

ANNUAL REPORT
2016-17

The Ontario Psychiatric Outreach Program



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Cover photo: Robert Cooke

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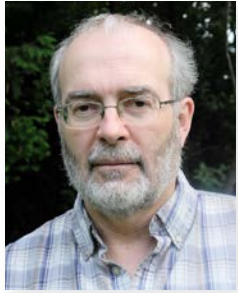
Mission

The Ontario Psychiatric Outreach Program (OPOP) is committed to providing clinical service, education and support of the highest quality to communities throughout Ontario, particularly communities that are rural, remote or considered under-serviced in terms of mental health care. We will continually strive to provide interprofessional, contextually relevant community-oriented service and education.



Atikokan Blind River **Chapleau** Cochrane **Elliot Lake** Englehart
Geraldton Hearst **Iroquois Falls** Kapuskasing **Kenora** Kirkland
Lake **Longlac** Manitoulin **Manitouwadge** **Marathon** Matheson
Mattawa New Liskeard **Nipigon** North Bay **Parry Sound**
Sault Ste. Marie Sioux Lookout **Smooth Rock Falls** Sturgeon
Falls **Sudbury** Terrace Bay Thunder Bay **Timmins** Wawa

Director's message



Dr. Robert G. Cooke
Director
Ontario Psychiatric
Outreach Program

The 2016–17 year has been a very productive and rewarding one for the Ontario Psychiatric Outreach Program (OPOP), our constituent programs and our partners and stakeholders.

Denise Canso joined OPOP as program manager effective April 4, 2016 and has helped us achieve new levels of excellence and engagement. In addition to quickly mastering the role's duties, she was instrumental in furthering the strategic goals of the program as evidenced by increased stakeholder engagement and diversity in the program's committees, process improvements for data collection and financial reporting, renewal of the program's quality assurance/improvement initiatives, advanced learner engagement, supported recruitment efforts, leadership of knowledge translation and exchange (KTE) activities and enhanced program promotion and communication strategies.

OPOP's 2016 retreat was held on October 6–7, in Thunder Bay, and its theme, "Health Systems Integration," illustrated our overall mission and key priorities identified by our service providers and stakeholders. This event included a number of "firsts" including a traditional smudging ceremony, resident-led sessions and our largest attendee and resident turnout to date. As per tradition, this event was co-hosted with our collaborators from the local region.

All of our event sessions were very well received, with high audience engagement both in-person and online (#OPOP2016) and very positive post-event feedback. On Day 1, evening keynote speaker Dr. Christopher Mushquash kicked off our event with a very candid and thought-provoking talk on the Indigenous mental health and wellness model. This led to a traditional smudging ceremony with Elder Ms. Brenda Mason, followed by the resident-specific journal club event, led by Northern Ontario School of Medicine (NOSM) psychiatry resident, Dr. Renée Vachon.

On Day 2, our local co-hosts and keynote speakers, Dr. Jack Haggarty of NOSM and Ms. Siobhan Farrell of the Northwest Local Health Integration Network (NW LHIN), started the day with their presentation, "Health Systems Integration (Part 1)—Psychiatric Integration in Northwestern Ontario: Creating a model to improve access and integration of psychiatric care with all corners of the province." This presentation included guest speakers Dr. Lee Silliman, Dr. Allison Crawford and Ms. Eva Serhal.

The keynote presentation was followed by two consecutive panel presentations: “Mental Health in the Judicial System: Accused to survivor,” with presenters Dr. Philip Klassen, Ms. Shannon O’Keefe, Mr. Robert Kozak and Ms. Sara Dias; and “Health Systems Strengths & Challenges: Shifting towards the Indigenous mental health wellness model,” with presenters Ms. Mae Katt, Dr. Renee Linklater and Dr. Christopher Mushquash.

We ended the retreat with two parallel interactive workshops. The first, an executive strategic planning workshop entitled “Health Systems Integration (Part 2)—Psychiatric Integration in Northwestern Ontario: Initializing/implementing a model to improve access and integration of psychiatric care with all corners of the province,” was led by Ms. Farrell with co-facilitators Dr. Haggarty and me, and guest speakers Dr. Peter Braunberger and Dr. Crawford. The session followed up on a model proposed in the earlier presentation by Dr. Haggarty and Ms. Farrell. The second was an interactive session with two presentations: “‘TIE’-ying It Together: A pilot project to deliver collaborative mental health in remote communities in Northwestern Ontario” and “Utilization of OTN in a Community-based Psychiatric Practice in NW Ontario,” with presenters Dr. Supuneet Bismil, Dr. Hillary Bohler, Dr. Diane Whitney and Ms. Lauren D. Turner.



*From left to right:
Shana Calixte, NE LHIN
representative; Denise
Canso, OPOP manager;
Siobhan Farrell, NW LHIN
representative, at the 2016
OPOP Retreat, held on
October 6–7 in Thunder
Bay, Ontario*

We would like to gratefully acknowledge the local education group (LEG) Psychiatry West, represented by NOSM clinical faculty members Dr. Haggarty and Dr. Suzanne Allain, for providing funding to support learners at the 2016 event.

The retreat was very well received in terms of content, professional development, attendee turnout and engagement, such that the steering committee agreed to re-brand the event from “retreat” to “conference.” As per the post-event evaluation feedback, we received multiple requests to incorporate more content focused on Indigenous mental health and wellness in future OPOP events. The planning committee eagerly started discussions for the 2017 event to be hosted in Toronto.

