time points.

Building capacity in perinatal mental health: initial impressions from Canada's first perinatal psychiatry access program

Session ID: A5.3

Presenter(s): Mark Kaluziński

Submission Author(s): Mark Kaluziński^{1, 2}, Christina Cantin^{3, 4}, Beth Tupala^{1, 5}, Jasmine Gandhi^{1, 2}, Jess Fiedorowicz^{1, 2}

Affiliation(s): ¹The Ottawa Hospital, ²University of Ottawa, ³Champlain Maternal Newborn Regional Program, ⁴Queen's University, ⁵Carleton University

ABSTRACT

Introduction/Objective: Perinatal mental illnesses (PMIs) are the most common complication of childbearing. Obstetric care providers (OCPs) are not uniformly trained/equipped to offer mental healthcare. "Ask Masi" is the first Canadian Perinatal Access Psychiatry program; through education outreach and on-demand provider-specialist consultation, its objective is support rapid treatment of mild-moderate PMIs by OCPs. **Methods:** Through consultation with Massachusetts' Child Psychiatry Access Program for Moms (MCPAP for Moms), needs-assessment workshops, and surveys of local OCPs, three pillars of intervention were identified: Education and training sessions Clinical toolkit (online/hard-copy) A phone/text/email service that connects OCPs to perinatal mental health specialists in real-time **Results:** Since its launch, Ask Masi gave presentations to >500 people, had 1200 unique website visits, >500 social media views, and delivered 35 provider encounters. Of cases reviewed, 23% of patients identified as belonging to racialized minority groups. Users found Ask Masi easy to contact and would contact Ask Masi again. 88% of users said they received good advice for a new or additional course of action. **Discussion:** OCPs have been open to using this service. Many callers preferred asynchronous communication instead of on-call, immediate access. Time, lack of training, role perceptions, scope of practice, and diverse working conditions continue to be barriers. Tailoring presentations and communications for different provider groups has been time-intensive. This model serves a higher percentage of individuals from racialized minorities when compared to usual care. In time, we anticipate shorter wait times for specialist psychiatry appointments and increased uptake of the appropriate community mental health resources.

Influence of Restrictive Emotionality on College-Aged Men's Reluctance Towards Help Seeking

Session ID: E4.2

Presenter(s): Priya Kar

Submission Author(s): Priya Kar¹, Shu-Ping Chen¹

Affiliation(s): ¹University of Alberta

ABSTRACT

- Intro: As mental health concerns among post-secondary students have been increasingly on the rise, it is observed that male students are a subpopulation least likely to seek assistance for their concerns. Traditional masculine norms contribute to a stigma that discourages openness about mental health and emotional expressivity.- Objectives: This study aims to understand how traditional masculine ideals of restrictive emotionality affect college-aged men's willingness to seek mental health support, as well as how mental health services can be catered to address men's needs in post-secondary institutions.- Methods: Phase one of the study consisted of a campus-wide survey to collect data on men's mental health (using the Kessler Psychological Distress Scale, K-10), restrictive emotionality (using the Restrictive Emotionality Scale, RE), and help-seeking behaviours (using MHSIS and MHSAS). This was followed by phase two, which involved in-depth interviews with 25 men to understand how they rationalize their help-seeking behaviours.- Results: Among 237 survey participants, 52% exhibited moderate to severe mental distress on K-10. Participants who scored lower on restrictive emotionality were more likely to be open to seeking mental health support. Three themes emerged from the interviews: the importance of friendships, the tendency toward self-reliance, and adherence to social expectations to avoid stigma.- Discussion: This study suggests that perceptions of masculine norms perpetuate restrictive emotionality, which deters men from openly seeking mental health services. Post-secondary institutions may consider expanding their mental health services to include more peer support groups and culturally safe resources to encourage men to seek mental health support.

Transformative Collaborative Care Pathways: Scaling Innovative Schizophrenia Treatment Across Acute, Tertiary and Community Continuums

Session ID: A2.3

Presenter(s): Sarah Kipping

Submission Author(s): Sarah Kipping¹

Affiliation(s): ¹Ontario Shores Centre for Mental Health Sciences; University of Toronto: Institute of Health Policy, Management and Evaluation

ABSTRACT

In this presentation, we explore a groundbreaking integrated care pathway (ICP) for schizophrenia, spearheaded by a collaborative alliance between Ontario Shores Centre for Mental Health Sciences, Scarborough Health Network, and the Canadian Mental Health Associations (CMHA) in both Toronto and Durham. This initiative stands as a vanguard in mental health care, championing a comprehensive approach that ensures fluid transitions between acute, tertiary, and community care settings. By providing consistent, high-quality treatment, this model addresses the complex needs of schizophrenia patients through a meticulously designed, evidence-based, patient-centered framework. Our multidisciplinary strategy leverages the collective expertise of healthcare professionals across the spectrum, integrating cutting-edge technology and a shared data platform to optimize service delivery and patient outcomes. The initiative marks a significant leap forward in minimizing care variability, enhancing patient experiences, and ensuring equitable access to services, especially for marginalized or vulnerable populations. It embodies the conference's theme by demonstrating the tangible benefits of collaborative care models in improving healthcare economics, expanding community-based services, and fostering meaningful partnerships with service users, their families, and caregivers. Central to our discussion will be the methods employed to implement this model, the challenges overcome, and the lessons learned, offering valuable insights for stakeholders interested in replicating similar frameworks in their own regions. We aim to showcase the effectiveness of this pathway in setting new benchmarks for mental health care, emphasizing the critical role of standardized care practices, data-driven decision-making, and a unified commitment to recovery-oriented services and policies.

New tools to measure and address structural stigma in the healthcare system

Session ID: F5.1

Presenter(s): Stephanie Knaak & Nitika Rewari

Submission Author(s): *Stephanie Knaak 1, Hannah Kohler1*

Affiliation(s): *1Mental Health Commission of Canada*

ABSTRACT

Stigma remains a major barrier to care and recovery for people with substance use and/or mental health problems in the healthcare sector. Structural stigma refers to societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized. Addressing structural stigma within the healthcare sector means understanding and dismantling the ongoing systemic de-prioritization, devaluation, and 'othering' of mental health and substance use health -- as compared to physical health -- within our healthcare delivery, governance, knowledge building, and training systems. In understanding mental health and substance use-related quality of care issues as expressions of structural stigma, this presentation will describe the development, testing, and suggested uses for two new scales - the Stigma Cultures in Healthcare Scale (SCHS), and the Structural Stigma in Mental Healthcare Scale -- that have been designed to capture experiences of structural stigma from the perspectives of patients themselves; and will provide results from the first wave of pilot implementation of these measures in one Emergency Department setting in Canada. The presentation will also discuss possible uses for the implementation of these scales in support of efforts to sustain and scale up collaborative care initiatives.

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

Session ID: C4.1

Presenter(s): Hannah Kohler & Carolina Chadwick

Submission Author(s): *Hannah Kohler¹, Carolina Chadwick¹*

Affiliation(s): *1Mental Health Commission of Canada*

ABSTRACT

Structural stigma refers to the inequitable de-prioritization and devaluation of mental health and substance use (MHSU), as compared to physical health, within healthcare delivery, governance, and knowledge building. When it becomes embedded throughout the health-care system, it creates barriers for people trying to access quality care. This presentation will explore features and strategies of organizational change to decrease structural stigma related to MHSU in the health-care system. It will showcase the implementation guide: *Dismantling Structural Stigma in Health Care*, the result of a highly collaborative process with health leaders across Canada, involving 2 years of research, interviews, and workshops to identify and analyze real-world strategies for successfully overcoming MHSU-related structural stigma in Canada's health-care system. Utilizing a realist explanatory case study approach, data from 62 cases were reviewed and a theory of change model for disrupting structural stigma was developed. The presentation will provide an overview of the theory of change model which offers essential steps to achieving change: the importance of building trust, redefining power in relationships, tracking outcomes; and key elements for sustaining change over time. The presentation also seeks to raise awareness of structural stigma in our health-care system and to leverage real-world examples by learning from their initiatives that may assist/ inspire health leaders /administrators/providers and policymakers to reduce structural stigma in their organizations.

