



Promoting distributive education in Northern Ontario
to complement mental health outreach services

Annual Report
2010-2011

The Ontario
psychiatric
outreach
PROGRAM



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 multidisciplinary, contextually relevant, community-oriented service and education.



University of Ottawa
Northern Ontario
Francophone Psychiatric
Program



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



Northern Ontario
School of Medicine

Northern
Ontario School
of Medicine



Ministry of
Health and Long-Term Care



McMaster University
Psychiatric Outreach
Program



Queen's University
Psychiatric Outreach
Program



University of Western
Ontario Extended
Campus Program

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This is my final report as Program Director of OPOP, as my term will end in 2011. The past five years have been both demanding and stimulating. I would like to share some thoughts on what has been achieved and what challenges lie ahead, as we continue to work on coordinating and enhancing psychiatric outreach clinical and educational services for Ontario.

Implementing external review

We made great strides in implementing the recommendations of the external review completed in 2006-2007. The top three issues were: 1) addressing funding inequities among the university outreach programs with respect to consultant remuneration; 2) undertaking research and analysis of unmet needs for mental health care in Northern Ontario; and, 3) nurturing a close collaborative relationship with Local Health Integration Networks (LHINs) and family health teams (FHTs).

As a result of successful negotiation in 2008-2009 to include OPOP consultant rates in the new Ontario Medical Association-Ontario Ministry of Health and Long-Term Care (MOHLTC) agreement, OPOP funding is now based on the prevailing sessional rates for psychiatric services.

In collaboration with the Centre for Rural and Northern Health Research at Laurentian University, OPOP has been involved since November 2007 in a study of mental health services in northern Ontario. The two northern LHINs participated in the OPOP survey research project, along with a number of FHTs, to help identify innovative practices. In addition, ties were strengthened by their participation in OPOP annual retreats. Two reports from the first phase of the project were published on the OPOP website in 2010. The second phase was completed in 2010 with results published

in spring 2011 (further details are available in a separate section of this annual report).

Capacity building through continuing education

OPOP used surplus funds from fiscal year 2009-2010 to assist with the development and distribution of innovative educational materials in the form of a tool-kit for six specific areas of highly needed educational topics in mental health. Community-based front line mental health professionals in settings with high service demands in rural and remote sites throughout the province of Ontario will benefit from the toolkit. Video materials developed for the "CE to Go" toolkit were completed in 2010-2011, and will be available on the OPOP website and circulated to consultants to use in Northern communities. This creative approach to meeting professional development needs was made possible thanks to the positive working relationship between OPOP and MOHLTC, which approved the reallocation of OPOP funds for this purpose. My thanks also go to Drs. Paula Ravitz and Robert Cooke for allowing OPOP to collaborate on the project, which was initiated with support from the Centre for Addiction and Mental Health's Innovation Fund.

Enhancing communication among partners

OPOP launched a newly designed and updated website in 2008-2009 to provide an enhanced communications tool for OPOP consultants, residents and administrators. In addition, based on



Dr. J. Robert Swenson

models in use by program partners, OPOP developed manuals for residents and consultants to encourage participation by psychiatric residents and consultants in providing northern mental health care, and to share a coordinated, collaborative approach.

Annual retreat held at NOSM

OPOP annual retreats are both a strategic planning tool and an opportunity for education and knowledge transfer, bringing together university program representatives to review achievements and set objectives for the new academic year. The research sessions are accredited by the Royal College of Physicians and Surgeons of Canada. The 45 participants at the 2010 meeting – hosted by the Northern Ontario School of Medicine west campus in Thunder Bay – represented all of the northern sites served by OPOP, including North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and outlying communities. The theme was “Promoting distributive education in Northern Ontario to complement OPOP mental health outreach services”. (Further details are provided in a separate section of this report.) The annual retreat in September 2011 will be held in Toronto and focus on “social determinants of mental health.”

Looking forward

There are a number of challenges on the horizon. We are working closely with MOHLTC and HealthForce Ontario on the review underway of definitions of eligibility (e.g., LADAU list) for communities to receive funding for psychiatric services, through outreach programs like OPOP or other means. OPOP submitted a brief in December 2010 to the consulting firm doing the review, in which it recommended a flexible and multi-faceted approach to determining community eligibility. If changes are made to the

current definitions of eligibility, these could have an impact on the provision of OPOP outreach services. In addition, program partners need to know how communities in need could be added to any list. OPOP will continue to monitor the situation closely.

I want to thank all those who contributed time and energy to achieving OPOP’s goals in 2010-2011, and throughout my term as Program Director – consultants, university program administrators, OPOP committee members and staff as well as community mental health centres. I wish to extend particular thanks to Gail Larose, who will be stepping down as Policy and Program Administrator. I would also like to acknowledge the contribution made by Carolyn Masleck, whose editorial and photographic skills transformed OPOP’s website, annual reports, and consultant and resident manuals. The enthusiasm and commitment of all these individuals has been the key to our success. On behalf of OPOP, I also want to express appreciation to the staff of the Underserved Area (Northern) Program of MOHLTC for their ongoing support and assistance, and to our partners at HealthForce Ontario.

