

# Community Engagement *for shared care*

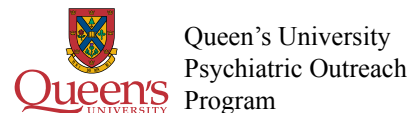
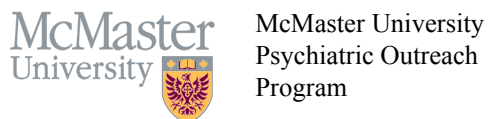
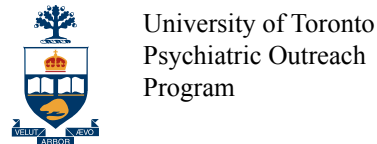
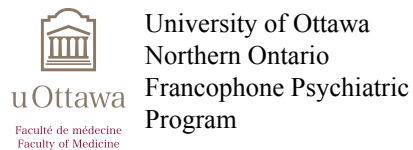


*Annual Report*  
**2007-2008**

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 those considered to be rural, remote or underserved in terms of mental health care. We will continually strive to provide multidisciplinary, contextually relevant, community-oriented service and education.*





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## Director's Message

This was a busy and productive year for OPOP, as we continued to work on coordinating and enhancing psychiatric outreach clinical and educational services for Ontario, and began implementing the recommendations of the external review completed in 2006-07. Innovation and renewal are key outcomes of our efforts in these areas.

The theme for this year – *Community Engagement for shared care* – reflects our commitment to collaborating with family physicians and partner agencies in the communities where OPOP is providing services, to help plan and deliver quality care.

### Responding to external review

The shared care model is the focus of an OPOP research project launched in January 2008 to survey mental health services in smaller communities in Northern Ontario. The project responds to the recommendation of the external review for an analysis of unmet needs for mental health care, such as waiting lists, time to access psychiatric consultation and follow-up. The Centre for Rural and Northern Health Research based at Laurentian University in Sudbury, Ontario is working with us to survey OPOP consultants and the community agencies they serve. A final report, expected in 2008-09, will serve as a foundation of consultant service planning.

Another issue raised in the external review was funding inequities among the university outreach programs with respect to consultant remuneration. Current rates are seen as a disincentive to consultant participation in outreach services. Accordingly, in late 2007, 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. A decision is expected early in 2008-09.

The review also recommended nurturing a close collaborative relationship with the newly formed Local Health Integration Networks (LHINs) and family health teams, which offer exciting opportunities to expand and improve the mental health services available to Ontarians in remote and rural areas. The two northern LHINs were invited to participate in the OPOP survey research project, along with a number of family health teams, to help identify innovative practices. In addition, the LHINs will participate in the 2008 OPOP annual retreat to be held in Sudbury in partnership with the Northern Ontario School of Medicine.

### Annual Retreat: a valuable exercise

OPOP annual retreats are both a strategic planning tool and an opportunity for education and knowledge transfer. The 2007 retreat was held in September in London at the University of Western Ontario – one of the founding members of OPOP. The retreat brought together university program representatives to review achievements and set objectives for the new academic year. The close to 60 participants represented all of the northern sites served by OPOP, including North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and outlying communities.



**Dr. J. Robert Swenson**

The focus for the annual retreat was “collaborating in care.” Participants explored collaborative models in education, discussed the elements that define collaborative patient care as well as in research and education teams and came to understand the components of collaborative team work in the realms of clinical care, education and research. The research sessions are accredited by the Royal College of Physicians and Surgeons of Canada.

### **Enhancing communication among partners**

OPOP completed the planning, design and content development for a newly designed and updated Web site in 2007-08 ([www.opop.ca](http://www.opop.ca)). It will be launched early in 2008-09 to provide an enhanced communications tool for OPOP consultants, residents and administrators. The new site will feature a chat room, newsletters and programs updates, together with a library of educational presentations and research articles with special reference to services in rural and remote areas.

We also increased the number of OPOP meetings conducted by videoconference to broaden access and participation. For the 2008 retreat in Sudbury, videoconference facilities will enable participants in North Bay, Thunder Bay, Ottawa, Toronto and London to join the discussion.

### **Managing our affairs**

While OPOP’s overall budget has not grown, the Ministry agreed that an operating surplus in 2007-08 could be used to fund the research project on unmet needs recommended by the external review. All educational initiatives were also realized though efficiencies in the administrative budget as no line items for education were available.

After several months of planning, OPOP has moved to offices in the Royal Ottawa Mental Health Centre, and on January 1, 2008, changed its transfer payment agency from the Centre for Addiction and Mental Health in Toronto to the Administrative and Financial Services Department of the University of Ottawa Faculty of Medicine.

