

# The Ontario Psychiatric Outreach Program

Annual Report 2014–2015



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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 underserviced 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

In what has actually been two years since our last “Annual” Report, OPOP’s programs have continued to strive to fulfil our mission of providing multidisciplinary, contextually relevant, community-oriented service and education of the highest quality to communities throughout Ontario, particularly communities that are rural, remote or considered under-served in terms of mental health care. As you will see from the accompanying program and partner reports, we have pursued a number of new initiatives while also continuing a strong focus on our core activity of recruiting and supporting visiting psychiatric consultants to rural and remote areas of need in northern Ontario. Of course, our success is made possible by the work of our steering committee and our constituent programs; the support of the Ministry of Health and Long-Term Care (MOHLTC) and other stakeholders; and our close working relationship with the departments of psychiatry at the Universities of Toronto, Ottawa and Western, as well as with the Centre for Addiction and Mental Health (CAMH) and the Northern Ontario School of Medicine (NOSM).

Our expanded steering committee has benefited greatly from additional representation from the North East Local Health Integration Network (LHIN) and HealthForceOntario, which has given us a broader perspective on the service and educational needs of northern communities, and we hope to also have representation from the North West LHIN in the near future.

Two ongoing OPOP research projects, both supported from within our budget with the approval of MOHLTC, were completed over the past two years. The first, our collaborative research project with the Centre for Rural and Northern Health Research (CRaNRH) at Laurentian University was an extensive evaluation of aspects of health care delivery in communities served by OPOP subprograms, and the two highly informative ensuing reports have been submitted to MOHLTC and are available on our website ([www.opop.ca](http://www.opop.ca)).

The second was the CanMEDS project, which sought input from psychiatric residents in training, reflecting upon how their experiences seeing cases together with supervisors at remote sites might have enhanced their learning in various domains identified by the Royal College of Physicians and Surgeons of Canada. Unfortunately this survey received only a small number of responses. However all respondents did comment favourably on how supervised outreach electives offer a novel training experience quite distinct from the usual urban teaching hospital placement that forms the bulk of training, at least at the Southern Ontario universities.

OPOP’s 2013 retreat was held on October 3–4, in London, Ontario, and focused on suicide prevention in the rural context. Dr. Margaret Steele, Vice-Dean of Hospital and Interfaculty Relations at Western University’s Schulich School of Medicine and Dentistry, graciously opened the proceedings and welcomed participants. The program featured a keynote address by Dr. John Cutcliffe, adjunct professor at the University of Ottawa’s School of Nursing, the University of

Coimbra in Portugal, and the University of Malta. He spoke on “Opportunities and Challenges: Exploring a Public Health Approach to Suicide Prevention in Rural Canadian Communities.” Dr. Paul Links, professor and Chair of Western’s Department of Psychiatry and Chief of Psychiatry at London Health Sciences Centre and St. Joseph’s Health Care London, and an internationally recognized expert on suicide, explained research and findings for “Developing a Matrix Model of Rural Suicide Prevention: Canadian and International Perspectives.” Dr. Monique Séguin, professor in the Department of Psychology and Psychoeducation, Université du Québec en Outaouais, and researcher with the McGill Group for Suicide Studies, presented her research on “Suicide and the Evolution of Risk Factors across the Lifespan.” Finally, Dr. Peter Menzies, then-Head of Aboriginal Services at the Centre for Addiction and Mental Health, gave a presentation titled “An Exploratory Model: Working with Aboriginal People,” which provided insight into the cultural considerations of Aboriginal peoples with regards to suicide prevention. Three workshops allowed participants to engage in further discussion about the presentation topics. The French language workshop was run by Dr. Séguin, who discussed “Suicide Assessment of Risk Factors throughout the Life Course.” Dr. Menzies and I held English language workshops respectively titled “Working with Aboriginal People: Exploring Presenting Behaviours and Intervention Strategies” and “Visioning for OPOP’s Future.” All talks and workshops were very well received and generated lively and informative discussion.

