

# The Ontario Psychiatric Outreach Program | Annual Report 2012–2013



Clinical Service, Education and Support for Ontario's Rural, Remote and Underserved Communities.

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# Mission

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

OPOP would like to acknowledge the support of the province, particularly the Ministry of Health and Long-Term Care. Additionally, please note that the views expressed in this document are the views and comments of the Ontario Psychiatric Outreach Program and do not necessarily reflect those of the province.

## Director's Message

Throughout my first full year as the director of the Ontario Psychiatric Outreach Program (OPOP), we have accomplished many goals that enabled OPOP to sustain its work serving northern, rural and remote communities in need. Our program continues to evolve to provide expanded and integrated services.

In 2012, the program shifted its home site from the Royal Ottawa Hospital to the Centre for Addiction and Mental Health (CAMH) in Toronto, where I am also situated. We encountered many administrative changes with this shift, but the program is now settled.

One of our goals this year was to expand on the existing expertise and representation on our Steering Committee by adding additional members from the community level and experts in Aboriginal services, as well as increasing the involvement of our academic partners. We feel that this expansion has provided our Steering Committee with increased perspective and capacity to fulfill our mandate. A summary of committee meetings is provided later in this report.

Over the course of this year, OPOP Policy and Program Manager Eva Serhal and I visited the program sites of the Extended Campus Program in London, the Northern Ontario Francophone Psychiatric Program in Ottawa, and the Northern Psychiatric Outreach Program at CAMH to discuss program evaluation and development opportunities. Additionally, we met with our program funders in the Northern Program of the Ministry of Health and Long-Term Care's Negotiations and Accountability Management Division. We discussed the existing program model and confirmed the continued need for psychiatric outreach services in northern, rural and remote communities. We are thankful for the MOHLTC's ongoing interest in and support of OPOP, without which we would not be able to serve communities in northern Ontario.

The ministry provided updated Visiting Specialist Clinic (VSC) program guidelines at the end of the 2012–2013 fiscal year, which were implemented on April 1, 2013. Now that an agreement has been reached, retroactive payments, dating back to 2009, will be paid to physicians in the VSC program to account for the negotiated change. OPOP is working with all of its member programs to calculate and distribute these payments, and will adjust sessional payments moving forward.

This year, OPOP supported research relating to northern outreach with two ongoing research projects. A CanMEDs Portfolio Project is evaluating how residents can capitalize on unique northern learning opportunities. The OPOP Community Case Study, conducted by collaborators at the Centre for Rural and Northern Health Research (CRaNHR) is evaluating ten communities, and drawing comparative analyses (within-group and between-group) for OPOP vs. non-OPOP communities; francophone vs. anglophone communities; and North East LHIN vs. North West LHIN communities. This research should be completed through the 2013–2014 fiscal year.

OPOP's 2012 annual retreat was held mid-September at the Delta Sault Ste. Marie Waterfront Hotel and Conference Centre. It featured a keynote presentation by Canada's Mental Health Commission chair Dr. David Goldbloom. The retreat also featured insightful presentations and workshops about opioid-related topics, including a talk about the myths and realities of pain and addiction by Dr. Greg McCarthy; a presentation about the history of opioid dependence treatment in Canada by Dr. David Marsh; and a presentation about First Nations communities by Dr. Claudette Chase, a family physician serving First Nations in Sioux Lookout. All presentations generated lively debate, and were rated highly in participant feedback.

The afternoon concluded with three concurrent and engaging workshops. Dr. Gilles Fleury discussed (in French) what consulting psychiatrists should know about the clinical approach to individuals with addiction. Dr. David MacPhee spoke about the psychotherapeutic management of opioid withdrawal and relapse prevention. As well, I led a discussion about future opportunities and areas for growth for OPOP.

Finally, Eva and I have worked closely with our programs and stakeholders to develop a five-year strategic plan that will help shape OPOP's future. We continue to evaluate the strategic plans and integrated health service plans of our program stakeholders to ensure alignment. Our Steering Committee is reviewing this draft plan, and will produce a finalized document in the upcoming fiscal year.

We look forward to working with our program partners and collaborating stakeholders to achieve our goals, and to continuing the beneficial work OPOP provides within its communities.



**Dr. Robert G. Cooke**  
*Director*  
Ontario Psychiatric  
Outreach Program





**Paul S. Links,  
MD, FRCP**  
*Acting Director*  
Extended Campus  
Program

## Extended Campus Program at the University of Western Ontario

The Extended Campus Program (ECP) underwent several administrative changes following the departure of former Program Director Dr. Abraham Rudnick, who relocated to British Columbia in September 2012. Dr. Rudnick's contributions to the ECP over several years are well-recognized. I have accepted the role of acting program director for the ECP, and with the assistance of Dr. Guaiana and program administrator Mrs. Siemiarczuk, we have continued to fulfill the ECP mission to maintain strong collaborative ties with other OPOP partners and facilitate academic growth through education and research initiatives. We continue to support quality psychiatric care in underserved communities through retention efforts as well as direct and shared mental health care.