Evaluation of a culturally integrated transdiagnostic group treatment for First Nation children

Session ID: E5.3

Presenter(s): Kristy Kowatch

Submission Author(s): Kristy Kowatch¹, John Dixon², Kristine Stasiuk², Christopher Mushquash^{1,2,3,4,5,6}

Affiliation(s): 1 Lakehead University, 2 Dilico Anishinabek Family Care, 3 Northern Ontario School of Medicine University, 4 Centre for Rural and Northern Health Research, 5 Thunder Bay Regional Health Sciences Centre, 6 Thunder Bay Regional Health Research Institute

ABSTRACT

Introduction: First Nation children who experience mental health difficulties face disparities in receiving appropriate services. Community-based organizations may struggle to address these disparities due to a lack of specialized professionals, services being based within a non-Indigenous model of health, and treatments focusing on singular disorders. **Objectives:** This poster describes a collaborative project between an Anishinabek community organization, cultural Knowledge Keepers, and clinical psychologists intended to reduce mental health disparities for children aged 7 to 13-years through a transdiagnostic group intervention. **Methods:** Intervention mapping was used as a Two-Eyed Seeing method to integrate cultural interventions with clinical psychology strategies. Clinical psychology strategies such as increased emotional awareness, psychoeducation about the function of emotions, acting the opposite, and mindfulness were integrated with cultural interventions such as smudging, drumming, Grandfather teachings, and the Medicine Wheel. The resulting treatment was delivered to 5 children using a summer-camp style group treatment over 5 days. **Results and Discussion:** Qualitative results demonstrated improved emotional awareness and acceptability of the treatment among children. Quantitative analyses of child and parent reports on the Behavior Assessment System for Children (BASC-3) demonstrated mixed findings. Limitations and directions will be discussed.

Designing and evaluating a multimodal mental health assessment training program for primary care nurses: toward better collaborative care

Session ID: A5.2

Presenter(s): Marie-Hélène Lemée

Submission Author(s): *Ariane Girard¹, Marie-Hélène Lemée¹, Sarah Lafontaine¹, Jérémie Beaudin², Jean-Daniel Carrier³, Hélène Clabault¹, Sabina Abou Malham¹, Maxime Sasseville⁴*

Affiliation(s): *1ESI, FMSS, UoS, 2Sciences de la santé, UQAC, 3Département de psychiatrie, FMSS, UoS, 4VITAM, ULaval*

ABSTRACT

IntroductionNurses play a key role in identifying mental health needs of people with mental health issues in primary care settings. They must have the ability, motivation, and opportunities to adopt best mental health assessment practices. Our study aimed to co-design and evaluate a training program to strengthen these three conditions and enhance the adoption of these practices by primary care nurses.**Objectives**1) To explore the acceptability of the training program.2) To analyze the influence of the training program on the conditions enhancing the adoption of best mental health assessment practices.**Methods**We used a living lab approach to design the program prototype. We tested the prototype with two health organization partners in Quebec province (Canada); Fourteen nurses and four clinical support staff were recruited using a variety of data sources before, during, immediately after, and 4-6 months post-training (questionnaires, observations, individual and group interviews). **Results**Immediately after the program, both nurses' motivation and their perceived ability to adopt mental health assessment practices were increased. Opportunities to perform mental health assessments varied between participants. Some nurses identified local strategies to increase those opportunities, such as explaining their role and how they could be involved in patient follow-up to the family doctors they work with.**Discussion**Results contribute to identifying different training paths based on the nurses' initial motivation, ability, and opportunities. Future research will contribute to analyze these paths and the relationship between the type of support needed.

Unveiling Team Synergy: Understanding the Impact of Supporting Interdisciplinary Teams in Pediatric Neurodevelopmental Health Care

Session ID: F4.3

Presenter(s): Katelyn Lepinskie

Submission Author(s): Renee Baysarowich¹, Katelyn Lepinskie¹, Jessica Remedios¹, Jodi Stinson¹, Taylor Johansen¹

Affiliation(s): ¹ Children's Hospital of Eastern Ontario

ABSTRACT

Introduction:

Inter-professional collaboration (IPC) is especially important when managing care for patients with complex needs, such as the children seen through CHEO's Extensive Needs Service, however, historical systems risk undermining this innovative model of care. Obstacles such as a lack of interdisciplinary organizational tools and conflicting care goals can reduce IPC effectiveness. Although the importance and advantageous outcomes of engaging in IPC have been extensively documented, its implementation remains inadequately investigated within settings delivering care to neurodiverse children with disabilities and medical complexity.

Objectives:

To design a service that dismantles the obstacles for true interdisciplinary care and assess interdisciplinary collaboration across eight domains.

Methods:

In September 2023, the department began shifting from siloed discipline-specific teams to interdisciplinary care team pods. Six months post-implementation, the Collaborative Practice Assessment Tool (CPAT) was administered to all clinicians to assess perceived collaboration in this new care team structure.

We then began implementing deliberate clinical, operational, administrative and leadership support, to dismantle interdisciplinary barriers.

Results & Discussion:

100 clinicians completed the CPAT, which revealed that since the implementation of the interdisciplinary pods, clinician-reported scores identified four collaborative domains as strengths: General Relationships (91.2%), Patient Involvement (89.5%), Communication and Information Exchange (85.6%) and Mission, Meaningful Purpose, Goals (85.2%). The domains that were identified as areas of focus for continued improvement opportunities include: Team Leadership (78.4%), Community Linkages and Coordination of Care (75.5%), Decision-Making and Conflict Management (73.4%) and General Role Responsibilities, Autonomy (73.1%).

We anticipate the implementation of the aforementioned supports will improve our CPAT scores.

Mental health stressors in pictures: A photo voice project on negative immigration experiences of racialized youth that contribute to mental illnesses.

Session ID: F4.2

Presenter(s): Geoffrey Maina

Submission Author(s): *Geoffrey Maina¹, Abukari Kwame¹*

Affiliation(s): *1University of Saskatchewan*

ABSTRACT

Introduction: Determinants of mental health among racialized youth are often explained through the lens of the acculturation process which fails to account for how context, preimmigration experiences and expectations, and cultural factors shape their understanding of mental illnesses. Hidden risks to mental illnesses among racialized youth can be made explicit when empowering research methodologies are utilized. **Methodology:** In this project, we utilized photovoice methodology, to investigate racialized youth's immigration-related experiences that strained their mental health. Each participant took five photos that represented mental health stressors and thereafter was invited to reflect and ascribe meaning to them. Each photo was then assigned a title and a descriptor capturing its essence. **Results:** Forty-five (n=45) photos were submitted by 9 racialized youths and were categorized according to the major domains they represented. The main domains of mental health stressors identified were financial and job-related pressures, education and schooling concerns, othering and identity positioning, environmental conditions, isolation and disconnection, physical illnesses, and transit difficulties. **Discussion and conclusions:** These domains intersected and potentiated each other's influence in multiple ways to negatively impact the mental health and well-being of participants. Extenuating factors such as location, time of immigration, and length of stay in Canada further aggravated these mental health stressors, which if unmitigated created conditions for the development of mental illnesses. Active involvement of racialized youth in the development of culturally safe interventions to prevent mental illnesses is paramount for increasing the uptake of self-care and promotion of access to healthcare services.

Operationalizing the Role of Opioid Agonist Treatment in a Substance Use Strategy for Youth

Session ID: F3.2

Presenter(s): Kirsten Marchand

Submission Author(s): *Kirsten Marchand¹, Roxanne Turuba¹, Skye Barbic¹*

Affiliation(s): *1University of British Columbia*

ABSTRACT

Introduction: Despite that opioid agonist treatment (OAT) is recommended for youth with opioid use disorder (OUD), pervasive gaps remain in the quality of OAT for youth. **Objective:** This multi-phase and multi-methods study aims to develop evidence-based practice guidelines for the delivery and monitoring of youth-centered OAT. **Methods:** Phase 1 (completed) used scoping review methods to summarize empirical literature published on the full range of evidence-based interventions and health-related services for youth (ages 12-25) who use unregulated opioids in North America. A directed content analysis synthesized the evidence according to the Consolidated Framework for Implementation Research (CFIR). In Phase 2 (expected completion April 2024), n=16 expert interviews are being conducted with youth, caregivers, service providers, and policy makers to further operationalize the characteristics, settings, and outcomes of a youth-centred OAT model. The interviews will be audio-recorded, transcribed, and analyzed according to the CFIR framework. **Results:** Twenty-five articles were included in the scoping review; 88% described OAT (alone or in combination with non-pharmacological treatment) and 12% described a non-pharmacological treatment alone. Few studies measured OAT long-term, tested the effectiveness of non-pharmacological studies, or were conducted in settings tailored to youth. Preliminary results from the expert interviews will also be presented at the conference. **Discussion:** This study confirms the need for youth-centred OAT practice guidelines and identifies urgent areas for future research, such as longitudinal studies of OAT. The guidelines developed through this project can be used by policy makers and service providers to improve the quality of OAT for youth.