At the end of my first full year as Program Director, I want to thank all the people who contributed so much to achieving OPOP’s goals in 2007-08 – consultants, university program administrators, OPOP committee members and staff. Their commitment is the key to our success. I also want to express my appreciation to the staff of the Underserved Area Program of MOHLTC for their support and assistance.



**Dr. 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. In the past year, mindful of budget considerations, and with OPOP management cooperation, NOFPP successfully carried out its clinical and educational mission to the Francophone communities of Northern Ontario.

We provided psychiatric manpower in both French and English to the existing 13 service points through 11 psychiatrists who made 296 visits to Northern Ontario, offering psychiatric services to 2,314 patients and working a total of 454 days – consistent with service levels of previous years.

Situations beyond the Program's control (illnesses, maternity leave, change in psychiatrists' practice patterns and unfavourable weather) were responsible for some minor activity changes but did not impact our mandate. Following the retirement of two program psychiatrists, we were able to reorganize the schedule of a few of our consultants, to resume or maintain the bulk of services offered to the affected communities.

### Telepsychiatry and early intervention programs

NOFPP also effectively maintained telepsychiatry links established through the Health Canada Project Outreach since 2002. The bulk of telepsychiatry services over the past year were provided by Dr. David Myran and Dr. Dominique Nadon to the communities of Wawa and Sturgeon Falls respectively, with a total of 59 patient consultations. The Early Intervention Program of the Royal Ottawa Mental Health Centre continued to provide weekly life-skills counselling to Grade 7 and 8 youth at Our Lady of Fatima Elementary School in Chapleau. Ms. Marnie Coulter worked with a teacher co-facilitator and 12 youths identified

as being at risk for potential alcohol / substance abuse for 26 televideo classroom sessions. She traveled to Chapleau to meet the kids, teachers and principal to gather initial assessments.

Education opportunities were continuously offered to NOFPP partners. Of note was the participation of NOFPP partner clinicians in Timmins who serve clients with developmental disabilities and mental illness in a national community of practice for dual diagnosis practitioners. The Program continues to consider telepsychiatry as an essential instrument in providing timely and more accessible psychiatric services in our outreach communities.

Our recent move to the Royal Ottawa Mental Health Centre Research Tower brings us closer to our Ottawa telepsychiatry studios. It is our hope that this proximity will improve the volume of our services by facilitating access and scheduling to the studios. In the coming year, our NOFPP telepsychiatry sites in Chapleau, Kapuskasing and Iroquois Falls will become official partners of the Ontario Telemedicine Network. They will also be involved in the replacement of legacy videoconference equipment, which has served them well since 2002.

Finally, in order to offer the maximum number of on-site clinical services, we have divided the budget year in two and adjusted the number of days available for each centre on the basis of the remaining available funds. Despite this, we finished the year with a small surplus that will be used for future research on the provision of outreach services.

### Service and collaboration

Other key highlights in 2007-08 included:

- A portion of each psychiatrist's visit addressed ongoing

needs of community mental health workers in their treatment approach of severely mentally ill patients, as well as providing advice to medical practitioners of these communities on patient management and/or education sessions. The psychiatrists were also available between visits for telephone consultation on case management.

- Hearst, Kapuskasing and Smooth Rock Falls Counselling Services were maintained with NOFPP assistance and frequent telephone conferences with two of their visiting psychiatrists. Positive comments were received from both the administration and the clinical staff on the encouraging impact of these conferences on quality service delivery.
- NOFPP continues to collaborate with the Northeast Mental Health Seniors' Mental Health Outreach Program from North Bay. Our program, through Dr. Fernande Grondin, is responsible for a variety of psychogeriatric clinical services to the communities of Timmins, Hearst, Kapuskasing and Smooth Rock Falls. Other communities have expressed their wish for similar services. We are now looking into that possibility by recruiting a new psychogeriatrician or by introducing, through Dr. Grondin, a recent fellow from the Ottawa University program to underserved area clinical activities.
- To reduce travel expenses, NOFPP successfully arranged, where possible, for consultant psychiatrists to combine into one trip visits to two different points of service (such as Kapuskasing and Timmins, Chapleau and Kirkland Lake) and will endeavour to extend this practice to other service points.
- The need to involve French-speaking resident psychiatrists in our activities continued to be an important NOFPP preoccupation. However, competition with other residency program options is high, requiring NOFPP to identify ways to make the residency program more clinically rewarding to residents. To this end, Dr. Kathy Gillis, our Post-graduate

Education Director, maintained dialogue with her Ontario university counterparts through the activities of the Ontario Post-graduate Psychiatric Education Network (OPPEN). This year, one PGY-1 resident accompanied one of our psychiatrists on trips to Chapleau and Kirkland Lake. The resident commented on the positive experience of psychiatry practice in rural, remote and under-served areas, with a desire to repeat this experience.