### Clinical service

In 2012–2013, the ECP operating unit continued administrative and academic support to a group of 12 ECP members who provided 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 University of Western Ontario Department of Psychiatry.

Three of our faculty members are sited at the Lakehead Psychiatric Hospital: Dr. Patricia LePage, Dr. Suzanne Allain, and Dr. Jack Haggarty. In North Bay, Dr. Susan Adams provides clinical services at the Northeast Regional Health Centre. From Health Sciences North, in Sudbury, a group of eight adult psychiatry specialist were involved with the ECP over the reporting year: Dr. Rayudu Koka, Dr. Amil Joseph, Dr. Rajendar Kumar, Dr. Beena Mathew, Dr. Ramamohan Veluri, Dr. Popuri Krisina, Dr. Declan Boylan and Dr. Angelita Sanchez.

Outreach (fly-in and televideo) psychiatric services to the North of Superior Program (NOSP) continued as a component of the ECP in 2012–2013. This included psychiatric services and education to remote communities of the Lake Superior area in Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. Within that period, the ECP administration supported Drs. Bhadrash Surti, William Komer, Richard Owen, Jose Mejia, Louri Rybak and Giuseppe Guaiana, who delivered 28 on-site consultation days and 132 video-consultation hours. Two psychiatry residents from Western accompanied NOSP consultants during their trips to the north.

Dr. Guaiana provided additional monthly case consultations to the NOSP Mental Health Programs' offices, and in 2012 became the new clinical director of NOSP. We continue close collaboration with regional partners to enhance effectiveness and efficiency of mental health services in the north of Superior region.

### Continuing professional development

Psychiatrists and other related professionals in Thunder Bay, Sudbury, North Bay and Sault Ste. Marie, as well as medical clerks from the Northern Ontario School of Medicine, had an opportunity to participate in the University of Western Ontario Department of Psychiatry Continuing Professional Development (CPD) events, and benefitted from the expertise of faculty and invited speakers who conducted presentations on the following topics:

- Behavioural Supports Ontario for older adults: a new approach to service delivery
- the future of psychiatrists in Canada
- children presenting with suspiciousness, odd beliefs, irrational behaviour and social withdrawal: assessment, differential diagnosis and management
- genes, evolution and intelligence
- the dynamic journey of mentee to mentor
- psychopaths: neurological deficits by design?

- dissociation and the traumatized self
- postpartum depression: diagnostic, treatment, and research issues
- interpersonal hypersensitivity: borderline personality disorder's core
- pain and psychiatric disorders: a toxic combination.

## Visiting scholar week

The ECP operating unit dedicated a substantial amount of work to organizing a visiting scholar week for the division of Social and Rural Psychiatry. The main theme of the CPD/CME events was “Culture and mental health,” with special emphasis on Aboriginal populations in northern Ontario. Dr. Laurence Kirmayer from McGill University, a world renowned scholar in social psychiatry, and other invited speakers gave presentations. This Royal College of Physicians and Surgeons accredited event was video-conferenced to Thunder Bay and Sudbury. Psychiatrists and students from those sites actively participated.

## CaRMS at Western

The ECP was very active in advertising opportunities for distance education in the north for the Canadian Resident Matching Service (CaRMS) at Western in January 2013. Opportunities under the supervision of ECP faculty members in Thunder Bay and Sudbury were presented. A similar display was also presented to advertise opportunities for residents who are interested in gaining exposure to rural psychiatry by accompanying Western's specialists in their clinical trips to Nipigon, Marathon, Schreiber and Greenstone.

## ECP annual meeting

Administrative changes in the ECP, the increasing role of the Northern Ontario School of Medicine as an active contributor to the provision of mental health services in the north, and new administration of OPOP were considerations in driving the ECP retreat's agenda in February 2013.

Dr. Robert Cooke, the new director of the Ontario Psychiatric Outreach Program (OPOP), and OPOP manager Ms. Eva Serhal participated in the ECP retreat. Dr. Cooke provided an update on future directions of OPOP and presented his vision for the programs. The list of special invitees included community representatives from Schreiber, Marathon, Manitouwadge and Nipigon. The group re-explored the ECP role in the growing needs of those northern communities.

The main educational theme of the ECP retreat was “Clinical services for personality disorders in rural areas.” I presented a lecture entitled “Update on borderline personality disorder for community practitioners.” Dr. Gita Canaran, a clinical psychologist from Western, delivered a presentation called “Integrating treatment for borderline personality disorder with complex trauma history.”

