

Interdisciplinary Mental Health Care *for Effective Outreach Services*

Annual Report
2008-2009

The Ontario
psychiatric
outreach
P R O G R A M



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 underserved 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



University of Toronto
Psychiatric Outreach
Program



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 was an exciting year for OPOP, as we continued to work on coordinating and enhancing psychiatric outreach clinical and educational services for Ontario, and made significant progress on two key recommendations of the external review completed in 2007.

New agreement on consultant fees

The major success was on consultant fees. The external review had identified funding inequities among the university outreach programs with respect to consultant remuneration as a clear disincentive to consultant participation in outreach services. Accordingly, OPOP initiated discussions with the Ontario Medical Association, as the negotiator with the Ontario Ministry of Health and Long-Term Care (MOHLTC), to reconcile stipends for OPOP consultants with hospital-session-based remuneration. These discussions resulted in the very welcome decision this spring to include OPOP consultant rates in the new OMA-MOHLTC agreement. We anticipate a positive impact on consultant recruitment to OPOP partner programs and an increased ability to provide psychiatric outreach services to underserved areas.

Research project moves ahead

Another significant achievement was completing the first phase of the research project begun last year, which responds to the recommendation of the external review for an analysis of unmet needs for mental health care. In collaboration with the Centre for Rural and Northern Health Research at Laurentian University, OPOP has been involved in a study of mental health services in northern Ontario. This past year, team members conducted focus groups with both OPOP and non-OPOP psychiatrists, surveyed OPOP consultant experiences with provision of clinical service

and mental health education, and developed a survey for Family Health Teams (FHTs) in the two northern Local Health Integration Networks (more details on the research project are provided in a separate section of the annual report).

The OPOP theme for this year is *Interdisciplinary Mental Health Care for Effective Outreach*

Services, reflecting the need for an interprofessional approach to the treatment of mental health patients, especially in rural and remote areas where OPOP is providing services. At the provincial level, this was exemplified by increasing collaboration with MOHLTC and HealthForce Ontario with whom ongoing dialogue is helping to identify and address unmet community needs in mental health.

Annual retreat showcases NOSM

OPOP annual retreats are both a strategic planning tool and an opportunity for education and knowledge transfer. The venue for the 2008 retreat was noteworthy – the Sudbury campus of the Northern Ontario School of Medicine (NOSM). As detailed elsewhere in this report, the School has made great strides towards achieving its mandate of contributing to improving the health of the people and communities of northern Ontario.

The retreat brought together university program representatives to review achievements and set objectives for the new academic year.



Dr. J. Robert Swenson

The close to 55 participants represented all of the northern sites served by OPOP, including North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and outlying communities.

The focus was “community engagement for shared mental health care.” Participants explored innovative models and sharing accountability for a responsive and sustainable health system among citizens, stakeholders, providers and government. Speakers and workshop leaders spoke to some of the issues, challenges and responses with respect to collaborative mental health care in Ontario, including the unique opportunities and challenges of collaborating with Aboriginal communities. The research sessions were accredited by the Royal College of Physicians and Surgeons of Canada.

Looking forward

Looking ahead to next year, OPOP plans increased collaboration with university faculties of medicine, with a view to engaging residents interested in the provision of mental health care to underserved areas. The annual retreat in September 2009 will be hosted by the University of Ottawa and focus on interdisciplinary mental health services.

There have been two significant changes of leadership among OPOP partner programs: Dr. Fernande Grondin replaced Dr. André Côté, the founding director of the Northern Ontario Francophone Psychiatric Program at the University of Ottawa, and Dr. Abraham Rudnick assumed the directorship of the Extended Campus Program at the University of Western Ontario from Dr. Sandra Fisman. Our sincere appreciation to Dr. Côté and Dr. Fisman for their role in developing OPOP, and we look forward to equally fruitful collaboration with their successors.

I want to thank all those who contributed time and energy to achieving OPOP’s goals in 2008-09 – consultants, university program administrators, OPOP committee members and staff. Their enthusiasm and commitment is the key to our success. On behalf of OPOP, I also want to express appreciation to the staff of the Underserved Area Program of MOHLTC for their ongoing support and assistance, and to our new partners at HealthForce Ontario.

Dr. J. Robert Swenson
Program Director



The Northern Ontario Francophone Psychiatric Program's (NOFPP) main goal is to deliver psychiatric services in French to the various communities in northern Ontario that have identified such a need.

Clinical services

In 2008-09, the 11 NOFPP psychiatrists made 237 visits to northern Ontario at 13 points of service. They were consulted by 1,975 clients over 423 working days, a figure that compares favourably with the previous year.

As in past years, psychiatrists also devoted part of their time to respond to the needs of community mental health care workers. Depending on what these needs were, interventions varied from discussions about clinical cases to the supervision of health care workers and occasionally of residents, as well as educational presentations to groups of general practitioners and mental health community teams.