Of course, as usual, I am extremely grateful to the OPOP steering and task force committee members who continued to provide valuable guidance on our quality assurance initiative and collaborative working relationships; two new steering committee members, Siobhan Farrell (NW LHIN) and Shana Calixte (NE LHIN), who replaced Michael O’Shea; HealthForceOntario; all our partner clinical sites; and the directors, administrative staff and affiliated clinicians of our constituent programs, who all participate in OPOP’s efforts and ongoing successes.



Partner and collaborating program reports

Currently, three academic program partners participate in the Ontario Psychiatric Outreach Program (OPOP). These programs are based at university departments of psychiatry and teaching hospitals: Extended Campus Program, Western University; Northern Ontario Francophone Psychiatric Program, University of Ottawa; and Northern Psychiatric Outreach Program, Centre for Addiction and Mental Health (CAMH).

OPOP also works closely with a number of other outreach programs in the province to provide on-site and telepsychiatry clinical outreach services and education in remote and rural communities throughout Ontario. These collaborating partner programs include HealthForceOntario, the two northern LHINs and the North of Superior Counselling Programs. Members of these programs and agencies are represented on OPOP's steering committee. We are pleased to include contributions from our partner and collaborating programs in this report.

Extended Campus Program at Western University



**Jeffrey P. Reiss,
MD, FRCP**

Acting Director
Extended Campus
Program

In 2016–2017, the Extended Campus Program (ECP), a well-established outreach initiative of the Department of Psychiatry at Western University, continued its mission to maintain collaborative ties with other OPOP partners and to facilitate growth through education and research initiatives, while supporting quality psychiatric care in underserved communities.

Clinical services

The ECP continues to provide administrative services to maintain a group of 12 psychiatrists providing full-time clinical and educational services in Northern Ontario within the contract year. Dr. Jack Haggarty, Dr. Suzanne Allain and Dr. Diane Whitney deliver clinical and academic services in Thunder Bay. The group of eight psychiatrists, led by Dr. Rayudu Koka, maintains academic ties with Western University and provides full-time clinical services at Health Sciences North, Sudbury. Among those who continue their involvement in the ECP are Dr. Anil Joseph, Dr. Rajendar Kumar, Dr. Ramamohan Veluri, Dr. Beena Mathew, Dr. Angelita Sanchez, Dr. Declan Boylan and Dr. Popuri Krishna. Dr. Susan Adams provided full-time clinical services at the North Bay Regional Health Centre.

The outreach (fly-in and televideo) psychiatric services to the North of Superior Programs (NOSP) continued as another component of the ECP in 2016–2017. This included psychiatric services and education to remote communities of the Lake Superior area in Geraldton, Longlac, Manitouwadge, Marathon, Nipigon and Terrace Bay. We

continued implementation of a telephone consultation system between consultants from Western and the local family physicians. The ECP administration supported Dr. Vadim Beletsky, Dr. Giuseppe Guaiana, Dr. Bhadresh Surti and Dr. Priya Subramanian, who delivered 20 on-site consultation days and 102 video-consultation hours.

Two psychiatry residents from Western accompanied NOSP consultants during their trips to the north. Over the years, these two-day trips have become an attractive educational experience that allow residents to become familiar with the unique nature of service delivery in rural Ontario. Outside of their residency training, the residents had the opportunity to observe the psychiatrist working, interact with the mental health workers in the office, view the medical facilities in the community, learn about northern underserved areas and take part in interviews with patients. Our goal was to give the residents an opportunity to experience another way of practicing psychiatry, and to open their minds to the possibility of future practice in more remote areas of Northern Ontario.



Dr. Nolan King Hop Wo, a PGY-5 resident, accompanied Dr. Vadim Beletsky on a three-day on-site visit to the NOSP clinic in Marathon, Ontario, in March 2017. He underscores the benefits of training in a rural setting outside of the regular residency training:

“It was a great learning experience for a variety of reasons. Firstly, it felt good to be able to provide help to an underserved location within Northern Ontario. The staff, patients and families I met were appreciative of the time we spent with them. Secondly, for many of the patients, this was their first contact with psychiatry. This provided me, as a learner, the opportunity to be able to synthesize a mental health diagnosis, rather than confirm or reject a previous diagnosis. Finally, the North of Superior Program provided an opportunity to appreciate a bit about the First Nations’ culture surrounding the Marathon area, and how both cultures in combination with living in a rural community can impact mental health.”

Continuing professional development (CPD/CME)

Psychiatrists and related professionals in Thunder Bay, Sudbury, North Bay and Sault Ste. Marie, along with medical clerks from the Northern Ontario School of Medicine, had an opportunity to participate in Western Department of Psychiatry CPD events and to benefit from the expertise of Western faculty members and invited speakers. Presentations included the following topics:

- Offenders with Intellectual Disabilities and/or Autism Spectrum Disorders
- Difficult to Treat Depression: Definitions and Efficacy of Electro-Magnetic Therapies
- In the Loop: Repetitive Voices and Gestures in Psychosis
- Opioid Use Disorders: What Every Physician Should Know
- Who’s Down with CCB? How to Have Fun Presenting at the Consent and Capacity Board
- From Clozapine to Cognitive Remediation: A Review of Biological and Psychosocial Treatments for Violence in Schizophrenia
- Inflammation and Mood: Exploring the Connection and Correction of the Pathology
- Cannabis and Psychosis: The Neurobiological Underpinnings
- Motor & Cognitive Decline in Aging & Disease
- Cultures Collide

Canadian Resident Matching Service (CaRMS) at Western

Information about resident elective opportunities under the supervision of ECP faculty members in the north was available for Canadian Resident Matching Service (CaRMS) applicants at Western in January and February 2017. A similar display was also presented to advertise opportunities for residents interested in gaining exposure to rural psychiatry by accompanying Western's specialists on their clinical trips to Geraldton, Longlac, Manitouwadge, Marathon and Nipigon.