Dr. J. Robert Swenson
Program Director



In 2010-2011, the Northern Ontario Francophone Psychiatric Program (NOFPP) continued to fulfil its mandate to provide French-language psychiatric services to a number of northeastern Ontario francophone communities.

Clinical services

In 2010-2011, 14 NOFPP psychiatrists made 145 visits to 15 points of service. In an effort to reduce travel costs, psychiatrists often visit two to three points of service per trip.

NOFPP consultants continue to meet the needs of various mental health teams served by the Program. In addition, their activities include many indirect services such as education, indirect consultation, the supervision of residents and discussion of cases. They are also on call by telephone between visits, which is a real benefit that ensures the continuity of patient treatment.

In April 2011, Dr. Marie-France Rivard, a geriatric psychiatrist, joined our team to replace Dr. Fernande Grondin in Timmins and will share this service with Dr. Michèle Tremblay.

In August 2010, ill health forced the retirement of Dr. Jean-Claude Brutus who had served Kirkland Lake, New Liskeard and Englehart for many years. His official retirement took place in December 2010. Dr. Hugues Richard will replace Dr. Brutus in Kirkland Lake for two days per month while Dr. Rachel Henry from North Bay was recruited to provide services in Englehart. Dr. Pierre Tessier will travel to New Liskeard and will also assist Dr. Gilles Melanson in Iroquois Falls.

Dr. Richard also provides services to Timmins and Chapleau. Dr. Daniel Kraus continues to work in Timmins, Cochrane and Matheson as a consultant in general adult psychiatry. Dr. Dominique Nadon provides services in Mattawa and Sturgeon Falls, and Dr. Jean-Guy Gagnon in Elliott Lake. In addition to his work in Iroquois Falls, Dr. Melanson works in adult psychiatry in Timmins and Matheson. Dr. Grondin continues her work with the Northeast Mental Health Centre in North Bay to provide geriatric psychiatric consultations in Hearst, Kapuskasing and Smooth Rock Falls. Drs. Marc Lapointe and Marc Mauguin also work in Hearst, Kapuskasing and Smooth Rock Falls in general psychiatry while Dr. David Myran serves Wawa.

Drs Richard and Nadon continue to offer telepsychiatry sessions. We plan to increase the availability of telepsychiatry services in the coming year.

Francophone resident involvement

In September 2010, during the OPOP annual retreat in Thunder Bay, the *Prix André J. Côté* was awarded jointly to Drs Jennifer Brault and Marie-Rose Phaneuf, fourth-year psychiatry postgraduate residents, for their participation and interest in our Program. Each received a plaque and an invitation to attend the Ontario Psychiatric Association annual conference, held in 2011 in Toronto. The Program maintains close links with French-language postgraduate psychiatry residents and continues to provide an opportunity for them to accompany psychiatrists on their visits to northern Ontario.

Funding

The agreement between the Ontario Ministry of Health and Long Term Care and the Ontario Medical Association allowed us to provide our consultants with better remuneration for their work, as well as compensate them adequately for their travel time. However, with our current budget, the application of the rules of agreement translated into a decrease in clinical services. In the future, we hope to obtain more funding to re-establish the same level of support and to offer services to the other francophone communities that have expressed the need for psychiatric services.

Retention of our team of consultants and recruitment remain priorities. Our program manager, Ms. Diane Gratton, and I are grateful for the support of OPOP and the Program's consultants throughout the year.

Dr. Fernande Grondin
Program Director

(Photo: Dr. Fernande Grondin, Program Director)



The Extended Campus Program (ECP), a well established outreach initiative of the Department of Psychiatry at the University of Western Ontario (Western), continued its mission to maintain collaborative ties with other Ontario Psychiatric Outreach Programs (OPOP) partners and to facilitate growth through education and research initiatives, while supporting quality psychiatric care in underserved communities as part of the Western Department of Psychiatry Division of Social and Rural Psychiatry.

In 2010-2011, the ECP operating unit continued to provide administrative and academic support to a group of 10 ECP members who provide full time clinical and academic services in northern Ontario. These faculty members were recruited to northern Ontario through the ECP and maintain current academic appointments with the Department of Psychiatry, Western.

Clinical services

Two of our faculty members, Dr. Jack Haggarty and Dr. Suzanne Allain, are sited at the Lakehead Psychiatric Hospital. Dr. Allain has continued her involvement in promoting Western Department of Psychiatry Continuing Medical Education events to various clinical sites of Thunder Bay. Dr. Susan Adams provided clinical services at the Northeast Mental Health Centre – North Bay Campus. Dr. Dan Pearsall from the Sudbury Campus of that Centre provided Child Psychiatry services to Sudbury and its catchment area. The group of seven Adult Psychiatry specialists from the Sudbury Regional Hospital – Drs. Rayudu Koka, Amil Joseph, Rajendar Kumar, Beena Mathew, Ramamohan Veluri, and Popuri Krishna – continued their involvement in the ECP over the reporting year.