We look forward to further collaboration with all ECP members (as well as undergraduates and postgraduates) with respect to clinical service for northern Ontario.





**Dr. Fernande Grondin**  
Program Director  
Northern Ontario  
Francophone  
Psychiatric Program

## Northern Ontario Francophone Psychiatric Program at the University of Ottawa

In keeping with its mission, the Northern Ontario Francophone Psychiatric Program (NOFPP) continues to offer French psychiatric services in a number of francophone communities in northeastern Ontario.

### Clinical services

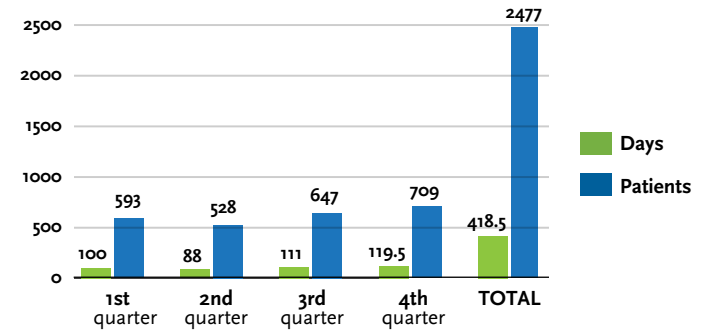
In 2012–2013, 13 NOFPP psychiatrists provided 136 visits at 11 service points. In order to reduce travel expenses, they often visited two or three service points per trip.

Our psychiatrists continue to meet the needs of the mental health teams in communities served by the program. Their activities include a number of indirect services such as education, indirect consultations, resident supervision, and case discussions. The fact that they are available for sessions by phone between visits is very helpful in providing continuity of care for clients.

Dr. Jean-Guy Gagnon continues to work in Elliot Lake and Dr. Fernande Grondin continues to provide geriatric psychiatric services in Hearst, Kapuskasing and Smooth Rock Falls. Dr. Rachel Henry works in Englehart and Dr. Daniel Kraus works in Timmins, Cochrane, Matheson and Iroquois Falls as a consultant in adult psychiatry. Drs. Marc Lapointe and Marc Mauguin work in Hearst, Kapuskasing and Smooth Rock Falls. Dr. Dominique Nadon offers services in Mattawa and Sturgeon Falls. Drs. Marie-France Tourigny-Rivard and Michèle Tremblay alternate each month in Timmins, providing geriatric psychiatric consultations. Dr. Pierre Tessier offers consultations in New Liskeard, Iroquois Falls, Kirkland Lake, Matheson and Sturgeon Falls. Dr. Hugues Richard offers services in Timmins, Chapleau and Kirkland Lake, and Dr. David Myran offers services in Wawa for the Timiskaming Health Unit. We have recruited Dr. Michelle Mathias, who offers consultation services in Hearst and Kapuskasing. She has also agreed to offer her support to the family medicine team in Hearst.

Drs. Rivard and Tremblay have become involved in the new Behavioural

NOFPP Program Statistics, 2012–13



Supports Ontario project at the North East Local Health Integration Network. Dr. Rivard sits on the advisory committee for this program. She collaborates with consultants working in geriatric psychiatry in northeastern Ontario, supporting them in their education and local capacity-building work.

Drs. Richard, Nadon and Mauguin offer telepsychiatry consultations on a regular basis. In addition, through the Ontario Telemedicine Network (OTN), Dr. Richard delivers 1.5 to 3 hours of clinical instruction each month with the Minto care team. TFO recently filmed a segment on his telemedicine practice. The segment aired on May 1, 2013. He also provides crisis care between monthly visits by means of OTN, in order to prevent decompensation and hospitalizations.

### Our francophone residents

Dr. Carole Tessier, a second-year resident at the Northern Ontario School of Medicine (NOSM), accompanied Dr. Hugues Richard on his visits to Timmins in December. She reported that she enjoyed this experience, which she described as very enriching and informative. Recruiting and engaging our francophone residents continues to be a priority. We plan to explore new ways to strengthen our ties with our francophone residents.

### Funding

Thanks to the agreements between the Ministry of Health and Long-Term Care and the Ontario Medical Association, we are able to remunerate our consultants more appropriately. Retaining our current team continues to be a priority. If possible—and if our new budget provides for this—we would like to recruit more staff in order to enhance our services.





OPOP strives toward multidisciplinary, contextually relevant, community oriented service and education.