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

Session ID: F4.1

Presenter(s): Kirsten Marchand

Submission Author(s): *Kirsten Marchand¹, Guiping Liu¹, Steve Mathias², Jason Sutherland¹, Skye Barbic¹*

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

ABSTRACT

Introduction: Youth (aged 12-24) using non-medical prescription opioids may benefit from a tailored health services response, and yet, there is a dearth of research on potential innovative models. Objective: This study characterized the multidimensional needs of youth using prescription opioids and their service utilization patterns in an innovative Integrated Youth Services (IYS) program. Methods: The cohort included youth who completed a comprehensive survey (n=6181) at their first visit to an IYS program in British Columbia, which integrates primary care, mental health, substance use, and social and peer supports. Multivariable logistic regression determined the social-ecological factors associated with past 30-day prescription opioid use and multivariable poisson regression tested the relationship between prescription opioid use and rates of service utilization over time. Results: A total of 248 (4%) youth reported non-medical prescription opioid use. From the social-ecological model, poor vs excellent/very good self-rated physical health, high vs low probability of externalizing mental health disorders, polysubstance use, and exposure to violence were independently associated with non-medical prescription opioid use. Youth reporting past 30-day non-medical prescription opioid use had significantly higher rates of service visits (RR=1.20, 95%CI =1.02, 1.38) and different service types (RR=1.09, 95%CI =1.02, 1.17) relative to youth not reporting non-medical prescription opioid use. Discussion: Youth using non-medical prescription opioids presented to IYS with needs that corresponded to all five core service streams and had higher service utilization rates compared to youth not using prescription opioids. These findings reinforce the value of ongoing multi-sectoral investment in IYS.

PIVOT! Persevering through an unsuccessful attempt to spread an evidence-based intervention: Lessons for other teams

Session ID: E2.1

Presenter(s): Tara McFadden

Submission Author(s): Candice M. Monson¹, Alexis Collins¹, Kristen Whitfield¹, Laryssa Lamrock², Polliann Maher², Tara McFadden², Andrea Librado², Christina Samonas¹

Affiliation(s): ¹Toronto Metropolitan University, ²Atlas Institute for Veterans and Families

ABSTRACT

Introduction Post-Traumatic stress disorder (PTSD) is a common and debilitating condition that can affect Canadian military personnel and is associated with relationship problems. Couple HOPES (Helping Overcome PTSD and Enhancing Satisfaction) is an evidence-based intervention that addresses both PTSD and relationship issues. It is an online program that is based on the demonstrated efficacy of Cognitive-Behavioural Conjoint Therapy, with both the therapy and program developed by Dr. Candice Monson. Coaches are trained to support dyads with online modules and assignments; this program has been successfully delivered to Canadian military members, Canadian and U.S. Veterans, and first responders with clinicians as coaches.

Objectives An interdisciplinary team, consisting of clinical researchers, implementation specialists and Veteran Family members, sought to a) spread the program to a non-clinical context to increase its accessibility to Veterans and their Families and b) conduct a program evaluation of its implementation in a non-clinical context.

Methods A multi-perspective strategic approach was undertaken to partner with formal Veteran peer support organizations and train their staff as coaches; peer supporters can play a significant role with Veterans and Families in sharing effective interventions that have been tried and tested.

Results & Discussion Uptake by formal peer support organizations was not successful and the evaluation pivoted to training clinicians and para-professionals as coaches. This presentation will discuss a) the need for accessible evidence-based mental health interventions for Canadian Veterans and Families, b) the approach taken to bridge clinical and non-clinical worlds, and c) practical considerations for others in persevering to spread evidence-based interventions.

Coproducing innovation with structurally vulnerable populations: Lessons about adopting, implementing, and assimilating health and social care innovations from Canada, Scotland, and Sweden

Session ID: E2.2

Presenter(s): Sandra Moll

Submission Author(s): Gillian Mulvale¹, Jenn Green¹, Glenn Robert², Michael Larkin³, Nicoline Vackerberg⁴, Sofia Kjellström⁵, Puspita Hossain⁶, Sandra Moll⁶, Esther Lim⁷, Shioma-Lei Craythorne³

Affiliation(s): 1DeGroote School of Business, McMaster University, Hamilton, Ontario, Canada, 2Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, United Kingdom, and The Jönköping Academy for Improvement of Health and Welfare, School of Health and Welfare, Jönköping University, Jönköping, Sweden, 3Institute of Health and Neurodevelopment, Aston University, Birmingham, United Kingdom, 4Region Jönköping County, Jönköping, Sweden, and The Jönköping Academy for Improvement of Health and Welfare, School of Health and Welfare, Jönköping University, Jönköping, Sweden, 5The Jönköping Academy for Improvement of Health and Welfare, School of Health and Welfare, Jönköping University, Jönköping, Sweden, 6Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada, 7School of Health and Welfare, Jönköping University, Jönköping, Sweden, and SingHealth Office of Regional Health, Singapore Health Services, Singapore

ABSTRACT

Introduction: Coproduction engages service users as equal partners in service planning, delivery, evaluation, and governance. Coproduced innovations in mental health and other contexts are shaping public services, yet little is known about their implementation, evolution, and assimilation. **Objectives:** To explore how three cases of coproduction in public services involving structurally vulnerable groups (two in mental health services) arose, were implemented, and were assimilated. **Methods:** Longitudinal case study of the adoption, implementation, and assimilation of i) Scottish Recovery Network's Making Recovery Real; ii) ESTHER in complex services in Sweden; and iii) Canadian Mental Health Association Learning Centres. Strategic decision-maker interviews and document analysis, guided by three theoretical frameworks (Consolidated Framework for Implementation Research, Diffusion of Innovation, Lozeau's Compatibility Gaps), contributed to understanding contextual factors and processes. **Results:** In the co-production context, existing implementation science frameworks were helpful, but had notable limitations. In Cases 1 and 3, improvement efforts evolved into coproduction, while in Case 2 adoption was facilitated by an external change agency, existing inter-organizational collaborative relationships, and an opportunity to inform new policy. In all cases, innovation was characterized by a core philosophy centred on lived experience that was adaptable to local contexts, rather than defined programming. The assimilation of new mindsets and coproduction processes led to transformative change. **Discussion:** Important considerations arise for innovation in a coproduction context. Collaborative care innovators should make a core philosophy central and explicit, allow for evolution over time, and adopt partnered processes to disrupt existing power structures to drive transformation in organizational cultures.

Sowing and growing: Developing a theory of the process of emergence of co-production in health and social services

Session ID: F2.2

Presenter(s): Sandra Moll

Submission Author(s): Gillian Mulvale¹, Jenn Green¹, Puspita Hossain², Sandra Moll², Le-Tien Bhaskar²

Affiliation(s): ¹DeGroot School of Business, McMaster University, Hamilton, Ontario, Canada, ²Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada

ABSTRACT

Introduction: Coproduction models offer lessons in involving ‘experience experts’ in advancing recovery and wellbeing objectives through community-based collaboration across health and social services. **Objectives:** We conducted a case study of the emergence, implementation, and spread of three coproduced public service improvements: i) Scottish Recovery Network’s Making Recovery Real; ii) ESTHER in complex services in Sweden; and iii) Canadian Mental Health Association Learning Centres. We experienced distinct challenges in applying aspects of existing implementation science frameworks to a co-production context; so took an alternative approach to understanding our findings. **Methods:** We took a grounded theory approach to re-analyzing our study data. Inductive coding revealed sensitizing concepts relating to the dynamic, fluid nature of co-production as a growth process. The themes fit well with the experiences of the study’s local collaborators. **Results:** Alignment challenges include the: program uniqueness to the local site and its embeddedness with the co-production processes, the dynamic development of models over time, and the importance of relationships. The latter theme included the relational nature of the coproduction process itself as critical, and the development of a growing grassroots social movement to support the model and advance its growth. Echoing our informants, we present a model using a plant metaphor of the germination (emergence), sprouting/blossoming (implementation), and propagation/cross-pollination (diffusion) of coproduction observed in these cases. **Discussion:** User involvement in all stages of co-production makes the coproduction process a key feature of the innovation itself. Thus, we examined not fixed interventions, but innovations fully intertwined with their processes of implementation.