Following that retreat, we were again able, over the course of the year, to use a portion of our budget to support a new research and training initiative: the development of a suicide assessment and prevention “toolkit” for use by our clinicians and ultimately by others, specifically attuned to the rural and northern context. This project is intended to offer a two-summer opportunity for a medical student to develop the toolkit with supervision by Dr. Links, and input from OPOP clinicians and others. Dr. Links and the student Ernest Chan gave an excellent presentation on the topic at our 2014 retreat in Timmins. The work is ongoing and will be featured again at our 2015 meeting.

A full report on our highly successful 2014 retreat is found elsewhere in this report.

Once again I thank the staff of the MOHLTC; the directors and administrative staff of our programs and their respective parent institutions, including the Centre for Addiction and Mental Health; the numerous clinicians who participate in our outreach activities; the members of our steering committee; staff at numerous partner sites in northern and rural Ontario; HealthForceOntario; and all other stakeholders and collaborators for helping OPOP and its programs succeed in our endeavours over the past two years. I especially thank Eva Serhal for her dedication and vision in advancing the program during her relatively short 2½ years with us, and for continuing to offer support even after the official end of her tenure. I am sure I can speak for all of us in wishing Eva the best of success in her new position with CAMH and beyond.



# Program partner reports





## Extended Campus Program at Western University



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

In 2014–2015 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 11 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 situated at the Lakehead Psychiatric Hospital in Thunder Bay. Dr. Susan Adams, an ECP active member for many years, provides full-time clinical services at the North Bay Regional Health Centre as Clinical Director, Mental Health and Law. 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.

The outreach (fly-in and televideo) psychiatric services to the North of Superior Programs (NOSP) continued as another component of the ECP in 2014–2015. This included psychiatric services and education to remote communities of the Lake Superior area in Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. In collaboration with NOSP executive management, much effort has been made to streamline the process of service and improve any barriers to access. We are at the stage of implementing a telephone consultation system between consultants from Western and the local family physicians, and have also increased the number of psychiatrist hours in some of the busiest sites. In 2014–2015 the ECP administration supported Dr. Bhadresh Surti, Dr. Richard Owen, Dr. Iouri Rybak and Dr. Giuseppe Guaiana, who delivered 22 on-site consultation days and 87 video-consultation hours. Three psychiatry residents from Western accompanied NOSP consultants during their trips to the north.

### ECP/NOSP annual retreat

During 2014–2015 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 evolving mandate of the ECP and its increasing role as an active contributor to education for local health care providers in rural Ontario were considerations in driving the agenda of the program’s annual retreat on November 3, 2014. The annual meeting was organized by Dr. Guaiana, with the participation of health care workers from the north and clinical consultants from London. The main educational theme was “Attention Deficit Disorder in Adults: Challenges and Opportunities.” Dr. Tom Janzen, an expert in the area, delivered a keynote presentation. Participants had an opportunity to review a collaborative care model presented by Dr. Guaiana, and to discuss challenges and our vision for the future. During the discussions, participants had an opportunity to

further explore the ECP's role in 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:

- Suicide Risk Assessment
- Frontotemporal Dementias: Update on Diagnosis and Treatment
- Developmental Theory of Embodiment: Research Program and Clinical Implications
- Down Syndrome—History of a Disability
- The Triple Burden of Bipolar Disorder, Anxiety Disorders and Substance Use Disorders: Negotiating the Complex Labyrinth of Some Common Biological Underpinnings to Inform Treatment
- Autobiographical Memory and Social Cognition in Patients with Mood Disorders and Trauma Exposure
- Every Breath You Take—Understanding Stalking Behaviours and Their Effect on Victims
- Antipsychotics: What's New? What's Different? What's Next?
- Neuroleptic Malignant Syndrome: A Wolf in Sheep's Clothing
- Metacognitive Deficits in Severe Mental Illness: Implications for Emerging Models of Wellness and Recovery

## Research

During the OPOP retreat in October 2014, Ernest Chan, a student at Western's Schulich School of Medicine and Dentistry, delivered a presentation that summarized progress on a research project conducted under my supervision. The project's purpose is to enhance the suicide risk management attitudes, knowledge and skills of clinicians working with OPOP through the development of a suicide prevention toolkit. A draft of the toolkit has been launched on the OPOP website to obtain evaluations of the project through web-based questionnaires. Due to a low level of feedback, we will be working to understand the limited response to its launch.

