Concurrent Session 1

1.1

Title: Evaluating the Impact of Shared Mental Health Care Program on Fee For Service and Primary Health Care Physician Practices.

Author/s: Dr. Randolph B Goossen, Teresa Jones, MA, Ingrid Botting PhD

Abstract: Family Physicians working in private offices within Winnipeg. The Shared Care expansion affords the opportunity for the WRHA to build relationships with Family Physicians and promote and provide enhanced mental health services in primary care. An evaluative research program has been initiated to obtain local and context specific evidence and look at implementation and impact aspects associated with the expansion itself. The hope is that it will answer a number of questions including the following: What have been the implementation challenges and successes of the Shared Care model from multiple perspectives, including physician, counsellor, psychiatrist, and program leadership perspectives? What have been the barriers and facilitators of recruitment and implementation into FFS physician offices? What are the important elements to increasing the collaborative practice in Shared Care? What has been the impact of Shared Care on physician practice? A number of perspectives will be sought e.g. FFS and primary care WRHA physicians, Counsellors, Psychiatrists, and Program Leadership. A mixed method evaluative approach will obtain information using both qualitative and quantitative methods. Interviews, Focus Groups and a satisfaction questionnaire will be used to gather information.

The findings will be discussed and used to formulate strategic options to enhance the collaborative approach in order to promote mental health outcomes with the primary care setting. Questions and comments will be taken at the end of the presentation.

1.2

Title: Providing Multicultural Mental Health Care in a Primary Care Setting.

Author/s: Aidan Jeffery

Abstract: This interactive workshop will present the Multicultural Mental Health Resource Centre (MMHRC), a CIHR- and Mental Health Commission of Canada-funded project, which addresses the challenges of responding to cultural diversity in mental health care in a primary care setting. Newcomers (including immigrants and refugees) and members of some established ethno cultural groups tend to under-utilize mental health services and may receive inappropriate or ineffective care. Given the high levels of diversity in Canadian communities, it is not always possible to have sufficient local expertise in the form of bilingual, bicultural practitioners or culture brokers. This project is developing and evaluating a set of internet-based tools and networking strategies to facilitate multicultural mental health services. The objective is to make sound and relevant cultural information readily available to family physicians. The objective of the interactive workshop is to discuss with family physicians their needs in relation to providing multicultural mental health care, identify gaps in the system and brainstorm about the best ways to fill these gaps with various resources and/or services. The feedback we receive during this workshop will inform the ongoing development of the MMHRC's online resource.

Our team includes decision-maker partners representing the College of Family Physicians of Canada. These team members are participating in all aspects of the project: needs assessment; design and development of the resource; evaluation of its content; and assessment of its impact on physician practice and client health-seeking behavior.

1.3

Title: Promoting Physical Activity for Mental Health: The State of the Evidence and Practical Tips.

Author/s: Dr. Julie Beaulac, AnnaMarie Carlson, Ph.D., C. Psych.

Abstract: Promoting physical activity is important for both preventing and treating mental health problems. In addition to improved mental health, regular participation in physical activity is important for the management of chronic diseases and the promotion of good physical health. Collaborative teams within primary care are ideal settings for physical activity promotion. This workshop will provide an overview of the state of the evidence on promoting physical activity within primary care. Practical evidence-based strategies will be presented and case examples used to illustrate how to effectively and efficiently promote physical activity with primary care clients across the lifespan. The focus of these strategies will be on working collaboratively across multiple providers to help clients implement and maintain behaviour change. Following this, an interactive discussion on challenges and practical solutions will be facilitated. Workshop participants will leave the session with ideas for promoting physical activity with their clients. They will also leave the session with a practitioner decision guide and client tip sheet.

1.4

Title: Practical Approaches and Solutions for Child and Youth Mental Health Promotion In Primary Care - "A Tale of Two Cities".

Author/s: Brenda Mills, Helen R Spenser MD,CCFP,FRCP(C), Dr Peter Kondra, MSc, MD, FRCPC, and Dr. Blair Ritchie (Psychiatry Fellow)

Abstract: Up to 80% of children and youth don't receive the mental health care they need (Kataoka et al. 2002). Family physicians have knowledge gaps in important areas of child and youth mental health and report a strong desire for further training (Cockburn & Bernard, 2004). With the scarcity of resources across Canada, models for capacity-building in primary care have practical implications for increasing the confidence and ability of physicians so that rates of identification and treatment of children and youth with mental health issues can improve. In this interactive workshop two different models of child and youth mental health service delivery in family health teams will be described. Program evaluations, insights, and lessons learned will be reviewed. We will discuss how the diversity of settings in primary care has implications for the development, implementation, and sustainability of child and youth mental health. A "toolkit" of clinical resources developed for a primary care setting will be shared.

The Hamilton Family Health Team provides comprehensive and collaborative primary care to over 375,000 people in greater Hamilton. The Child & Youth Mental Health Initiative (C&YMHI) implemented a "stepped model" of care that has been in existence for 3 years. The Ottawa Pediatric Mental Health Clinic is a new collaborative project that operates out of the Melrose Family Heath Team in Ottawa. Child and Adolescent Psychiatrists visit the clinic on a weekly basis to see patients directly and answer questions that team members have about their cases. Family medicine residents are actively involved.

1.5

Title: A Primary Care Service Response for Families of Substance-Using Persons.

Author/s: Carol Melnick

Abstract: The 2004 Canadian Addiction Survey (Adlaf et al., 2005) details the ways that many adult Canadians believe they have been harmed by others' substance misuse. Twenty percent of primary care patients misuse alcohol (Fleming, 2005) and significant numbers have drug abuse problems. Indirectly, the families of substance- using persons experience chronic stresses and losses that impact their own physical and mental health.

Families' needs for information and support have been neglected in traditional alcohol/drug programs (Csiernik, 2002) and in primary care (Kates, N., conversation). Innovative family programs (CAMH – Families Care Program) have recently been developed to address the needs of families coping with a member's substance misuse. Stanton's (2004) research also confirms that family involvement increases the rate of treatment initiation and treatment outcomes for substance- using patients.

The Substance Use Initiative at the Hamilton Family Health Team is raising awareness about the impact of substance use on families and provides a service response for families. Health professionals routinely screen for alcohol/drug use and ask family members about their own needs and coping strategies. As a service response, family members are given information about our "seminar for family members struggling with a loved one's substance misuse". Family members self-refer to this brief psycho-education program that aims to increase understanding about addictions, increase positive coping strategies, and link families with ongoing resources. The family seminar is provided in collaboration with a local addiction agency. Our experience with this initiative will be presented along with post seminar outcome measures.

1.6

Title: Promoting Collaboration and Resiliency Using Body, Mind, and Spirit in Primary Care.

Author/s: Clarence Ens BA. MMFT, Jennifer Halldorson MSW RSW

Abstract: This interactive workshop will explore how a Body, Mind, Spirit approach to health promotes a new definition of health for our clients, emphasizes personal agency and responsibility for health and wellness. Our approach identifies untapped resources and

strengths, clarifies readiness for change, and helps to focus life areas to be addressed in therapy.