In an effort to reduce travel costs, a number of our psychiatrists visit two or three points of service on each visit. All NOFPP psychiatrists are available by telephone between visits in order to respond to the needs of all involved. This close collaboration results in better service follow-up as well as more effective interventions with clients.

Services provided in Hearst, Kapuskasing and Smooth Rock Falls continue to benefit from the weekly teleconferences in which three psychiatrists, Drs. Marc Mauguin, Marc Lapointe and Fernande Grondin, participate along with the mental health care workers with whom they are matched. Dr. Grondin also provides geriatric psychiatry services to Timmins. In addition to his regular visits,

Dr. Hugues Richard provides ongoing services to Chapleau and Kirkland Lake through the use of telepsychiatry facilities.

Dr. Gilles Melanson increased his availability to Matheson and Iroquois Falls by four extra days per month and also worked in Timmins. While maintaining his work in Sturgeon Falls, Dr. Dominique Nadon agreed to add a Mattawa point of service, while Dr. Jean-Claude Brutus was able to add several days in Kirkland Lake. Dr. Daniel Kraus continues to work in Cochrane and Timmins, while Dr. Myran serves the community of Wawa. Dr. Jean-Guy Gagnon works in the communities of Sturgeon Falls and Elliot Lake and Dr. Christian Dubé joined the NOFPP team in August 2008 as a consultant in Cochrane.

Geriatric psychiatry

NOFPP has provided geriatric psychiatry services to Timmins since 1988, and it supports the development of training for teams and mental health care personnel who work with elderly clients. In 2008, an agreement between the Royal Ottawa Mental Health Centre's Department of Geriatric Psychiatry and NOFPP's Northern consultants was signed that guarantees accessibility to a tertiary-care setting for elderly clients from the North.

NOFPP also maintained its ties with the Northeast Mental Health Centre in North Bay which provides geriatric psychiatric services to the communities of Hearst, Kapuskasing and Smooth Rock Falls.

During 2008-09, two residents accompanied psychiatrists on visits to Hearst, Kapuskasing, Chapleau, Timmins and Kirkland Lake. The feedback on their experience with NOFPP was very positive and confirms for us the importance of including such



placements in resident training. NOFPP continues to encourage such initiatives by staying in contact with francophone residents.

The Ontario Ministry of Health and Long-Term Care has negotiated a new fee agreement with the Ontario Medical Association that came into effect on April 1, 2009. An increase in vacation pay, as well as the additional funds we have been allocated, will serve to better compensate our psychiatrists and reimburse them for the time they spend travelling.

OPOP research collaboration

As the result of a small surplus, NOFPP has been able to contribute to an OPOP research project led by Laurentian University's Centre for Rural and Northern Health Research, intended to shed light on the situation with regard to outreach psychiatric services in northern Ontario communities.

André Côté steps down

There were many personnel changes in 2008-09 at NOFPP. Dr. André Côté, Executive Director for 28 years, began his well-earned retirement in January 2009. His dedication and determination have safeguarded NOFPP's survival even in moments of uncertainty. We owe him a debt of gratitude for ensuring that the program could continue to grow and prosper within OPOP. His generosity and indefatigable support of our psychiatrists have enabled us to fulfill our mandate to provide high-quality mental health care services in French to northern Ontario francophone communities.

We would also like to acknowledge the first-class work of Hélène Geoffroy as Program Manager. All our NOFPP psychiatrists

greatly appreciated her efficiency, patience and dependability. At our February 6, 2009 meeting, we expressed our appreciation to both of them, together with our best wishes for a long and happy retirement.

In January 2009, I took on the role of NOPFF Executive Director, with Diane Gratton acting as Program Manager. I would like to thank my colleagues as well as the other members of OPOP for their warm welcome.

Looking forward

Next year, our main concern will be to retain our current roster of psychiatrists and recruit new personnel so that our clinical mission will continue to succeed. The development of telepsychiatry will also be a priority.

We hope to play an active role in the OPOP research project led by Laurentian University. In 2009-10, I will have opportunity to learn more about OPOP activities so that I can better define the projects that will help improve our services to the northern Ontario francophone community.

Dr. Fernande Grondin
Program Director

Psychiatrists also devoted part of their time to respond to the needs of community mental health care workers.

As a result of new developments at the Department of Psychiatry, University of Western Ontario (UWO), the Extended Campus Program (ECP) underwent several structural and administrative changes this past year. As of May 1, 2008, the ECP (together with its North of Superior Programs clinical component) became part of a newly established Division of Social and Rural Psychiatry, with the ECP Director serving as chair of the Division. On the same date, Dr. Abraham Rudnick assumed the directorship of the ECP from Dr. Sandra Fisman, Chair of the Department of Psychiatry, who stepped down as Acting Director. Her valuable contribution to the ECP and to the Ontario Psychiatric Outreach Program (OPOP) over several years is highly appreciated.