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

Session ID: C2.2

Presenter(s): Christine Mulligan

Submission Author(s): *Christine Mulligan^{1, 2}, Anna-Joy Ong², Skye Barbic^{1, 2}*

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

ABSTRACT

Aiming to optimize the flow of data to knowledge to practice, and continuously improve service delivery, experiences, and wellness outcomes for youth, Foundry British Columbia (BC) is piloting a learning health system framework at two (out of 17) centres within their integrated youth services initiative (IYS-LHS). The objective of this study was to identify the barriers and facilitators to the IYS-LHS implementation. Interviews were conducted prior to the IYS-LHS implementation with 20 purposively recruited participants from the IYS-LHS implementation team and Foundry Central Office. Interviews followed a semi-structured guide to broadly capture initial knowledge and perceptions of the IYS-LHS framework, its implementation, and potential impact on the IYS and its community. Data will be analyzed using directed content analysis, guided by the Theoretical Domains Framework (TDF) and COM-B model. In this study, data will initially be coded to the 14 TDF domains through which behaviour change can be understood, and then summarized across 3 COM-B components of behaviour change (capability, opportunity, and motivation) to elucidate the key barriers and facilitators to the pilot IYS-LHS implementation. At the time of abstract submission, data analysis is underway; results will be available for presentation at the conference. We anticipate that learnings from this study will be integral to informing the continued development of Foundry's IYS-LHS framework and support its scale up and implementation across BC and other IYS contexts.

Prioritizing Inuit perspectives and worldviews to develop wellness programming for communities

Session ID: E5.2

Presenter(s): Melita Paul

Submission Author(s): *Aimee Battcock¹, Kristy Dyson¹, Christie Stilwell², Jennifer Shea³, Mandy Poole¹, Glenn Walsh⁴, NCC Mental Wellness Steering Committee¹*

Affiliation(s): *1NunatuKavut Community Council, 2Dalhousie University, 3Memorial University, 4Kullik Psychotherapy*

ABSTRACT

NunatuKavut Inuit have reported a lack of culturally relevant resources, services, and supports in mental health across their territory. In response, the NunatuKavut Community Council (NCC), the governing organization of Inuit from Central and Southern Labrador, is actively addressing these gaps through meaningful programming and research initiatives. One such project, "Understanding People, Place, and Culture: A NunatuKavut Inuit Mental Wellness Initiative," a multi-year CIHR-funded project in collaboration with Memorial University, has been crucial in identifying community mental wellness needs. The project aims to explore the holistic understandings of wellness from the lived experiences of NunatuKavut Inuit, considering their continued connection to lands, waters, and ice. The purpose of this study is to develop a comprehensive framework and pilot program specifically tailored to address the mental health needs of community members. The project integrates Inuit storytelling, traditional knowledge, and community practices based on a community-driven and participatory approach. We have engaged with Inuit through community sharing circles, engagement sessions, culturally relevant activities and a survey. Data were coded thematically and shared with community for feedback to ensure the findings reflected their perspectives. A unique conceptualization of mental wellness emerged from the data. Importantly, NunatuKavut Inuit highlighted the importance of land-based initiatives, social/community events, and capacity building workshops as key programming areas that would significantly enhance well-being in their communities. NunatuKavut Inuit have identified a holistic and comprehensive definition of mental wellness that speaks to their traditional ways of being and knowing, and acknowledges the need for culturally-informed community infrastructure and services.

Caregiving Collaboration: Supporting Young Caregivers Across Canada

Session ID: D1.4

Presenter(s): Alicia Pinelli

Submission Author(s): *Alicia Pinelli¹*

Affiliation(s): *1Young Caregivers Association*

ABSTRACT

In Canada, it is estimated that there are over 1 million young caregivers, those under the age of 25 years, who provide various forms of unpaid support within their homes including medical, physical, and emotional supports to a loved one such as a parent(s), grandparent(s), or sibling(s). Historically in Canada, Young Caregivers have been a demographic that has been hidden, with supports being focused primarily on adult aged caregivers. However, the reality of being a young person walking through the daily challenges of life, with the added pressure of their caregiving role, is one that is more common than most realize. Despite this prevalence of Young Caregivers within our country, there remains only one organization that specializes in supporting solely this population, Young Caregivers Association. Over the past year, the organization has reached out to collaborate with adult based caregiving organizations across the country to expand the identification and support of these Young Caregivers through a piloted multi-week program, and educational campaign. With 100% of the current Young Caregivers experiencing increased wellbeing as a result of these programs, this workshop seeks to build on this collaboration to educate and support additional professionals in changing the lives of these young people. Through centering the voices and experience of Young Caregivers, while drawing on the data and feedback gained from the ongoing pilots, we will transcend the current barriers experienced, and begin to help our population collaborate and bring awareness identification, and support the Young Caregivers of our country.

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

Session ID: F5.3

Presenter(s): Annie Plamondon

Submission Author(s): *Cynthia CAMERON, Md1, Annie Plamondon, TS et psychothérapeute2, Matthew Menear3, Audrey-Anne Dumais-Michaud2*

Affiliation(s): *1CISSSCA, GMF-U de Lévis et Université Laval, 2Université Laval, 3Université Laval et VITAM, Centre de recherche en santé durable*

ABSTRACT

L'approche STAT-C (Suivi Thérapeutique d'un Arrêt de Travail en Collaboration), développée en 2016 par un groupe de travail interprofessionnel en GMF-U (Groupe de médecine de famille universitaire), vise à structurer l'intervention auprès des usagers en arrêt de travail pour un trouble de santé mentale commun. Cette approche décrit l'arrêt et le retour au travail comme faisant partie du rétablissement. La personne en arrêt de travail est la principale actrice de sa démarche et son cheminement est soutenu par l'équipe interprofessionnelle dans une perspective d'empowerment. Le parcours proposé comporte trois phases : crise et compréhension, prise de conscience et application des stratégies en préparation du retour. Plusieurs outils sont proposés afin de soutenir l'évolution de la condition ayant conduit à l'arrêt de travail. L'apport de chaque acteur (médecin, intervenant psychosocial, infirmière, psychologue, etc.) est mis à contribution afin de favoriser le rétablissement. Une formation sur STAT-C a été offerte à des centaines de professionnels de l'intervention au Québec, particulièrement des médecins et des intervenants psychosociaux. Elle offre une réponse aux besoins nommés par les intervenants en soins de première ligne. Les objectifs de cette présentation sont de présenter l'approche et ses principales composantes ainsi que les objectifs et méthodes préliminaires d'un projet de recherche visant à soutenir le déploiement de l'approche dans les services de première ligne.

Supporting Recovery, Supporting Ourselves: A Family Perspective

Session ID: D1.1

Presenter(s): Sonja Riddle

Submission Author(s): Sonja Riddle¹

Affiliation(s): ¹Legacy West Healing

ABSTRACT

The proposed presentation uses the experience, strength, and hope of a family whose loved one did not survive addiction to highlight the importance of clinical care for families in addiction treatment. Witnessing someone we love engaged in active addiction is a traumatic process that comprises the nervous system. To cope, families unconsciously engage in behaviours that diminish personal health and contribute to the progression of the illness for those they love. Families are often unaware of the tremendous impact this level of chronic stress has on their health and how this impacts their ability to support recovery. Without proper care, these maladaptive coping strategies disadvantage those living with addiction even when treatment is received. Because families are part of the system-of-care whether they are invited into the recovery process or not, they will either be supported to encourage wellness or they will inadvertently disadvantage those they love. The message is two-fold in that sharing stories of families in recovery emphasizes that healing is necessary and possible for other families, while also imparting to treatment providers the need for specialized family programming in a comprehensive, recovery-oriented system of care. Historically, families have been excluded from the treatment and recovery process; today this has improved only marginally. This gap in care impacts treatment outcomes for those living with addiction and negatively impacts the mental, emotional, physical, and spiritual health of millions of people who love them. This is a significantly under-represented perspective in spaces where addiction and recovery are being discussed.