Patients with chronic conditions represent a high portion of people seen in primary care. Often they rely heavily on their care provider to manage their quality of life. By not taking more responsibility for their own health patients continue in lifestyles that lead to or exacerbate chronic health conditions. The promotion of health requires an increased awareness of the interdependence between physical, mental, emotional, and spiritual health. Health involves taking responsibility for and finding a balance in these four quadrants.

A holistic approach to health recognizes that the physical, mental, emotional, and spiritual quadrants of our being are intimately connected. This perspective defines health and balance as each person accessing strengths and resources in each quadrant to help them to manage life's challenges. These strengths and resources are found in each quadrant and are mutually supportive to all life areas.

We propose a model of holistic health which provides a process and a practical tool and encourages clients take an active role in the collaboration between primary care and mental health. It is a strength based model promoting self efficacy and encourages patients to take more ownership for wellness and balance in their own lives.

1.7
Title: Recovery as Mental Health Promotion: From Theory to Practice.

Author/s: Chris Summerville, D.Min., CPRP

Abstract: Recovery is essentially about good mental health, resiliency and regaining a quality of life. Many shared care mental health administrators, clinicians and workers are beginning to embrace recovery and want to implement changes in their systems and programs to increase their recovery focus. The questions that will guide this interactive workshop will be: How does recovery promote good mental health and resiliency? How does a recovery-oriented philosophy change a practitioner's attitudes and actions (practice)? How would one know that he/she is indeed practicing a recovery philosophy from a mental health perspective? What gets in the way in moving towards a recovery philosophy and practice within shared care settings?

1.9
Title: Visiting Psychiatrists and Shared Care in Northern Ontario.

Author/s: J. Robert Swenson, Jill Sherman, Research Associate, CRaNHR; Raymond Pong, Research Director, CRaNHR; et. al.

Abstract: The purpose of this paper is to report the findings of a survey on the practices of psychiatrists who provide visiting specialist services in rural and remote communities in Northern Ontario. Through the Ontario Psychiatric Outreach Programs (OPOP), psychiatric outreach consultants provide on-site psychiatric assessments and care in

cooperation with community partner organizations. The survey sought to describe the model(s) and model elements that were employed by OPOP consultants, as well as factors that influenced these practice models. The study design was based on a review of the literature examining models of specialist outreach, dominated by shared care and primary mental health care models. In contrast with most of the literature, results indicate limited interaction with primary care physicians, while more collaboration occurred with community-based specialist mental health providers. The majority of practices fit with a "shifted outpatient" model, relying on primarily on written documentation to share patient information among relevant providers. Despite these findings, most consultants claimed shared care and collaborative care as integral to the OPOP model. This is suggestive of the semantic widening of "shared care" and "collaborative care," and highlights the challenges of researching fuzzy concepts.

This survey was only one piece of a larger study. When complete, a synthesis of all study components is expected to provide further insight on the challenges of collaboration for visiting psychiatrists in rural and remote communities, and explore the relevance of urban-based models of shared care and collaborative care to rural, remote, and underserved communities.

1.11

Title: Building Collaborative Practice In Teams Using Best Practices To Promote A Healthy Work Environment.

Author/s: Mary-Lou Martin, Susanne Swayze

Abstract: Tobacco addiction is a significant cause of mortality and morbidity in the general population however the risks are even greater with mental health clients. This presentation will describe the evidence highlighting the issues and risks with this population and the implementation of several BPGs that will support a Smoke Free/Tobacco Initiative in a mental health setting. The implications for prevention and health promotion will be described. It will also describe the partnership and collaboration with community stakeholders. In addition, the development and delivery of education and training for clients and staff, the organizational and system strategies for the facility and the community, and changes in documentation, workplace, clinical environment and policy will be described. In addition participants will be introduced to a narrative case research study that is exploring and describing the experiences of clients and staff, pre and post implementation of the BPGs: Healthy Workplace, Professionalism in Nursing and Client-Centered Care. Data is currently being collected. The outcomes of this work will provide evidence about the delivery and sustainability of best practices in Professionalism, Smoking Cessation and Client-Centered Care for clients and staff.

1.12
Title: Extending the Continuum of Mental Health Care in Rural Manitoba.

Author/s: Melissa Tiessen, Marcelle Falk, RN; Curtis Krahn, MD

Abstract: The south eastern region of Manitoba represents the fastest growing segment of the provincial population. As a result, need and demand for mental health services has simultaneously increased. While physicians comprise the largest referral source to the region's established community mental health program, many referred individuals do not present for service. Consequently, there is a clear need in the region for mental health services to be more closely linked to physician services. To address this need, members of the community mental health program and a large family practice clinic have entered into a collaborative care agreement, which includes the creation of a new mental health shared care counselor position. This presentation will review the process of developing this agreement, hiring the shared care counselor, and determining how the counselor fits into the established mental health care continuum in the region. Additionally, we will discuss the process of building on existing shared care models to develop a model that fits for this unique rural context. Finally, we will discuss the benefits and challenges which have arisen during the first 3 months of this collaborative care initiative.

1.13
Title: Walk-in Counselling: Increasing Access to Mental Health Services in Primary Care.

Author/s: Catherine McPherson-Doe BSW, Kate Jasper, MSc; Sonia Panchyshyn, MSW; Tim Elliott, MSW; James Whetstone, Master, Clinical Psychology; Brad LaForme, BSW

Abstract: The Hamilton Family Health Team is a leader of mental health care in family practice settings, serving over 250,000 people in the Hamilton region. Last fiscal year almost 10,000 patients were referred to the mental health counsellors located in their family physician office. As service demands increase, innovative service delivery models must be evolved to ensure timely access to effective primary care mental health services. A Walk-in Counselling model was developed and piloted in a large, multiple physician practice. The practice is located in an area of Hamilton experiencing high levels of poverty, unemployment, inadequate housing and mental health needs including substance misuse. The objectives were to reduce wait times, reduce no-show/cancellations, provide patients/clients with historic and multiple psycho-social and mental health concerns, a brief, focused, problem solving intervention and to engage patient/clients who might otherwise not have made use of services due to the barriers that appointments, time delays and need to commit to longer term involvement might present. The weekly Walk-in Counselling Service operates two half days per week and is staffed by 2 mental health counsellors, a child and youth mental health counsellor and a substance use counsellor with the support of the larger family practice team. This paper will outline the structure, tools, outcomes, client/patient feedback and lessons learned from the approximately 20 months of the Walk-in Counselling Pilot.

Concurrent Session 2

2.1
Title: Integration of Mental Health Services in Family Health Teams: Progress and Challenges.

Author/s: Jill E. Sherman, J. Robert Swenson, Director, Ontario Psychiatric Outreach Programs; Raymond Pong, Research Director, CRaNHR; et. al.