### Funding concerns

Funding remains a major issue for the viability of OPOP programs. Comments from our consultants have made us aware that the question of stipends must be addressed. In collaboration with the Ministry of Health and Long-term Care and the Ontario Medical Association, OPOP is exploring ways to deal with the situation so that these essential services are maintained. We have worked diligently over the past 20 years to recruit and maintain the services of qualified bilingual psychiatrists. In doing so, we have achieved a very high satisfaction rate from our northern partners. We look forward to continuing our tradition of excellence.

**Dr. André Côté**  
*Program Director*



*Education opportunities were continuously offered to NOFPP partners.*

During 2007-08, the University of Toronto Psychiatric Outreach Program (UTPOP) again maintained a strong commitment to our core mission of providing high volumes of drive-in/fly-in psychiatric consultation to underserved communities in Northern Ontario.

Within the Ministry of Health and Long-term Care's Visiting Specialist Clinics (VSC) and Urgent Locums programs, our clinical days increased from 825 to 847, including the provision of extra days of service to Sault Ste. Marie, Elliott Lake, Blind River and Timmins within our existing budget. This core activity was complemented by a variety of related services and other initiatives.

We again provided over 180 days of service to other Northern Ontario sites and Nunavut, funded through other mechanisms, and psychiatric residents from the University of Toronto postgraduate training program continued to take advantage of our numerous opportunities for short electives in the North.

### Telepsychiatry clinical services

In partnership with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health, we continued to nurture a steady growth in telepsychiatry clinical services, which increased from 230 sessions in the previous year to 255 sessions, the majority directed to our affiliated VSC sites. We also continued to provide or assist in the delivery of continuing education to the North, including the broadcast of 134 hours of rounds, seminars and didactic teaching sessions to partner sites. Other ongoing initiatives included publication of our quarterly newsletter and consulting skills seminars for interested residents and medical staff in Toronto.

One challenge faced during the year was the increasing disparity in consultant remuneration among sites, which led to some selective recruiting difficulties. It is a tribute to the dedication of our longest serving consultants that so far there has been little attrition at our established locations. We again saw little resident interest in longer, six-month core and selective rotations at approved northern teaching hospitals – but it is expected that these spots will be taken up by graduates of the Northern Ontario School of Medicine in due course.

### Continuing education and research

A new project underway is development of a menu of Continuing Education topics to be made available to Northern Sites on request. We are also collaborating with other Ontario Psychiatric Outreach Program (OPOP) partners in clinical and research initiatives described elsewhere in this report.

In 2007-08, we successfully recruited several new consultants to our program, but there is always some loss due to retirements or departures. Although the University of Toronto has been involved in psychiatric outreach for almost 40 years, UTPOP as an entity came into existence in 1995 under the leadership of Dr. Sam Malcolmson, who has been a highly valued resource for the program as an administrator and experienced clinician. As he has announced his pending retirement from UTPOP consulting, I would like to take this opportunity to sincerely thank him for his many valued contributions to the program and to the communities that have benefited from his dedicated and expert clinical service.





I would also like to single out Ava Rubin both for her many contributions to UTPOP and for providing systems and computer expertise to the OPOP leadership and other partners. I am sure they will all join me in extending our heartfelt thanks to her and wishing her well in her new position with the Centre for Addiction and Mental Health. I welcome Evan Todd to our program as well.

Thanks also to Therese Millette and Achira Saad for their stalwart support of UTPOP's mission. I look forward to another stimulating, rewarding and productive year.

**Dr. Robert Cooke**  
*Program Director*

*In partnership with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health, we continued to nurture a steady growth in telepsychiatry clinical services.*

The University of Western Ontario (UWO) Extended Campus Program (ECP) continued to fulfill its mission of maintaining strong collaborative ties with other OPOP partners, facilitating both academic growth through education and research initiatives, as well as supporting quality psychiatric care in underserved communities through continued recruitment and retention efforts together with direct and shared mental health care.

### Clinical services

In 2007-08, the ECP continued to provide administrative services to maintain a group of 17 psychiatrists providing full-time clinical and educational services in northern Ontario within the contract year.

Two of our faculty members, Dr. Jack Haggarty and Dr. Suzanne Allain, are sited at the Lakehead Psychiatric Hospital in Thunder Bay while four other individuals - Dr. Susan Adams, Dr. Caroline Vidal (on a part-time basis), Dr. Robert King and a newly-recruited-to-the-north Dr. Gamal Salama - provided clinical service at the Northeast Mental Health Centre, North Bay Campus.