An Integrated and Recovery-Oriented Model of Care for People with Concurrent Disorders - Results of a Delphi Study

Session ID: A6.2

Presenter(s): Angela Russolillo

Submission Author(s): Angela Russolillo^{1, 2}, Michelle Carter^{1, 3}

Affiliation(s): ¹Providence Health Care, ²Simon Fraser University, ³University of British Columbia

ABSTRACT

Introduction: Care for individuals with concurrent disorders has been described as fragmented and uncoordinated. Despite evidence that individuals with a single diagnosis are a clinical minority, integrated management approaches are rare in the current health system. **Objectives:** The objective of this study was to reach agreement on the most important elements of integrated and recovery-oriented care for individuals with a concurrent disorder. **Methods:** A modified e-Delphi study was conducted between Nov 2022 and May 2023. Information was collected across three iterative rounds, and included people with lived experience, healthcare providers and researchers. In rounds one and three, 50 and 47 integrated care indicators respectively were rated on a 9-point Likert scale of importance (low, medium and high). In round two, participants responded to questions on experience of care and ranked 32 indicators related to treatment outcomes, individual needs, and health system attributes. We assessed consensus among respondents using the inter-percentile range adjusted for symmetry (IPRAS) technique. **Results:** We identified five guiding principles and 51 indicators across seven care domains including areas such as person-centered care, screening and assessment, health equity, education, and workforce development. Participants identified access to health services as the most important individual need and equitable care as the most important health system attribute. **Discussion:** We identified a set of indicators through a consensus-based approach that may be used guide health care providers and policymakers in implementing an integrated and recovery-oriented model of care for individuals with a concurrent disorder.

The Chilean Experience of Adapting and Implementing a Canadian Intervention to Reduce Stigma and Promote Recovery in Collaborative Mental Health Care.

Session ID: C4.3

Presenter(s): Jaime Sapag

Submission Author(s): Jaime C. Sapag¹, Paola R. Velasco², Tamara Arratia², Carolina Traub², Nelson Vargas², Rubén Alvarado³, Marcela Aracena⁴, Fernando Poblete⁵, Paulina Bravo⁶, Luis Villarroel⁵, Cinthia Álvarez-Huenchulaf², Ana Jofré², Akwatu Khenti⁷, Sireesha Bobbili⁸, Inés

Affiliation(s): ¹Departments of Public Health and Family Medicine, School of Medicine, Pontificia Universidad Católica de Chile / Centre for Addiction and Mental Health, Ontario, Canada / Dalla Lana School of Public Health, University of Toronto, ²Departments of Public Health and Family Medicine, School of Medicine, Pontificia Universidad Católica de Chile, ³School of Public Health, Universidad de Chile / Department of Public Health, School of Medicine, Universidad de Valparaíso, ⁴School of Psychology, Pontificia Universidad Católica de Chile, ⁵Department of Public Health, School of Medicine, Pontificia Universidad Católica de Chile, ⁶School of Nursing, Pontificia Universidad Católica de Chile / Fundación Antonio López Pérez, ⁷Centre for Addiction and Mental Health / Dalla Lana School of Public Health, ⁸Centre for Addiction and Mental Health, Ontario, Canada, ⁹Faculty of Public Health and Administration, Universidad Peruana Cayetano Heredia, ¹⁰Illinois Institute of Technology, Chicago, IL, United States

ABSTRACT

Introduction. Stigma toward people with mental illness and substance use issues (MISUI) represents a main challenge for Collaborative Mental Health Care globally. Chile faces a high burden of MISUI and has also been at the forefront of integration of mental health and PHC in Latin America. Earlier, a Canadian developed intervention proved to be effective at reducing stigmatizing attitudes among health professionals toward people with MISUI in primary care. The comprehensive, 18-month, intervention is composed of five components: (1) Developing a Team of Local Champions, (2) Analysis of Internal Policies, Procedures and Protocols, (3) Raising Awareness, (4) Innovative Contact-Based Education and (5) Recovery-based Arts. Objective: To evaluate the adaptation and implementation processes of the anti-stigma/pro-recovery intervention in Chile, in the context of a cluster randomized controlled trial in 22 primary care centres. Methods: A participatory cultural adaptation process of the intervention took place. Based on local needs assessments and a pilot, an adapted intervention was developed and implemented. The process was systematized. 34 semi-structured interviews were conducted with primary care users, health workers and managers. A qualitative analysis was conducted. Results: A detailed and manualized intervention was successfully implemented in Chile. Main steps of the process, as well as key challenges and how they were addressed were summarized. Discussion: This study is one of the first to intervene to reduce stigma in Chilean Collaborative Mental Health Care. Special efforts were made to adapt and implement the original Canadian intervention for this context. Key lessons learned for scaling up are discussed.

Supporting Quality Integrated Care for Adolescent Depression in Primary Care: A Learning System Approach

Session ID: C2.1

Presenter(s): Diana Sarakbi

Submission Author(s): Diana Sarakbi¹, Dianne Groll¹, Joan Tranmer¹, Rodger Kessler², Kim Sears¹

Affiliation(s): ¹Queen's University, ²University of Colorado

ABSTRACT

Introduction: To help identify adolescent depression early, primary care and mental health clinicians need to be supported by a common framework for quality integrated care. **Objectives:** We explored systemic barriers to quality integrated care at the provincial level in Ontario using a learning system approach. **Methods:** Two Ontario Health Teams (OHTs), regional networks designed to support integrated care, completed the Practice Integration Profile (PIP) and participated in focus groups. **Results:** The OHTs had a median PIP score of 69 out of 100. Among the PIP domains, the lowest median score out of 100 was case identification (50), and the highest one was workspace (100). The focus groups generated 180 coded statements mapped to the PIP domains. Workflow had the highest number of statements (n=59, 32.8%) followed by case identification (n=37, 20.6%). **Discussion:** While the primary care practices included mental health clinicians on-site, the findings highlighted systemic barriers with adhering to the integrated care pathway for adolescent depression. These include limited access to mental health expertise for assessment and diagnosis, long wait times for treatment, and shortages of clinicians trained in evidence-based behavioral therapies. These challenges contributed to the reliance on antidepressants as the first line of treatment due to their accessibility rather than evidence-based guidelines. Potential strategies were offered to help address these systemic barriers with support from targeted indicators. Primary care practices, within regional networks such as OHTs, can form learning systems to continuously identify strategies to support quality integrated care for adolescent depression based on real-world data.

Mentoring Matters: Successes, Challenges, and Strategies in Supporting Family Physicians

Session ID: A5.1

Presenter(s): Helen Spenser & Chase McMurren

Submission Author(s): *Chase McMurren¹, Leigh Anne Butler²*

Affiliation(s): *1MD CCFP Family Physician and Medical Psychotherapist, 2Program Manager, Ontario College of Family Physicians*

ABSTRACT

Ontario family doctors care deeply for their patients and want to make a difference in their community, but the current challenges are taking the joy out of work. Family doctors are feeling overwhelmed and isolated while struggling to keep up with the needs of complex patients and the stress of increasing population demands. Peer Connect provides an empowering space for Ontario family physicians to continue their learning journey in one-to-one or small group settings. Participants receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in their practice, while also making space to prioritize and strengthen well-being. Program Learning Objectives: 1. Develop strategies to provide patient-centered approaches to diagnosing, treating, and integrating care for patients. 2. Learn about educational resources, tools and programs to support them in delivery of care. 3. Develop or reinforce strategies to respond to physician burnout, build personal and professional resilience, and support sustainable practice. Presenters will share successes, challenges, and strategies piloted to address barriers faced by program participants. Presenters will also share program outcomes reported by participants that highlight the program's effectiveness in supporting them in their practice. Conference attendees will learn about supportive mentoring relationships and the importance of peer connection to help maintain a viable and rewarding family practice. Conference attendees will have an opportunity to ask questions following the presentation.