Allison Crawford,  
MD, FRCP  
Director  
Northern Psychiatric  
Outreach Program

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

In 2012–2013, the Northern Psychiatric Outreach Program (NPOP-C) at the Centre for Addiction and Mental Health continued to fulfill our core mission of improving the equitable provision of mental health services for the population of northern Ontario, advancing access, effectiveness and efficiency of psychiatric services. The majority of our work is achieved through high volumes of fly-in/drive-in psychiatric consultant visits and telepsychiatry consultations to northern communities. Through our affiliation with the University of Toronto Department of Psychiatry, we also promote outreach opportunities to psychiatry residents. We continue a productive collaboration with our partners in OPOP with the aim of providing collaborative services to the underserved areas in Ontario.

### Clinical services

Our primary mandate is to provide direct clinical services through the MOHLTC-funded Visiting Specialists Clinics (VSC). For 2012–2013, we provided 220 days of service, assessing 1,388 patients.

We recruited seven new psychiatrists to our program and have had 41 unique residents participate in 49 psychiatric resident electives for a total of 320 days. Our consultants' participation in the Urgent Locum program managed by HealthForceOntario resulted in an increase in the number of days of service to 479, compared with 408 in the last year. Complementary to our MOHLTC-funded activities, we also provided 175 days of service to Nunavut, an increase from 132 days in the previous year, which represents the development of further services to Nunavut.

One of our goals for 2012–2013 was to increase our collaboration with communities in order to better match our services to community-specific needs. We chose the communities of Sioux Lookout and Sault Ste. Marie to pilot a process of needs assessment and program re-evaluation. This

project has led to a reorganization of how we integrate fly-in and telepsychiatry services. We hope to implement some program changes in the coming year, and assess improvements in patient follow-up and continuity of care. We have also initiated internal partnerships with other CAMH departments involved in outreach, including our Provincial System Support Program and Northern Aboriginal Services. We hope that this will result in services that are more aligned, and a more coherent way for communities to access our services.

We continue to collaborate with the OTN and CAMH in expanding telemedicine services to northern Ontario and offering annual telemedicine clinical sessions at CAMH, facilitated by NPOP-C staff, primarily directed to rural and underserved areas in Ontario. The level of demand and service provided by telepsychiatry is growing rapidly, increasing from 448 consultations in 2009–2010, to 622 in 2010–2011, to 957 in 2011–2012 and to 1,199 in this last year.

We have developed an informal agreement with the Nurse Practitioner-led clinic in Sault Ste. Marie to provide psychiatric consultation services via telemedicine by a dedicated psychiatrist, thereby building relations, meeting community needs and increasing the level of satisfaction among patients.

We have established a service with the Northern Ontario School of Medicine (NOSM), to provide clinical consultation to NOSM medical students, and are working to increase utilization of this service by students.

### Education and research

We coordinated a series of televideo educational sessions to a variety of northern sites, hosted by NPOP-C and CAMH consultants. This year, 83 sessions were provided, for a total of 60 hours of education.

We have begun to develop a process of quality improvement, to create means for assessing the effectiveness and efficiency of our services and to align services with community need. As an example of this, we have



implemented patient and referral source satisfaction surveys for our telepsychiatry service.

We participated with OPOP in research around developing core competencies in psychiatric resident education through outreach elective experiences. Another study, headed by Drs. Crawford and Soklaridis, titled “Using narrative to explore dimensions of the psychiatric outreach experience among psychiatry residents and faculty,” has received Research Ethics Board approval and will be conducted in 2013–2014.

### Program objectives for 2013–2014

- Continue to strengthen community connections by following through on results of the 2012–2013 needs assessment process.
- Implement the evaluation matrix developed in 2012–2013 to assess the quality and outcomes of our program, through partnership with the Institute for Clinical Evaluative Sciences (ICES).
- Continue to develop and seek support for telepsychiatry. Implement the integrated model of fly-in and telepsychiatry consultation in pilot communities.

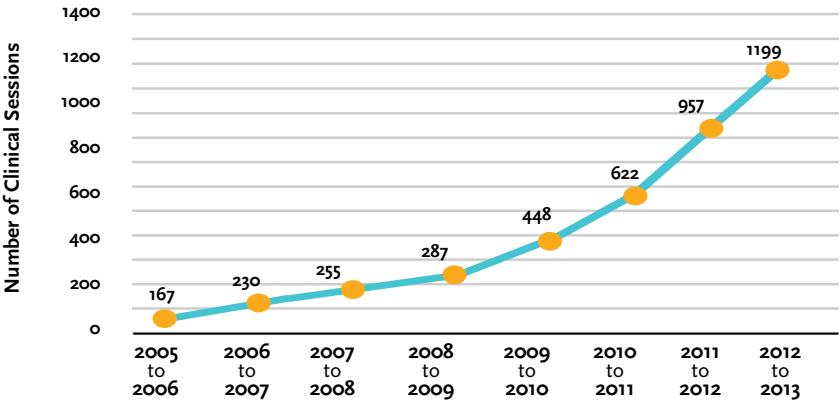
- Continue to develop growing expertise in First Nations and Inuit mental health.
- In response to community request, explore our role in providing treatment and aftercare in addictions psychiatry (particularly Suboxone treatment).
- Partner with CAMH Education to develop online training opportunities to enhance capacity building in communities.
- Implement research with faculty and residents that evaluates a reflection tool that can be used during and after outreach experience.