On assuming the post, the new Director undertook direct consultations with all site leaders in Sudbury, North Bay and Thunder Bay to discuss further tasks of the Program. The main goal of the discussions was to ensure that the ECP mission — maintaining strong collaborative ties with other OPOP partners, facilitating both academic growth through education and research initiatives, and supporting quality psychiatric care in underserved communities through continued recruitment and retention efforts — will continue to be fulfilled.

Clinical services

During 2008-09, the ECP continued to provide administrative and educational services to a group of UWO faculty members providing full-time clinical and academic services in the North.

Two of our faculty members, Dr. Jack Haggarty and Dr. Suzanne Allain, are sited at the Lakehead Psychiatric Hospital. Dr. Allain has been instrumental in linking our Continuing Medical Education events to various clinical sites of Thunder Bay. Dr. Susan Adams and Dr. Gamal Salama provide clinical services at the Northeast Mental Health Centre–North Bay Campus. Dr. Dan Pearsall from

the Sudbury Campus of that Centre provides Child Psychiatry services to Sudbury and its catchment area in the northeastern part of the province. The group of eight Adult Psychiatry specialists from the Sudbury Regional Hospital – Dr. Rayudu Koka, Dr. Amil Joseph, Dr. Rajendar Kumar, Dr. Beena Mathew, Dr. Janice Jura, Dr. Ramamohan Veluri, and Dr. Popuri Krishna – continued their involvement in the ECP over the reporting year.

Support for psychiatrists providing consultations to the North of Superior Programs (NOSP) sites in Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac continued, with 30 consulting visit days provided to the area by Dr. Felicity Davies, Dr. Bhadrash Surti, Dr. William Komer, Dr. Varinder Dua, Dr. Richard Owen and Dr. Abraham Rudnick.

We also established good collaboration with NOSP regional management regarding consultations via videoconferencing. This type of service has become a successful method of providing psychiatric consultations to NOSP when access to clinical services is limited due to vacation periods of the local staff or visiting faculty or difficult travelling conditions in winter. NOSP senior leadership has recently changed, and we have initiated with them – and their designates and regional partners – a review of NOSP services and regional collaborations to enhance effectiveness and efficiency of mental health services in the North of Superior region.

Dr. Ladi Malhotra delivered 107 consultation hours to Thunder Bay via videoconferencing from Regional Mental Health Care in London.

Continuing medical education (CME)

Opportunities for active participation in the UWO Department of Psychiatry CME events were available to psychiatrists and related health care professionals from Sudbury Regional Hospital, Northeast Mental Health Centre–North Bay Campus, Lakehead Psychiatric

Hospital in Thunder Bay, St. Joseph's Health Centre–Thunder Bay, Thunder Bay Regional Health Sciences Centre and the Sault Area Hospitals in Sault Ste. Marie. This past year 20 events were offered, including three with particular importance in Northern psychiatry:

- Biological treatment of schizophrenia: past, present and future
- Interpersonal psychotherapy for depressed women with trauma histories
- Suicidality: the clinician's dilemma

All participants from northern Ontario, as well as medical clerks from the Northern Ontario School of Medicine rotating at Sudbury Campus, had an opportunity to benefit from the lectures, delivered by highly recognized speakers from various countries invited by the Department of Psychiatry and UWO faculty members.

ECP annual meeting

On February 23, 2009, ECP representatives from northern Ontario had an opportunity to attend their annual meeting under the auspices of the Division of Social and Rural Psychiatry as a joint venture with representatives from the *Southwestern Medical Education Network* (SWOMEN). The main theme of the retreat was education, discussion of goals and objectives of the Division of Social and Rural Psychiatry and sharing experiences between UWO faculty members in northern and southwestern Ontario.

Dr. M. Doering, UWO Psychiatry Postgraduate Co-Director, reviewed the new Royal College Resident curriculum and discussed its implications and opportunities for psychiatric postgraduate education.

Dr. T. Doye, psychiatry education co-director of SWOMEN–Windsor, delivered a briefing on implementation of CanMEDS roles in psychiatric training from the perspective of the *Ontario*

Psychiatric Postgraduate Education Network (OPPEN), hosted by OPOP.

Dr. R. Fairbairn, on behalf of Dr. R. Chandrasena (psychiatry education director of SWOMEN–Rural), presented a comparative analysis of the current strategic plan of SWOMEN and the related vision, mission and values of the Schulich School of Medicine and Dentistry at UWO.