Evaluation of an Interdisciplinary Virtual Training Package to Deliver Self-Management Support with People Living with Schizophrenia and Co-Morbidities

Session ID: C5.2

Presenter(s): Susan Strong

Submission Author(s): Heather McNeely, PhD, C. Psych¹, Alycia Gillespie, MSW, RSW², Mary-Lou Martin, MScN, MEd, RN³, Lori Letts, PhD, OT Reg. (Ont.)⁴

Affiliation(s): ¹Schizophrenia & Community Integration Service, St. Joseph's Healthcare Hamilton and Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada, ²TOPSS & Schizophrenia Outpatient Clinic, Schizophrenia & Community Integration Service, St. Joseph's Healthcare Hamilton, ³Forensic Program, St. Joseph's Healthcare Hamilton and School of Nursing, McMaster University, Hamilton, Ontario, Canada, ⁴School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada

ABSTRACT

Introduction: Self-management support (SMS) is a schizophrenia practice standard by Health Quality Ontario, but infrequently part of routine care. Few health professionals have formal training in delivery. SET for Health is an evidence-based, practical, recovery-oriented SMS approach tailored to users' life challenges, with demonstrated value and benefit to clients, providers, services. **Objectives:** Evaluate a virtual training package for interdisciplinary health professionals to implement SET for Health with people living with schizophrenia. **Methods:** A virtual training package was designed to be accessible, efficient, and responsive to participant preferences and current workplace contexts based on SET for Health development and efficacy trial, and usability testing (learner, e-learning expert, web-designer) findings. From a resource website, participants complete orientation e-modules, followed by 12-week training involving 6 bi-weekly e-modules, coupled with small group facilitator-led remote workshops. Thereby, offering flexibility in asynchronous learning and real-world application, and live synchronous support for practice challenges from facilitators and peers. A sequential mixed methods design, using an action research approach, is gathering data through pre, post and follow-up questionnaires, workshop feedback and focus groups (participants, managers, workshop facilitators). Iteratively, the package will be refined from first delivery for a larger group implementation (fall 2024). **Results:** First delivery with 19 participants from 10 diverse settings revealed half of participants had minimal prior exposure to SMS. Findings from the first group will be shared regarding: sample demographics; SMS knowledge; utilization of SMS in practice; factors influencing adoption; feedback and suggestions for improvement. **Discussion:** Virtual interdisciplinary training promises for accessible, effective integration.

A Province-Wide Clinical Care Pathway for Youth Who Use Substances

Session ID: F3.1

Presenter(s): Shirley Sze

Submission Author(s): James Wang¹, Shirley Sze¹, Child and Youth Substance Use Clinical Care Pathway Working Group 1

Affiliation(s): 1UBC

ABSTRACT

Youth substance use has become increasingly hazardous in British Columbia. Unregulated drug toxicity has surpassed suicide and motor vehicle accidents as the foremost unnatural cause of death in BC's under-19 population, with 142 deaths in this age group recorded between 2017-2022. Primary care providers may have limited training or experience in assessing and managing substance use in youth, which can contribute to adverse outcomes for patients and moral distress for providers. A clinical care pathway was developed via evidence-informed expert consensus. The aim was to aid primary care providers in building competency and comfort around substance use care for youth aged 10-25 years. The expert working group consisted of family physicians and specialists who provide substance use care for youth in a diversity of clinical settings across BC. The pathway highlighted youth-specific communication strategies, navigating youth's confidentiality while facilitating family involvement, and age-specific screening tools for substance use and mental health. Since youth are a heterogeneous population, clinical recommendations were organized by stages of cognitive development (early adolescence to young adulthood) and psychosocial complexity (low to high complexity across six domains). Although the pathway's hyperlinked resources were BC-oriented, the framework is applicable to other jurisdictions with parallel services. Furthermore, service gaps for youth may be more readily identifiable using the development-complexity grid. In partnership with the Pathways BC community service directory and UBC's Division of Continuing Professional Development, this pathway is intended to be a living document with updates as resources change and user feedback is collected.

Exploring Two Psychosocial Factors for Health-Care Workers: Support for Psychological Self-Care and Protection from Moral Distress in the Workplace: Facilitators and Barriers

Session ID: A7.2

Presenter(s): Kamlesh Tello & Hannah Kohler

Submission Author(s): *Dr. Colleen Grady¹, Dr. Denis Chênevert², Dr. Angela Coderre-Ball¹, Kamlesh Tello³*

Affiliation(s): *1Queen's University, 2HEC Montréal, 3Mental Health Commission of Canada*

ABSTRACT

Introduction: As primary care systems across Canada evolve toward interprofessional team-based approaches, it is critical to ensure that teams and training programs have the support they need to create and work in psychologically healthy and safe environments. **Objectives:** The Mental Health Commission of Canada, in collaboration with the Centre for Studies in Primary Care at Queen's University and HEC Montreal, undertook research to identify the facilitators and barriers to addressing two psychosocial factors (2 PSFs) for the health-care sector: (1) support for psychological self-care and (2) protection from moral distress. **Methods:** We used two simultaneous strategies to find out what health-care workers in Canada had to share about themselves, their teams, and their workplaces in relation to psychological self-care and moral distress. A national survey was distributed to organizations and associations representing health-care workers. The survey, which ran in winter 2022 was completed by 982 respondents. A series of 60-minute, semi-structured interviews were conducted with key informants from multiple disciplines and health-care sectors. All interviews were audio recorded, transcribed verbatim, and analyzed using a thematic approach. A total of 29 interviews with 30 participants were completed. **Results & Discussion:** The research report describes the evidence from the literature and, after a brief description of our survey and interview methodology, presents the findings and several recommendations for health-care leaders and decision makers. The facilitators and barriers to addressing the 2 PSFs are presented at three levels: individual, team and organizational, including in relation to the impact of the COVID-19 pandemic.

Psychologically Healthy and Safe Healthcare Working and Learning Environments: A Newly Developed Toolkit, Leaders' Key Role, and Its Impact on Quality Healthcare

Session ID: A7.3

Presenter(s): Kamlesh Tello & Karina Urdaneta

Submission Author(s): Jelena Atanackovic^{1, 2}, Housseem Eddine Ben-Ahmed^{1, 2}, Ivy Lynn Bourgeault^{1, 2}, Melissa Corrente^{1, 2}, Sophia Myles^{1, 2}, Kamlesh Tello³, Karina Urdaneta³

Affiliation(s): ¹Canadian Health Workforce Network, ²University of Ottawa, ³Mental Health Commission of Canada

ABSTRACT

Introduction: The psychological health and safety (PH&S) of healthcare workers impacts the quality of healthcare services. Healthcare workers are suffering from burnout and other mental health issues, which impacts the safety and quality of care. **Objectives:** To transform primary healthcare professions training programs and optimize healthcare teams, we developed an online evidence-informed toolkit. This presentation describes the development of this toolkit and its application to interprofessional primary care teams and training programs. **Methods:** To curate the toolkit, we conducted a systematic environmental scan methodology targeting resources published in English or French in 2018-2023 to support the PH&S of a diverse set of primary care practitioners. We implemented, evaluated, and refined the toolkit by co-working with interprofessional primary care teams and training programs across Canada. **Results & Discussion:** An online bilingual toolkit of 122 resources addresses seven PH&S-related themes, based on the National Standard. For training programs, PH&S modules were created and integrated into online curricula (e.g., NPs) and piloted during a paramedicine workshop in support of their integration into a primary care team-based model. Teams were presented with a toolkit and resources. A PH&S module is designed for integration into the online Health Workforce Management component of the Health Workforce Studies micro-credential at uOttawa. Our toolkit supports healthcare trainees, workers, educators, and leaders who collectively share responsibility for creating a culture of civility within healthcare teams and settings. By optimizing primary care teams and improving their training programs, healthcare workers can more effectively provide integrated services for the population.

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

Session ID: A3.3

Presenter(s): Padmini Thakore

Submission Author(s): Padmini Thakore¹, Amanda Kwan¹, Madelyn Whyte¹, Taite Beggs¹, Jonathan Morris², Stephany Berinstein², Skye Barbic¹

Affiliation(s): 1 Department of Occupational Science and Occupational Therapy, Faculty of Medicine, The University of British Columbia, 2 Canadian Mental Health Association, British Columbia

ABSTRACT

Introduction: People that experience persistent and multiple health and social challenges (e.g., severe mental illness, disability, housing and food insecurity) face a disproportionate number of intersectional barriers to employment. A novel Individual Placement and Support (IPS) program embedded within primary healthcare centres was developed to provide collaborative care while reconnecting adults experiencing barriers to employment.