The outreach (fly-in and televideo) psychiatric services to the North of Superior Program (NOSP) continued as another component of the ECP. In 2010-2011, this consisted of psychiatric service and education to remote communities in the Lake Superior area, including consultation visits to Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. Administrative support for

psychiatrists providing these consultations was provided for 17 consulting visit days delivered by Drs. Felicity Davies, Bhadrash Surti, William Komer, Richard Owen, Dr. N. Akhtar, and the undersigned. Two residents in psychiatry from Western traveled with one of these consultants on two of these outreach visits to learn remote outreach psychiatry. In addition to the site visits, 75 hours of consultations were provided via videoconferencing, which is especially valuable when access of NOSP to psychiatry services is limited by scarce visiting psychiatry resources or by difficult weather conditions. Also, the undersigned conducted monthly phone supervision for NOSP staff, partly focused on biopsychosocial formulation.

As both ECP Director and Clinical Director of NOSP, the undersigned continued close collaboration with the administrative leadership of NOSP and their regional partners to enhance effectiveness and efficiency of mental health services in the North of Superior region. As part of that, new sessional funding was secured for NOSP and related work.

Consultations to Thunder Bay through videoconferencing from Regional Mental Health Care London have also grown in frequency, consisting of 138 hours delivered by Dr. L. Malhotra.

Continuing Professional Development (CPD/CME)

Psychiatrists and other health care professionals involved in mental health care delivery in Thunder Bay, Sudbury and North Bay, as well as medical clerks from the Northern Ontario Medical School, had an opportunity to participate in Western Department of Psychiatry CME events and to benefit from the expertise of Western faculty members and invited speakers who conducted presentations related to the following topics:

- Myths and Realities of Methadone Maintenance Treatment: *Methadone Replacement for the Management of Opioid Dependence*
- Future Directions in Psychiatric Education: *Subspecialty Training in Psychiatry – Development, Status, and Role in Competency-Based Education*
- Medically Unexplained Symptoms in Paediatric Patients: *A Model for Collaborative Care: Management of Medically Unexplained Symptoms in Youth – The Doctor’s Dilemma*
- Psychopharmacological Treatment of Behaviour Problems in Children and Adolescents with Intellectual/Developmental Disabilities
- Psychiatry and Cardiovascular Illness: *Heart Failure Treatment – Are There Risks?*
- Arts and Mental Health: *The Aesthetic Experience– Using the Arts in the Production and Dissemination of Knowledge in Child and Youth Mental Health*
- The Final Common Pathways of Psychiatric Illness: *Neuropsychiatric Disorders, the Default Mode Network, and the Nature of the Human Brain*
- Ethics and Law: *The Relation between Ethics and Law as Pertaining to Health Care, with a Focus on Consent*
- Schizophrenia: Evolutionary Perspectives: *Is Schizophrenia an Evolved Trait?*

Visiting scholar week

The ECP operating unit dedicated a substantial amount of work to organizing the visiting scholar week of the Division of Social and Rural Psychiatry. The theme of the main CPD/CME event of this week was “Work and Mental Health”. Drs. Kim Mueser and Susan McGurk from the United States, world-renowned scholars in psychiatric rehabilitation, and other invited speakers, gave

presentations. This was a Royal College of Physicians and Surgeons accredited event. During the event, all presentations were video-recorded with the goal of distribution to all the ECP sites in northern Ontario.

ECP annual meeting

The ECP annual retreat was held in London, Ontario, in March 2011. It was a combined event chaired by the undersigned and attended by OPOP Program Director Dr. Robert Swenson, ECP members from the North, and consultants from the Southwestern Ontario Medical Education Network. The main focus of the retreat was “Mental Health Care for Adolescents and Young Adults in Rural Areas.” Participants from Thunder Bay, Sudbury and other interested sites had an opportunity to discuss with a group of invited experts the issues of mental health among adolescents in their transition to young adults. Dr. Swenson delivered a briefing on initiatives undertaken by OPOP in 2010-2011 and a presentation on models of psychiatric outreach services provided by OPOP. The ECP annual retreat was attended both ‘in person’ and via videoconferencing.

Research

The NOSP continued to participate in OPOP-led research related to mental health services in remote communities in northern Ontario, and the undersigned continued to serve in the role of co-investigator for this multi-phase study. Other members of ECP continued to conduct and disseminate their research.

Dr. Abraham Rudnick
Program Director

In 2010-2011, as in previous years, the Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C) continued to fulfill our core mission of providing high volumes of drive-in/fly-in psychiatric consultation services to underserved communities in northern Ontario. As well, we continued to promote outreach opportunities to psychiatric residents in training, and to collaborate with our partners in OPOP and other groups in a variety of complementary initiatives aimed at improving the health care environment for the population of northern Ontario.

Clinical services

Our primary mandate is to provide direct clinical services through the Ministry of Health and Long-Term Care (MOHLTC)-funded Visiting Specialists Clinics (VSC), and here we reversed a trend seen in the previous two years, by increasing our annual volume of service to 258 days (from 244 and 210 in the two previous years) with a corresponding 25 percent increase in the volume of patients served. This was accomplished primarily by responding to high demand in the vicinity of our Elliot Lake and Blind River sites and establishing satellite clinics at Espanola and Little Current. We recruited four new psychiatrists to our program and increased psychiatric resident elective participation over the previous year, from 17 residents to 21 residents, and from 23 to 34 trips. Our consultants' participation in the Urgent Locum program managed by HealthForce Ontario saw a reduction in service days from 250 to 186 due to consultant health issues, and we are addressing this with new recruiting for the coming year.