ECP members heard about the goals and plans of the newly established Division of Social and Rural Psychiatry, and discussed the role of the ECP within this Division. Academic aspects of social and rural psychiatry as relevant to the needs of northern Ontario formed a central topic.

I look forward to further collaboration with all the ECP members with respect to clinical service for northern Ontario, as well as undergraduate and postgraduate education and research in northern Ontario.

OPOP research

The NOSP participated in OPOP-led research re mental health services in remote communities in northern Ontario, and I served in the role of co-investigator. I also look forward to further research collaboration with OPOP.

Dr. Abraham Rudnick
Program Director



The ECP (together with its North of Superior Programs clinical component) became part of a newly established Division of Social and Rural Psychiatry [at UWO].

In 2008-09, the University of Toronto Psychiatric Outreach Program (UTPOP) 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

Total days of service provided through the OPOP-funded Visiting Specialist Clinics remained stable compared to the previous year (244 days vs 247 days) but days provided to the Urgent Locums programs dropped somewhat from a year earlier (from 600 days to 552 days), due to the retirement of two long-time consultants and other exigencies. However, we have been successful in recruiting new consultants so numbers are already beginning to rebound significantly and will likely reach new highs in the coming year. As well, 20 psychiatric residents from the University of Toronto postgraduate training program participated in 25 trips to the North.

Consultants affiliated with UTPOP also provided over 120 days of service to other northern Ontario sites and Nunavut, 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 we continued to provide or assist in the delivery of continuing education to the North.

Improved remuneration

Together with OPOP, we worked to ensure long-term competitive remuneration for our consultants, and we are grateful to the Ministry of Health and Long-Term Care (MOHLTC) and *Ontario Medical Association* for recognizing the importance of including this compensation for the first time in the overall provincial agreement on physician funding.

Research grant for education sessions

In an exciting new development, UTPOP faculty secured a research grant through the MOHLTC Innovations Fund for Academic Health Centres for our “*CE to GO*” project. In partnership with the Canadian Mental Health Association, this project will deliver state-of-the-art continuing education sessions on topics chosen by clinicians in selected northern communities; it includes a research component evaluating the effectiveness of different teaching methods. We will continue to collaborate with other OPOP partners in clinical and research initiatives, as described elsewhere in this report.

As always, I am very appreciative of the highly professional and collegial work of Thérèse Millette and Achira Saad in support of our mission, and this year add similar thanks to Evan Todd who stepped in and “hit the ground running” as our program evaluator. Sincerest thanks as well to Babs Harrycharran, for seamlessly filling in during Achira’s three-month secondment as CAMH’s telemedicine coordinator and to Shayla Gutzin for her steady administrative guidance within CAMH.

Dr. Robert Cooke
Program Director

Ontario Child and Youth Telepsychiatry Program



The Ontario Child and Youth Telepsychiatry Program was officially launched in September 2007, creating three hubs:

- Central Hub (Toronto Hospital for Sick Children)
- Eastern Hub (Children’s Hospital of Eastern Ontario, Ottawa)
- Western Hub (Child and Parent Resource Institute / London Health Sciences Centre / Windsor Regional Hospital / St. Joseph’s Health Centre-Regional Mental Health Care / University of Western Ontario)

In 2008-09, the three hubs continued to provide child psychiatric services via videoconference. This is a bilingual capacity-building program, offering services to 24 agencies/ communities, across Ontario, funded by the Ontario Ministry of Children and Youth Services.

The program has expanded services each year since its inception and currently has the capacity to provide approximately 1,400 clinical consultations per year. We anticipate the program will be at maximum capacity by fiscal year 2010-11.

During 2008-09, the program provided 1,134 clinical consultations, 158 program consultations and 37 educational seminars through the three hubs, for a total of 1,329 services across Ontario as follows:

	<i>Central</i>	<i>West</i>	<i>East</i>
Clinical consultations	862	146	128
Program consultations	138	11	9
Educational seminars	20	12	37
TOTAL	1,020	169	140

The program has expanded services each year since its inception.

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 Dr. Ken LeClair and Dr. 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 HealthForce 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 2008-09, 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.

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.

Dr. Joe Burley
Program Director

In 2008-09, McMaster continued to sponsor its well-defined outreach initiatives for the James Bay area. McMaster's various clinical programs have expanded longstanding regional outreach in Niagara, Brant, Haldimand and Halton. This has become more relevant as McMaster University opens two satellite campuses outside Hamilton. Our connection with Six Nations Reserve continued with service enhancements in the Child Psychiatry area and other projects under review. The Northern Program, comprised of clinical services and resident training, is delivered through the University's Faculty of Health Services, Department of Psychiatry and Behavioural Neurosciences, in collaboration with the James Bay General Hospital and Weeneebayko General Hospital, with the longstanding involvement of two psychiatrists.