The group of nine psychiatrists maintaining formal academic ties with UWO provides full-time clinical service in Sudbury. In January 2008, the leader of the group (and long-time ECP member) Dr. Rayudu Koka was honoured by the Province with the Ontario Medal for Good Citizenship for his contribution to Sudbury. Dr. D. Pearsall, Child Psychiatrist at the Northeast Mental Health Centre in Sudbury, as well as Adult Psychiatry specialists from the Sudbury Regional Hospital - Dr. Amil Joseph, Dr. Rajendar Kumar, Dr. Ramamohan Veluri, Dr. Beena Mathew, Dr. Janice Jura and Dr. Krishna Popuri - have also been actively involved members of the ECP as UWO faculty, as has Dr. Henry Leung from Sault Ste. Marie.

Support for psychiatrists providing consultations to the North of Superior sites continued and 31 consulting visit days were provided

to this area by Dr. Felicity Davies, Dr. William Komer, Dr. Bhadrash Surti, Dr. Vikas Duggal, Dr. Krishna Balachandra and Dr. Abraham Rudnick as fly-in consultants from London.

Dr. Amer Burhan provided 15 days of clinical service on a visiting basis to the Sault Area Hospital in Sault Ste. Marie. Dr. Ladi Malhotra delivered approximately 100 consultation hours to Thunder Bay via videoconferencing. These sessions were broadcast from the Regional Mental Health Care in London. We have also been able to implement clinical consultations to the offices of the North of Superior Programs via videoconferencing and further development of this method for consultations is anticipated in the future.

### Continuing medical education (CME)

Psychiatrists and other professionals involved in mental health care delivery in Thunder Bay, Sudbury and Sault Ste. Marie had an opportunity to participate actively in the UWO Department of Psychiatry CME events, and benefit from lectures delivered by invited speakers. Topics this past year included:

- Senior substance misuse on the loose
- Mentalizing as a framework for treating trauma
- Optimizing treatment for ADHD: lessons from the NIMH MTA study
- Neural circuitry underlying the patho-physiology of major depression
- Association between bullying and mental health problems: some developmental and genetic considerations
- Psychotherapeutic interventions for individuals with borderline personality disorder
- Ethics and public understanding of neuroscience innovation
- Intergenerational transmission of risk across multiple generations: from genes to maternal behaviour
- Coping with stigma

## ECP annual meeting

On March 7, 2008, representatives of the ECP from the north and UWO Department of Psychiatry faculty members from the southwest region attended the program's annual meeting.

The main focus of discussion was issues related to the newly formed UWO academic Division of Rural and Social Psychiatry, and evidence for the utility of telemedicine as a tool in community and rural psychiatry.

Dr. Sarah Jarman and Dr. Abraham Rudnick addressed the rationale, foci and process of development of the new division, emphasizing the need to focus on systems of care and population mental health, UWO strengths of outreach to rural and remote areas, and needs for research and education arising from the scarcity of academic activities in this area in Canada. The division will begin full operation in the 2008-09 academic year.

During the panel discussion, the utility of telemedicine in community and rural psychiatry was discussed after panel presentations on the following topics:

- The development of videoconferencing technology as a tool for clinical services for patients in remote areas – historical overview;
- Effectiveness of videoconferencing for accurate diagnosis and clinical outcome;
- Clinical and educational support through videoconferencing for the North of Superior Programs.

## OPOP retreat

During the summer 2007, significant efforts of the ECP were focused on helping to organize the OPOP Annual Retreat, which was

hosted in London on September 6-7. With the combined local organizational effort, and in close collaboration with Dr. R. Swenson, OPOP Director, there was good attendance at the retreat. We were very pleased to host many faculty members at the retreat providing clinical and educational services to northern Ontario under the OPOP umbrella.

Dr. Judith Belle Brown, Professor and Chair of the Masters in Clinical Science Program of the UWO Centre for Studies in Family Medicine was Keynote Speaker, and Dr. Carol Herbert, Dean of Schulich School of Medicine and Dentistry, gave the welcome address. Dr. Herbert's message, and her reference to psychiatrists as a "precious" commodity, set the tone for a very successful meeting.

A group of faculty members from the Department of Psychiatry in London and the ECP members from northern Ontario, together with a group of Residents from the UWO Psychiatry Postgraduate Program, represented UWO at the retreat.

Effective May 1, 2008, I will be transferring the responsibilities of the Director of the ECP to Dr. Abraham Rudnick, Chair of the Division of Social and Rural Psychiatry at the Department of Psychiatry, UWO. I am convinced that under his able leadership the ECP will strengthen its contribution to the future initiatives of OPOP and provision of psychiatric care to northern Ontario.