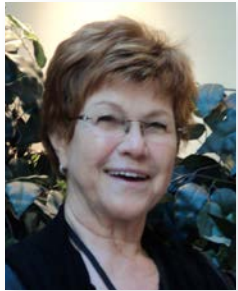
ECP transitions

After several years in the position of acting director of the ECP, Dr. Paul Links stepped down at the end of December 2016. His leadership, especially in the area of suicide prevention, has been appreciated, and we wish him well in his future endeavours.

We also welcomed Ms. Shanna Peters as the new administrative assistant to the ECP at Western University, who has quickly come up to speed and ably provided valuable support to everyone in the program. Dr. Giuseppe Guaiana, the clinical director of the NOSP, and I would like to thank her and wish her continued success in the role.



Northern Ontario Francophone Psychiatric Program at the University of Ottawa



Dr. Fernande Grondin
Director
Northern Ontario
Francophone
Psychiatric Program

In keeping with its mission, the Northern Francophone Psychiatric Program (NOFPP) continues to provide psychiatric services in French to our designated communities in northeastern Ontario.

In 2016–2017, 11 NOFPP psychiatrists provided 160 visits at 11 service points. In order to reduce travel expenses, they often visited two or three service points on each trip.

As in the past, the consultants continue to respond to the different mental health needs in the communities served by the program. Their activities include a number of indirect services such as education, indirect consultations, resident supervision and case discussions. They are also available by phone between visits, which is very helpful in providing continuity of care for clients.

Drs. Marc Lapointe and Marc Manguin continue to work in Hearst, Kapuskasing and Smooth Rock Falls. In collaboration with North Bay Mental Health Centre, Dr. Sharon Levine offers consultation services in geriatric psychiatry to the local communities. Dr. Dominique Nadon offers services in Mattawa and Sturgeon Falls; Dr. Andrew Wiens alternates every month in Timmins, providing geriatric psychiatric consultations with Dr. Michèle Tremblay. Dr. Pierre Tessier offers consultations in Elliot Lake, New Liskeard, Kirkland Lake and Sturgeon Falls, while Dr. Hugues Richard offers services in

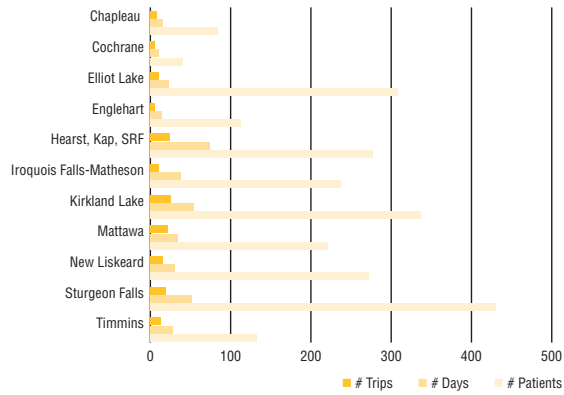
Chapleau, Kirkland Lake and Sturgeon Falls. Dr. Raymond Tempier offers consultation services in Cochrane and Iroquois Falls. Dr. Carole Tessier joined the team in June, replacing Dr. Pierre Tessier who is taking a semi-retirement. She works in Hearst, Kapuskasing, Smooth Rock Falls, New Liskeard and Mattawa. Dr. Rachel Henry continues to work in Englehart.

With the support of OPOP and the Ministry of Health, we were able to explore various avenues in order to optimize our services and allow for better access to our consultants while respecting the parameters of our mandate. For example, Dr. Raymond Tempier provides on-site services for half a day every two months at the Washoshig Reserve.

In collaboration with Monica Bretzlaff of North Bay Regional Mental Health Centre, our psychiatric geriatricians added service days to New Liskeard and Kirkland Lake. Dr. Tremblay and Dr. Wiens continue to support the work of Behavioural Support of Ontario (BSO), thereby contributing to increased local capacity.

Figure 1.