The James Bay Program comprises a large range of support services, notably, case management, dual diagnosis, court support and diversion, public education, follow-up and after-care for individuals discharged from hospital, self-help options to meet the needs of people with serious/persistent mental illnesses, and assistance to local providers dealing with alcohol/drug addictions crises, and gambling assessment and treatment.

This past year, we maintained regular visits to the west-coast communities of James Bay, through clinics in Moosonee/Moose Factory, Fort Albany/Kashechewan, Attawapiskat and Peawanuk. Fly-in services to the primarily Cree communities, ongoing since 1992, included consultations with family physicians and close cooperation with the Program's native mental health workers. Patients continued to be seen in various settings, including the James Bay General Hospital (JBGH), community agencies and the Weeneebayko General Hospital (WGH).

Program unification

This year will see the unification of a number of currently distinct and separately run programs (primary care, long-term care, nursing, mental

health), merging the federal WGH with the provincial JBGH. This will result in integrated health services planning and delivery to some 11,000 vicinity residents under an integrated First Nations Regional Health Authority.

The James Bay Community Mental Health Program manages a number of case management plan requests from different provincial Ministries (Corrections for probation/parole issues; Transportation, and Child and Family Services), an area increasing in recent years. Among areas of attention were arrangements for detoxification and treatment placement. A regional clinician, based in Moosonee, specializes in crisis intervention and early episode psychosis.

Telepsychiatry expanded

An exciting area of expansion in 2008-09 has been our telepsychiatry initiative. We have established regular telepsychiatry links with James Bay and are planning further links with both our regional partners and more remote sites. In addition, some of our Forensic services will be offered remotely via telepsychiatry. Our telepsychiatry service is offered as a resident elective.

We continued dialogue with respect to resident training for the new Northern Ontario School of Medicine (NOSM), whose residency programs are offered throughout northern Ontario in collaboration with McMaster and the University of Ottawa. We look forward to effective collaboration as the School develops and students graduate, with its unique emphasis on the special needs of the North and our shared commitment to contribute to these communities.

Dr. Gary Chaimowitz
Program Director

Northern Ontario School of Medicine

Over the past year, the Northern Ontario School of Medicine (NOSM) celebrated several milestone achievements, moving the School closer to its mandate of contributing to improving the health of the people and communities of northern Ontario.

Among these accomplishments is the first graduation of charter class students from NOSM's M.D. program. For the first time, 55 new physicians graduated from a distinctive community-engaged medical education program with a curriculum designed to address the specific health challenges of northern and rural populations.

Training in northern health challenges

The School also celebrated the first completion of residency training by 20 residents from NOSM's Family Medicine Residents of the Canadian Shield (RoCS) program, the newest of its kind in Canada. These fully qualified physicians, now practicing medicine or pursuing additional specialization, gained direct understanding of northern health challenges and opportunities through their training in urban centres and rural rotation sites throughout the region.

Included in this year of firsts is full accreditation of NOSM's M.D. program. The Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) together granted full accreditation status to the School's undergraduate program, placing it alongside other medical schools in North America.

NOSM also now enjoys the distinction of having achieved accreditation for its Continuing Education Professional Development (CEPD) program. From this point forward, NOSM's CEPD office is fully authorized to award Continuing Medical Education (CME) credits to physicians for participating in authorized educational events in northern Ontario.

Another success was achieved in the matching of NOSM students to residency programs. Through the *Canadian Resident Matching Service*

(CaRMS), all charter class students were successfully matched to residency programs in the first round. Over 10 years have elapsed since a cohort of graduating students from one medical school in Canada has achieved such results.



OPOP annual retreat held at NOSM

In September 2008, NOSM hosted the OPOP annual retreat on the east campus in Sudbury. The theme was community engagement for shared mental health care, with a special focus on issues in Aboriginal mental health care. As always with OPOP retreats, the sessions were accredited for CME credits. Participants also had an opportunity to tour the NOSM campus. There is a strong synergy between the mandates of OPOP and NOSM, which emphasizes the special features of northern Ontario including a diversity of cultures and geographical locations, and offers a wide range of health service delivery models to support local health care and interdisciplinary teamwork.

In November 2008, the School organized the *Partnership Opportunities in Research Gathering*, which brought together Aboriginal communities, the School, and other participants to build upon previous efforts in establishing respectful, collaborative, and mutually beneficial relationships with Aboriginal research participants and communities.

The School's notable record of accomplishments underscores its commitment to a socially accountable model of medical education committed to improving the health of the people of the North.

Dr. Roger Strasser
Founding Dean

ACSC's mandate is to coordinate and advocate for the delivery of fly-in, drive-in and telepsychiatry clinical consultation outreach services to underserved areas and populations across Ontario. ACSC, which reports to the OPOP Steering Committee, met four times in 2008-09, once in person and three times 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.

