

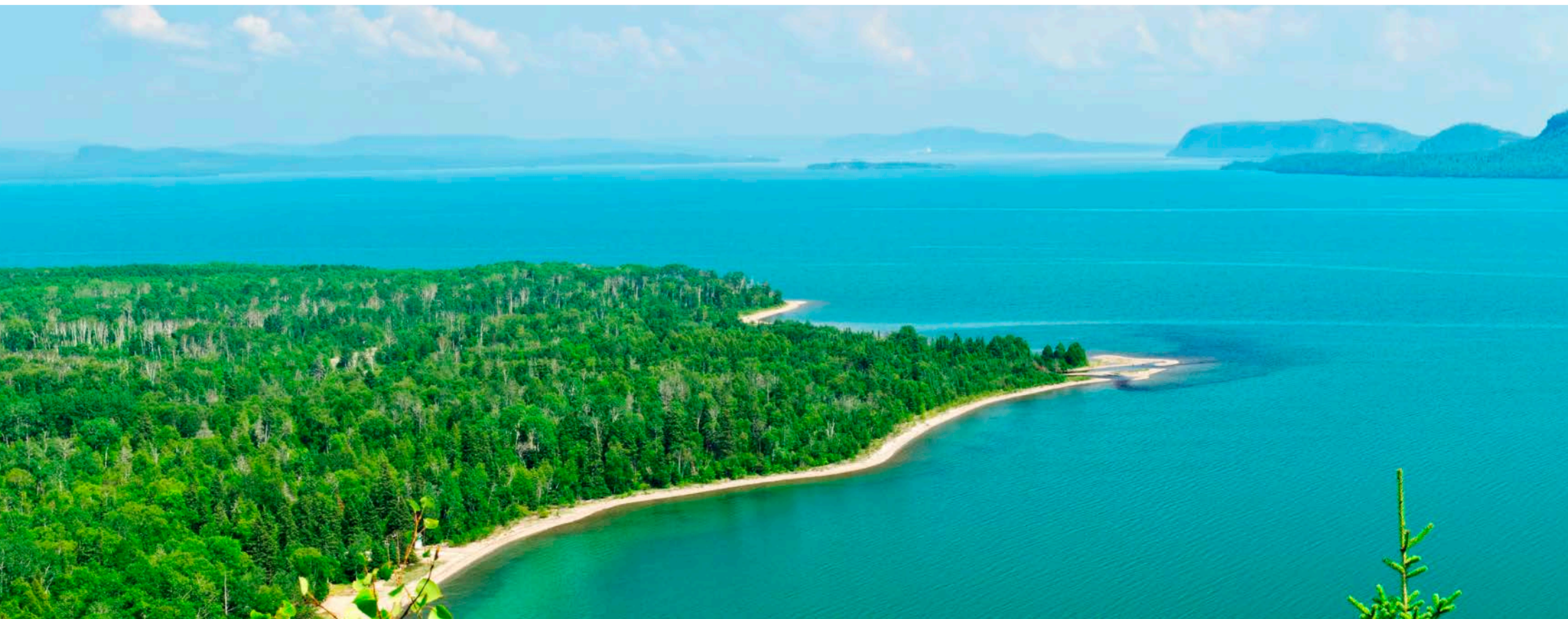


The Ontario Psychiatric Outreach Program Annual Report 2015–2016



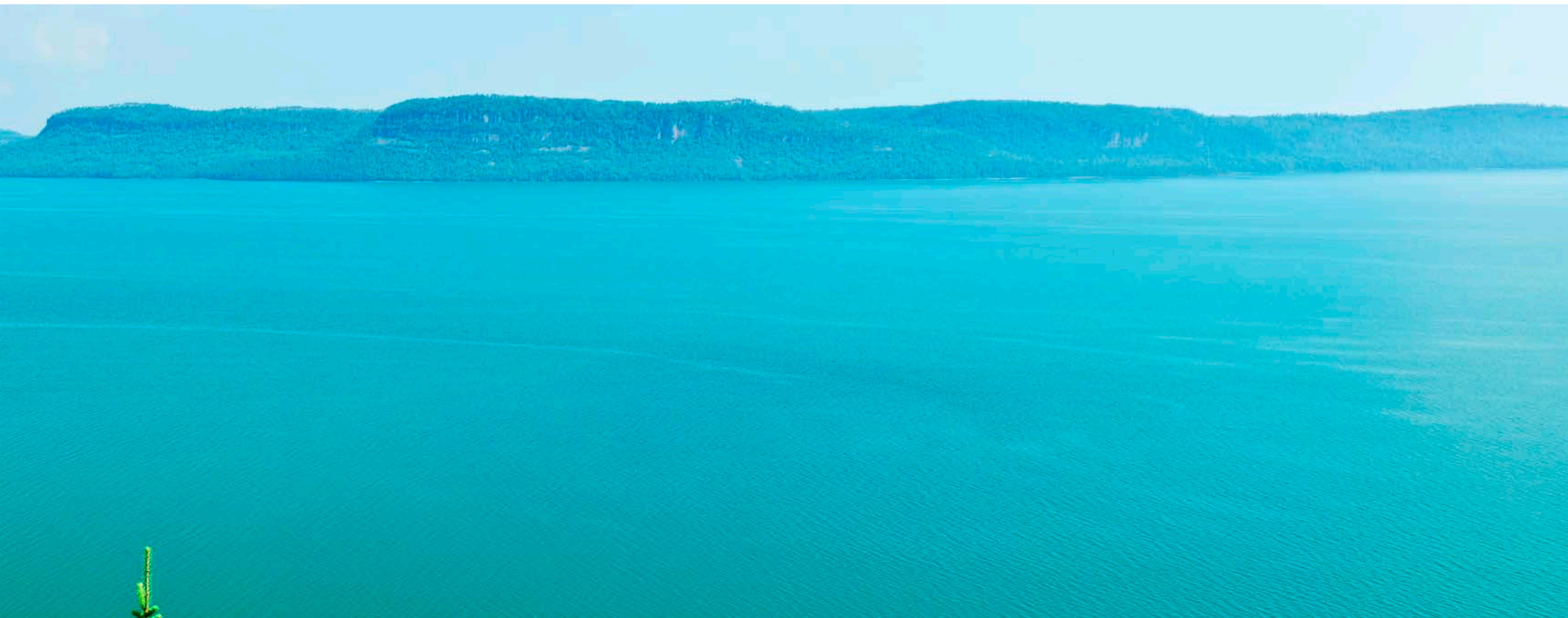
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Mission

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



Director's message



Dr. Robert G. Cooke
Director
Ontario Psychiatric
Outreach Program

I am pleased to report that OPOP has enjoyed another productive year, supporting the clinical psychiatric outreach services and other academic activities provided by our constituent programs. The accompanying program reports outline the initiatives and achievements of each of the programs.

In May 2015, Clara Tam joined OPOP as Policy and Program Manager, following the departure of Eva Serhal. Sadly for us, Clara accepted another position within CAMH in January 2016, after having a tremendous impact during her short stint with OPOP; we thank her and wish her all the best. (We are happy to welcome Denise Canso as Clara's replacement.)

Clara quickly mastered the role, and was lead organizer of our annual retreat on September 17–18, 2015, pulling it all together in a short timeline with the assistance of the planning committee. The theme of the retreat, held in Ottawa, was "The Future of Psychiatric Outreach in Ontario." A number of excellent speakers presented on topics including expected or possible future developments in clinical services and practices, population needs, technological advances in clinical care and clinical informatics, and the future of psychiatric education.

Michael Hillmer, Director of Planning, Research and Analysis at the Ministry of Health and Long-Term Care, gave the Thursday evening keynote address on "The Art and Science of Health Care Policy in the 21st Century."