### Staffing

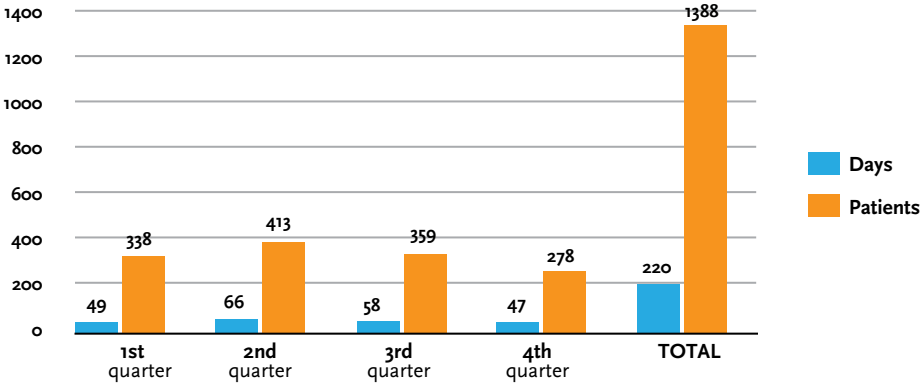
We continue to work in collaboration with Dr. Robert Cooke and Eva Serhal of OPOP to create new opportunities and further develop our services to the rural and underserved areas of Ontario.

As always, this program relies on the hard work and dedication of Rowena Figueredo, manager of NPOP-C, Michel Jones, MSW, and on a strong team that includes Anna Tapia and Achira Saad.

Telepsychiatry Service Statistics



NPOP-C Program Statistics, 2012–13





**Martin Ochman**  
*Manager*  
Northern Specialist  
Locum Programs

OPOP works closely with other outreach programs in the province to provide on-site and telepsychiatry clinical services and education in remote and rural communities throughout Ontario. These collaborating partner programs include HealthForceOntario Marketing and Recruitment Agency, the Ontario Child and Youth Telepsychiatry Program, and the Aboriginal Northern Provincial Service at CAMH. Members of these programs and agencies are represented on OPOP’s Steering and Access to Clinical Services Committees. All members play a significant role in the work that OPOP does.

## HealthForceOntario Marketing and Recruitment Agency

HealthForceOntario (HFO) is Ontario’s strategy designed to make the province the “employer of choice” in health care and to ensure that Ontarians have access to the right number and mix of qualified health care providers, when and where they are needed, now and in the future. HFO’s provincial strategy includes HealthForceOntario Marketing and Recruitment Agency (HFO MRA).

### Northern Specialist Locum Programs

Administered through HFO MRA since October 2008, the Northern Specialist Locum Programs (NSLP) consists of two programs: the Urgent Locum Tenens Program and the Respite Locum Tenens Program. NSLP provides locum coverage to underserved northern Ontario communities in order to temporarily fill vacancies while communities recruit, and to provide respite for specialists.

Psychiatry was one of the most active NSLP specialties in 2012–2013 with more than 1,100 approved days of locum coverage. NSLP works with OPOP to support many of these psychiatric services as OPOP consultants are eligible to receive expense reimbursement and applicable work fees through NSLP for approved locum assignments. NSLP also approves

and reimburses travel expenses for psychiatric residents to accompany OPOP psychiatrists providing NSLP locum coverage.

### Regional Advisors

HFO MRA Regional Advisors provide on-the-ground physician recruitment support to community recruiters, health care organizations and health care providers across Ontario.

Practice Ontario is a free career-planning service provided by Regional Advisors for postgraduate medical residents. Regional Advisors meet with residents to provide them with information on practice opportunities in Ontario and transitioning to practice.

Regional Advisors also offer support to local Health Integration Networks and a number of Ministry of Health and Long-Term Care programs such as Health Care Connect.



# Ontario Child and Youth Telepsychiatry Program

Enabling access to specialist child and adolescent psychiatric services within one’s home community is the essence of telepsychiatry and outreach initiatives. Within this framework, primary care physicians and clinicians are able to enhance skills, comfort and confidence in children’s mental health via models of care including direct and indirect clinical consultations, shared care, continuing education and knowledge translation.