Objective: To understand the living/lived experience of adults with multiple barriers to employment actively seeking employment.

Methods: Surveys (n=41) and interviews (n=41) were conducted with clients enrolled in the IPS program. Network and thematic analysis were performed.

Results: Overall, forty-three unique barriers to employment were determined. The identified barriers were then organized into 5 key clusters that illustrate the relationships between the most frequently experienced barriers. Four themes were developed highlighting the experiences of people with persistent and multiple barriers in their employment journey: (1) Individual situations are complex and dynamic, (2) negative work experiences have lasting and cyclical impacts, (3) suitable work and work environments are necessary but not sufficient, and (4) health including mental health remains a significant barrier across the employment journey.

Discussion: The experiences of adults with multiple barriers are unique and challenging that further exacerbate their health and employment outcomes. To address the wide range of barriers from employment to health and quality of life, it is imperative for practice and policy makers to collaborate with healthcare and employment services professionals to enhance wraparound support for multi-barriered adult populations to sustain and maintain their health and employment outcomes.

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

Session ID: A6.1

Presenter(s): Joanie Theriault

Submission Author(s): Joanie Theriault¹, Béatrice Vézina², Rhina Maltez², Myreille Bédard², Johana Monthuy-Blanc³, Catherine Briand⁴

Affiliation(s): 1université du Québec à Trois-Rivières, 2Centre d'apprentissage Santé et Rétablissement (CASR) Recovery College, 3Groupe de recherche Transdisciplinaire sur les attitudes et comportements alimentaires - Loricopr - CRIUSMM, 4Centre d'études sur la réadaptation, le rétablissement et l'insertion sociale - CÉRRIS - CRIUSMMM

ABSTRACT

Introduction. In the Recovery College (RC) model, knowledge complementarity work (experiential, clinical and theoretical) is a key ingredient (Repper and Perkins, 2017). In a Quebec RC, a team of experiential trainers, accompanied by a resource person, co-produced a training course on eating attitudes and behaviours. In order to achieve a real complementary work, the team used innovative co-production processes and strategies. Objectives. This presentation illustrates the co-production processes and strategies along with the benefits for the experiential trainers. Methods. The teams of trainers deployed co-production processes and ongoing improvement strategies. 1) The co-production processes involved: ongoing discussions, work planification and collaborative work sessions. These processes enabled the training course to be co-produced. 2) The ongoing improvement strategies involved: post-course debriefing meetings, active reflexive activities, shared decision making and improvements of content. 3) The benefits for the experiential trainers were evaluated through individual interviews. Results. Experiential trainers took an active part in defining the co-production processes that would enable them to actively contribute to the creation of the training course: defining clear expectations, voicing their opinion, sharing their knowledge, bringing ideas, asking questions. The benefits for the experiential trainers are: improved knowledge about eating and attitudes behaviours; feeling valued for their knowledge and experience; and experimenting a sense of utility. Discussion. Development of healthcare initiatives calls for knowledge complementarity work in order to enable co-production and co-partnership practices (Boivin et al., 2022; Loignon et al., 2022). This presentation illustrates that these processes can be useful in other contexts than RC.

Demystifying planning: Cultivating a community of practice to advance quality implementation of evidence-based therapies within the Veteran mental health system

Session ID: A3.1

Presenter(s): Shannon Tracey & Michele Todd

Submission Author(s): *Shannon Tracey¹, Tara McFadden¹, Gordana Eljdupovic², Michele Todd², Maya Roth³*

Affiliation(s): *1Atlas Institute for Veterans and Families, 2Royal Ottawa Mental Health Centre, 3St. Joseph's Operational Stress Injury Clinic*

ABSTRACT

Introduction: Mental health service providers caring for Veterans and their Families experience barriers to learning, implementing, disseminating, and maintaining up-to-date knowledge in evidence-based therapies (EBT) for treating posttraumatic stress disorder (PTSD). Communities of practice (CoP) bring service providers together across organizational and geographical boundaries, enabling connection within the Canadian Veteran mental health system. Cultivating a CoP in a distributed setting requires adequate planning and resources to elicit the potential of the CoP and coalesce members. Objective: To co-design a CoP to foster quality implementation of EBT for PTSD within the Canadian Veteran mental health system. Methods: A transdisciplinary team adopted Wenger's (1998) stages of development in CoPs to guide planning, including defining the domain, outlining membership eligibility, and understanding community needs. The team met regularly for 3 months to engage in planning as well as the co-design of materials that outline structures, processes, and required support. Results: The process began with articulating the goal of the CoP and analyzing available data to understand common barriers service providers have experienced in implementing EBT. Co-developed materials included a program description, budget, community charter, outreach strategy, membership information package, and evaluation plan to support the launch of a CoP. Discussion: Wenger's stages of development provided direction for cultivating a CoP while allowing flexibility. To effectively meet the mental health needs of our Veteran community, shared spaces are needed where service providers can receive just-in-time support, get tips and ideas, develop new skills, gain recognition and reputation by helping people, and expand their network.

Recovery-Based Arts: An innovative Strategy to Address Stigma in Collaborative Mental Health Care in Chile.

Session ID: C4.2

Presenter(s): Paola Velasco

Submission Author(s): Paola R. Velasco¹, Jaime C. Sapag², Tamara Arratia¹, Nelson Vargas¹, Carolina Traub¹, Rubén Alvarado³, Marcela Aracena⁴, Fernando Poblete⁵, Paulina Bravo⁶, Luis Villarroel⁵, Anita Jofré¹, Cinthia Álvarez-Huenchulaf¹

Affiliation(s): ¹Departments of Public Health and Family Medicine, School of Medicine, Pontificia Universidad Católica de Chile, ²Departments of Public Health and Family Medicine, School of Medicine, Pontificia Universidad Católica de Chile / Centre for Addiction and Mental Health / Dalla Lana School of Public Health, University of Toronto, ³School of Public Health, Universidad de Chile / Department of Public Health, School of Medicine, Universidad de Valparaíso, ⁴School of Psychology, Pontificia Universidad Católica de Chile, ⁵Department of Public Health, School of Medicine, Pontificia Universidad Católica de Chile, ⁶School of Nursing, Pontificia Universidad Católica de Chile / Fundación Arturo López Pérez

ABSTRACT

Introduction: The study "Reducing Stigma Toward Mental Illness and Substance Use Issues (MISUI) in Primary Health Care in Chile: A Cluster Randomized Control Trial" implement and evaluate an anti-stigma/pro-recovery intervention in different primary care centers throughout Chile. The intervention includes an innovative component, the Recovery-Based Arts.**Objective:** To reduce stigma and promote recovery toward MISUI applying artistic approaches to facilitates direct contact between mental health providers and users as equals.**Methods:** Through the elaboration of masks representing both the faces of stigma and those free of stigma, the strategy encourages strengthening an anti-stigma stance, promoting the recovery perspective, the strengths and resources of the users, and it invites health care providers to adopt practices that reduce stigma by providing them with new perspectives regarding mental health.**Results:** A visual artist helped design a workshop consisting of 4 sessions, each lasting 1 or 2 hours, depending on the availability of time at each center. A leader, most of whom are providers, was assigned to run the workshop. Eligible participants had to be healthcare providers who had direct contact with users. Moreover, the users had to be between 18 and 65 years of age and belong to the mental health program for at least a period of three months. This activity is supported by a manual created for consultation and culminates with an exhibition of the artistic results in each center.**Discussion:** Arts may effectively contribute to understand the stigma impact and how to reduce it in Collaborative Mental Health Care.