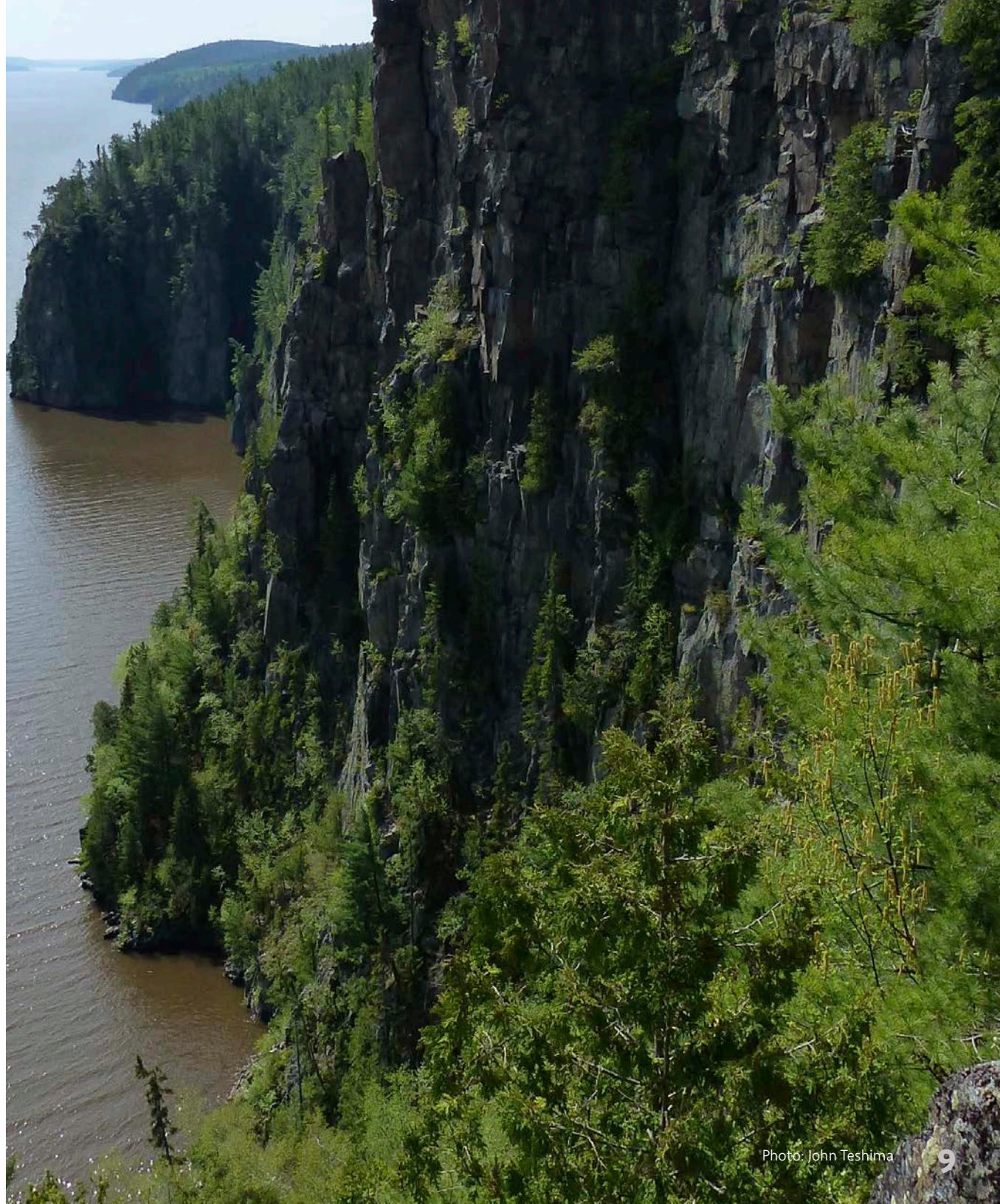
NOFPP VSC consultant activity (2016-2017)



As in the past, we engage our medical residents with the hope of stimulating their interest in our service model. Dr. Mari-Hélène Rivard accompanied Dr. Tremblay on two outreach trips and it was our pleasure to support her involvement by offering the Dr. André Côté Award for 2016-2017. However, budget constraints limit our recruitment opportunities to residents, but we will continue to include them as the budget permits.

As in the past, the retention and support of our current team remains our priority. In the next few years, we will probably have to recruit new consultants to replace those who are considering retirement.

As always, NOFPP appreciated the work and dedication of our program manager Diane Gratton. I thank her for her support.



Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health



**Allison Crawford,
MD, PhD, FRCPC**

**Director, Northern
Psychiatric Outreach
Program and
Telepsychiatry**

The Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C) remains committed to increasing access to mental health care across Ontario. The consultants and residents who participate in this program make significant contributions to the health care of people and communities far beyond the Greater Toronto Area. Making health care accessible to all is an important dimension of health equity.

In 2016–2017 we provided 231 days of clinical service, via fly-in, to communities through the Visiting Specialist Clinic (VSC) program, providing 1391 client visits. We also supported 619 clinical days through the Urgent Locum program. Through Telemental Health at the Centre for Addiction and Mental Health (CAMH), we provided 1405 consultations to 225 communities across Ontario.

In addition to service through NPOP-C in Ontario, we also provide psychiatric outreach to the Qikiqtani region of Nunavut. Thirteen psychiatrists provided 165 days of clinical service to nine communities and to Iqaluit.

The opportunity to train psychiatry residents contributes to sustaining and expanding the accessibility of clinical service in Northern Ontario into the future. Many of the residents who train with us make outreach a part of their careers after graduation, either

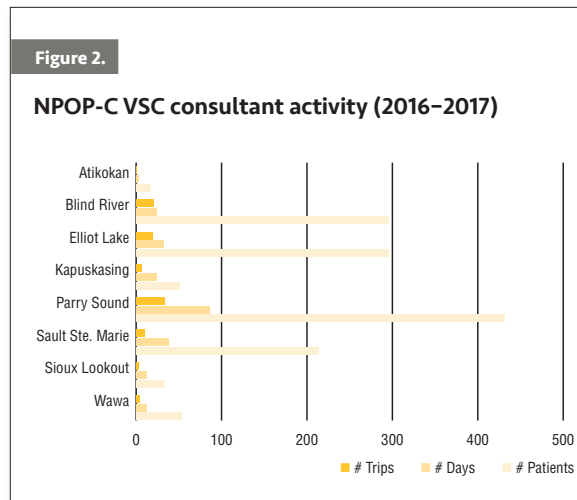
by moving to Northern Ontario communities to live and work, or by continuing to provide outreach from Toronto in person or via telemedicine. In 2016–2017 we provided 31 resident outreach trips for 66.5 clinical days in Ontario, and 20 trips for 132 days in Nunavut.