**Dr. Sandra Fisman**  
*Program Director*



*Further development of [video-conferencing] for consultations is anticipated in the future.*

# Program Partner Reports

## Queen's University Psychiatric Outreach Program

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, headed by Dr. Ken LeClair.

### Geriatric psychiatry

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

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

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

Dr. LeClair, in partnership with the Alzheimer Strategy physician group, also engaged in a faculty development program with family physician preceptors at the Northern Ontario School of Medicine, concentrating on both continuing education and educational strategies for teaching students about dementia and its behavioural and psychological dimensions.

### 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. Over the past year, these services have been moderately affected by a reduction in available child psychiatrists. In Smith Falls, psychiatric consultation was fully reinstated as of January 1, 2008 but discontinued to non-medical children's mental health centres in Brockville after March 2007. 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. Two new child psychiatrists will arrive in July 2008 and full onsite service to all three centres will begin again on a one full or two half-days per month basis. Over the past year, Dr. Cherie Jones-Hiscock provided service to Brockville, Dr. John Leverette to Smiths Falls, and Dr. Nasreen Roberts to Frontenac, and Lennox and Addington. 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 2007-08, 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. As a result of the merging of the Mental Health and Addictions program, Dr. Prabhu saw concurrent diagnosis patients. 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. With the addition of a new staff member this year, Dr. Jokic's team extended outreach visits into Hastings and Prince Edward counties including Belleville and Trenton, with the goal of replicating the Lennox and Addington Outreach initiative if human resources become available.

## 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.

DDCOT also worked collaboratively with the Community Network of Specialized Care in Eastern Ontario to offer videoconferences about the needs of aging adults with intellectual disability, and participated in the national Dual Diagnosis Community of Practice rounds.

## Education

Undergraduate psychiatry rotations are available in Oshawa (15 clerks) and Brockville (seven clerks). Over the past year, 23 percent of the undergraduate clerkship class completed their core psychiatry clerkship rotations in non-tertiary communities.

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. Melissa Andrew**  
*Program Director*



# Program Partner Reports

## McMaster University Psychiatric Outreach Program

In 2007-08, 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

Next 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 2007-08 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

The Northern Ontario School of Medicine (NOSM) is a joint initiative of Lakehead University and Laurentian University with main campuses in Thunder Bay and Sudbury, and multiple teaching and research sites distributed across Northern Ontario. The School welcomed its first students in September 2005.

NOSM's residency training in Northern Ontario was pioneered by two successful predecessors: the Northwestern Ontario Medical Program (NOMP) on behalf of McMaster University, and the Northeastern Ontario Medical Education Corporation (NOMECE) associated with the University of Ottawa. NOMP's activities were integrated with NOSM in the fall of 2005, and NOMECE in the summer of 2006. The transfer of programs and activities previously delivered by these two highly successful organizations has allowed for a substantial expansion in NOSM programming.

### Northern Ontario Electives Program

NOSM administers the Northern Ontario Electives Program, which provides a variety of high quality rural, remote, and small urban clinical learning opportunities in Northern Ontario. It is designed for undergraduate medical students and postgraduate residents from both family medicine and specialty programs, including psychiatry. Medical trainees from all Ontario Faculties of Medicine can gain access to Northern community-based clinical learning opportunities by registering in the Electives Program for a minimum four-week duration. Clinical learning sites are located in Thunder Bay, Sioux Lookout, Wawa, Kenora, Sudbury, North Bay, Timmins and Sault Ste. Marie, as well as smaller centres throughout Northern Ontario. Learners work in community-based practice locations throughout the region.



NOSM has collaboration agreements with the North East and North West Local Health Integration Networks, and affiliation agreements with more than 70 health centres and hospitals across Northern Ontario. These agreements secure NOSM's relationship with hospitals and health service centres and allow students, faculty and staff to become immersed in the culturally diverse region they are serving.

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. NOSM will be hosting the OPOP 2008 annual retreat in Sudbury, in September.

**Dr. Roger Strasser**  
*Founding Dean*

*The Northern Ontario Electives Program... provides a variety of high quality rural, remote, and small urban clinical learning opportunities in Northern Ontario.*

The paediatric Telepsychiatry Program has continued to grow, with a provincial focus. In September 2007, the new Ontario Child and Youth Telepsychiatry Program was officially launched, creating the Central Hub (Toronto Hospital for Sick Children), the Western Hub (Child and Parent Resource Institute / London Health Sciences Centre / Windsor Regional Hospital / St. Joseph's Health Centre-Regional Mental Health Care) and the Eastern Hub (Children's Hospital of Eastern Ontario, Ottawa).