Complementary to our MOHLTC-funded activities, we provided 91 days of service to Nunavut, while VSC consultants to Sioux Lookout provided additional days of service to the outlying Sioux Lookout Zone, both funded through other means. We continued to collaborate with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health (CAMH) in expanding telemedicine services to northern Ontario, and increased annual telemedicine clinical sessions at CAMH, facilitated by NPOP-C staff and primarily directed to northern Ontario, from 448 to 621 sessions.

Education and Research

Our CE to GO research project – funded by the MOHLTC Innovations Fund for Academic Health Science Centres with additional funding through OPOP in the first year – had a very successful second year. We completed filming of all remaining educational DVDs and continued systematic evaluation of the DVDs as they become available by volunteer Canadian Mental Health Association northern staff. Preliminary results from this educational research project have been accepted for presentation at a major international conference. In addition, we coordinated a series of additional in-person or televideo educational sessions by NPOP-C or CAMH consultants to a variety of northern sites. We also participated with OPOP in research on psychiatric resident educational opportunities in northern Ontario. We continue to collaborate with other OPOP partners in clinical and research initiatives, as described elsewhere in this report.

Staffing

This year saw the departure of Thérèse Millette after a long association with the program, and I am extremely grateful for her dedication and commitment over the years, and wish her all the best in pursuing opportunities nearer her new home outside the Greater Toronto Area. We were very fortunate to have secured excellent temporary help in turn from Colette Banas, Jennifer McGillivray and, most recently, Danica Furtado-Fernandes to carry on her education responsibilities. As always, I am very appreciative of the highly professional and collegial work of the program manager Rowena Figueredo and Clinics Coordinator Achira Saad in keeping the program running effectively, and to the various administrative staff of CAMH who have provided support.

Robert G. Cooke, MD,
Director, NPOP-C

Ontario Child and Youth Telepsychiatry Program

The Ontario Child and Youth Telepsychiatry Program (OCYTP) of the Ontario Ministry of Children and Youth Services provides the bulk of children's telepsychiatry services to rural and remote regions of Ontario. Three hubs: *Western Hub* from the London region, *Central Hub* from the Toronto Hospital for Sick Children (SickKids), and *Eastern Hub* from the Children's Hospital of Eastern Ontario (CHEO) in Ottawa continue to deliver child psychiatric clinical consultations and education to enhance capacity of local clinicians. Four youth detention centres represent the newest recipients of capacity enhancing services. In 2010-2011 the following services were delivered:

	<i>Central Hub</i>	<i>Western Hub</i>	<i>Eastern Hub</i>	<i>Total</i>
Clinical Consultations	970	180	161	1,311
Program Consultations	193	9	21	223
Hub Educational Sessions	9	2	2	13
Provincial Education Sessions	-	6	6	12

The Ontario Telemedicine Network (OTN) is a major provider of videoconferencing technology for the province. In the fiscal year 2010-2011 there were 1,071 child/adolescent telepsychiatry events through OTN, representing almost a 75 percent increase over last year.

As videoconferencing and other technologies become increasingly integrated into daily child psychiatric practices, OCYTP is well poised to broaden its referral base, engage service providers and expand on models of service delivery.

Dr. Tony Pignatiello
Medical Director,
Central Hub, Toronto

Dr. Naveed Rizvi
Medical Director,
Western Hub, London

Dr. Hazen Gandy
Medical Director,
Eastern Hub, Ottawa

Queen's University Department of Psychiatry outreach activities focus on increasing accessibility of care, tailored to individual area needs, for residents in the numerous smaller and rural communities across portions of Hastings, Northumberland, Prince Edward, Lennox and Addington, Frontenac and, for certain services, Lanark, Leeds and Grenville counties. Outreach efforts are reinforced through the Division of Community Psychiatry, co-chaired by Drs. Ken LeClair and Joe Burley.

Geriatric psychiatry

Geriatric psychiatry services are available through community outreach offices based in Belleville, Napanee and urban Kingston, and a smaller satellite in Bancroft. The division is also engaged in a primary care collaborative practice, in which a specialty geriatric mood clinician, Leah Robichaud, and a psychiatrist, Dr. Joe Burley, link regularly with specific family practices located in Sharbot Lake, Picton, Sydenham and Verona. Telepsychiatry services cover clinical consultation, case conferences and educational events.

In addition to providing extensive clinical consultation and some follow-up to older adults in their homes, the geriatric program is involved in several other initiatives aimed at improving the availability of care for individuals living in under-serviced areas. For example, the Queen's outreach group has developed pilot initiatives with the First Link programs of the local Alzheimer Society and Family Health Teams (FHTs) to define and implement more collaborative responses to people with complex illnesses, including dementia, in southeastern Ontario.