The Ontario Child and Youth Telepsychiatry Program (OCYTP) of the Ontario Ministry of Children and Youth Services continues to lead children’s telepsychiatry services to rural and remote regions of Ontario. OCYTP continues to operate through three hubs: the Western Hub in the London region; the Central Hub in Toronto at the Hospital for Sick Children (SickKids); and the Eastern Hub, run out of the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa. Each hub has developed its own nuances and target populations to work in concert with OCYTP and continues to respond to community needs. As such, multiple routes of referral now can be accommodated. In 2012–13 the following services were delivered:

OCYTP Services Provided, 2012–13

SERVICE*	CENTRAL HUB	WESTERN HUB	EASTERN HUB	TOTAL
Clinical Consultations	1565	259	158	<b>1882</b>
Program Consultations	280	26	7	<b>313</b>
Continuing Education Sessions	7	16	9	<b>32</b>

\*Please note that while other independent centres may also be providing telepsychiatry services, their statistics are not captured in this report.

One of the world’s leaders in virtual care delivery, Ontario Telemedicine Network (OTN) uses innovative technologies to streamline the health care process and eliminate unnecessary travel, enhancing patient access to care. Children’s mental health care delivery improved significantly over the past fiscal year, thanks to the transitioning of patient activity from OCYTP to OTN. This fiscal year, the number of child and adolescent telepsychiatry events through OTN increased by 140 per cent to 3,783 (vs. 1,574 in 2011–12). An independent, not-for-profit organization, OTN is funded by the Government of Ontario.



**Dr. Tony Pignatiello**  
Medical Director  
Central Hub, Toronto

**Dr. Naveed Rizvi**  
Medical Director  
Western Hub, London



**Dr. Hazen Gandy**  
Medical Director  
Eastern Hub, Ottawa







**Peter Menzies,**  
**PhD, RSW**  
*Director*  
Aboriginal Northern  
Provincial Service  
Northern Aboriginal  
Outreach Program

## Aboriginal Northern Provincial Service

The role of the Aboriginal Northern Provincial Service is to establish a central organizational strategy when working with First Nations communities. Offices are located in Sudbury and Thunder Bay.

The Sudbury office houses the Provincial Aboriginal Training Initiative. The initiative is a five-year program with a goal to develop partnerships with local communities to provide addiction and mental health services to Aboriginal peoples and to conduct training needs assessment. The initiative works with both Aboriginal and non-Aboriginal peoples to identify and develop regional training. Trainers are drawn from the local area, with emphasis on capacity building and evaluation. Sudbury, Thunder Bay and the Sioux Lookout area have already been targeted for this service, with an overwhelming success rate. Moosonee and the surrounding area are scheduled for this year.

The Thunder Bay office of the Aboriginal Northern Provincial Service houses the Outreach Program. The Outreach Program is entering its first year with the goal of working with First Nations communities to support capacity building, short- and long-term training strategies, enhancement of clinical interventions and research development. The program will also draw on CAMH services, such as outreach psychiatry and addiction programs. The process will include testing and evaluation of new service delivery models, leveraging technology in new ways to mitigate geographical issues and supporting locally-identified research efforts.



OPOP is working collaboratively with programs throughout the province to ensure integrated, comprehensive services.

## Steering Committee

OPOP’s Steering Committee coordinates and advocates for the delivery of collaborative psychiatric clinical outreach services and the training of mental health care professionals. The committee is composed of members from a broad spectrum of roles that contribute to the coordination of services, and the integration of mental health services and education.

The committee is responsible for:

1. Oversight of OPOP budgets as reported to the OPOP Steering Committee annually by the OPOP Director.
2. Directing the appointment and five-year review of the OPOP Director.
3. Approving, on Director’s recommendations, the appointment of OPOP staff, including the Policy and Program Manager and other administrative staff.
4. Managing OPOP subcommittees including, but not limited to, the Access to Clinical Services Committee (ACSC). Dissolve and create new committees as required to reflect changing demands and needs. All subcommittees will provide regular reports to the OPOP Steering Committee.
5. Planning and administering the OPOP Annual Retreat.
6. Coordinating the Ontario-wide resident Electives Booklet and Consultants’ Manual.
7. Liaising and advocating with the MOHLTC, the Ontario Medical Association, the Royal College of Physicians and Surgeons of Canada, and other relevant groups.

This year, the committee added three new members: Ms. Jill Cappa, regional advisor responsible for psychiatry at HealthForceOntario Marketing and Recruitment Agency; Ms. Louise Paquette, CEO for the North East Local Health Integration Network; and Dr. Peter Menzies, director of the Northern Aboriginal Outreach Program at CAMH. We thank our existing members for their continued effort and support of OPOP, and welcome our new members. A list of our current program members is provided at right.