In total, 25 children's mental health agencies are currently designated by the Ontario Ministry of Children and Youth Services as the primary recipients of child psychiatric consultations and education via live, interactive videoconference, based on the model pioneered at the Hospital for Sick Children since 2000.

### Central Hub expands range of activities

This past year, the Central Hub completed 933 clinical consultations, and 110 program consultations across 15 designated children's mental health sites. Additionally, 27 educational seminars were provided to 1,788 attendees, at an average cost of \$33.26/attendee/seminar.

Telepsychiatry has been increasingly integrated into the curriculum of medical trainees and psychiatry residents, who report very positively on their learning about the consultation process, children's mental health issues in rural and remote regions, and gaining an awareness of the potentials of the videoconferencing medium.

In 2007-08, the Central Hub completed eight presentations at local, national and international venues. Two publications have appeared in peer-reviewed journals and four others are at various stages of review. Research into the views of the children and

youth accessing the telepsychiatry service has continued into its final phase of data collection, with outcomes to be reported very shortly.

The Central Hub is especially pleased to announce that Dr. Peter Braunberger has joined the team as the new Liaison with Aboriginal Communities. This is now truly a liaison position as Dr. Braunberger is physically located in Thunder Bay and has a special interest and commitment to facilitating ongoing, culturally sensitive collaboration with our Aboriginal communities.

### Western Hub created

The Western Hub became operational in July 2007 as a partnership between the Child and Parent Resource Institute (CPRI), London Health Sciences Centre, St. Joseph's Health Centre-Regional Mental Health Care, Windsor Regional Hospital and the Division of Child and Adolescent Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario (UWO).

The administrative core is located at CPRI, in London, Ontario and provides telepsychiatry consultations to its five Ministry designated sites. To build partnerships and ensure the delivery of telepsychiatry services that are attentive to the unique needs of its communities, the Western Hub collaborates regularly with frontline workers and other stakeholders.

At the time of this report, the Western Hub had completed 77 clinical consultations and two program consultations. As the number of requests for consultation is rising, the Western Hub expects to be able to meet the provincial target of 250 consultations per year.





During fall 2007 and winter 2008, four educational seminars were offered to the five designated sites, including a series of three sessions on “Working with the dual diagnosis population” and “Exposure and response prevention therapy with children and youth with OCD.” Additionally the Western hub was the first to provide a series of three sessions on Anxiety Disorders to 13 sites across the province. These sessions were well received and participants highlighted the great advantage of receiving the education in their home community without having to travel.

Working in conjunction with the Division of child psychiatry, UWO, the Western Hub has provided regular access to grand rounds and the Journal Club at UWO, and to clinicians at remote sites through video conferencing. Residents and Clinical clerks are encouraged to participate in clinical and education sessions.

### **Eastern Hub opens**

The Eastern Hub officially began providing clinical services to its designated Children’s Mental Health Centres in the Eastern region in September 2007 and program consultations were initiated by November. It is anticipated the hub will come very close to meeting its maximum of 250 consultations annually by the end of 2008.

Residents and medical students have been integrated into consultation opportunities and recently the Children’s Hospital of Eastern Ontario monthly Psychiatry Rounds have begun to be offered to the Eastern sites via telepsychiatry. The Eastern Hub will also offer provincially coordinated educational sessions in October 2008 in coordination with the Central and Western hubs.

The telepsychiatry service has received extremely positive feedback from its community sites and it is anticipated the volume

of consultation requests will continue to grow rapidly. The Eastern Hub has so far been able to meet the extra challenge of providing bilingual services to the region and will continue to provide both clinical services and educational sessions in both French and English.

The new Ontario Child and Youth Telepsychiatry Program – building a provincial community of care.

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

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

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

*The new Ontario  
Child and Youth  
Telepsychiatry  
Program –  
building a  
provincial  
community of  
care.*

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 reports to the OPOP Steering Committee and the committee met four times in 2007-08, 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.

In 2007-08, ACSC focused on ways to increase consultant participation in OPOP to respond to increased demand for services from community partners and to reduce wait times for patients. Key issues included consultant remuneration and satisfaction, and managing community expectations.

### Meeting community needs

Demand for OPOP clinical services continues to rise each year. While waiting lists in some northern communities are actually shorter than in Toronto, there are still unmet needs for mental health care in many communities.

An OPOP research project launched in January 2008 to survey mental health services in smaller communities in Northern Ontario will analyze waiting lists, time to access psychiatric consultation, and follow-up. A final report is expected by early 2009.