Abstract: Family Health Teams (FHTs) are a new model of interdisciplinary primary health care in Ontario. The integration of mental health services with primary health care is one of many priorities for FHTs. The paper will present a snapshot of mental health service integration using data from a telephone survey of FHTs in smaller northern Ontario communities conducted in late 2008. The analysis will describe organizational strategies being used to integrate FHTs and mental health services, using a slightly modified version of a rural integration framework developed by Bird et al. (1998). Bird and colleagues identified four non-exclusive models of integration used by rural primary care organizations, based on patterns of interaction: referral, linkage, diversification, and enhancement.

Although referral was the most common integration strategy, not all FHTs had implemented a referral or any integration strategy, in contrast with Bird et al.'s findings. Enhancement was the least common strategy. FHTs using 3 or more of the strategies generally had greater access to psychiatric services (either onsite or in the community). However, strategy mix did not always appear to be related to contextual factors or other constraints. It must be emphasized that many of the participating FHTs had only recently been incorporated, and were still in the early stages of developing services. Identification of strategies used or not used may provide guidance to FHTs regarding opportunities for enhancing integration, as well as identify barriers to increasing integration.

2.2
Title: Partnership and Youth Mental Health Services in Urban Multicultural Settings.

Author/s: Lucie Nadeau, Alex Battaglini, CSSS Bordeaux-Cartierville-St-Laurent, adjoint à la direction de la qualité et de la mission universitaire.

Abstract: The success of mental health collaborative care projects relies on efficacious partnerships. This presentation will discuss a CIHR funded research project that examines the obstacles and beneficial factors influencing the establishment of such partnerships in the domain of youth mental health within the context of three urban multicultural local health and social services networks (CSSS) in Montreal, Quebec. This study takes place in the context of Quebec's government reform called "Plan d'Action en santé mentale 2005-2010" strengthening the primary care mandate in mental health. Apart from looking at the notion of partnership, the research also studied the use of a referral tool, redesigned to address amongst other things the cultural diversity of the population, to concretely examine the implementation of partnership. So far, results have demonstrated that the history of a local milieu is a key factor in determining the types of partnerships established. Interestingly, the

three CSSS involved in this study report important differences in their previous partnerships. Both the strengths and weaknesses of these past partnerships represent challenges and opportunities when implementing the "Plan d'Action". These results indicate that in multicultural neighbourhoods, the establishment of partnerships for better mental health care facilities and the development of local community initiatives need to fit the socio-cultural particularities of the populations served. The results also suggest that the concept of cultural competence should not only be used in clinical care but should encompass the partnership and the establishment of a strong network to address youth mental health in multicultural neighbourhoods.

2.3

Title: Translating Experiential Knowledge into Health and Social Policy.

Author/s: Gayle Restall MSc., O.T. Reg. (MB)

Abstract:

Introduction: The implementation of collaborative mental health care requires sound policies that are informed by multiple ideas and sources of evidence including the experiential knowledge of people who use services. There is little known about the ways that the experiential knowledge of people who use mental health services contributes to health policy decisions.

Purpose: The preliminary findings reported in this paper presentation were derived from a study of how people with mental health and social housing needs (citizen-users) participate in health and social policy development.

Methods: This research used instrumental case study methodology focusing on the policy area of mental health and social housing. Data collection included interviews with 21 key informants from four groups: citizen-users, service providers, advocacy organization representatives, and government officials. Data was analyzed using inductive qualitative methods.

Results: Key informants described many pathways through which the experiential knowledge of citizen-users is communicated, directly and indirectly, to decision makers. Indirect pathways were mediated by many translators of this knowledge. Pathways mediated by service providers involved a "trickle-up" process in which multiple contextual factors influenced the integrity of the pathways. Contextual factors included organizational size, culture and complexity, information gate-keeping, and the diverse interests of the translators.

Implications: Citizen-users can contribute to the development of mental health and primary care policies that promote mental health and well-being. All stakeholders, including service providers, have a role to play in promoting the integrity of the pathways through which the experiential knowledge of citizen-users is communicated to decision makers.

2.4

Title: Using Web Technologies to Strengthen Mental Health Services in Primary Care.

Author/s: John R. Walker, Mobilizing Minds Research Group

Abstract: Most individuals in need of mental health care present in primary care settings but many are not identified as having mental health problems (they come with other presenting problems) or do not receive information about the range of effective treatments that are available. Given the increasing use of Web-based technologies by patients for health information seeking, Web technologies hold considerable promise for use in primary care settings. This symposium will consider this opportunity from a variety of perspectives. Young adults in particular use the Internet extensively and the first paper (by Dr. Ken Hahlweg) describes a survey of the use of the Web by young adults and its use to find health information. The survey also considered young adult's opinions about receiving information about a hypothetical problem with stress, anxiety or depression by the Internet and other information sources. The second paper (by Kate Walsh) describes a study of information available on the Web concerning treatments for depression and considers the strengths and weaknesses of this information. Currently available information does not adequately answer many of the public's questions. A third paper (by Dr. John Walker) describes the challenges in developing information to answer the public's questions and assist them in decision making. A sample of an information aid for treatment of depression is provided. The fourth paper (by Dr. Nora Vincent) describes a Web-based system for treatment of insomnia. It is an example of systems that can be used to make effective treatments more accessible to patients.

2.5

Title: Spirituality and Mental Health and Wellbeing.

Author/s: Chris Summervile CEO

Abstract: Spirituality has the potential to influence both mental and physical health. More and more articles are being written addressing the interest in and the rise of spirituality as a component of mental health promotion, prevention and recovery. The experiential knowledge of those with lived experience of mental illness demonstrates that many patients/consumers wish to see spirituality acknowledged as a component of wellness and recovery. However many clinicians are uncomfortable in assessing or addressing the issue of spirituality. The presenters maintain that there is a relationship between health and spirituality. This may be understood "naturally" by seeing spirituality impacting health and wellness through psychological, social and behavioural pathways. Integrating spirituality into patient care should be a priority.

2.6

Title: Increasing Detection of Mild-to-Moderate Depression and Access to Treatment in Primary Care: "Rise UP" Pilot Project.

Author/s: Leslie Born PhD, Adrienne Sloan, RN, BSN, CPMHN(c)

Abstract: The Hamilton Family Health Team is a leader of mental health care in family practice settings, serving over 250,000 people in the Hamilton region. Up to 1 in 10 of our patients suffers from depression each year(1), and our ability to identify depression and provide timely care has been limited, in particular for milder forms of depression. Our current treatments, oriented to more severe forms of depression, are limiting for patients with milder forms of depression who may not desire or require individual talk therapy, lengthy group therapy, or antidepressant medication. We are moving towards a stepped care approach to depression, i.e., providing care that is a better match of intervention to clinical need.(2) In 2008-2009, we introduced the 2-Question Screen and the PHQ-9 scale to our clinical staff for early detection of depression and monitoring response to treatment. Patients whose PHQ-9 scores are between 10 and 19, i.e., mild to moderate depression symptoms, will be offered Rise UP Self-Care package (including the Antidepressant Skills Workbook (3)) or Rise UP Group, a 4-week brief activational group. This mini symposium will outline how these evidence-based treatment options can aid in reduction of depression symptoms, support patient self-management in individual or group formats, reduce wait times for mental health counsellors and allow individual counseling to be used for a higher level of depression. Early detection and intervention of depression symptoms will help reduce the burden of illness of depression in primary care settings.