In 2008-09, key issues included consultant remuneration, "mapping" the coverage of services, and managing community expectations.

OMA stipend negotiation

Ontario Medical Association (OMA) stipend negotiations with the Ontario Ministry of Health and Long-Term Care (MOHLTC) during 2008 resulted in a significant breakthrough, with OPOP consultant rates included in the new OMA-MOHLTC agreement. The agreement was expected to take effect early in 2009-10. OPOP anticipates that improved remuneration rates will have a positive impact on consultant recruitment to OPOP partner programs and increase the provision of psychiatric outreach services to underserved areas under the Visiting Specialist Clinics (VSC) program. The University of Toronto also manages

Urgent Locums (UL) to underserved areas. The ULs were once remunerated differently from VSCs but are now part of the same agreement although funding for them is administered by HealthForce Ontario rather than the Underserved Area Program (UAP) of the MOHLTC.

Coordination of services – Ontario "catchment" map

The committee worked on development of a map to visually represent coverage of services and help provide a more complete picture of what services are being provided in various communities, and identify gaps and any overlaps. If data become available, the mapping may be expanded to chart non-served areas receiving no outreach service. The development of the map is a work in progress that will be amended as the circumstances evolve.

Collaboration with LHINs

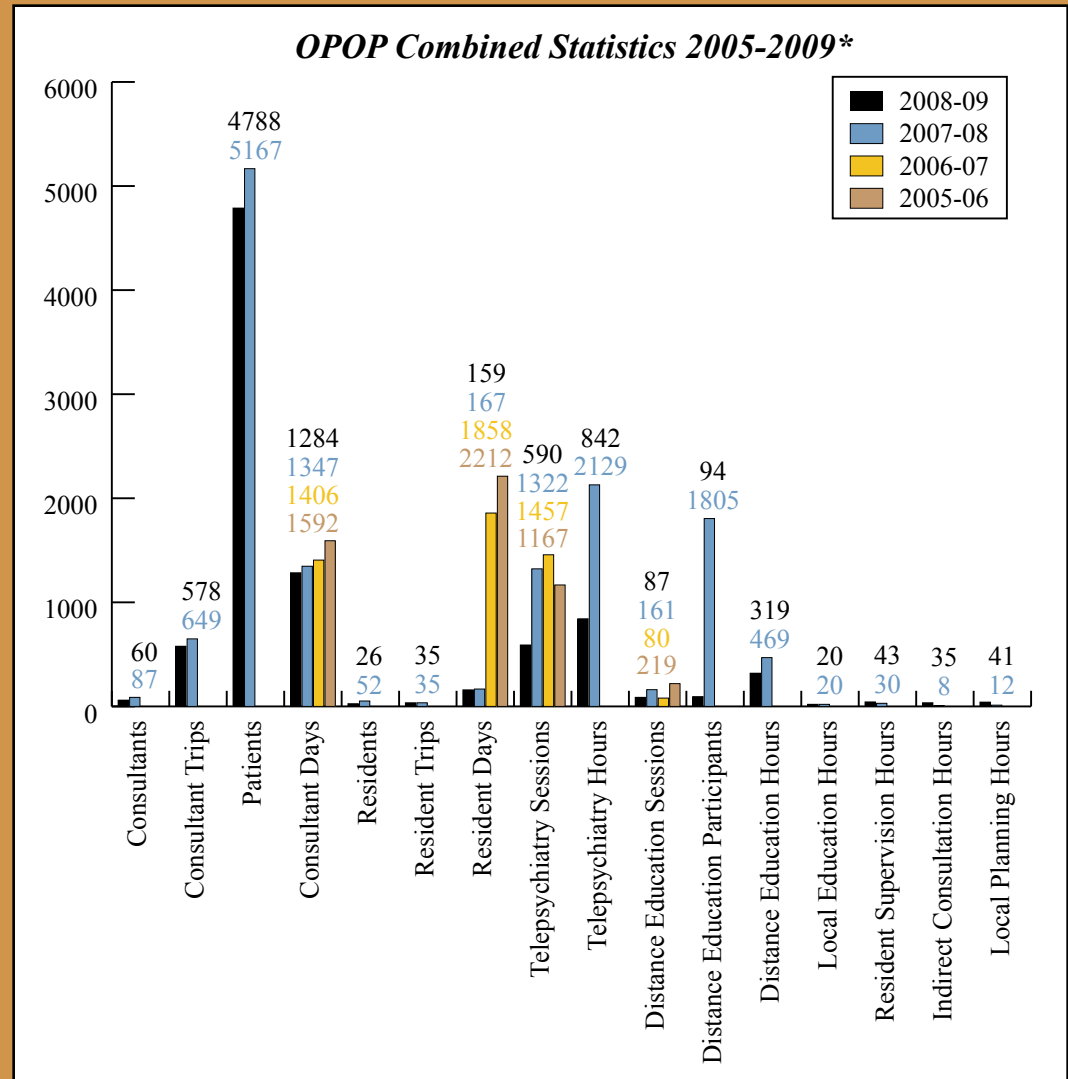
This past year, ACSC continued to focus on how to reconcile community needs with the type of comprehensive services being offered by consultants. One of the ways OPOP is addressing this issue is through its ongoing efforts to work more closely with LHINs.