Another issue ACSC addressed this past year was how to reconcile community needs with the type of comprehensive services being offered by consultants. The committee noted the need for communities receiving services to take a holistic view of community mental health and involve general practitioners, mental health clinics and hospitals. One of the ways OPOP is addressing this issue is through its ongoing efforts to work more closely with LHINs.

ACSC and OPOP are committed to developing best clinical practices based on a shared care model. It is anticipated that the research project underway will lead to principles of care for consultants and guidelines for OPOP in implementing collaborative care.

### Increasing and enhancing consultant participation

Consultants and the community agencies they serve will be surveyed as part of the research project mentioned above. ACSC made a major contribution this past year to the development of the survey and worked closely with OPPEN representatives to include an education component to the survey.

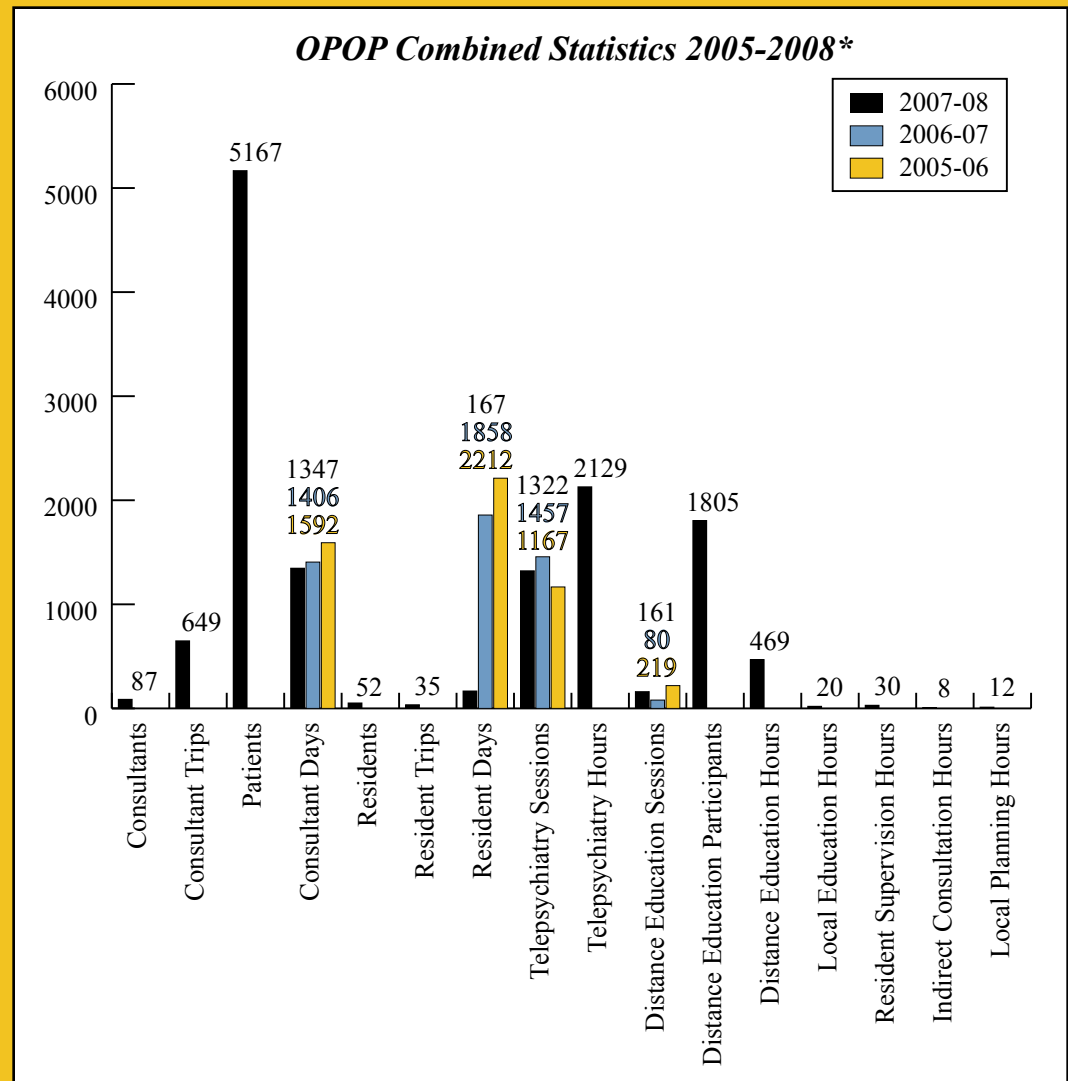
The external review of OPOP completed in 2006-07 noted funding inequities among the university outreach programs with respect to consultant remuneration. There is a difference in stipends paid to consultants, even though the work, venues and travel are the same. Moreover, the OPOP rate has fallen behind hospital-session-based rates.