2.7

Title: B.C. QI Practice Support Program Mental Health Module for Primary Care: Enhancing skills for Family Physicians and MOAs.

Author/s: Rivian Weinerman MD, K. McEwan, PhD, RPsych, D. Bilsker, PhD, E. Anderson, MD MHSc, J. Stretch, RPN, H. Campbell, MD FRCPC, M. Miller MSW

Abstract: In a 2008 survey by the General Practices Services Committee (joint committee of the BC Medical Association, Ministry of Health (Primary Care), FPs rated Mental Health a top priority for education, training, and support. Using Adult Major Depression as a lens, and building on a module developed by a Vancouver Island Health Authority team, the GPSC and Ministry of Health (Primary Care), Ministry of Health (Mental Health and Addictions Services), IMPACT BC, and the Practice Support Program, collaborated to develop and deliver a Mental Health Module for Adults to BC Family Physicians. Other partners were CMHA, and CARMHA. The final module includes tools for assessment, care planning, in office CBT skills, and skill development for MOAs.
The module was first taught to GP and MOA champions, who offered feedback and improvements. These champions teach their peers across the province how to use the skills and materials within their practice time constraints utilizing existing and newly developed fee codes.

Psychiatrists, Mental Health clinicians, and PSP staff from each Health Authority took part in the training and support the champions in the roll-out, providing their expertise, knowledge of resources and ability to navigate the mental health system.

At the time of submission, the training of the GPs champions has occurred, and the rollouts are ongoing.

This interactive presentation, using power-point slides, videos, and discussion will highlight the assessment components, and the 3 CBT options. In addition, we will describe the implementation and uptake at the Health authority levels and our results.

2.8
Title: Cultural Competence: Strategies for Working More Effectively Cross-Culturally.

Author/s: Dr. Julie Beaulac Ph.D. C.Psych. Candidate, Marcela Olavarria, Doctoral Candidate in Clinical Psychology; Maxine Holmqvist, Ph.D., C.Psych. Candidate

Abstract: To provide effective and culturally appropriate services to a diverse clientele, primary care needs to increase its level of cultural competence both at the individual provider and organizational levels. Cultural competence encompasses various forms of diversity, such as ethnicity, indigenous/Aboriginal heritage, social class, sexual orientation, gender, and age. A cultural competence perspective argues for equity in services whereby different clients may require different services to meet their specific needs. Thus, the objective of cultural competence is to tailor one's services in such a way that each client is served effectively and efficiently. Recognition of the importance of cultural competence within health professions has grown as a result of greater cultural pluralism in the population, the civil rights movement in the United States, and increased efforts to reduce health inequities. This workshop will briefly review a framework for cultural competence and standards for increasing provider- and organizational-level cultural competence. It will then include a number of interactive exercises, such as a self-assessment of one's own cultural competence, small group exercises, and case examples as a way of illustrating practical strategies for working more effectively cross-culturally. Workshop participants will leave the session with ideas for promoting their own individual and organization level of cultural competence and with a list of recommended tools for assessing cultural competence.

2.9
Title: Improving the Health of Canadians through Mental Health.

Author/s: Andrew Taylor

Abstract: Between 2007 and 2009, CPHI produced a series of three reports addressing the theme of mental health and resilience. The first two reports in the series focused on those at-risk of or experiencing homelessness, as well as those at-risk of committing criminal acts and those with a mental illness who are involved with Canada's criminal justice system. These reports explore the links between individual, social, economic, and cultural factors and mental health, through new analyses and highlighting what is known from a policy and programming perspective. The third report in the series took a closer look at the determinants of mental health, specifically what makes people mentally healthy. It attempted to move beyond the common focus of mental illness,

specifically service-, access- and stigma-related issues, by exploring the concept of positive mental health, including how it is measured, characteristics associated with it, and key components of promoting mental health. This interactive workshop will engage participants in discussion and breakout sessions on mental health components of these reports including risk and protective factors related to mental health that are associated with homelessness, delinquency and criminal activity, and factors associated with positive mental health. After completing the workshop, participants will be able to identify common risk and protective elements related to mental health, homelessness and delinquency, better understand service needs of these at-risk populations, recognize factors associated with positive mental health, and better understand strategies to adjust mental health promotion focus to include positive aspects related to mental health.

2.10

Title: Young Adults Information Needs and Pathways for Help with Stress, Anxiety, and Depression: Use of the Web to Provide Resources.

Author/s: Ken Hahlweg MD, Don Stewart, PhD, Alex Yaeger, BA (Hons), , Mark Leonhart, Kristin Reynolds, BA (Hons), John Walker, PhD, the Mobilizing Minds

Abstract: Our research group has conducted qualitative studies to understand the information needs of young adults concerning problems with stress, anxiety, or depression. To complement these findings, we conducted a survey of young adults using a university counselling centre and a health service. All students accessing these services were invited to participate, and the sample is therefore representative of a broad range of presenting issues and needs, not just mental health concerns. Over 200 respondents answered questions concerning the information they would find important in considering services, how they would like to receive this information, and whom they would like to discuss this with if they or someone close were experiencing stress, anxiety, or depression. Respondents considered themselves moderately familiar with the types of treatment available for these problems. Most would prefer to receive information through discussion with a health care provider, a written brochure, or a recommended website. In seeking advice, most would turn to a romantic partner, a close friend, a parent, their family doctor, or a counsellor. The most helpful forms of assistance for these problems were considered to be in-person meetings with a counsellor to discuss this problem and work on coping strategies, a self-help website, a self-help book, or medication recommended by a physician.

2.11

Title: Collaborative Mental Health and Substance Abuse Care for Youth in the Central Okanagan.

Author/s: Jamie Marshall (M.Ed.), Dr Don Duncan (Psychiatry)

Abstract: In April 2008, 100 adolescent psychiatric sessions were granted to provide five components of care involving a collaborative between service groups, youth outreach counsellors, primary care, psychiatry and University of BC Okanagan. These components were: Collaborative mental health and addictions care for marginalized youth in downtown Kelowna, Collaborative care at primary care offices, youth collaborative care case review and support, primary care consultation, urgent response and a sixth component was added based on support through a grant with CIHR and this was Knowledge Transfer / Research Report. The power point presentation will review the progress of the program and follow data and outcome measurements to demonstrate the effectiveness and efficiency of the program.

2.12

Title: The Little Primary Care Mental Health Service That Could.

Author/s: Tammy McKinnon MSW, RSW, Dr. James Goertzen, MD; Dr. John Haggarty, Psychiatrist

Abstract: As we meet for our 11th Collaborative Care conference it is important to reflect on the successes that we have created and determine what these successes can teach us. This purpose of this session is to do exactly that in an informative and entertaining format.