The Multidisciplinary Interprofessional Coaching Team Initiative, funded through Health Force Ontario, continued to evolve over the past year. It seeks to link geriatric psychiatry outreach teams with FHTs in the Kingston, Sharbot Lake and Picton areas. This will enable examination of models for shared and collaborative care that best suit the clinical and educational needs of FHT professionals, while fostering interprofessional connections with their local outreach services.

Child psychiatry

Child psychiatry outreach services have long been a priority for this program, providing consultations to community agencies serving children and youth across the region. Specifically designated consultation for clients of the children's mental health centres serving Frontenac, and Lennox and Addington was provided from a hospital-based ambulatory clinic throughout the year. Other divisional professional staff members have provided outreach visits and school consultations within Kingston.

Adult psychiatry

Adult psychiatry outreach services provide consultation and short-term follow-up while establishing linkages with local primary care providers.

In 2009-2010, Dr. Vijaya Prabhu, Division of Adult Psychiatry, provided general psychiatric consultation to Napanee on a bi-weekly basis, seeing patients with all types of serious mental illness. He provided consultations to local family physicians' patients or those sent from Lennox and Addington County Hospital ER. He also provided consult and follow-up care to individuals referred to the Napanee Mental Health Clinic through the Court diversion program, as well as supervision/ verbal consults to staff of the clinic.

A specialty mood disorders consultation service from Providence Care Mental Health Services, including Dr. Ruzica Jokic and case manager Kathy Heer, continued for individuals with treatment refractory mood disorders, at their place of residence, in Lennox and Addington county. The service is offered in partnership with the Lennox and Addington Addiction and Community Mental Health Services (LAACMHS), which also provides space for a monthly outreach clinic for follow-up assessments and monitoring.

Dr. Jokic is routinely accompanied by medical students, including psychiatry residents, who sometimes conduct part of the assessment interview under her supervision.

Dr Joseph Burley does outreach collaborative care including adult, child and adolescent, geriatric and dual diagnosis in rural communities including Sharbot Lake, Tamworth, Verona and Prince Edward County. He works with individual family physicians as well as interprofessional family health teams. These are teaching practices which provide educational settings for undergraduate students and psychiatry and family medicine residents. He also provides consultation to numerous mental health agencies in these rural settings. Educational networks linking various mental health professionals and agencies in these rural areas have been developed as part of Queens Division of Interprofessional Collaborative Mental Health Care.

Aboriginal Psychiatry

Dr Susan Finch provides consultation via weekly telepsychiatry to the Metis Nation of Ontario (MNO). The program is sponsored by PCCCMHS and coordinated between Eddy Lloyd and the MNO head office in Ottawa. The telepsychiatry clinic provides access to psychiatric consultation and follow-up to any Metis in the province of Ontario. Access to the clinic is through local MNO offices, and we see patients from places such as Timmins, Fort Frances, Sudbury, Sault St. Marie, Ottawa, etc. Many of the patients have complex psychiatric histories with multiple admissions and diagnoses. Mood disorders, anxiety, trauma, and substance use disorders are often part of the picture for these patients. The clinic provides medication management, supportive psychotherapy and advocacy. Most patients are connected with other local resources and she communicates primarily with the MNO offices and local family physicians.

Dual Diagnosis

The Dual Diagnosis Consultation Outreach Team (DDCOT) is a community-based regional team of Providence Care Mental Health Services. It serves individuals with a dual diagnosis throughout Southeastern Ontario (SEO), through offices in Brockville, Kingston and Belleville, meeting patients at home, on hospital units or at community partners' offices.

DDCOT team members travel throughout SEO providing assessment, consultation, recommendations, and time-limited treatment for individuals over the age of 16 who have a dual diagnosis – an intellectual disability or autism or pervasive developmental disorder, with a suspected or diagnosed mental illness or behavioral disorder. The interdisciplinary team includes a psychiatrist (Drs. D. Elliott and G.B. Weaver), social worker, occupational therapist, psychologist, and nurses, and serves as an expert resource for primary care physicians, service providers, and caregivers. DDCOT provides up to 12 days a month of psychiatry consultation for persons who are dually diagnosed.

Education

Undergraduate psychiatry rotations are available in Oshawa and Brockville. Postgraduate students are encouraged to participate in outreach activities during their regular rotations. Residents from both the Psychiatry and Family Medicine training programs do so in the geriatric, mood disorder, child and adult divisions, and on elective rotations involving the dually diagnosed population. Rural outreach rotations are also available in general collaborative care settings in Sharbot Lake, Tamworth, Verona and Prince Edward County.

Dr. Joe Burley
Program Director

In just five years, NOSM has become a world leader in community-engaged medical education and research, while staying true to its social accountability mandate of contributing to improving the health of the people and communities of northern Ontario.

Accolades for NOSM's approach

Over the past year, NOSM has received a number of accolades for its innovation and leadership. In April 2010, NOSM was the recipient of the 2010 Rural Medical Education Award from the Society of Rural Physicians of Canada in recognition of our success in graduating physicians heading toward a career in rural medicine. That same month, three 2010 Global Best Awards were granted by the International Partnership Network, recognizing the successful relationships NOSM has built with Aboriginal community partners. And, in November 2010, the School received a prestigious national 2010 IPAC/Deloitte Public Sector Leadership Award, winning gold in the category of Education.