These rate discrepancies are seen as a disincentive to consultant participation in outreach services. A related issue is reimbursement for travel time, where there is also an inconsistency of approach.

For instance, other medical boards in Ontario pay full rates for travel days as well as work days. Given that many venues served by OPOP consultants require a full day's travel time, compensation needs to be adequate – or at least not a disincentive.

In late 2007, OPOP initiated discussions with the Ontario Medical Association (OMA) 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. A decision is expected early in 2008-09. It is hoped that the outcome will encourage greater consultant participation in OPOP and enable the program to enhance the mental health services offered to Ontario residents in Northern Ontario.

**Dr. Robert Cooke**  
*Chair*



*\*This table includes data from ECP, NOFPP, UTPOP and the Division of Child Psychiatry at the Hospital for Sick Children, Toronto.*

Data for 2007-08 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 2007-08, twice in person and twice by teleconference.

In 2007-08, 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.

### 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 schools are committed to collaboration in order to assist access for residents to any elective or core rotation that meets their needs, regardless of home university.

### CanMEDS assessment 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.

This past year, OPPEN struck a sub-committee to further the adaptation of the new CanMEDS competency assessment to the delivery of mental health services to rural and northern Ontario communities. Among the goals was to define the elements that make northern training experiences unique. The committee developed a chart of different CanMEDS roles, setting out how northern training sites are different both in global terms and in terms of learning and the differences in education. When completed, the chart will be posted on the OPOP Web site to assist trainees and supervisors to match trainees' goals with what the rotations are offering.

As part of its ongoing efforts to disseminate more broadly within medical faculties information about the rich experiences northern rotations offer to trainees, OPPEN presented a poster at the Association of Faculties and Medicine of Canada meeting in Victoria, B.C. in May 2007, with the theme of "Distributed Medical Education."

One of the issues for OPPEN is determining where the northern training directors and teachers require most assistance. Another is deciding whether it would be more useful and effective to develop objectives for northern rotations in general terms or based on university-specific existing objectives. It is also important that the objectives developed be compatible with the RCPSC's new 2008 training objectives to be met in the five-year psychiatry-training period.



## Education component of OPOP Web site

OPOP completed the re-design and re-organization of its Web site in late 2007-08 for launch in summer 2008 to make navigation through the various programs more transparent and accessible. One of the objectives is to enable any student interested in a northern elective to be able to access information easily through the site. It should also help medical faculties and psychiatric programs know that northern electives are available.

**Dr. Melissa Andrew**  
*Chair*

## **OPOP Annual Retreat Held in London**

OPOP annual retreats are both a strategic planning tool and an opportunity for education and knowledge transfer. The 2007 retreat was held September 6-7 in London at the University of Western Ontario – one of the founding members of OPOP.

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 close to 60 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.

The focus for the annual retreat was “Collaborating in Care.” Participants explored collaborative models in education, discussed the elements that define collaborative patient care as well as in research and education teams, and came to understand the components of collaborative team work in the realms of clinical care, education and research.

The retreat was an Accredited Group Learning Activity as defined by the Royal College of Physicians and Surgeons of Canada. The learning objectives were:

1. To explore collaborative models in education,
2. To understand elements which define collaborative patient care, research and education teams,
3. To appreciate the components of collaborative team work in the realms of clinical care, education and research.

Dr. Carol Herbert, Dean of Schulich School of Medicine and Dentistry at UWO, welcomed the participants with a message addressing the significant changes in the way a medical school must prepare physicians for collaborative interdisciplinary practice and the value of outreach in ensuring equal access to health care for urban, regional and rural populations.

Keynote Speaker Dr. Judith Belle Brown, Professor and Chair of the Masters in Clinical Science Program of the UWO Centre for Studies in Family Medicine, addressed all learning objectives set out in the agenda, with reference to observations arising from studies she conducted at UWO.

There were three panel presentations, each followed by a workshop. Dr. Jack Haggarty, Medical Director, Community Mental Health, Lakehead Psychiatric Hospital, spoke on Collaboration in Clinical Services.

Dr. Katharine Gillis, Acting Chair of Psychiatry at the University of Ottawa, and Dr. Sarah Jarmain, Assistant Professor, Department of Psychiatry, UWO, jointly delivered a panel presentation on Collaboration in Education.

Dr. Raymond Pong, Research Director, Centre for Rural and Northern Health Research, Laurentian University, delivered a panel presentation on Collaboration in Research. He explored opportunities for collaborative research in underserved areas and identified the elements of successful research collaboration.

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



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