An OPOP research project launched in January 2008 to survey mental health services in smaller communities in northern Ontario is analyzing waiting lists, time to access psychiatric consultation, and follow-up. Once project findings are complete, OPOP will disseminate the results broadly to northeastern and northwestern Ontario LHINs, as well as to interested staff of the MOHLTC.

Consultants' manual

The consultants' manual was being updated at the end of 2008-09, for posting on the OPOP Web site in the new program year. The manual provides background information and advice for new and returning consultants providing services through OPOP partner programs.

Dr. Robert Cooke
Chair



**This table includes all data reported by OPOP program partners but is not all-inclusive in any given year. The data are being tracked over a five-year period to help provide an overview of participants and services provided.*

Data for 2008-09 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 telepsychiatry 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.

The mandate of OPPEN is to integrate northern and rural postgraduate education activities among the Ontario medical school partners of OPOP with regard to five areas: appointments, electives, core rotations, faculty development and fellowships. The committee has representatives from every psychiatry department graduate education program. It reports to the OPOP Steering Committee and met four times in 2008-09, twice in person and twice by teleconference.

In 2008-09, OPPEN worked to facilitate communication and to build alliances among the universities and other partners involved in providing psychiatric education to residents in non-traditional settings. In October 2008, Dr. Tamison Doye joined OPPEN, representing the regional campus of the University of Western Ontario that is based in Windsor.

Resident recruitment for northern rotations

The participating programs face ongoing challenges of recruiting residents to northern rotations. OPPEN offers a forum in which Program Directors discuss and share best strategies to foster resident interest in the face of the wide variety of training opportunities available. The participating schools recognize that this is a time of transition, as graduates of the Northern Ontario School of Medicine (NOSM) begin to fill residency programs. While many postgraduate training programs are based exclusively in northern Ontario, this is not yet the case for psychiatry. Our wish is to continue to provide coordinated, high quality experiences for those psychiatry residents whose residency would be complemented by northern training experience. At the same time, we are committed to helping NOSM to develop a training program based in northern Ontario as soon as possible.

CanMEDS evaluation tool

CanMEDS is a framework developed by the Royal College of Physicians and Surgeons of Canada (RCPSC) during the 1990s for competency-based education of physician specialists in Canada. It was revised in 2005. The non-tertiary care environment, such as that provided by our northern and rural rotations, is particularly important in helping residents develop competencies within the communicator, collaborator and health advocate roles.

In 2007, a subcommittee of OPPEN recognized the need of supervisors of residents in northern rotations to have a user-friendly, practical tool to assist them in guiding residents in learning competencies beyond the medical expert role. The supervisors and training directors also required a way to evaluate residents in a meaningful but not onerous way.

Accordingly, in 2008-09, the subcommittee began developing a one-page field note to help residents and supervisors begin to reflect together on the learning of non-medical-expert competencies that takes place in northern rotations. Through a presentation at the OPOP retreat in September 2008, we gathered input from residents and northern teaching faculty. A one-page field note has been drafted and will be disseminated via pilot testing in the first instance. Following that step, OPPEN members will be enlisted to test the field note in a wider variety of rotations with residents at varying levels of training. Ultimately, the field note may serve as one component of a learning portfolio for residents in northern rotations.

Education component of OPOP Web site

OPOP completed the re-design and re-organization of its Web site in the summer of 2008 in order to make navigation through the various programs more transparent and accessible. At the same time, the *OPOP Residents' Handbook* was updated by the University of Toronto Psychiatric Outreach Program. One of the objectives of the Handbook is to enable any student interested in a northern elective to be able to access information easily through the site. It should also help to make medical faculties and psychiatric programs aware that northern electives are available.

Dr. Melissa Andrew
Chair



OPOP annual retreats are both a strategic planning tool for the program and an opportunity for education and knowledge transfer. The 2008 retreat was held September 18-19 at the Northern Ontario School of Medicine Sudbury campus.

The retreat brought together university program representatives to review achievements and set objectives for the new academic year. There was good attendance of administrators, consultants and residents of all six OPOP university members, including McMaster University, Northern Ontario School of Medicine, University of Ottawa, Queen's University, University of Toronto and University of Western Ontario, as well as other institutions.

The 55 participants also included representatives from all of the northern sites served by OPOP, including North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and outlying communities.