Learner successes

In March 2011, NOSM received notice that all undergraduate medical students in the 2011 graduating class successfully matched to Canadian residency programs on their first attempt. This is the second time that NOSM is the only Canadian medical school to have all students matched in the first round of matches of the Canadian Residency Matching Service (CaRMS).

NOSM hosts OPOP annual retreat

In September 2010, NOSM hosted the OPOP annual retreat on the west campus in Thunder Bay. The theme of the retreat was "Promoting distributive education in Northern Ontario to complement OPOP mental health outreach service." As always with OPOP retreats, the sessions were accredited for CME credits.



Dr. Roger Strasser
NOSM Dean

(Photo: Dr. Roger Strasser, NOSM Dean)

McMaster University Psychiatric Outreach Program

In 2010-2011, although some of its outreach consultants had retired, McMaster continued to deliver outreach initiatives for the James Bay area, albeit on a reduced basis with a retired consultant from McMaster and another from Queen's University providing services. At one time, the James Bay Program comprised a large range of support services, including consultations with family physicians and close cooperation with the Program's native mental health workers. Patients were seen in various settings, including the James Bay General Hospital (JBGH), community agencies and the Weeneebayko General Hospital (WGH).

Telepsychiatry

With the expansion of its telepsychiatry initiative, McMaster has established regular telepsychiatry links with James Bay, with regional partners and more remote sites. In addition, some forensic services are offered remotely via telepsychiatry. The Ontario Telemedicine Network (OTN) was the major provider of videoconferencing technology, maintaining patient access to care.

Dr. Gary Chaimowitz
Program Director

ACSC is charged with coordinating and advocating for the delivery of fly-in, drive-in, boat-in and telepsychiatry clinical consultation outreach services in underserved areas and populations across Ontario. ACSC, which reports to the OPOP Steering Committee, met three times in 2010-2011, once in person and twice by teleconference.

Committee objectives include: developing a best practice service model/match community needs with resources; ensuring current community requests for consultant services are fulfilled within the OPOP funding envelope; designing and maintaining a database to capture psychiatry services being delivered across the province; collaborating with other outreach programs, and liaising with Local Health Integration Networks (LHINs) for Northeastern and Northwestern Ontario. The Committee provides an important opportunity for information sharing among OPOP partner programs.

For 2010-11, key issues included developing a coordinated and uniform approach to determining patient satisfaction, updating telepsychiatry guidelines, and expanding OPOP services to areas not currently covered but in need of mental health care.

Addressing patient satisfaction

The committee drafted a survey instrument to measure patient satisfaction with the psychiatric outreach services being received. The goal is to gather feedback about the OPOP program (rather than individual psychiatrists) and also about the model of shared care. The survey will be pilot-tested at a couple of sites before it is finalized for circulation to all communities participating in OPOP. It will be sent with a cover letter explaining how the survey is to be administered (e.g., to all or only new patients).