Dr. Paul Links and medical student Ernest Chan presented on "New Initiatives for Suicide Prevention in Ontario," including an update on our ministry-supported development of a suicide assessment toolkit for our consultants and other clinicians. They were followed by Dr. Raj Bhatla of the University of Ottawa and the Royal Ottawa Health Care Group (ROHCG), and his colleague Peter Youell of the ROHCG, who gave an enlightening presentation on "The Past, Current and Future of Telemedicine in Mental Health."

Dr. Jonathan Downar of the University Health Network's MRI-Guided rTMS Clinic, in Toronto, gave the keynote address, entitled "Psychiatry 3.0." The presentation focused on repetitive transcranial magnetic stimulation (rTMS), an innovative technology, and its potential role in meeting increasing health care demands.

There were also workshops on "Supporting Psychiatry Needs in Ontario – Update and Perspectives from HFO-MRA," led by Martin Ochman and Kate Borthwick of HealthForceOntario; and "The Future of Medical Education in Psychiatry," led by Raj Bhatla.

The Ottawa venue was excellent and we received overwhelmingly positive feedback from participants and attendees on the content and organization of the event.

During the year, the OPOP steering committee and task force continued to focus on our plans to implement, over the next two years, a more comprehensive quality assurance and evaluation plan for OPOP programs.

A new initiative begun during the year is a complete redesign and update of the OPOP website. The new site should be unveiled later in 2016. We also began early planning for our next annual retreat, to be held in Thunder Bay in fall 2016.

In keeping with our tradition of broad stakeholder and partner participation, our steering committee welcomed Heather Gray as our representative from the North West LHIN.

I thank the OPOP steering committee and the staff of all of our partner and stakeholder groups, including the Ministry of Health and Long-Term Care, the Universities of Ottawa and Toronto and Western University, the Northern Ontario School of Medicine, CAMH, HealthForceOntario, the two northern LHINs, all our partner clinical sites, and the directors, administrative staff and affiliated clinicians of our constituent programs, who all participate in OPOP's efforts and ongoing successes.

**PROGRAM
PARTNER
REPORTS**

Extended Campus Program at Western University



Paul S. Links, MD, FRCPC
Acting Director
Extended Campus Program

In 2015–2016, the Extended Campus Program (ECP), a well-established outreach initiative of the Department of Psychiatry at Western University, continued its mission to maintain collaborative ties with other OPOP partners and to facilitate growth through education and research initiatives, while supporting quality psychiatric care in under-served communities.

Clinical services

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

The outreach (fly-in and televideo) psychiatric services to the North of Superior Programs (NOSP) continued as another component of the ECP in 2015–2016. This included psychiatric services and education to remote communities of the Lake Superior area in Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. We continued implementation of a telephone consultation system between consultants from Western and the local family physicians. The ECP administration supported Dr. Bhadresh Surti, Dr. Richard Owen, Dr. Vadim Beletsky, Dr. Priya Subramanian and Dr. Giuseppe Guaiana, who delivered 22 on-site consultation days and 96 video-consultation hours.

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

ECP/NOSP annual retreat

During 2015–2016, Dr. Guaiana—the Clinical Director of NOSP—and I continued close collaboration with the administrative leadership of NOSP and their regional partners to enhance the effectiveness and efficiency of mental health services in the North of Superior region. The ECP's role as an active contributor to the education of local health care providers in the north was a consideration in setting the agenda of the program's annual retreat on February 4, 2016. The retreat was organized as an accredited continuing professional development event with the main theme "Opioids and Pain: Relevant Issues."

Dr. Gregory McCarthy gave a keynote presentation entitled “Pain Management in Addictions;” with a special emphasis on the extent of opioid prescriptions and opioid-related deaths in Canada. Local health care providers from Nipigon, Schreiber, Marathon, Manitouwadge and Greenstone, as well as clinical consultants from London, participated in the retreat. During the discussions, participants had an opportunity to further explore the ECP’s role in addressing the growing needs of North of Superior rural communities, and thus to inspire future activities of the program.