“My trips to Clyde River were easily some of the most educational experiences of my residency training. I learned about the great utility of the skills I was mastering, as well as the limitations. Even more importantly, working with Inuit people was eye-opening. I learned both about their resilience and the extreme challenges that they continue to face.” – Rosanne Mills, MD, FRCPC

Through ECHO Ontario Mental Health at CAMH and the University of Toronto, a televideo-based mentoring program, we also reach out to our NPOP-C sites to create a virtual community of practice for primary care providers. ECHO participants meet on a weekly basis with an expert team at CAMH to share best practices and review clinical cases in a supportive, collaborative environment. Launched in 2015, ECHO Ontario Mental Health has had 336 participants across 53 sites.

Even as we contribute to accessible mental health care, it is also important that we continue to be accountable for the quality of care that we provide, and to be open to continuous feedback and improvement. This year we met with the Ministry of Health and with the Institute of Clinical Evaluative Sciences to develop metrics that will allow us to measure our impact on an ongoing basis and to respond to community and patient needs. In the coming year, we will be implementing a process of data collection.

In a similar vein, collaboration must involve ongoing dialogue and engagement with communities and stakeholders. We are currently embarking upon an education project that engages communities, along with consultants and residents, to develop a set of training competencies for outreach psychiatry. Over the next year, we will use qualitative methods to determine what community members, faculty and residents think is necessary for residents to learn in order to be effective providers in outreach contexts.



An increasing number of our clients in outreach include First Nations, Inuit and Métis Peoples and communities. In telemental health at CAMH, for example, we provided 374 assessments for Indigenous clients in 2016–17. We also launched ECHO Ontario First Nations, Inuit, and Métis Wellness to create a community of practice for primary care providers working with Indigenous clients across Ontario. To further develop these programs, we received funding from the Ministry of Health to develop an Indigenous Telemental Health program through engagement with Aboriginal Health Access Centres across Ontario. This resulted in the creation of an interprofessional telehealth team that includes Indigenous Elders and health practitioners, which can provide mental health care that incorporates both Indigenous knowledges and best practices. We have also received grant

funding to gather a group of Indigenous community members, health providers and medical students together, who will develop a model of integrated mental health care, based on Indigenous knowledges and best practices in health care, as well as an accompanying curriculum.

Our team published several papers in 2016–17 that contribute in an ongoing way to the above program aims. We have also been involved in developing and contributing to health policy, particularly related to suicide prevention. References are listed below.

Tremendous thanks go to our team: Rowena Figueredo, Manager of NPOP-C; Eva Serhal, Manager of Telepsychiatry and ECHO Ontario Mental Health; Achira Saad, Administrateur extraordinaire. Without you, and also the support from our colleagues in Telemental Health and Aboriginal Engagement and Outreach at CAMH, this program would not be possible.

“Being able to do outreach through the NPOP-C has been one of the most rewarding experiences of my residency. Going to SSM on a number of occasions was not only educational but has shaped my future plans for working in the north as a psychiatrist. I am ever so grateful for the opportunities that NPOP-C provides residents and I would highly recommend going to an outreach trip at least once during your residency!”
– Devina Wadhwa, PGY-5 resident

CAMH Telepsychiatry Service

Telepsychiatry is an innovative and effective mode of health services delivery that can bridge geographic disparities and facilitate more equitable access to psychiatric care. CAMH Telepsychiatry currently works with 225 communities in Ontario, providing 1226 individual client consultations last year, 454 in the Northeast LHIN (NE LHIN) and 170 in the NW LHIN. CAMH Telepsychiatry has partnered directly with Family Health Teams to provide both direct and indirect client care, as well as with Keewaytinook Okimakanak Telemedicine (KOTM) to provide care to clients in numerous First Nations communities in Ontario.



Eva Serhal, Manager of Telepsychiatry and ECHO Ontario Mental Health

Allison Crawford, Director, Northern Psychiatric Outreach Program at CAMH



Seniors mental health staff, site location: Sault Ste. Marie

From left to right, top row: Edwina Duguay, RN; Kimberly McBane, RN; Barb Forest, SW; Marilyn Burton, RN; Monique Holmes, clerical; Lucy Hoffman, clerical

Bottom row: Cherie Garrett, RN; Rhonda Masters, OT





More information on our programs can be found at:

Northern Psychiatric Outreach Program at CAMH (NPOP-C): <https://www.porticonetwork.ca/web/opop/programs/npop>

ECHO Ontario:
<https://www.echoontario.ca>

ECHO Ontario Mental Health:
<https://www.porticonetwork.ca/web/echo-on-mh>

Also, follow us on Twitter:
https://twitter.com/echo_onmh

RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups, Strengths United Through Networks), National Institute of Mental Health, USA:
<https://www.nimh.nih.gov/about/organization/gmh/risingsun/index.shtml>

Together to Live: Toolkit for Addressing Youth Suicide in Your Community:
<http://www.togethertolive.ca/place-circle>

Suicide Prevention in the North, CAMH Blog:
<http://www.camhblog.ca/2016/09/09/suicide-prevention-in-the-north>

Team publications:

Crawford, A., Sunderji, S., Serhal, E. & Teshima, J. (2017, February 08). Proposed competencies for providing integrated care via telepsychiatry. *Journal of Technology in Behavioral Science*, 2, 1–4. <https://doi.org/10.1007/s41347-017-0014-6>

Crawford, A., Sunderji, N., López, J. & Soklaridis, S. (2016, January 26). Defining competencies for the practice of telepsychiatry through an assessment of resident learning needs. *BMC Medical Education*, 16(1). <https://doi.org/10.1186/s12909-016-0529-0>.

Crawford, A. (2016, September 10). Inuit take action towards suicide prevention. *The Lancet*, 388(10049),1036–8.