Our Steering Committee met five times in 2012–2013; four times via teleconference, and once in person at our annual retreat.

This year, the Steering Committee discussed many items, including budget adjustments, new Visiting Specialist Clinic Program guidelines and funding, our 2012 annual retreat in Sault Ste. Marie, and planning for our 2013 annual retreat in London. We discussed strategic program planning, and ways to better integrate OPOP into the community.

### OPOP Steering Committee Members 2012–13

<b>Dr. Robert Cooke, Chair</b> <i>Director</i> Ontario Psychiatric Outreach Program (OPOP)	<b>Ms. Hanna Siemarczuk</b> <i>Administrative Assistant</i> Extended Campus Program at Western (ECP)
<b>Ms. Eva Serhal, Secretary</b> <i>Policy and Program Manager</i> Ontario Psychiatric Outreach Program (OPOP)	<b>Mr. Martin Ochman</b> <i>Manager</i> Northern Specialist Locum Program (NSLP) at HealthForceOntario (HFO)
<b>Dr. Fernande Grondin</b> <i>Director</i> Northern Ontario Francophone Psychiatric Program (NOFPP)	<b>Ms. Jill Cappa</b> <i>Regional Advisor</i> Recruitment and Retention Program at HealthForceOntario (HFO)
<b>Ms. Diane Gratton</b> <i>Manager</i> Northern Ontario Francophone Psychiatric Program (NOFPP)	<b>Dr. Peter Menzies</b> <i>Director</i> Aboriginal Northern Provincial Service Northern Aboriginal Outreach Program at CAMH
<b>Dr. Allison Crawford</b> <i>Director</i> Northern Psychiatric Outreach Program at CAMH (NPOP-C)	<b>Ms. Louise Paquette</b> <i>CEO</i> North East Local Health Integration Network (NE LHIN)
<b>Ms. Rowena Figueredo</b> <i>Manager</i> Northern Psychiatric Outreach Program at CAMH (NPOP-C)	<b>Dr. Tony Pignatiello</b> <i>Medical Director</i> Child and Youth Telepsychiatry Program, Hospital for Sick Children (OCYPT)
<b>Dr. Paul Links</b> <i>Acting Director</i> Extended Campus Program at Western (ECP)	<b>Dr. Rayudu Koka</b> Psychiatrist (Sudbury) and Associate Professor NOSM



## Access to Clinical Services Committee

This subcommittee of the Steering Committee (ACSC) was developed to ensure that OPOP meets standards of best practice and provides equitable and accessible services that are integrated within rural and remote northern communities. The ACSC is charged with coordinating and advocating for the delivery of fly-in, drive-in and telepsychiatry clinical consultation outreach services in underserved areas across Ontario. ACSC, which reports to the Steering Committee, met three times this year; twice via teleconference, and once in person at the annual retreat in Sault Ste. Marie.

Committee objectives include: developing a best practice service model to match community needs with resources; ensuring current community requests for consultant services are fulfilled within the OPOP funding envelope; maintaining information about 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.

During 2012–2013, some of the key conversations that were held during the ACSC meetings discussed continuity of care, education tools for psychiatrist providing services to northern communities, VSC clinics that were shifted from hospital settings to community settings, reallocation of clinical days to communities in need and utilization of telepsychiatry to fill in service gaps.

### OPOP Access to Clinical Services Committee Members 2012–13

**Dr. Fernande Grondin, Chair**  
*Director*  
Northern Ontario Francophone  
Psychiatric Program (NOFPP)

**Ms. Eva Serhal, Secretary**  
*Policy and Program Manager*  
Ontario Psychiatric Outreach  
Program (OPOP)

**Dr. Robert Cooke**  
*Director*  
Ontario Psychiatric Outreach  
Program (OPOP)

**Ms. Diane Gratton**  
*Manager*  
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Psychiatric Program (NOFPP)

**Dr. Allison Crawford**  
*Director*  
Northern Psychiatric Outreach  
Program at CAMH (NPOP-C)

**Ms. Rowena Figueredo**  
*Manager*  
Northern Psychiatric Outreach  
Program at CAMH (NPOP-C)

**Dr. Giuseppe Guaiana**  
*Clinical Director*  
North of Superior Program (NOSP)

**Ms. Hanna Siemiarczuk**  
*Administrative Assistant*  
Extended Campus Program at  
Western (ECP)

**Mr. Martin Ochman**  
*Manager*  
Northern Specialist Locum  
Program (NSLP) at  
HealthForceOntario (HFO)

**Ms. Jill Cappa**  
*Regional Advisor*  
Recruitment and Retention Program  
at HealthForceOntario (HFO)

**Dr. Peter Menzies**  
*Director*  
Aboriginal Northern  
Provincial Service  
Northern Aboriginal Outreach  
Program at CAMH