The Fort William Family Health Team/Shared Mental Health Care Service is one of those success stories. Starting in 2001, the collaboration of a group of family physicians, a psychiatrist, and two social workers, has evolved into what is today, one of the most dynamic collaborative primary care sites in Ontario. It is truly a story of what a small group of dedicated and hard working individuals can achieve.

This team prides itself on interprofessional collaborative care and interprofessional collaborative education. This setting provides learning opportunities for family medicine residents, undergraduate medical learners, nurse practitioner students, and graduate and undergraduate students in social work, nursing and occupational therapy. It is also one of the few primary care settings in Ontario that has consistently collected mental health data and utilized outcome measures.

When the mental health service started, the goal was respectful and accessible service, but in order to really be respectful, access was key. Eight years in, access for mental health care at the Fort William Family Health Team/Shared Mental Health Care Service is still the priority.

This session will highlight many of the practical and system design strategies that has fueled this team into being the Little Primary Care Mental Health Service That Could.

2.13

Title: Faith in Practice.

Author/s: Dr. Randolph B Goossen, Dr. Stewart Wakeman

Abstract: The concept of adding 'spiritual' to the 'bio-psycho-social' approach of clinicians is beginning to take hold. Although existential transformation fits well with 'Recovery' thinking, what role and to what extent does an exploration of clients' search for meaning or religion/spirituality play in moving towards better therapeutic outcomes?

The philosopher Gergen, in his book The Saturated Self, speaks of our post-modern era being "marked by a plurality of voices vying for the right to reality." He proposes that there is an "eroding of the identifiable self" due to "a multiplicity of incoherent and disconnected relationships [that] … pull us in myriad directions." Frankl pointed out that individuals have an "existential vacuum" that desires to be filled. Coping with change, suffering and loss are familiar themes within therapy and frequently raise the question of "Why me?" or "What's it all about?" Depending on one's religious background, existential pursuits at times hold open the window or door to a larger 'Weltanschauung' which open space to better functioning.

Research speaks to the positive influence that spirituality has on wellbeing.

This workshop will address some of the research findings related to health and religion and as well, provide practical approaches to doing a spiritual assessment, promoting faith/prayer in real life, and pursuing meaning in the midst of suffering. An exploration of the concept of the 'wounded healer' (Nouwen, Jung, Knight) will create the stage from which to launch this workshop's journey. Participants' are encouraged to share experiences of managing spiritual questions/challenges within therapy.

2.14

Title: How Well Do Depression Websites Answer the Public's Questions.

Author/s: Kaitlyn Walsh B.A., John R. Walker, Ph.D., Kristin Reynolds, BA (Hons), and the Mobilizing Minds Research Team

Abstract: The Internet is a rich and flexible source of health information in spite of variable quality. The goal of this study was to evaluate the extent to which websites answer the public's questions concerning the treatment of depression. Websites concerning depression (21 in total) were identified using Google. Each was evaluated across 45 content areas using a 5-point scale ranging from 1- no information to 3- adequate information to 5- comprehensive information. Most websites provided at least adequate information on medication and psychosocial treatment choices. Many websites provided little information about questions concerning other aspects of treatment including duration of treatment, effect of discontinuing treatment, and the effectiveness of different treatments. A number of the websites had more difficult reading levels than is generally recommended. Websites were subsequently analyzed using the Ensuring Quality Information for Patients (EQUIP) and Discern evaluation criteria and the results of these evaluations will be discussed. Most websites contained inadequate information about the concerns of consumers. Web information for the public and consumers could be strengthened by adding information to address the concerns of consumers.

2.15

Title: The Community Wellness Initiative.

Author/s: Janice Edwards, Ben Fry

Abstract: People in public housing face numerous challenges, some of which include poverty, stigma, social isolation, and limited access to services. Many of those housed in a public housing setting are also of low income, may have disabilities, suffer from a mental illness, and experience other difficulties. Therefore, it is important to adopt a community development approach to identify needs, gaps in services, and develop programs to help public housing tenants respond to the difficulties and challenges they may be facing. In response to such a challenge, the Winnipeg Regional Health Authority and Manitoba Housing collaborated to implement a program that focused on providing support for tenants with mental health issues. The program was called the MHA/WRHA Mental Health Pilot Project and began in January 2005. In late summer of 2006, MHA/WRHA Mental Health Pilot Project was renamed to Community Wellness Initiative (CWI) to reflect that it was no longer a "pilot" project but would be continued as an ongoing program. The CWI program promotes all dimensions of health and wellness while encouraging capacity building, inclusiveness, collaboration, and leadership among tenants - both in the building and the community in which they reside.

Concurrent Session 3

3.1
Title: Developing Information Aids to Help Consumers and Providers with Decisions Concerning Treatment of Depression.

Author/s: John R. Walker Ph.D., Bradley D. Zacharias, MA, Jennifer Volk, MA, Patricia Furer, Ph.D., and the Mobilizing Minds Research Group

Abstract: Studies by our Mobilizing Minds Research Group indicate that members of the public and people experiencing problems with stress, anxiety, and depression would like a wide range of information if they were considering help for these problems. People want information concerning the types of treatment available; the characteristics of the treatments; effectiveness; short- and long-term side effects; the effects of discontinuing treatment; and outcome when treatment is completed. Evaluations of the information available from websites on the Internet indicate that the answers to many of these questions are not available currently. This presentation will discuss the challenges in assembling the evidence from empirical studies to answer these important questions. A first challenge is to survey the literature to identify the evidence available to answer the consumer's questions. A second challenge is to evaluate the quality of the evidence and carry out knowledge synthesis to describe the information that is available. A third challenge is to translate this information into forms that are accurate, complete, balanced and clear from the perspective of the public and the service provider. This entails involving the public, consumers, and service providers in evaluating the information. An example of an information aid for people considering treatment for depression will be provided. Areas where available evidence is limited are identified. The process of dissemination of information for consumers will be discussed.

3.2
Title: A Sense of Humour: Don't Leave Home Without It.

Author/s: Miriam Baron, Pamela Neufeld-Kutcher, MMFT

Abstract: They say that laughter is the best medicine; shared care counselors do not only work with patients, they also provide a mental health focus and lens to health-care settings. And it's not a "one size fits all" approach. Having a variety of interventions and approaches in the Shared Care toolkit helps counselors, health providers and clients alike, especially when looking at health and wellness from a holistic perspective. In this workshop, the presenters will introduce you to a variety of people who are part of "a day in the life" of Shared Care. Using a variety of media and performance art, attendees will gain insight and skill regarding collaborative care, discover practical tools to promote heath and wellness, and witness how humour can be a powerful and healing part of mental health and wellness.

3.3

Title: Beyond Booking an Interpreter: Developing Cultural Competency in a Collaborative Care Setting.