Crawford, A. (2016). Suicide among Indigenous Peoples in Canada. *The Canadian Encyclopedia*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/suicide-among-indigenous-peoples-in-canada>

Hatcher, S., Crawford, A. & Coupe, N. (2017). Preventing suicide in indigenous communities. *Current Opinion in Psychiatry*, 30(1), 21–5.

Inuit Tapiriit Kanatami. (2016). *National Inuit Suicide Prevention Strategy*. Retrieved from <https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

Serhal, E., Crawford, A., Cheng, J. & Kurdyak, P. (2016, May 25). Implementation and utilisation of telepsychiatry in Ontario: A population-based study. *Canadian Journal of Psychiatry*, 22(6). <https://doi.org/10.1089/tmj.2015.0166>

Sockalingam, S., Arena, A., Serhal, E., Mohri, L., Alloo, J. & Crawford, A. (2017, June 7). Building provincial mental health capacity in primary care: An evaluation of a Project ECHO mental health program. *Academic Psychiatry*, 1–7. Retrieved from <http://link.springer.com/10.1007/s40596-017-0735-z>

Waddell, C.M., Robinson, R. & Crawford, A. (2017, March 2). Decolonizing approaches to Inuit community wellness: Conversations with Elders in a Nunavut community. *Canadian Journal of Community Mental Health*, 36, 1–13. <https://doi.org/10.7870/cjcmh-2017-001>

Zhou, C., Crawford, A., Serhal, E., Kurdyak, P. & Sockalingam, S. (2016). The impact of Project ECHO on participant and patient outcomes: A systematic review. *Academic Medicine*, 91(10), 1439–61.

HealthForceOntario

HealthForceOntario Marketing and Recruitment Agency

HealthForceOntario Marketing and Recruitment Agency (HFO MRA) builds and maintains Ontario's health human resources capacity. Working with its partners—including communities, LHINs, the provincial government, recruiters and health professionals—HFO MRA supports the government's health workforce objectives and contributes to the planning, recruitment, retention, transition and distribution of health practitioners.



Cheryl Buck

Lead
Northern Specialist
Locum Programs (NSLP)
HealthForceOntario
Marketing and
Recruitment Agency



Kate Borthwick

Regional Advisor –
Waterloo Wellington
HealthForceOntario
Marketing and
Recruitment Agency

Northern Specialist Locum Programs

The Northern Specialist Locum Programs (NSLP) provides respite and vacancy locum coverage to help support the recruitment and retention of specialists while also providing continuous patient access to specialist services in Northern Ontario. NSLP consists of two programs: the Urgent Locum Tenens Program and the Respite Locum Tenens Program. The Urgent Locum Tenens Program is accessed by Northern Ontario communities with eligible vacant specialist physician positions to provide temporary specialist locum coverage while they recruit a permanent physician. NSLP also supports Northern Ontario communities that have a full complement of specialist physicians through the Respite Locum Tenens Program, which provides temporary specialist locum coverage for eligible specialities/communities while local physicians are on vacation, continuing medical education or leave.

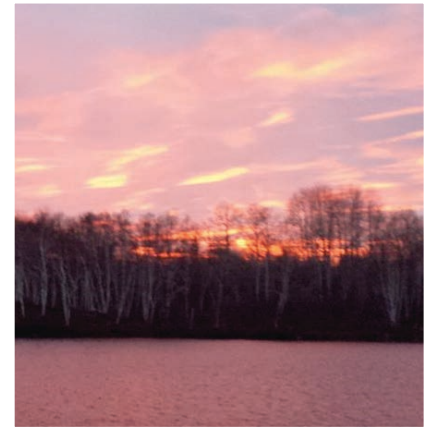
In 2016–17 psychiatry was one of the most active NSLP specialties, with 1,223 days of locum coverage provided in six Northern Ontario communities. NSLP works with OPOP to support many of these psychiatric services; OPOP consultants are eligible to receive expense reimbursement and applicable work fees through NSLP for approved locum assignments. NSLP also approves and reimburses travel expenses for psychiatric residents to accompany OPOP psychiatrists providing NSLP locum coverage.