## CaRMS at Western

The ECP was very active in advertising opportunities for distance education in the north for Canadian Resident Matching Service (CaRMS) applicants at Western in January 2015. Resident elective 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 interested in gaining exposure to rural psychiatry by accompanying Western's specialists on their clinical trips to Nipigon, Marathon, Schreiber and Greenstone.

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 2014–2015, 11 NOFPP psychiatrists provided 108 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 2014: myself after 26 years of service (while remaining as Program Director), Dr. Jean-Guy Gagnon after 21 years, and Dr. Michelle Mathias after one year. We thank them for their dedication and contributions to the program. Dr. Sharon Levine has replaced me in Hearst, Kapuskasing and Smooth Rock Falls, and Dr. Pierre Tessier has replaced Dr. Gagnon in Elliot Lake. Dr. Rachel Henry continues to offer services in

Englehart. Dr. Daniel Kraus continues to work in Timmins, Cochrane, Matheson and Iroquois Falls as a consultant in adult psychiatry. Dr. Marc Lapointe and Dr. Marc Manguin offer services in Hearst, Kapuskasing and Smooth Rock Falls. Dr. Dominique Nadon works in Sturgeon Falls and Mattawa. Dr. Marie-France Rivard and Dr. Michèle Tremblay alternate each month in Timmins, providing geriatric psychiatry consultations. Dr. Pierre Tessier offers consultations in Elliot Lake, New Liskeard, Iroquois Falls, Matheson, Kirkland Lake and Sturgeon Falls. Dr. Hugues Richard offers services in Timmins, Chapleau and Kirkland Lake, and for Timiskaming Health Services. We have recruited Dr. Raymond Tempier to offer consultation services in Cochrane and Iroquois Falls.

Dr. Rivard and Dr. Tremblay continue to collaborate with consultants working in geriatric psychiatry in northeastern Ontario, supporting them in their efforts to provide education and local capacity building.

Dr. Richard, Dr. Nadon and Dr. Manguin offer telepsychiatry consultations on a regular basis.

## The involvement of our francophone residents

Dr. Melissa Palardy, a fourth-year resident at the University of Ottawa, accompanied Dr. Michèle Tremblay on her visits to Timmins in May 2014. Another fourth-year resident, Dr. Benjamin Fortier-Langelier, took part in the OPOP annual retreat in Timmins last October, where he was awarded the Dr. André J. Côté Prize for his commitment to the program. 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 from 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

Last year was capped for the Northern Psychiatric Outreach Program (NPOP-C) at the Centre for Addiction and Mental Health by our annual retreat, which focused on evidence-based psychotherapy in the outreach context, with presentations by Dr. Paula Ravitz and Dr. Barbara Crawford. Along with colleagues at the University of Toronto, many of whom do outreach, and colleagues across the north, Dr. Ravitz has created a series of books titled *Psychotherapy Essentials to Go*, which focus on continuing education in psychotherapy for practitioners. The six books were developed in collaboration with northern communities, and were designed to address the needs of rural and remote health care practitioners. Dr. Barb Crawford presented on her experience using telepsychiatry to provide CBT psychotherapy and supervision. This session was well-received and drew in many residents.

There appears to be a strong interest in outreach among our current resident colleagues, with a number doing senior electives with a focus on outreach and telepsychiatry. This was evident also at our resident interest night, where we had spirited and engaging presentations by Dr. David Goldbloom, Dr. John Teshima and Dr. Kathleen Broad.