Continuing professional development (CPD/CME)

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

- Antipsychotics: Expectations and Evidence
- Depression Post Stroke
- Getting Things Right for Children and Youth with Mental Illness
- Managing Challenging Behaviour in People with Intellectual Disabilities
- Witness Protection: A Matter of Training
- General Theme: Classification of Major Psychiatric Disorders
- Not Criminally Responsible on Account of Mental Disorder (NCRMD): The Concept, the Myths and the Facts
- Practical Approaches to Management of Adult Sleep Disorders
- Non-Suicidal Self-Injury in Youth: From Evidence to Practice
- Harnessing the Power of Countertransference in Cognitive-Behavioural Therapy

CaRMS at Western

Information about resident elective opportunities under the supervision of ECP faculty members in the north was available for CaRMS applicants at Western in January 2016. A similar display was also presented to advertise opportunities for residents interested in gaining exposure to rural psychiatry by accompanying Western’s specialists on their clinical trips to Nipigon, Marathon, Schreiber and Greenstone.

Research

During the OPOP retreat in September, I delivered a presentation, along with Ernest Chan, a medical student at Western, on “New Initiatives for Suicide Prevention in Ontario.”

The suicide prevention toolkit project developed under my supervision, with partial funding support from the ECP, was completed in 2015–2016, and was launched on the OPOP website. The toolkit is available for all health care professionals delivering psychiatric services under the OPOP umbrella.

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

Northern Ontario Francophone Psychiatric Program at the University of Ottawa



Dr. Fernande Grondin
Program Director
Northern Ontario Francophone
Psychiatric Program

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

Clinical services

In 2015–2016, 13 NOFPP psychiatrists provided 133 visits at 11 service points. In order to reduce travel expenses, they often visited two or three service points on each trip.

As in the past, the consultants continue to 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. They are also available by phone between visits, which is very helpful in providing continuity of care for clients.

Three consultants left the program in 2015–2016: Dr. Jennifer Brault, Dr. Marie-France Rivard after four years of service, and Dr. Daniel Kraus after 29 years. We thank them for their dedication and contributions to the program.

Dr. Rachel Henry continues to work in Englehart; Drs. Marc Lapointe, Marc Mauguin and Sharon Levine offer services in Hearst, Kapuskasing and Smooth Rock Falls; Dr. Dominique Nadon works in Mattawa and Sturgeon Falls; Dr. Andrew Wiens, who replaced Drs. Brault and Rivard, alternates every month in Timmins, providing geriatric psychiatric consultations with Dr. Michèle Tremblay. Dr. Pierre Tessier offers consultations in Elliot Lake, New Liskeard, Kirkland Lake and Sturgeon Falls, while Dr. Hugues Richard offers services in Timmins, Chapleau and Kirkland Lake, and for the Timiskaming Health Unit. Dr. Raymond Tempier works in Cochrane and Iroquois Falls, and Dr. Daniel Kraus has offered his services until the end of the fiscal year in Timmins, Matheson, Cochrane and Iroquois Falls.

Our geriatric psychiatrists have continued to collaborate with consultants working in geriatric psychiatry in northeastern Ontario, supporting them in their efforts to provide education and local capacity building.

Drs. Richard, Nadon and Mauguin offer telepsychiatry consultations on a regular basis.

The involvement of our francophone residents

Dr. Marie-Hélène Rivard, a third-year resident at the Faculty of Medicine, University of Ottawa, accompanied Dr. Michèle Tremblay on her visits to Timmins in September 2015. Recruiting and engaging francophone residents continues to be a priority for us. We plan to explore new ways to strengthen our ties with our francophone residents.

Retaining our current team continues to be a priority. If our new budget permits, we also hope to recruit new staff in order to improve our services.