Community engagement

The focus for the sessions was “community engagement for shared mental health care.” The retreat was an Accredited Group Learning Activity as defined by the Royal College of Physicians and Surgeons of Canada. There were three learning objectives:

1. Learn how community engagement will help to share accountability for a responsive and sustainable health system among citizens, stakeholders, providers and government.
2. Explore innovative models of shared mental health care and the importance of community engagement in the delivery of services.
3. Develop an understanding of the issues, challenges and responses with respect to collaborative mental health care in Ontario.

Following a tour of the NOSM facilities, participants were welcomed by Dr. Roger Strasser, Founding Dean. He provided an overview of the School's distributed medical education model, and noted the essential role of community participation and partnerships in meeting NOSM's mandate to improve the health of the people of northern Ontario.

Partnering with Aboriginal communities

Dr. Paul Mulzer gave a presentation on “Cultural Competence for First Nations” that explored historical and socio-cultural issues, and looked at how cultural competence can help establish a therapeutic alliance with First Nation patients. He also discussed how drama and film can be used to improve individual and group therapy, ending with a showing of the documentary film *Sharing Tebwewin*. Dr. Mulzer is a staff psychiatrist at St. Joseph's Health Centre in Toronto and President of the Ontario Psychiatric Association for 2009.

Dr. Cornelia Wieman addressed “Community engagement and the mental health needs of Aboriginal communities.” Her presentation was intended to increase awareness of issues involved in delivering mental health services to Aboriginal communities, explore the role and impact of culturally safe mental health services, and recognize the unique challenges and opportunities in collaborating with Aboriginal communities. Dr. Wieman is at the Faculty of Medicine, University of Toronto, and is Canada's first female Aboriginal psychiatrist.

Ms. Jill Sherman and Dr. Raymond Pong gave a presentation on “Models of Psychiatric Outreach,” that focussed on learning about international experience in the provision of mental health outreach services, understanding the benefits and limitations of the various models, and exploring similarities and differences between

the “OPOP Model” and other models. Dr. Pong is the Research Director, and Ms. Sherman is a Research Associate, of the Centre for Rural and Northern Health Research at Laurentian University.

Workshops

The plenary sessions were followed by a choice of two workshops: a) Dr. Melissa Andrew, of Queen’s University, exploring the relevance of CanMEDS roles to mental health practice in northern Ontario or b) Dr. Pong and associate researchers conducting focus groups on psychiatric outreach services to explore and exchange ideas with colleagues about policy and program issues related to the delivery of mental health care. The focus group results fed into the OPOP research project (reported separately in this annual report), for which Dr. Pong is project director and co-investigator.

The general consensus, expressed by a majority of participants in their evaluations, was that the retreat was a very successful event.

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 two 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. Rob Cooke, Dr. Abraham Rudnik, Dr. Bob Swenson, Dr. Paula Ravitz and, most recently, Dr. Fernande Grondin.

Key accomplishments to date include:

- Conducted focus groups with both OPOP and non-OPOP psychiatrists at the 2008 retreat;
- Surveyed OPOP consultant experiences with provision of clinical service and mental health education;
- Developed a survey for Family Health Teams (FHTs) in the two northern (Local Health Integration Networks (LHINs), and 14 out of 20 FHTs participated.

Preliminary analysis confirms that there is no single “OPOP model” of service delivery. Rather, the models and frequency of care provided by OPOP consultants may vary according to: the needs and preferences of the community, clients, family physicians and mental health agencies; the proximity of communities to larger northern Ontario centres with mental health facilities; and the availability of telepsychiatry facilities. However, these different models of mental health care provision have not yet been systematically studied and evaluated. It remains unclear why a model might be used in one place but not another, as does the clinical effectiveness and efficiency of such models.

In an expansion of our present study, we will study 10 smaller communities in northern Ontario (five of which receive OPOP services and five that do not) through on-site visits and multiple stakeholder interviews, which will provide a rich source of qualitative data. We anticipate that communities that do not receive OPOP-affiliated psychiatric outreach consultants will have different experiences in meeting their mental health needs than those which do receive such services. Knowledge of these experiences may help OPOP identify new ways to strengthen its programs and services.

We will investigate in particular interdisciplinary provision of mental health care in the 10 communities we will study, and put our findings in both an Ontario and national context with respect to best practices. To help accomplish this, we have partnered with the Canadian Policy Research Networks, led by Dr. Glen Roberts and Mr. Eddy Nason, who have specific expertise in collaborative mental health care research. Such a comprehensive study can thus inform both OPOP and its consultants about different mental health service models they provide (or that are being provided in other mental health settings), and also inform government about the range and types of mental health services provided in smaller northern Ontario communities.

(Photos opposite: Jill Sherman and Dr. Ray Pong)



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