In 2014–2015, the Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C) continued to fulfill our core mission of improving the equitable provision of mental health services for the population of northern Ontario, increasing access, and improving the effectiveness and efficiency of psychiatric services. 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 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 underserved areas in Ontario.

### 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 2014–2015 we provided 218 days of service and assessed 1,352 patients, an increase in patients seen over the previous year.

We recruited four new psychiatrists to our program and have had 56 psychiatric resident electives, for a total of 209 days. Our consultants' participation in the Urgent Locum program managed by HealthForceOntario resulted in 342 days of service.

Complementing our MOHLTC-funded activities were 154 days of service to Nunavut, over 22 trips, including 19 trips by psychiatry residents (133 days).



One of our ongoing objectives is to increase our collaboration with communities, in order to better match our services to community-specific needs. This project has led to a reorganization of how we integrate fly-in and telepsychiatry services. We have partnered NPOP consultants with the communities of Sault Ste. Marie, Timmins, New Liskeard, Atikokan and Fort Frances to provide collaborative care through the local family health team (FHT). In partnership with the North East and North West LHINs, we piloted this additional service and found it to be a feasible way of extending care, with high satisfaction ratings from patients, FHTs and consultants. We have started to expand this service to additional sites.

We continue to collaborate with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health (CAMH) in expanding telemedicine services to northern Ontario, facilitated by NPOP-C staff and primarily directed to rural and underserved areas in Ontario. The level of demand and service provided by telepsychiatry is growing rapidly. In 2014–2015 we saw continued growth, with 1,192 referrals to our telepsychiatry program and additional regular (biweekly) sessions to each of our collaborative care sites.

## Education and research

The quality improvement project, led by Drs. Soraya Mumtaz and Laura Williams and supervised by Allison Crawford, was completed with the development of checklists and processes to enhance the safe and effective prescribing of medication via telepsychiatry. In the coming year, Dr. Paul Benassi will be spending a year doing telepsychiatry with an interest in quality improvement.

We are partnering with Dr. Paul Kurdyak at CAMH and the Institute for Clinical Evaluative Sciences (ICES) to map the provision of outreach and telepsychiatry services across Ontario.

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 on a strong team, which includes Achira Saad, Kristina Hayes and Nardini Persaud.



# Collaborating program reports



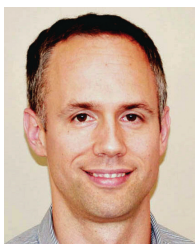
OPOP works closely with other outreach programs in the province to provide on-site and telepsychiatry clinical services and education in remote and rural communities throughout Ontario. These collaborating partner programs include HealthForceOntario Marketing and Recruitment Agency and the Ontario Child and Youth Telepsychiatry Program. 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 Marketing and Recruitment Agency (HFO MRA) 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, and recruitment and outreach for high-need specialties such as family medicine, emergency medicine and psychiatry.

### Northern Specialist Locum Programs



**Martin Ochman**  
Manager  
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 temporary specialist locum coverage for eligible specialties and communities while local physicians are on vacation, continuing medical education or leave.

Psychiatry was one of the most active NSLP specialties in 2014–2015, with 879 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 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 on 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.

# Tele-Mental Health Service



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



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



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

Enabling access to limited 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 Tele-Mental Health Service (formerly the Ontario Child and Youth Telepsychiatry Program) of the Ontario Ministry of Children and Youth Services continues to lead children’s telepsychiatry services to rural and remote regions of Ontario. Services continue to be provided 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. Services are now available to a variety of primary care providers across the province. Access to the new service model is now co-ordinated through six agencies identified by the Ministry, with all referrals being triaged via the Central Hub at SickKids. In 2014–2015 the following services were delivered:

TELE-MENTAL HEALTH SERVICES PROVIDED, 2014–2015				
Service	Central Hub	Western Hub	Eastern Hub	TOTAL
Clinical consultations	2,420	442	369	3,231
Program consultations	190	32	12	234
Continuing education sessions	21	15	—	36

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

Trainees at all levels and across multiple disciplines (e.g., family medicine, pediatrics, psychiatry, nursing, social work) are welcome to participate in consultations and education sessions at all hubs.