Program Manager Diane Gratton and I appreciate the support we receive from OPOP and the dedication of our consulting psychiatrists during the year.

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



**Allison Crawford, MD,
FRCPC**
Director, NPOP-C

Two themes emerged from 2015–2016 for the Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C): quality and integration. Of course these are not new concepts to NPOP-C or OPOP, but we brought renewed focus and energy to both.

Our annual retreat centred on how to assess the quality of care that NPOP provides to its many stakeholders and to the patients seen through the program. For many years the program has been increasing access to psychiatric services, but we would like to go beyond that to ensure that we maximize the quality of that care. Dr. Phil Klassen, a long-time NPOP-C consultant and champion, and VP at Ontario Shores Centre for Mental Health Sciences, presented at the retreat on quality indicators for mental health care. This was followed by an interactive workshop in which NPOP consultants and psychiatry residents were challenged to recommend indicators of quality and related outcome measures. We continue to develop this framework, along with processes to capture data through our services.

The second theme, integration, is related to quality at a health systems level, but also has impact right down to the level of patient care. We are looking at collaborative ways to integrate how we provide services to areas

outside the GTA. We have partnered with the North West and North East LHINs to develop an integrated model of care, often called collaborative care, to primary care teams via televideo. These collaborative partnerships involve many of the NPOP-C sites where we also deliver in-person care. This program has been highly rated by participants, and evaluation is ongoing. Another program, ECHO Ontario Mental Health, allows us to connect with many of our sites through televideo for continuing professional development, and to build a community of practice. Our hope is that our growing continuum of services provides better integration for providers and patients, and also with existing regional health systems and programs.

In 2015–2016, NPOP-C continued to fulfil its core mission of improving the equitable provision of mental health services to underserved communities in northern Ontario. The majority of our work is achieved through fly-in/drive-in psychiatric consultant visits and telepsychiatry consultations to northern communities. Through our affiliation with the University of Toronto's Department of Psychiatry, we also promote outreach opportunities to psychiatry residents.

Clinical services

Our primary mandate is to provide direct clinical services through Visiting Specialists Clinics (VSC), which are funded by the Ministry of Health and Long-Term Care (MOHLTC). In the financial year 2015–2016 we provided 229 days of service and assessed 1,395 patients, an increase in patients seen over the previous two years. Our consultants' participation in the Urgent Locum program managed by HealthForceOntario resulted in 422 days of service, a 23 per cent increase from the previous year.

We recruited two new psychiatrists to our program and have had 65 psychiatric resident elective trips, for a total of 223 days. This represents continued growth in resident participation from the previous year. Another important

component of our program is fulfilling requests for educational sessions. Consultants provided a wide range of educational sessions via telehealth, including suicide risk assessment, trauma-informed care, sexual deviance, eating disorders and dementia.

Complementing our MOHLTC-funded activities were 165 days of service to Nunavut, over 26 trips, including 19 trips by psychiatry residents (121 days). Service to Nunavut is paid for by the Department of Health, Government of Nunavut.

Telepsychiatry services

As part of CAMH's Tele-Mental Health Service, we continue to expand tele-medicine services to northern Ontario, including to NPOP-C sites, which we link with NPOP-C consultants. Our mandate is primarily to meet the needs of rural and underserved areas of the province. The level of demand and service provided by telepsychiatry continues to grow, with 1,224 consultations completed in 2015–2016.

CAMH's telepsychiatry program is partnering with family health teams to increase access to mental health care across Ontario, using an innovative integrated care model. Primary care providers can connect with a dedicated psychiatrist to meet the combined medical and mental health care needs of patients, allowing for more comprehensive, holistic management of patients, continuity of care, and capacity building for primary care providers.

In 2015–2016, the telepsychiatry program developed a quality and outcomes framework that allows us to assess the impact of our integrated care model on patients and providers, as well as at a health systems level. As part of this evaluation, we have developed surveys that will provide feedback on many aspects of the service.