**Dr. Tony Pignatiello**  
*Medical Director*  
Ontario Child and Youth  
Telepsychiatry Program, Hospital  
for Sick Children (OCYTP)

**Dr. Rayudu Koka**  
Psychiatrist (Sudbury) and Associate  
Professor, NOSM

**Ms. Karen Bennett**  
*Vice-President*  
Mental Health Addictions and  
Senior Services, North Bay Regional  
Health Centre

## OPOP Annual Retreat held in Sault Ste. Marie

The 2012 OPOP retreat was held September 13–14 at the Delta Sault Ste. Marie Waterfront Hotel and Conference Centre. This year’s focus was the “Opioid public health crisis in Ontario.”

Dr. Cooke, newly appointed director of OPOP, and Eva Serhal, policy and program manager of OPOP, welcomed attendees and acknowledged the important contributions of their predecessors, former director Dr. J. R. Swenson and former program policy and program administrator, Gail Larose.

Dr. David Goldbloom, senior medical advisor at CAMH and chair of the Mental Health Commission of Canada, provided the evening address with a presentation about the commission’s vital work.

The next morning commenced with a talk about the myths and realities of pain and addiction by Dr. Greg McCarthy, consultant psychiatrist and clinician lead of the Concurrent Disorders Program at the Regional Mental Health Care Centre in London.

Dr. David Marsh, associate dean of community engagement and senior associate dean, east campus at the Northern Ontario School of Medicine, gave a presentation called “The history of opioid dependence treatment in Canada.” A final presentation about community-based treatment programs in First Nations communities was given by Dr. Claudette Chase, a family physician serving First Nations in Sioux Lookout.

The afternoon was concluded with three engaging workshops that were held concurrently by Dr. Gilles Fleury, addiction psychiatrist at Montfort Hospital who discussed (in French) what consulting psychiatrists should know about the clinical approach to the addictive individual; by Dr. David MacPhee, psychologist at the Sault Area Hospital, who spoke about the psychotherapeutic management of opioid withdrawal and relapse

prevention, the cognitive-behavioural model and interventions; and by Dr. Cooke, who led a discussion about future opportunities and areas for growth for OPOP.

This retreat closed with a final remark by Dr. Cooke thanking the speakers, the attendants, the participants from the Sault area, the Steering Committee, and Eva Serhal for making this year’s retreat a success.

### Areas Served by OPOP and Collaborating Programs

PROGRAM	CITY/TOWN	PROGRAM	CITY/TOWN
OCYTP	Armstrong	OCYTP	London
NPOP-C/OCYTP	Atikokan	ECP (NOSP)	Manitouwadge
OCYTP	Barrie	ECP (NOSP)/OCYTP	Marathon
NPOP-C	Blind River	NOFPP	Matheson
OCYTP	Bracebridge	NOFPP	Mattawa
OCYTP	Brantford	OCYTP	Moose Factory
OCYTP	Brockville	OCYTP	Moosonee
NOFPP/OCYTP	Chapleau	NOFPP/OCYTP	New Liskeard
OCYTP	Chatham	ECP (NOSP)/OCYTP	Nipigon
OCYTP	Clinton	OCYTP	North Bay
NOFPP	Cochrane	OCYTP	Owen Sound
OCYTP	Cochrane	NPOP-C/OCYTP	Parry Sound
OCYTP	Cornwall	OCYTP	Pembroke
OCYTP	Dryden	OCYTP	Pikangikum
NPOP-C/NOFPP/ OCYTP	Elliot Lake	OCYTP	Alfred and Plantagenet
NOFPP/OCYTP	Englehart	OCYTP	Red Lake
NPOP-C	Espanola	NPOP-C/OCYTP	Sault St. Marie
OCYTP	Fort Frances	ECP (NOSP)	Schreiber
ECP(NOSP)/OCYTP	Greenstone (Geraldton and Longlac)	NPOP-C/OCYTP	Sioux Lookout
		NOFPP	Smooth Rock
OCYTP	Guelph	OCYTP	St. Thomas
OCYTP	Hanover	NOFPP/OCYTP	Sturgeon Falls
NOFPP/OCYTP	Hearst	OCYTP	Sudbury
OCYTP	Huntsville	OCYTP	Sundridge
NOFPP/OCYTP	Iroquois Falls	OCYTP	Thunder Bay
NPOP-C/NOFPP/ OCYTP	Kapuskasing	NPOP-C/NOFPP/ OCYTP	Timmins
OCYTP	Kenora	OCYTP	Townsend
NOFPP/OCYTP	Kirkland Lake	NPOP-C/NOFPP/ OCYTP	Wawa
NPOP-C	Little Current	OCYTP	Woodstock





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