The Ontario Telemedicine Network (OTN) is a key enabler of the Tele-Mental Health Service. The network has provided child and youth mental-health practitioners with the tools, programs and services to extend their reach and to improve the quality of care they deliver. As a result, more and more of Ontario’s youth, especially for those in rural, remote and underserved



communities, are gaining access to quality psychiatric care. In 2014–2015, two-thirds of all OTN-facilitated clinical events were mental health–related (111,000 as of September 2015—a 22 per cent increase over the previous year.

The Tele-Mental Health Service also continues to provide practitioners with the opportunity to host, or participate in, live and on-demand learning opportunities through OTN’s videoconference and webcast technology. Practitioners from across the province are gaining access to high-quality educational resources, fundamental to a strong and effective child and youth mental health sector. OTN plans to enable even greater collaboration and knowledge exchange between providers over the next year, to further improve patient care.



## North East Local Health Integration Network

A new Northern Telepsychiatry Program is linking psychiatrists to five family health teams (FHT) in the North East Local Health Integration Network (LHIN), creating a collaborative care model for both providers and patients, and increasing northerners' access to mental health care across the region.

Each FHT is linked by the Ontario Telemedicine Network (OTN) to a dedicated psychiatrist at the Centre for Addiction and Mental Health (CAMH). On average, CAMH psychiatrists will spend half a day every two weeks with their respective team, supporting the primary care team members with their clinical questions and consulting with patients.



Dr. Al McLean, of the Superior Family Health Team in Sault Ste. Marie, connects with the Northern Telepsychiatry Program.

“This program is helping to build a more co-ordinated system of mental health care, right where most people access the health system—their doctor’s or nurse’s office,” says Louise Paquette, CEO of the North East LHIN, who recently received OTN’s inaugural Champions of Telemedicine

Award. “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.”

While the Northern Telepsychiatry Program is supported by the North East LHIN, it also relies on the partnership with CAMH, which developed the program and has hired a clinical co-ordinator to schedule videoconference consultations between the FHTs and the Toronto-based psychiatrists. The project has been developed over the past two years, with significant engagement and input from northern providers and stakeholders.

“This is an exceptional example of collaboration to develop services that improve access to mental health care in a part of the province where the need is great,” says Dr. Allison Crawford, Clinical Head of Telepsychiatry at CAMH. “Linking a dedicated CAMH psychiatrist to a specific health team will ensure continuity of care for patients and provide the opportunity for care providers to engage in collaborative learning.”

The program builds on successful pilots started at the Superior Family Health Team in Sault Ste. Marie, the East End Family Health Team in South Porcupine and the Great Northern Family Health Team in New Liskeard. The project will eventually be expanded to link five more FHTs to psychiatric care.

Dr. Al McLean, of the Superior Family Health Team, has seen tremendous benefits for both patients and staff. “The program has been a huge step forward for the mental health of our patients. The system has cut down the wait list for very seriously ill patients by more than six months,” he explains. “The ongoing collaborative model has not only allowed us to provide better mental health care to our patients, but has allowed us to accept more patients with serious mental health problems who previously had no access to primary care. The learning opportunities for physicians, staff, medical students and family practice residents will vastly increase the capacity to treat mental illness for the north.”

## Northern Ontario School of Medicine

### Northern Ontario School of Medicine celebrates 10 years . . . with thanks!

The Northern Ontario School of Medicine (NOSM) opened its doors to its first medical students in September 2005. Over the past decade, NOSM has grown significantly. It has developed and delivered distributed community engaged learning as its distinctive model of health professional education and research. It has achieved full accreditation for its MD program, multiple residency programs, continuing education and professional development (CEPD), and the Northern Ontario Dietetic Internship Program (NODIP). It has engaged over 90 communities across northern Ontario, which contribute to educating NOSM learners. And it has graduated physicians, residents and dietitians from its programs, and seen a growing number of NOSM-trained health professionals now practising and teaching in northern Ontario.