To date, the surveys have yielded highly positive responses from patients:

"Insight and relief! Thank you for taking the time to meet with me!"

"Not much waiting [time], quicker than waiting for in-person appointment."

"Better understanding of my illness. Felt better to tell everything to someone who can really help. It's weird to have an appointment through a TV but it works. Community resources: Dr. communicates with nurse on site to find resources that may help."

"No travel [long distance], saving time and money which is helpful for me, found appointment very helpful."

. . . and from providers:

"Due to the very long wait in our community to see a local psychiatrist, this program has been invaluable to provide more timely psychiatric assessments."

"It has been a huge help to our patients to have timely, solid psychiatric advice. We used to have to wait over a year for psych services; now, having the telepsychiatry services, patients are waiting six or seven weeks maximum, and they get follow-up with the same doctor."

"Improved access to psychiatry and provided consistency in providers. Has allowed me to pose questions that I've had."

We thank our team and partners! As always, this program relies on the hard work and dedication of Rowena Figueredo, Manager of NPOP-C, and Achira Saad, administrative secretary. We also thank our close collaborators in the CAMH Tele-Mental Health program: Eva Serhal, Manager; Maurey Nadarajah, Administrative Supervisor; Aubrie Vigna, Co-ordinator; and Cameron Sharp and Nardini Persaud, administrative secretaries.

COLLABORATING PROGRAM REPORTS

OPOP works closely with a number of other outreach programs in the province to provide on-site and telepsychiatry clinical outreach services and education in remote and rural communities throughout Ontario. These collaborating partner programs include HealthForceOntario and the two northern LHINs. Members of these programs and agencies are represented on OPOP's Steering Committee. We are pleased to include a contribution from our partners HealthForceOntario, NE LHIN and NW LHIN in this report.

HealthForceOntario



Martin Ochman
Manager
Northern Specialist Locum
Programs

HealthForceOntario (HFO) is an operational service agency that brings health human resources (HHR) to life by inspiring, developing and driving HHR solutions. The agency’s programs and services focus on the retention and distribution of Ontario’s domestically trained physicians, with a particular focus on high-need specialties such as family medicine, emergency medicine and psychiatry.

Northern Specialist Locum Programs

The Northern Specialist Locum Programs (NSLP) consists of two programs that support continuous patient access to specialist services in northern Ontario. Northern Ontario communities with eligible vacant specialist physician positions access the Urgent Locum Tenens Program to provide temporary specialist locum coverage while they recruit a permanent physician. The Respite Locum Tenens Program provides specialist locum coverage for eligible specialties and communities while local physicians are on vacation, pursuing continuing medical education or on leave.

Psychiatry was one of the most active NSLP specialties in 2015–2016, with 1,158 approved days of locum coverage in six northern Ontario communities. NSLP works with OPOP to support many of these psychiatric services; OPOP consultants are eligible to receive expense reimbursement and applicable work fees through NSLP for approved locum assignments. NSLP also approves and reimburses travel expenses for psychiatry residents to accompany OPOP psychiatrists providing NSLP locum coverage.

Regional Advisors

HFO 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, including psychiatry residents, to provide them with information on practice opportunities in Ontario and on transitioning to practice.

North East Local Health Integration Network

The North East Local Health Integration Network (NE LHIN) underwent staffing changes at the end of the 2015–2016 fiscal year with the retirement of Mike O’Shea, the LHIN’s long-standing Mental Health and Addictions Lead. Mike had many years of experience working within both community and policy contexts in his roles at the Ministry of Health and Long-Term Care, the Centre for Addiction and Mental Health (CAMH), and the Addiction Research Foundation. His commitment and lifelong contributions to the mental health and addictions sectors cannot be overstated.

His successor Shana Calixte, who began in April 2016 as the NE LHIN’s Mental Health, Addictions and Housing Officer, was previously Executive Director of the Northern Initiative for Social Action, a non-profit peer-led mental health organization. This organization grew significantly under her leadership to take on the Regional Warm Line and new programs, as well as moving into a much larger space in Sudbury.