Expanding outreach

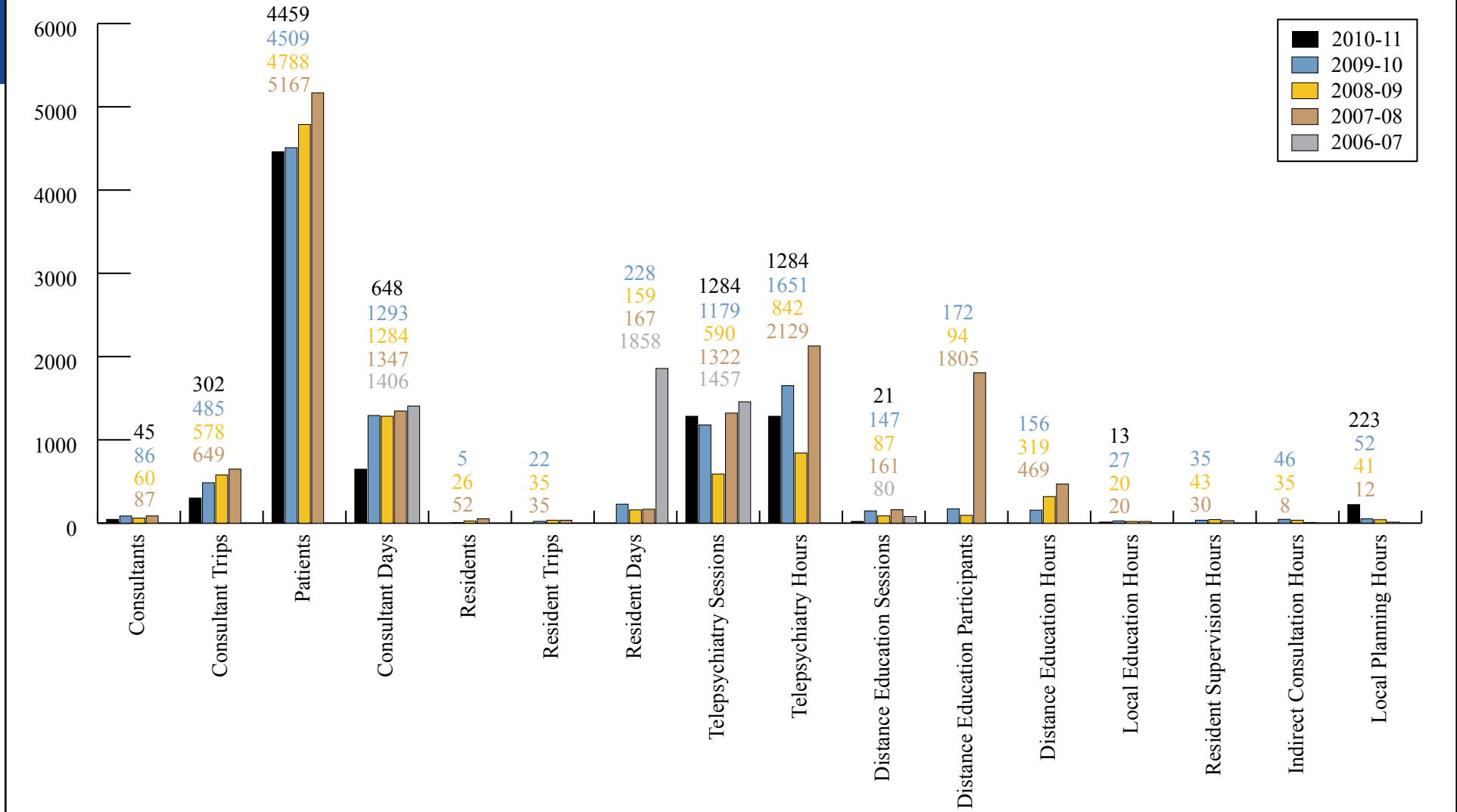
OPOP program partners provide services under the umbrella of the Underserved Area Program (UAP) of the Ontario Ministry of Health and Long-Term Care, which maintains a list (LADAU list) of communities eligible for funding. OPOP is always trying to find ways to deliver more services in an effort to meet all the requests it receives. As most Family Health Teams (FHTs) do not include psychiatrists, one option might be for OPOP to provide a brokerage service to match FHTs with available funding to available psychiatrists. This and other options are being explored with the partners and the UAP, particularly in light of impending changes to the LADAU list as a result of a review being carried out on behalf of HealthForceOntario. OPOP submitted a brief to the consulting firm doing the review, in which it recommended a flexible and multi-faceted approach to determining community eligibility.

Updating telepsychiatry guidelines

In light of the increased use of telepsychiatry, the committee recommended that OPOP promote the development of Canadian guidelines. As a start, the ones on the OPOP website will be updated with reference to current Ontario Telemedicine Network (OTN) or American Psychiatric Association guidelines. In particular, the section on fees requires review as OTN telepsychiatry payments are based on the OHIP schedule and do not reflect adequately the time involved in providing this service. Individual sites have negotiated separate agreements – not coordinated through OPOP – which are thus not uniform. This review will be a priority for early 2011-2012.

Dr. Robert Cooke
Chair

OPOP Combined Statistics 2006-2011*



*This table includes data from NOFPP, NPOP-C and OCYTP.

Data for 2010-11 was collected by means of a standard questionnaire that requested information on the number of consultants and residents in each program, the number of trips they made to deliver outreach services, the number of hours they spent providing services and the number of patients seen. As well, the number of telesychiatry sessions, hours and patients for OPOP programs were documented, as were other important elements of the outreach services provided by OPOP programs such as indirect consultation, distance education and community planning. As results for previous years were not documented in this way, year-over-year comparisons are approximate.

OPOP annual retreats are both a strategic planning tool for the program and an opportunity for education and knowledge transfer. They bring together program representatives to review achievements and help set OPOP objectives for the new academic year.

The 2010 retreat was held September 16-17 at the Northern Ontario School of Medicine West Campus at Lakehead University, Thunder Bay. The 45 participants included administrators, consultants and residents of all six OPOP member programs, including McMaster University, Northern Ontario School of Medicine, University of Ottawa, Queen's University, Centre for Addiction and Mental Health (Toronto) and University of Western Ontario, as well as other institutions, along with representatives from all of the northern sites served by OPOP, including North Bay, Sault Ste Marie, Sudbury, Thunder Bay and outlying communities.

Promoting distributive education in Northern Ontario

The focus for the sessions was “Promoting distributive education in Northern Ontario to complement OPOP mental health outreach service.” The retreat was an Accredited Group Learning Activity as defined by the Royal College of Physicians and Surgeons of Canada, and had the following three learning objectives:

1. Develop an understanding of the need for and scope of mental health care education;
2. Learn about current challenges and how they are being addressed;
3. Explore and discuss ways in which distributive education in Northern Ontario can complement OPOP mental health care outreach services.

Dr. Lois Hutchinson, Chief of Psychiatry, Thunder Bay Regional Health Sciences Centre discussed the “Challenges of Psychiatric Service Delivery in Northern Ontario” including strategies to address these issues, such as enhancing the capacity of local providers through community development, focused training and education, shared care initiatives, telehealth consultations and the potential use of skilled nursing staff/nurse practitioners to monitor care of patients with more chronic mental health problems.