NOSM graduates are significantly more likely to practise in northern Ontario, particularly in rural communities, than are graduates of other Ontario medical schools.

- 69 per cent of NOSM residency graduates are practising in northern Ontario (22% in remote, rural communities).
- 94 per cent of NOSM MD and residency graduates are practising in the north (33% in remote, rural communities).
- By July 2015, 99 dietitians had completed their dietetic internship through NODIP, 74 per cent of whom are practising in Northern Ontario.

- 13 physician assistants (PAs) who have graduated from the Consortium of PA Education (a collaboration between the University of Toronto, the Michener Institute for Applied Health Sciences, and NOSM) have begun practising in Northern Ontario since the first graduation in 2012.

NOSM is celebrating its first 10 years with thanks. The school says “Thank you, merci, miigwetch” to faculty, staff, learners, health care professionals, community partners and community members across the region for their support in creating and sustaining a medical school built in northern Ontario, for northern Ontario.

“In the 10 short years since NOSM opened its doors, the school has contributed to important changes across northern Ontario, and none of it would have been possible without the support of many,” says Dr. Roger Strasser, NOSM Dean and CEO.

### NOSM program director publishes psychiatry review

Dr. Kuppuswami Shivakumar, NOSM associate professor and Program Director, Postgraduate Psychiatry, recently wrote a book titled *Psychiatry Review for Canadian Doctors*. Published in December 2014, the guide—also available as an e-book—aims to help psychiatry residents prepare for the certification exam offered by the Royal College of Physicians and Surgeons of Canada (RCPSC). Featuring 200 multiple-choice questions and 20 objective structured clinical examination (OSCE) case scenarios, *Psychiatry Review* covers the main topics and question formats that residents will see on the exam.



## Summer medical student research awards

This year, 12 medical students were awarded the NOSM Dean's Summer Medical Student Research Awards. This is the 10th year that the school has made these awards available for work on a research project under the supervision of an NOSM faculty member. Three of the 12 projects focus on areas of research relating to mental health: *Critical Discourse Analysis of the Evolution of Psychiatric Diagnoses in the Diagnostic and Statistical Manual of Mental Disorders*; *Suicide Training: Changing Attitudes and Actions—An Evaluation of SafeTALK Training for NOSM Students*; and *Understanding the Intersection of Mental Health and Opioid Addiction Treatment*.

## Comprehensive support during community clerkship

According to recent scholarship, medical students experience depression, burnout and mental illness at a higher rate than the general population.<sup>1</sup> As someone with an interest in supporting mental health, these findings caught the attention of Dr. Jennifer Swerdlyk. During her two years of residency at NOSM, Dr. Swerdlyk undertook a research project to assess whether NOSM medical students experienced symptoms of depression and anxiety during their third year of medical school, while they live and learn in mid-sized communities in northern Ontario. Dr. Swerdlyk hypothesized that this third year away, known as the Comprehensive Community Clerkship (CCC), was a time of increased stress for NOSM students, who leave behind their families, friends, classmates and support systems during their eight months in a new community. Further information, and Dr. Swerdlyk's recommendations, can be found in the second edition of NOSM's research newsletter, *The Scope*.

1. Schwenk, T.L., Davis, L. & Wimsatt, L.A. (2010). Depression, Stigma, and Suicidal Ideation in Medical Students. *Journal of the American Medical Association*, 304 (11), 1181–1190. doi: 10.1001/jama.2010.1300.

## American Psychiatric Association award

Graham Gaylord, a second-year NOSM medical student, finished second in the resident/medical student research poster competition at the American Psychiatric Association's 2014 annual conference in New York. The poster related to a research project that Gaylord undertook under the supervision of Dr. Jack Haggarty during summer 2013, as the recipient of a NOSM Dean's Summer Medical Student Research Award.