Shana holds an MA in Women’s Studies from York University and is currently completing a doctorate in feminist and gender studies. She has broad community and national mental health and housing experience: she has worked with the CMHA’s Sudbury/Manitoulin branch to provide collaborative leadership around supportive housing models, and participated in national projects and advisory committees focused on the integration of mental health, addictions and housing services.

Under the direction of Steve Fillion, Hearst, Kapuskasing and Smooth Rock Falls Counselling Services has been receiving the services of the Northern Ontario Francophone Psychiatric Program (NOFPP) for several years. Three psychiatrists provide direct consultations three to four days a month. In addition, a psychiatrist specializing in geriatric psychiatry travels to the north approximately every three months for the geriatric mental health program. We are very pleased that the NOFPP is serving our communities.



Shana Calixte, NE LHIN Mental Health, Addictions and Housing Officer (I) and Louise Paquette, CEO, NE LHIN

In 2015–2016, the NE LHIN continued to advance the use of telepsychiatry in the region, responding to our vast geography’s demand for innovative strategies to help ensure that people can access care. In 2014–2015, we introduced the Northern Telepsychiatry Program, which linked five family health teams across the northeast to a dedicated psychiatrist at CAMH via the Ontario Telemedicine Network.

When the program launched, Louise Paquette, CEO of the NE LHIN, said, “This unique use of technology is not only about increasing access to psychiatric care, but also developing mental health capacity in primary care providers. It’s a win-win for patients either way.”

This has definitely been the case, and the program is going strong. Maureen Howard, a social worker with the Great Northern Family Health Team in New Liskeard, says, “The telepsychiatry program makes a big difference for our patients. It’s so quick to get someone in, the reports are thorough and we receive them quickly. The psychiatrist we were assigned [Dr. David Goldbloom] is compassionate and very, very knowledgeable.”

Before the program launched, most patients had to wait up to a year to access psychiatric services, even when they went through the hospital. This new program has improved access, bolstering a central priority in the NE LHIN’s *Integrated Health Service Plan, 2016–2019*.

The NE LHIN’s work with OPOP continues to highlight the importance of person-centred care, and the need to ensure that people in this sector have the right tools available to do their work.

North West Local Health Integration Network

In the North West Local Health Integration Network (NW LHIN), psychiatry is accessed using a variety of mechanisms to help address the shortage of psychiatrists serving the region. Recruitment efforts to increase the number of practising psychiatrists are showing signs of success in Thunder Bay. This effort was greatly enhanced by a new memorandum of understanding (MOU) for psychiatry, which is currently being finalized, between St. Joseph's Care Group and Thunder Bay Regional Health Sciences Centre. This MOU will guide the provision of psychiatry across the two organizations.

New funding and service models are also being explored, using shared care through a hub-and-spoke model, to provide direct psychiatry services as well as education and support across the region. St. Joseph's Care Group is taking a leadership role in this endeavour.

Organizations and clients access psychiatry in the northwest in a number of ways. The Northern Telepsychiatry Program links four family health teams in the NW LHIN as part of a collaborative care model for providers and patients, increasing access to mental health care by linking with a psychiatrist at the Centre for Addiction and Mental Health (CAMH).

Providers can also access psychiatry through OPOP, with visiting clinics to specific sites supplemented by telepsychiatry as part of that service. Sites not affiliated with OPOP access "one-time" psychiatric consultation through the Ontario Telemedicine Network or through CAMH.

Finally, another innovation available in the northwest that has received positive feedback is Project ECHO (Extension for Community Healthcare Outcomes), a collaborative model of medical education and care management that allows clinicians in under-served or remote areas to provide more evidence-informed care. By using technology (multipoint videoconferencing and Internet) and a hub-and-spoke approach, Project ECHO shares best practices to reduce variations in care, using case-based learning and creating knowledge networks among participants.