Author/s: Dr Nadiya Sunderji, MD FRCPC, Dr Julie Henderson, MD PGY-5 Resident in Psychiatry, University of Toronto

Abstract: The new RCPSC requirements for psychiatry postgraduate training mandate that all residents complete two months of training in Shared Care. This paper will describe a Shared Care elective with Women's Health in Women's Hands (WHIWH) that fulfills these requirements. This elective in particular offers an opportunity for the resident to develop skills in cultural competency. Therefore, the purpose of this paper is to critically examine the notion of cultural competence, particularly as it applies to this Shared Care setting. WHIWH is a Community Health Centre that provides primary care to women of colour in Toronto. The centre operates from an inclusive feminist, anti-racist, anti-oppression, and multilingual framework in promoting access to healthcare, including addressing issues of gender, race, class, culture, language, immigration status and socio-economic circumstances.

We will consider the process of learning cultural competency in this milieu as it highlights a number of issues raised in the literature around cultural competency in psychiatry and health care. We propose that cultural competence entails not only knowledge and skills, but also the attitudes of awareness of ethno-relativism, self-reflection, awareness of cultural transference and counter transference, and reflection on the culture of psychiatry and the health care system as it intersects with the culture of this community health centre. This will be examined through reference to the literature, collaborative discussions with the team, and case examples. In light of the importance of these additional domains, this paper will conclude by considering how and by whom residents' cultural competence should be evaluated.

3.4

Title: Beyond Talk - Integrative Approaches to Mental Health.

Author/s: Tim Wall, Nicolle Chamartin, Executive Director, Canadian Mental Health Association – Winnipeg Division

Abstract: It is generally understood that health is comprised of the physical, mental and spiritual. Traditional approaches to health care however often fractures a person's health into separate silos of care. This fragmented approach contributes to a hierarchy of expertise that can frustrate collaborative practices. More importantly it fails to recognize their combined healing properties. There is a well established body of knowledge that recognizes the powerful connection between body, mind and spirit. Traditional talk therapies however may only take this process of healing so far and is only part of the solution. When we adopt an integrative approach to healing and compliment traditional western talk based approaches with non talk practices our capacity to promote health is greatly enhanced. While most health care providers in theory support collaborative care this commitment is often put to the test when confronted with complimentary approaches to care.

This interactive workshop will provide participants with a richer understanding of integrative health and the inclusion of spiritual health in mental health promotion. The introduction non talk therapies creates a comprehensive, richer and a more effective

approach to healing. The workshop explores new paradigms for mental health that transforms the system away from a "top down" orientation to one that is based on a non- hierarchical approach based on real collaboration and empowerment. The workshop examines the advantages of an integrative approach both for the consumer, organizations and systems, present models for delivering integrative health care and examine both the benefits and challenges to collaborative practices.

3.5

Title: Collaboration: Primary Care, Mental Health, Public Health and the Client.

Author/s: Renata Cook RNBN, Dvora Braunstein BSW Community Mental Health Worker; Nancy Heinrichs BSW - ED/Team Manager; Shannon Carpentier RD CDE

Abstract: This panel session will showcase how a successful Interdisciplinary Team, consisting of Nor'West Co-op Community Health Centre, Inkster Mental Health Worker and Public Health Team, engages their clients and the community as part of their collaborative practice. This practice has supported various innovative strategies to address health inequalities and inequities in the Winnipeg's inner city community, offer many points of access to inclusive health services and created opportunities for clients to be active participants in their care.

Innovations
The Panelists (Mental Health Worker, Primary Care Coordinator, Health Promoter and Team Manager) will describe their collaborative practice, the integration of the mental health worker onto the team and integrated processes critical to collaboration. The team will also give overview of the results from two formal evaluations completed in 2009:

1. Formative Evaluation of Inkster in Action: Facilitating Active Living and Healthier Eating in the Inkster Community and
2. Formal Evaluation of Nor'West Co-op Community Health Centre and the WRHA Inkster Public Health Team and Mental Health: Staff and Partners and Client Perspectives.

Lastly, client stories will be shared as cited in both Evaluations.

Outcomes
Factors such as co-location, culture, common goals and values and integrated processes such as integrated client record and co-visiting have been identified as keys for successful interdisciplinary community practice that is advantageous for both providers and clients. Client stories further support such positive outcomes as increased community involvement and less hospitalization. Challenges and strategies have also been identified to further support successful integration and partnerships.

3.6

Title: Low-Intensity, High Capacity Interventions for Depression: Partnerships between Primary Care Providers and Community Agencies.

Author/s: Bev Gutray, Lynn Spence, Director Branch Development and Support, CMHA-BC Division; Mridula Morgan, Program Coordinator, CMHA-BC Division

Abstract: A key goal of collaborative care is improved access to mental health services. Traditional shared care arrangements between general practitioners and psychiatrists or general practitioners and other mental health professionals go part way toward this goal but are curtailed by the availability and cost of mental health specialists. For patients whose mental health symptoms are mild to moderate, specialist involvement is not always necessary. However, GPs may wish a patient to have access an evidence-based intervention such as cognitive-behavioural therapy (CBT) but may not have the expertise or time to provide it. While CBT self-help resources abound, many patients lack the motivation to follow regimens available in print or electronic formats. We outline a model that broadens the range of partners collaborating with primary care providers to include community agencies, outside of the formal care system. The Bounce Back program in BC is a collaborative arrangement where family physicians identify patients with depression and retain clinical responsibility while referring them for "coaching" in a structured, short-term, mood improvement program provided by branches of the Canadian Mental Health Association across the province. Bounce Back coaches are non-specialists supervised by registered psychologists. Communication provided by coaches before, during and after the intervention ensures GPs are fully apprised of clinical progress and alerted to any risk management issues. Formative evaluation results indicate that primary care practitioners view the program as a credible and valuable intervention for their patients and one that avoids lengthy waits commonly associated with referrals to specialty services.

3.7

Title: Mental Health Practices with First Nations Peoples: Critical Reflections.

Author/s: Michael Anthony Hart Ph.D., M.S.W., R.S.W.

Abstract: While there have been a wide variety of mental health approaches utilized to serve First Nations peoples, it has been noted that such approaches have been limitedly reflected upon for their effectiveness (Gone & Alcantara, 2007). It has also been noted that alternative perspectives exist regarding practice approaches and models (Hart, 2002, 2008, 2009; Calabrese, 2008). With these points in mind, choices have been made to rely on mainstream mental health approaches based upon an assumed effectiveness for work with First Nations while ignoring the reality that these approaches do not coincide with many First Nations peoples' epistemes. Based upon the stance that culture should be considered in psychopathological experience (Gone & Kirmayer, in press), an overview of a model developed from Cree perspectives and practices is presented as an example of an theoretically applicable approach to mental health practice with First Nations peoples.

3.8

Title: Peers Helping Peers: A Resource for Mental Health Through Later Life

Author/s: Sheri Fandrey, BSP, PhD, David Colvin, BPN; Program & Systems Coordinator

Abstract: Older adults represent a growing proportion of our population; however, in many instances their needs and particular vulnerabilities are not well recognized. Aging is frequently accompanied by a variety of mental health issues related to losses, physical impairments, economic hardship and social isolation. By addressing these issues

promptly when they do arise, the lives and well-being of countless older adults can be enhanced.