For more information about activities at NOSM, visit [nosm.ca](http://nosm.ca) and follow NOSM on Facebook at [facebook.com/thenosm](https://facebook.com/thenosm).





## OPOP Steering Committee

OPOP's Steering Committee co-ordinates 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 co-ordination 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 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. co-ordinating 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.

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 (an update on progress toward fulfilling our plans will be presented at the upcoming 2015 retreat)
- disbursing retroactive payments to consultants, arising from delayed implementation of sessional fee increases included in the 2013 agreement between the MOHLTC and Ontario Medical Association
- 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 drafting and implementing a confidentiality agreement as advised by counsel
- increasing the role of the OPOP manager from 0.6 to 1.0 FTE, reflecting the needs of the program
- planning the 2014 retreat in Timmins and commencing plans for the upcoming 2015 retreat in Ottawa
- finding ways to integrate family health team-funded sessional visits with OPOP-funded consultant trips, to expand our service opportunities to a wider network of sites and clinical populations.

Louise Paquette left the Steering Committee in 2014 and was replaced by Sylvie Guenther as representative of the North East LHIN. Jill Cappa was replaced as one of our two HealthForceOntario representatives by Kate Borthwick. Karen Bennett and Peter Menzies also stepped down from the committee since the last report. I thank Louise, Jill, Karen and Peter for their many insightful contributions.



**OPOP STEERING**

**COMMITTEE MEMBERS 2014–2015**

**Dr. Robert Cooke [Chair]**

Director, Ontario Psychiatric Outreach Program (OPOP)

**Ms. Eva Serhal [Secretary]**

Manager, Ontario Psychiatric Outreach Program (OPOP)

**Dr. Fernande Grondin**

Director, Northern Ontario Francophone Psychiatric Program (NOFPP)

**Ms. Diane Gratton**

Manager, Northern Ontario Francophone 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. Paul Links**

Acting Director, Extended Campus Program at Western (ECP)

**Dr. Giuseppe Guaiana**

Acting Director, Extended Campus Program at Western (ECP)

**Ms. Hanna Siemiarczuk**

Administrative Assistant, Extended Campus Program at Western (ECP)

**Mr. Martin Ochman**

Manager, Northern Specialist Locum Program at HealthForceOntario (HFO)

**Ms. Kate Borthwick**

Regional Advisor, HealthForceOntario (HFO)