OPOP Steering Committee

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

The committee is responsible for:

- oversight of OPOP budgets as reported to the OPOP Steering Committee annually by the OPOP Director
- directing the appointment and five-year review of the OPOP Director
- approving, on Director's recommendations, the appointment of OPOP staff, including the Policy and Program Manager and other administrative staff
- managing, dissolving and creating OPOP subcommittees as required to reflect changing demands and needs. All subcommittees will provide regular reports to the OPOP Steering Committee
- planning and administering the OPOP annual retreat
- co-ordinating the Ontario-wide resident electives booklet and consultants' manual
- liaising and advocating with the Ministry of Health and Long-Term Care (MOHLTC), the Ontario Medical Association, the Royal College of Physicians and Surgeons of Canada, and other relevant groups.

Over the past two years, the Steering Committee has addressed a number of key issues, including:

- drafting a five-year plan for OPOP initiatives, to be reviewed periodically
- implementing more formal intraprogram agreements to clarify the relationships among OPOP, its partner programs and their home institutions, and the MOHLTC
- clarifying the roles and responsibilities of Steering Committee members, including executing a confidentiality agreement as advised by counsel
- initiating the development of a needs assessment committee focused on program evaluation
- planning the 2015 retreat in Ottawa and commencing plans for the upcoming 2016 retreat in Thunder Bay
- supporting the collaboration between the Centre for Addiction and Mental Health and the North West LHIN to enhance mental health and addictions services in family health teams
- finding ways to extend telepsychiatry services across the North East and North West LHINs in order to expand our service opportunities to a wider network of sites and clinical populations.

Sylvie Guenther left the Steering Committee in 2015 and was replaced by Mike O'Shea as representative of the North East LHIN. Siobhan Farrell joined the committee as the North West LHIN representative. I welcome our new members to the committee and gratefully acknowledge Sylvie for her many insightful contributions.



OPOP Steering Committee members 2015–2016

Dr. Robert G. Cooke (Chair)

Director, Ontario Psychiatric Outreach Program

Clara Tam (Secretary)

Manager, Ontario Psychiatric Outreach Program

Dr. Fernande Grondin

Director, Northern Ontario Francophone Psychiatric Program

Diane Gratton

Manager, Northern Ontario Francophone Psychiatric Program

Dr. Allison Crawford

Director, Northern Psychiatric Outreach Program at CAMH

Rowena Figueredo

Manager, Northern Psychiatric Outreach Program at CAMH

Dr. Paul Links

Acting Director, Extended Campus Program at Western

Hanna Siemiarczuk

Administrative Assistant, Extended Campus Program at Western

Dr. Giuseppe Guaiana

Acting Director, Extended Campus Program at Western

Mike O'Shea

Outreach Officer, North East LHIN

Siobhan Farrell

Senior Consultant, Mental Health and Addictions, North West LHIN

Dr. Rayudu Koka

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

Martin Ochman

Manager, Northern Specialist Locum Programs, HealthForceOntario

Kate Borthwick

Regional Advisor, HealthForceOntario

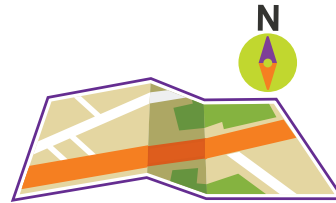


Program statistics



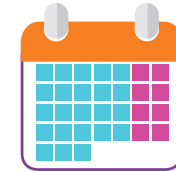
3,864

PATIENTS



232

TRIPS



603.5

DAYS

Q1

Q2

Q3

Q4

Total

	NPOP-C	NOFPP	NPOP-C	NOFPP	NPOP-C	NOFPP
Q1	328	602	25	35	51	95
Q2	310	631	23	34	51	100
Q3	351	665	24	33	62	93.5
Q4	406	571	27	31	65	86
Total	1,395	2,469	99	133	229	374.5

Areas served by OPOP



How to reach us

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