While most programs welcome older adult clients for mental health services, many older adults do not feel comfortable in accessing main-stream services. In addition, older adults living with physical impairments may find traditional services almost impossible to reach. For these "hard to reach" individuals, outreach services such as a Peer Helper program provide an invaluable link to bridge this service gap. The Peer Helping model is an innovative way of working with communities to enhance capacity around mental health, addiction and elder abuse issues for vulnerable older adults. Most importantly, this approach undertakes to address issues of mental health concerns concurrently with substance use or gambling issues.

The peer helping model reflects a holistic approach to mental health, encompassing psychological, social and emotional well-being. Through the support of trained peer helpers, vulnerable older adults will be able to access the resources necessary to address their needs. This allows for more rapid and culturally sensitive responses where needs exist. Enhancing the emotional capacity of a community will provide additional benefits for older Canadians such as reduced isolation, improved physical health and functioning, and even longer life-spans.

3.9

Title: Online Treatment of Chronic Insomnia: Is There a Role in the Primary Care Setting?

Author/s: Nora Vincent Ph.D.,

Abstract: The purpose of this presentation is to describe the online behavioral treatment of chronic insomnia and detail how this can be used in the primary care setting. Chronic insomnia is a prevalent and distressing condition affecting 30% of the adult primary care population (Ohayon, 2002). Characterized by difficulties with sleep-onset, sleep maintenance, early morning awakening, and/or non-restorative sleep, those with insomnia experience significant daytime impairment in the form of reduced attention, concentration, memory, and planning (Haimov, Einat, & Horowitz, 2008). Large-scale prospective studies have shown that insomnia predicts the onset of diabetes, cardiovascular problems, stroke, alcoholism, obesity, drug dependency, and major depression (Ayas et al., 2003; Breslau et al., 1996; Elwood et al., 2006; Ford & Kamerow, 1989; Gangwisch et al., 2005; Phillips & Mannino, 2007). Empirically supported behavioral treatments for insomnia have been developed (see Smith & Perlis, 2006 for review) but problems relate to accessing these services in the primary care setting. This presentation will discuss the use of a 5-week online program for insomnia (www.return2sleep.com). The content of the program will be reviewed, and results from a recent randomized controlled trial of the effectiveness of the program will be discussed (Vincent & Lewycky, 2009). The presentation will conclude by revealing methods to incorporate this technology into the primary care setting.

Concurrent Session 4

4.1

Title: Nurse –Led Model for Transfer of Clinically Stable Patients with Serious Mental Illness from Hospital Mental Health Care Services to Primary Health Services with a Collaborative Mental Health Program.

Author/s: Colleen Macphee RN, BScN, MHA, Claudia HampelRN Dr Douglas Green, Dr Robert Swenson

Abstract: Many pts with serious mental illness who access urgent psychiatric care services at the Ottawa Hospital through ER or at time of discharge from hospital, do not have access to a primary care physician. These pts often remain in the care of psychiatrists in the urgent care clinic once clinically stable thus potentially creating reduced access (delay) to urgent care services for more acutely ill patients. Life expectancy in Mental health populations may be reduced by up to 25 years and patients often live with considerable physical morbidity that can dramatically reduce quality of life and contribute to social exclusion.(2009, Shuel, F. White, J., Jones,M., Gray, R). Developing an effective and safe transitional discharge protocol for psychiatric out-pts to primary care could potentially improve wait times for urgent care/acutely ill patients, improving access to treatment and improve health outcomes for patients at greater risk for physical health problems. The outpatient psychiatry department (Ottawa Hospital) has received access for 10 patients from the psychiatric out-patient clinic for transfer to a primary care physician within a multidisciplinary family health care team .The purpose of the study is to assess a transfer protocol (based on TIPP and CLIPP models) developed by nurses in the shared mental health care program. Possible benefits for patients may include access to a family physician and a family health team, access to allied health professionals and possible improved coordination of medical and psychiatric care.

4.2

Title: The Impact of Implementing Shared Mental Health Services on Mental Health Services in Northwestern Ontario.

Author/s: Janelle A. Jarva, Dr. John M. Haggarty, Medical Director, MHOP, St. Josephs Care Group; Kim Karioja, Centre for Addictions and Mental Health

Abstract: Stepped Care that includes the presence of co-located mental health care may permit more efficient use of mental health services (Bower & Gilbody, 2005). To date, there have been no Canadian, or North American studies that support this. Inserting the 'Step' of having a mental health care provider within a primary care site may have an impact by decreasing the burden on more expensive and finite mental health services and improve efficiency of services, possibly easing the present strain of mental health resources. The present study will determine if the introduction of shared mental health care alters referral patterns and decreases the burden to other mental health service sites. Referral patterns from primary care physicians to the major mental health providers in Thunder Bay will be examined prior to, and following, the introduction of SMHC. In total, data from 6000 referrals over 4.5 yr was gathered and a detailed analysis of service delivery change during the introduction of two shared care services will be described.

4.3

Title: You Arrive: Trauma, Sexuality, and Individuation.

Author/s: Bonnie Harnden

Abstract: This Presentation/performance piece interweaves a presentation of theoretical concepts with a live theatrical performance to illustrate these concepts. The purpose of this piece is to highlight how therapy works and how the therapeutic process and the relationship between client and therapist can be a healing and containing agent, so that healthy development can resume. Four actors from Concordia university's Masters Program in Creative Arts Therapies working with psychoanalyst and creative arts therapy professor Bonnie Harnden will illustrate a clinical case. This case explores how traumatic emotional abuse from parent to child influences the development of sexuality and sexuality in adulthood. The particular focus will be on the healing power of the therapeutic relationship to assist individuals in healing emotional and physical trauma so that sexuality, development and the process of separation-individuation can resume. There will be a short discussion at the end.

4.4

Title: Teaching Behavioural Sciences to Family Practice Residents: "The Shared Care" Approach.

Author/s: Jon Davine MD, CCFP, FRCP(C), Ainsley Moore MD/ CCFP

Abstract: In this workshop, we describe the approach to the teaching of behavioural sciences to family medicine residents at McMaster University in Hamilton, Ontario, and its relevance to the demands facing family physicians in clinical practice. Instead of a block placement in the psychiatric unit, teaching takes place on a weekly half day, devoted to behavioural science, for the entire duration of the residency during which time a psychiatric consultant is present in the family medicine unit. The training is problem based, usually within small groups, and utilizes examples from cases residents are seeing in their program. Multidisciplinary teaching is emphasized. Each half day usually involves several components, including a review of cases, often on audiovisual tapes, or tutorials on specific topics. Issues such as evaluation and achieving collaborative working relationships between psychiatrists and family medicine faculty are also presented.

A significant portion of our teaching is done through audio visual tapes. We will discuss in detail the use of this medium as a teaching tool. A portion of the workshop will involve an experiential process where the group will participate in a direct viewing of an audio visual tape depicting the patient encounter. Many of the techniques used in giving feedback will be illustrated.