Dr. Roger Strasser, Founding Dean, Northern Ontario School of Medicine, gave the keynote address on “Distributed Community Engaged Learning (DCEL): How Crazy is That?” describing how DCEL works with the geographical, social and cultural diversity of Northern Ontario, and exploring opportunities for DCEL to complement mental health care outreach.

Dr. Paula Ravitz, Associate Head of the Psychotherapy Program and Assistant Professor at the University of Toronto Department of Psychiatry, gave a presentation on “CE to Go: Capacity Building through Education,” providing an overview of the design, development, implementation and evaluation of the CE to Go program.

Dr. Jack Haggarty, Medical Director of Community Mental Health Services at St. Joseph's Care Group, Thunder Bay, addressed “Sharing care after nine years: Implications and impact on the broader mental health system.” His presentation looked at important ways that the program has both responded to and influenced regional planning of mental health.

Dr. Suzanne Allain, Director of the Rehab Unit at Lakehead Psychiatric Hospital, Thunder Bay and Regional Coordinator, NOSM Psychiatry Residency Program, spoke about “The NOSM

Psychiatry Residency Program,” reviewing core and elective psychiatry residency training in Thunder Bay over 20 years in reference to partnerships with the Northern Ontario School of Medicine, the University of Western Ontario, the University of Toronto, McMaster University, and the University of Ottawa.

Workshops

Participants were offered two simultaneous workshops: 1) Jill Sherman, Research Associate, Centre on Rural and Northern Health Research, Laurentian University, presenting “Case Studies of Mental Health Services in Smaller Northern Ontario Communities: Preliminary Findings” on the latest OPOP research project, and the implications for medical education; and, 2) Dr. Fernande Grondin, Director of the Northern Ontario Francophone Psychiatric Program, and Dr. Marie-France Rivard, Director of the Geriatric Psychiatry Program at the University of Ottawa, presenting a workshop in French on “Geriatric Psychiatry Services in Northern Ontario” that examined the history and role of geriatric psychiatry in the region with reference to CanMEDS.

Award presentation

At the opening dinner for the retreat, the Dr. André Côté award was presented by Dr. Fernande Grondin, Program Director of the Northern Ontario Francophone Psychiatric Program (NOFPP), to Dr. Marie-Rose Phaneuf and Dr. Jennifer Brault — both fourth-year Residents in Psychiatry — to recognize their involvement in NOFPP. The award was established in 2009 by NOFPP, with the support of OPOP, to commemorate the significant contribution to the Program made by Dr. André Côté, its director for some 25 years. The award included a plaque and an invitation to attend the Ontario Psychiatric Association’s annual conference in 2011.

The general consensus, expressed by a majority of participants in their evaluations, was that the retreat was a very successful event. A full report on the retreat, including all available presentations and photos, is available on the OPOP website.

In collaboration with the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University, OPOP has been involved in a study of mental health services in northern Ontario. Over the past four years, Dr. Ray Pong, CRaNHR Research Director, Dr. Phyllis Montgomery, Faculty of Nursing at Laurentian University, and CRaNHR Research Associates Jill Sherman and Maggie Delmege have been working with the OPOP team, which includes Dr. Robert Cooke, Dr. Abraham Rudnik, Dr. Robert Swenson, Dr. Paula Ravitz and Dr. Fernande Grondin.

Three study components were completed in 2008-2009: 1) a survey of OPOP consultant experiences with provision of clinical service and mental health education; 2) focus groups with both OPOP and non-OPOP psychiatrists; and 3) a survey of Family Health Teams (FHTs) in the two northern Local Health Integration Networks (LHINs).

Two final research reports from this phase of the project were published in June 2010. Research team members presented the results at conferences and to the Underserved Area (Northern) Program staff of MOHLTC in Sudbury. (Both reports are available on the OPOP website.)

- *Mental Health Services in Smaller Northern Ontario Communities: A Survey of Psychiatric Outreach Consultants*
- *Mental Health Services in Smaller Northern Ontario Communities: A Survey of Family Health Teams*

A second research project, “Case studies of mental health services in smaller communities in northern Ontario,” launched in 2009, continued in 2010-2011. The study involves 10 communities (five of which receive OPOP services and five that do not) and approximately 10 participants per community. Field work

was completed in September 2010. Analysis is ongoing with a report anticipated in May 2011.

Jill Sherman, CRaNHR Research Associate, presented some preliminary findings from the case study research at the 2010 OPOP Annual Retreat in Thunder Bay.

Findings discussed included different definitions of “mental health services,” the role of family physicians in mental health, and providers of health and social services whose role in mental health was often overlooked by “core” providers of mental health services. Unmet needs, ethical concerns, and success stories were also summarized. Important contextual influences on mental health service needs and service availability included geography (community size, isolation, dispersion, and transportation networks), community economics, and community leadership focus on health issues. The two most remote and isolated communities were struggling the most to maintain even basic of mental health services.



(Photo: Ms. Jill Sherman, CRaNHR Research Associate)



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