Regional advisors

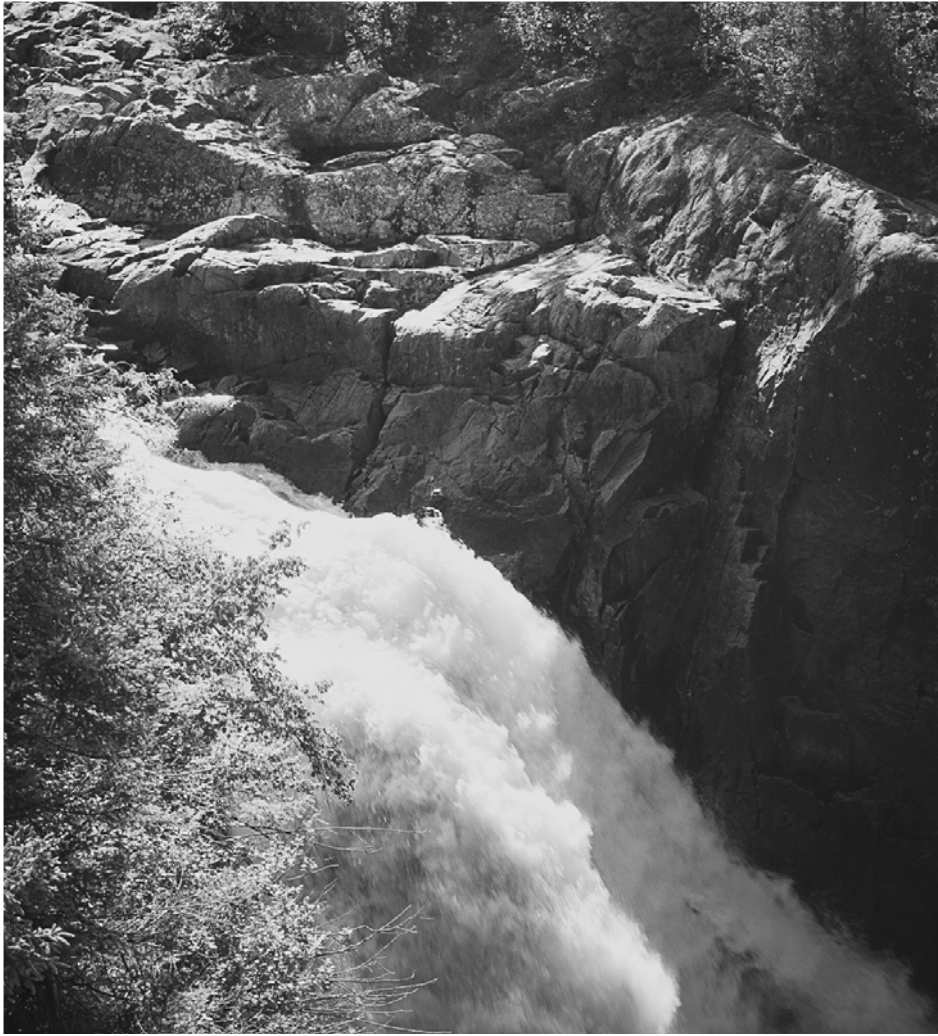
HFO regional advisors work collaboratively with communities and employers throughout the recruitment process to support recruitment goals and enable health system priorities. The [Recruitment Essentials Toolkit](#), available online, is a best practice toolkit for leaders and recruitment professionals.

In addition, regional advisors provide a career-planning service for Ontario's medical residents called Practice Ontario. Through the provision of personal job search assistance for permanent and locum opportunities, regional advisors assist medical residents with various aspects of their transition into practice. The [Transition into Practice Services \(TiPS\) Toolkit](#) is available online and provides practical, career-focused information for physicians entering practice in Ontario.

Regional advisors are also a system resource working closely with the LHINs and a number of MOHLTC programs such as Health Care Connect.







OPOP steering committee

OPOP's steering committee co-ordinates and advocates the delivery of collaborative psychiatric clinical outreach services and the training of mental health care professionals. The committee is composed of members from a broad spectrum of roles that contribute to the co-ordination of services, and the integration of mental health services and education.

The committee is responsible for:

- overseeing OPOP budgets, as reported to the OPOP steering committee annually by the OPOP director
- directing the appointment and five-year review of the OPOP director
- approving, on the director's recommendations, the appointment of OPOP staff, including the policy and program manager and other administrative staff
- managing, dissolving and creating OPOP subcommittees as required to reflect changing demands and needs
- providing regular reports, by subcommittees, to the OPOP steering committee
- planning and administering the OPOP annual conference

- co-ordinating the Ontario-wide resident electives booklet and consultants' manual
- liaising and advocating with the Ministry of Health and Long-Term Care (MOHLTC), the Ontario Medical Association, the Royal College of Physicians and Surgeons of Canada and other relevant groups.

Over the past year, the steering committee has addressed a number of key issues, including:

- executing the five-year plan for OPOP initiatives, which include the periodic review of initiatives for relevance and prioritization
- overseeing the intraprogram agreements developed in the previous two fiscal years, to clarify the relationships among OPOP, its partner programs and their home institutions and the MOHLTC

- initiating the development of the needs assessment committee named the "task force," focused on quality assurance and program evaluation
- developing standardized data collection protocols and items for quality assurance purposes, which include consultations with program partners and collaborators and other stakeholders such as Aboriginal Engagement and Outreach at CAMH, legal services, privacy office and the MOHLTC
- planning the 2016 retreat in Thunder Bay and commencing plans for the upcoming 2017 conference in Toronto
- rebranding of the annual event from a retreat to a conference, which reflects the success and high attendance rate of the 2016 event and the strategic focus on recruitment of learners and new consultants to outreach
- finding ways to extend telepsychiatry services across the north in order to expand our service opportunities to a wider network of sites and clinical populations, as well as support continuity of care to our current sites.