Our teaching concept works on the model of increasing the family physician's skills in treating patients' emotional needs and using psychiatrists more strictly as consultants.

4.5

Title: Ending Well: Resilience in the Elderly.

Author/s: Joanne Klassen, M.A. (MFT)

Abstract: Many of the oldest old (80 & up) in our society grew up in a time where counselling and psychotherapy were associated with stigma or weren't available at all. People who struggled with depression, anxiety or other emotional & relational issues found their way through difficulties using inner resources, community, spiritual and medical help. This workshop will explore the stories of 2 elderly women, one with lifelong depression, the other with lifelong anxiety, both also with other painful and joyful circumstances. Their stories will help identify aspects of their innate resilience, reactions to adversity that contributed to deeper coping, and helpful therapeutic strategies in counselling at this later stage of life. Using storytelling, reflecting on research and utilizing therapeutic relationship we will deepen our own understanding, compassion, skill, admiration and resilience. Focus will be on themes such as: inner strength, a sense of coherence, purpose in life, self-transcendence and meaning-making for the elderly. Clinical skills and interventions that enable acceptance, peace-making, and legacy around the above themes will be the primary path for the learning in this presentation. Time will be given for dialogue, questions and furthering inter-disciplinary ramifications of workshop material and participants' experiences.

4.6

Title: "Stomping Out Stigma" Summit Conferences for Youth.

Author/s: Bob Heeney

Abstract: One in five student's struggles with their mental health. Of those students, 80% will not seek help because of the associated stigma. The Durham Talking About Mental Illness coalition (TAMI) is committed to increasing knowledge about mental illness, AND reducing the stigma associated with mental illness. The TAMI Coalition has designed a day long program that not only empowers youth to be more knowledgeable about mental illness and the associated stigma; it also offers support to all youth who wish to develop "anti stigma" campaigns in their own schools, addressing prevention and promotion. These students are supported in developing a new consciousness about stigma related to mental illness and are given tools to develop and implement strategies which create a more inclusive climate of support in their school communities. The success of this program is based on: consumer survivors who tell their story of living with mental illness; a committed group of service providers who support the speakers and plan exciting, innovative approaches to engaging youth, a solid relationship between mental health and education; an evaluation component that describes that students who become involved in the SOS Summits show a 32% increase in knowledge gain, 13% increase in supportive attitude towards those living with mental illness and a 12% decrease in negative stigma. This innovative, energized program assists community agencies and schools in partnering to truly "keep one step ahead". A tool kit component which provides youth with a portable resource will also be discussed.

4.7

Title: Evaluating the Knowledge Transfer Process in the Shared Mental Health Care Program.

Author/s: Dr. Randolph B Goossen, Teresa Jones, MA, Ingrid Botting PhD

Abstract: The Shared Care Program in Winnipeg is a collaborative initiative involving the CMH Program and 4 other academic/clinical departments: Family Medicine, Primary Care, Psychology, and Psychiatry. The Program objectives are to increase physician comfort in the management of patients with mental health issues, to increase early detection of mental health conditions, and to support quality of practice of mental health in primary care. The proposed research will explore the impact of shared care on physician practice as it relates to mental health, more specifically, to determine if the program is facilitating knowledge transfer. The design is a mixed method approach using qualitative and quantitative tools. The General Practice Psychiatry Questionnaire developed by McCall et al will be used. The hope is that through knowledge transfer, physicians will be increasingly open to managing mental health conditions. One way to measure outcomes related to knowledge transfer is attitude.

The results will be presented and discussed. Lesson learned and proposed options to enhance knowledge transfer explored.

The purpose of the presentation will be to give a sense of the SC within our region and to find strategic ways to enhance physicians' skills and to improve outcomes within the collaborative network.

4.8

Title: The Impact of the Behavioural Health Consultant Model on Postpartum Depression in a Family Physician Office.

Author/s: Dr. Ernst Greyvenstein, Barbara Rodrigues MSW Clinical Social Worker

Abstract: The Behavioural Health Consultant (BHC) model offers an innovative approach to the well documented mental health burden in primary care settings (Robinson and Reiter, 2006). The BHC adapts specifically to the primary care setting by providing brief and highly accessible consultative services to physicians and patients, aimed at detecting and addressing a wide range of health and mental health concerns. Postpartum women who are at risk of developing postpartum depression (PPD) require treatment that addresses the psychological and psychosocial factors that have the potential to contribute to PPD. The BHC is in a unique position in the primary care clinic to address these issues. The Circle Medical Clinic, in Calgary, Alberta, studied the impact of BHC treatment with postpartum women. The research queried whether patient care supplemented by a BHC, during the 6 week postpartum period, provides better PPD outcomes than women who receive routine primary care. One hundred women were recruited from obstetrical patients at the clinic. The intervention group received care from the BHC through counselling and additional information, as well as care provided by the physician. The control group received routine physician care only. This workshop will detail the research findings, with a focus on how the BHC model can potentially impact future rates of PPD with postpartum patients in family practice clinics.

4.9

Title: A Third Year Program in Psychiatry for Family Doctors.

Author/s: Jon Davine MD, CCFP, FRCP(C), Ainsley Moore MD/ CCFP

Abstract: More and more epidemiologic studies are indicating the wide prevalence of psychiatric and psychosocial problems in the community. Family physicians are the doctors who currently make the bulk of patient contact in the community, and indeed are the ones who often provide the actual mental health care. Thus, the training of family physicians assumes increased importance with the goals being improved methods to detect and deal with these problems.

In this paper, we discuss the development of a PGY-3 program in psychiatry for graduated family medicine residents or family physicians in the community. It is linked to a re-entry program of the Ministry of Health in Ontario, which requires a one-year return of service in a designated underserviced area.

Our program at McMaster University involves a core portion along with significant periods of elective time. This flexibility allows candidates to pursue individual needs and interests.

The program is divided into one or two month blocks of time along with some horizontal placements that continue throughout the year. The blocks involve work in major psychiatric domains such as affective disorders clinics, anxiety disorders clinics, and psychotic disorders clinics. The horizontal blocks involve psychotherapy supervision and work as a psychiatric consultant in family medicine linked to the shared care model.

4.11

Title: Storytelling: Inner Healing to Inspire Solid Physical and Mental Wellness.

Author/s: Suzanne Toro

Abstract: Many years ago, Suzanne Toro's life took a dramatic turn, pulling her down a 7-year journey filled with extreme highs and lows, and she realized that she was being tempered for a path of inner healing. By sharing her own experiences, Suzanne has inspired others to find hope and inspiration in their darkest and finest hours, offering the understanding that, yes, we all will suffer many pains, but it is within those pains where we can gather mental strength, inspiration and deep knowledge about ourselves.

It is from these experiences that Suzanne draws powerful methods designed to help their patients in new ways – ways that will cement both inner and outer wellness. This balance of physical assessment with inner healing will provide not just a more powerful and healthy body but also a strong and confident mind – a mind that will help cement the motivation required to maintain strong mental health.