Perceived barriers and facilitators to accessing on-campus mental health and wellness services: A focus group study with Canadian postsecondary students

Session ID: C3.3

Presenter(s): Camila Velez

Submission Author(s): Camila Velez¹, Srividya Iyer², Jai Shah², Kevin Friese³, Hellen Vallianatos³

Affiliation(s): ¹Concordia University, ²McGill University, ³University of Alberta

ABSTRACT

Introduction: The prevalence of mental health issues is on the rise among post-secondary students. Despite the expansion of mental health and wellness services on campuses and an increased demand for such services, many students facing challenges do not seek or receive necessary care. **Objective:** This study aims to investigate the barriers and facilitators that students encounter when seeking mental health and wellness services within a large Canadian post-secondary educational institution. **Methods:** Ten focus groups involving 62 participants in total were conducted, employing semi-structured interviews to explore participants' overall experiences concerning factors affecting their mental health, including their interactions with mental health and wellness support services on campus. Thematic framework analysis utilizing Atlas.ti was employed for data analysis. **Results:** Barriers to accessing services included reluctance to seek help; lack of service awareness; negative past experiences with student services; and structural obstacles, such as long wait times and limited capacity. Conversely, facilitators included utilizing youth-friendly electronic communication and engagement strategies; implementing peer-led, diverse, and inclusive programming; providing integrated, accessible, and welcoming services; involving faculty and student-facing staff in service promotion; and advocating for systemic wellness improvements. **Discussion:** Access to mental health services on post-secondary campuses is crucial for student well-being. Identified barriers, such as stigma and structural constraints, emphasize the need for targeted interventions. Facilitators such as student involvement in promotion and programming, as well as faculty engagement offer promising strategies. Recommendations to improve service promotion, accessibility, programming, and policy will be shared to enhance mental health support services on post-secondary campuses.

Factors influencing first-year university students' mental health and wellness: Findings from the ACCESS Open Minds University of Alberta qualitative study

Session ID: E4.3

Presenter(s): Camila Velez

Submission Author(s): Camila Velez¹, Srividya Iyer², Jai Shah², Kevin Friese³, Hellen Vallianatos³

Affiliation(s): ¹Concordia University, ²McGill University, ³University of Alberta

ABSTRACT

Introduction: Mental health among post-secondary students is a pressing public health concern. First-year students are particularly vulnerable as they transition to post-secondary life and emerging adulthood, often lacking adequate support. Efforts to improve post-secondary mental health services must be based on a contextualized understanding of students' experiences. **Objectives:** As part of an initiative to improve services for first years at the University of Alberta, this study aimed to comprehensively understand the factors influencing the mental health and wellness of first-year post-secondary students. **Methods:** Ten focus groups with 62 participants were conducted, using semi-structured interview guides to explore obstacles and facilitators to mental health and wellness during the first year of studies. Thematic framework analysis utilizing Atlas.ti was employed for data analysis. **Results:** Three main themes were identified: 1) Understandings of mental health and wellness; 2) Challenges to mental health and wellness; and 3) Factors promoting mental health and wellness. Student views on mental health varied, encompassing biopsychosocial, critical, and ethnoculturally-informed perspectives. Impeding factors included transition demands, loneliness, academic pressure and workloads, food and financial insecurity, and mental and physical health issues. Promoting factors included social networks, coping skills, supportive academic programs, and access to student resources. **Discussion:** Findings support the critical need for a systemic approach to addressing the mental health challenges of first-year students in postsecondary institutions, that encompass both individual and structural interventions. Successful implementation of these strategies may require collaboration among multiple stakeholders. Recommendations for support strategies tailored to the needs of first-year students will be shared.

Innovation to Implementation: Mental Health Commission of Canada (MHCC) Assessment Framework for Mental Health Apps

Session ID: A4.1

Presenter(s): Sapna Wadhawan

Submission Author(s): *Kelsey Kavic*

Affiliation(s): *1Mental Health Commission of Canada*

ABSTRACT

The Mental Health Commission of Canada Assessment Framework for Mental Health Apps fosters coordination and specificity for mental health apps (hereinafter apps) available to the public and mental health practitioners. Its design and development took up a collaborative approach by consulting with 200 stakeholders from various perspectives (lived/living experience, providers, app developers/designers, policy makers, researchers, health executives) across Canada. The framework addresses cultural safety and data sovereignty aspects of mental health apps with standalone domains. The framework was published online and initiated the implementation of a process for app assessment which also required a collaborative lens to ensure its integration with the broader system. The core development team set out to build three key digital platforms: an app library; a pan-Canadian repository of verified apps; and an app review engine powered by the Organization for the Review of Care and Health Apps. A network approach with a focus on people of lived/living experience was used and consultations occurred with key stakeholders, jurisdictions, and organizations. The approach served well for selecting mental health apps for assessment and laying down the infrastructure for a system of app standardization. Implementing a process for app evaluations from a collaborative standpoint has resulted in a holistic selection of mental health apps for the repository and app library. It created a national touch point for app developers and an ongoing quality improvement mechanism for their product. Overall, awareness of the national document and its implementation process is necessary for advancing collaborative practices in mental health care.

Adapting and scaling a collaborative hub-based and integrated psychiatric and primary care program: The Seamless Care Optimizing the Patient Experience Mental Health Program

Session ID: A2.1

Presenter(s): Carly Whitmore

Submission Author(s): Carly Whitmore¹, Mona Emam², Pauline Pariser³, Blanca Bolea-Alamañac²

Affiliation(s): 1McMaster University, 2Women's College Hospital, 3University Health Network

ABSTRACT

Introduction:The Seamless Care Optimizing the Patient Experience - Mental Health (SCOPE-MH) program is a comprehensive case management and psychiatric care initiative that supports primary care physicians. This program aims to enhance primary care capacity for mental health and provide accessible clinical care for patients. With its flexible hub-based approach, this program allows participating sites to tailor their implementation based on available resources and specific needs within each community. **Objective:** The aim of this quality improvement initiative was to investigate the evolution of this collaborative mental health model, focusing on specific site adaptations, local implementation challenges, and opportunities for ongoing development and sustainability across SCOPE sites in the Greater Toronto Area. **Method:** Informed by the Reach, Effectiveness, Adoption, Implementation, and Maintenance framework, semi-structured interviews were conducted with staff from all 8 SCOPE-MH sites. Data from virtual interviews with site representatives were analyzed using qualitative content analysis. **Results and Discussion:** The SCOPE-MH model permits flexibility through specific local adaptations led by community need that leverage existing assets either at the site or within the individual community. Adoption by primary care physicians was crucial to program success and facilitated efficiency and interprofessional collaboration. Maintenance efforts included pathway refinement, and marketing and funding considerations. Challenges to program development included continuity of staff, physician compensation issues, and electronic health record interoperability. The SCOPE-Mental Health program fosters integration among unaffiliated primary care offices, hospitals, and community-based resources to improve mental health care. Key recommendations include advocating for sustainable funding and facilitated mechanisms for psychiatric consultations.

Technology-Enabled Collaborative Care for Diabetes and Mental Health (TECC-DM): Establishing a Treatment to Care Pathway in Primary Care Settings

Session ID: C5.1

Presenter(s): Carly Whitmore

Submission Author(s): Carly Whitmore¹, Janice Forsythe², Alegria Benzaquen¹, Rosa Dragonetti³, Osnat Melamed³, Farooq Naeem³, Diana Sherifali¹, Peter Selby³

Affiliation(s): 1McMaster University, 2Diabetes Action Canada, 3Centre for Addiction and Mental Health

ABSTRACT

Introduction: For those living with type 2 diabetes (T2D), mental health challenges including distress, anxiety, and depression are common. However, existing models of care require those living with these co-occurring conditions to navigate a fragmented healthcare system across providers, settings, and even sectors to receive adequate physical and mental health services. In a completed co-designed mixed methods explanatory sequential feasibility trial, titled Technology-Enabled Collaborative Care for Diabetes and Mental Health (TECC-DM), existing assets, including widely available technology, were leveraged to integrate T2D and mental health support through weekly virtual health coaching sessions, supported by an interdisciplinary virtual care team over 8 weeks. **Objective and Methods:** To better understand TECC-DM study findings, a mixed methods survey of primary care providers (PCPs) was completed. Distributed through the Smoking Treatment for Ontario Patients (STOP) Program, PCPs included primary care physicians, nurse practitioners, and other allied health professionals from solo practices, family health teams, and community health centres. **Results:** Over 80 participants completed the survey with respondents representing varied roles and sites. In conjunction with TECC-DM feasibility findings, survey findings identify that using existing technology and health human resources is an acceptable solution to participants, providers, and partners. **Discussion:** Understanding the ways by which individuals with T2D and mental health challenges access (or fail to access) treatment, including barriers to integrated care, is necessary to achieve optimal, whole person care. Leveraging findings from the TECC-DM feasibility trial and these survey findings, our team will further develop the TECC-DM model for full-scale testing.