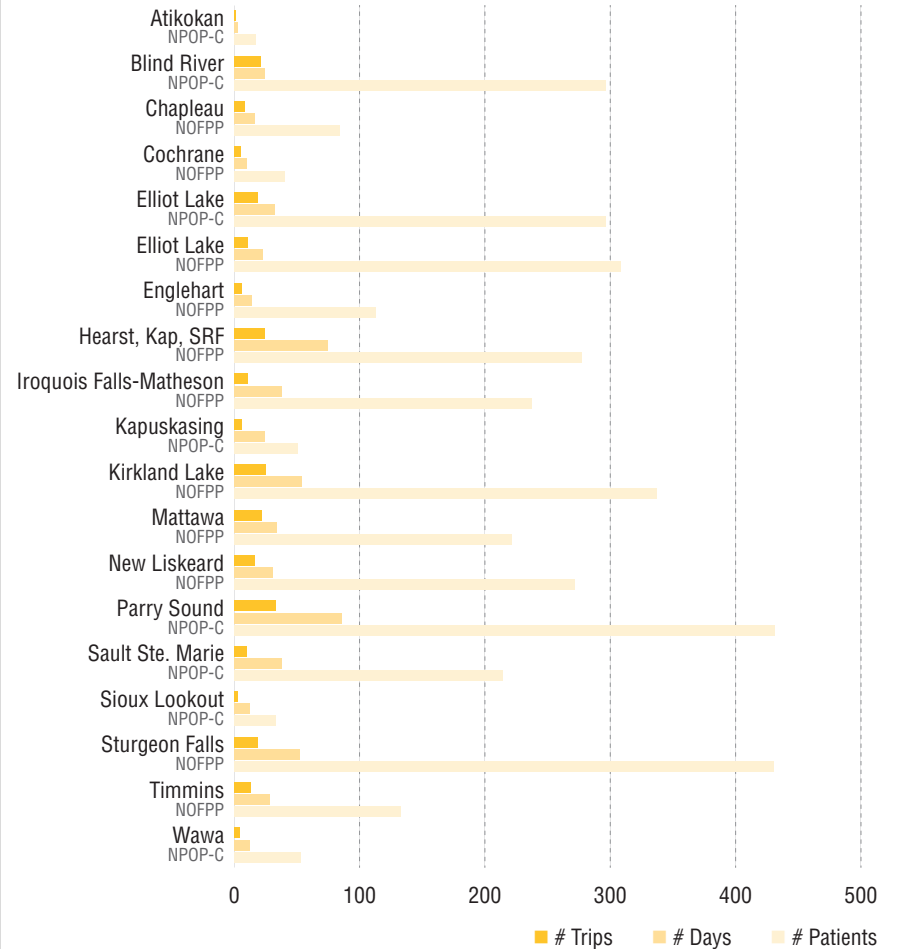
Both Dr. Paul Links and Hanna Siemiarzuk retired in 2016–17 from their roles as director and program administrator for the ECP at Western University, replaced by Dr. Jeffrey Reiss and Shanna Peters. Mike O'Shea was replaced by Shana Calixte as representative of the NE LHIN. Welcome to our new committee members. We gratefully acknowledge the dedication, years of service and insightful contributions of Paul, Hanna and Mike.

Program statistics

Figure 3.

Combined OPOP VSC summary of clinical activity:

Number of trips, days and patients per community (2016-17)



Note: Data includes clinical activity of NPO-P-C and NOFPP programs only; clinical activity administered by Extended Campus Program (ECP) is excluded from this dataset.

Areas served by OPOP 2016-17





OPOP steering committee members 2016–2017

Dr. Robert G. Cooke (Chair)

Director, Ontario Psychiatric Outreach Program

Denise Canso (Secretary)

Manager, Ontario Psychiatric Outreach Program

Dr. Fernande Grondin

Director, Northern Ontario Francophone Psychiatric Program

Diane Gratton

Manager, Northern Ontario Francophone Psychiatric Program

Dr. Allison Crawford

Director, Northern Psychiatric Outreach Program at CAMH

Rowena Figueredo

Manager, Northern Psychiatric Outreach Program at CAMH

Dr. Paul Links & Dr. Jeffrey Reiss

Director, Extended Campus Program at Western

Shanna Peters

Administrative Assistant, Extended Campus Program at Western

Dr. Giuseppe Guaiana

Clinical Director, North of Superior Program

Mike O'Shea & Shana Calixte

Outreach Officer, North East LHIN

Siobhan Farrell

Senior Consultant, Mental Health and Addictions, North West LHIN

Dr. Rayudu Koka

Psychiatrist (Sudbury) and Associate Professor, Northern Ontario School of Medicine

Martin Ochman

Manager, Northern Specialist Locum Programs, HealthForceOntario

Kate Borthwick

Regional Advisor, HealthForceOntario

How to reach us

Ontario Psychiatric Outreach Program (OPOP)

Room 1260, 250 College Street Toronto, ON M5T 1R8
Tel.: 416 535-8501 ext. 32157

Dr. Robert G. Cooke

Director
robert.cooke@camh.ca
Tel.: 416 535-8501 ext. 36842

Denise Canso

Policy and Program Manager
denise.canso@camh.ca
Tel.: 416 535-8501 ext. 32157

Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C)

Room 1261, 250 College Street Toronto, ON M5T 1R8
Tel.: 416 535-8501 ext. 34484 Fax: 416 979-6902

Dr. Allison Crawford

Director
allison.crawford@utoronto.ca
Tel.: 416 535-8501 ext. 37586

Rowena Figueredo

Manager
rowena.figueredo@camh.ca
Tel.: 416 535-8501 ext. 34484

Achira Saad

Administrative Secretary (fly-in/drive-in)
achira.saad@camh.ca
Tel.: 416 535-8501 ext. 34971

Cameron Sharp

Administrative Secretary (Telepsychiatry)
telepsychiatry@camh.ca
Tel.: 416 535-8501 ext. 36180

Extended Campus Program (ECP) at Western University

Parkwood Institute, Mental Health Care Building
Room F4-430, 500 Wellington Road
London ON N6C 0A7

Mailing address:

St. Joseph's Health Care London, UWO Department of Psychiatry

PI-MHCB, F4-430, PO Box 5777, STN B
London, ON N6A 4V2
Tel.: 519 685-8500 ext. 47225
Fax: 519 452-4591

Dr. Jeffrey Reiss

Director
jeffrey.reiss@lhsc.on.ca

Shanna Peters

Administrative Assistant
shanna.peters@sjhc.london.on.ca

Northern Ontario Francophone Psychiatric Program (NOFPP)

Room 5457, 1145 Carling Avenue Ottawa, ON K1Z 7K4
Tel.: 613 715-5829 Fax: 613 715-5839

Dr. Fernande Grondin

Director
drfgrondin@uottawa.ca

Diane Gratton

Program Manager
dgratton@uottawa.ca



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