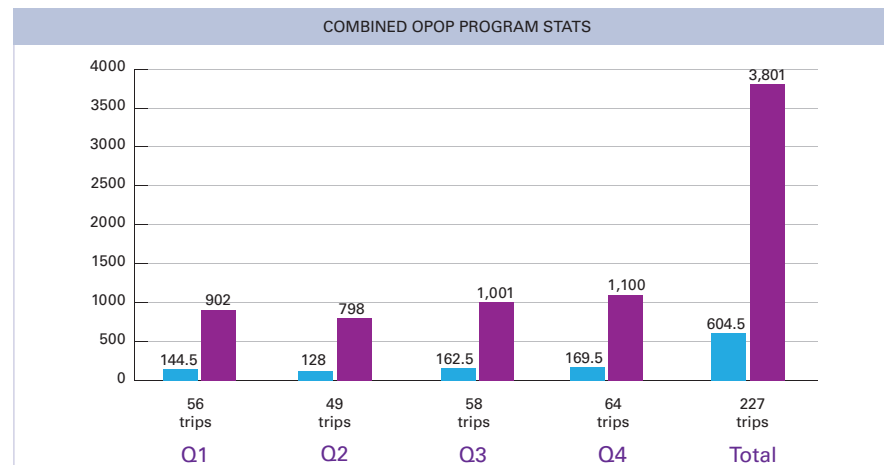
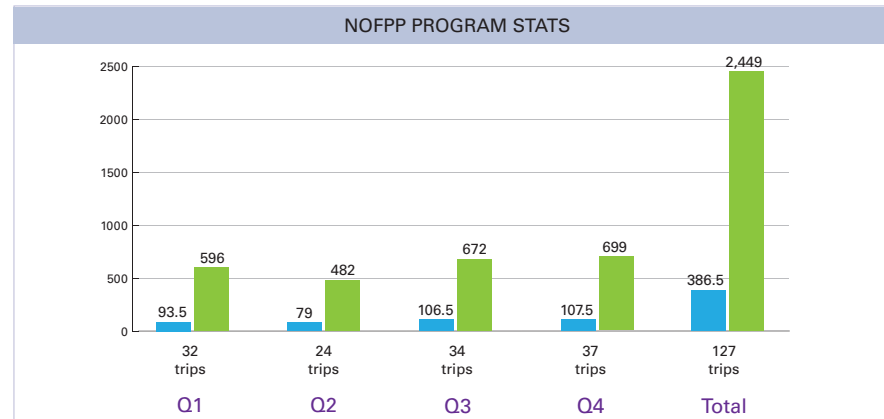
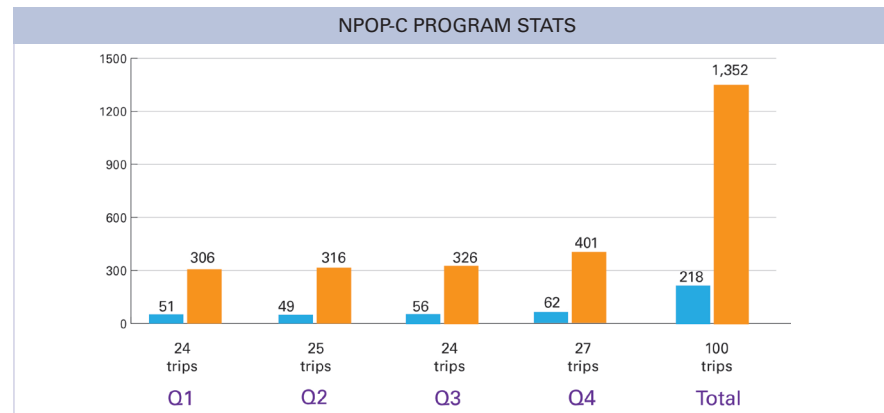
**Ms. Sylvie Guenther**

Outreach Officer, North East Local Health Integration Network (NE LHIN)

**Dr. Rayudu Koka**

Psychiatrist (Sudbury) and Associate Professor, NOSM

**Program statistics**



■ Days ■ Numbers of patients

■ Days ■ Numbers of patients

■ Days ■ Numbers of patients

## OPOP 2014 annual retreat in Timmins

The 2014 OPOP retreat took place on October 1–2 at the Cedar Meadows Resort in Timmins, Ontario. This year’s focus was on “Collaborative Care in the Rural Context.”

Dr. Robert Cooke, Director of OPOP, introduced the keynote speaker, Dr. Jack Haggarty, who gave a presentation titled “Sharing Mental Health Care in Northwestern Ontario: 13 Years of Influencing Change through Innovation.” Dr. Haggarty highlighted his experiences and findings from many years of working in a shared care model.

The next morning commenced with a talk by Dr. Douglas Green on managing depression in primary care. The day’s second speaker, Dr. Allison Crawford, spoke about a collaborative care model for telepsychiatry. The morning concluded with a presentation by Drs. Patricia Smith and Julie Boucher about the experiences of a family physician in northern Ontario, in which they shared information about how they approach care in their busy practices.

After lunch, Dr. Paul Links and MD candidate Ernest Chan presented their Online Toolkit for Suicide Risk Assessment and Management. The last presentation was by Karen Barban, a nurse practitioner from Sault Ste. Marie, who presented on cognitive-behavioural therapy for mood in a primary health care setting.

Finally, all speakers formed a panel and took questions from participants about their experiences and research, before participants broke into groups to discuss next steps for collaborative care in rural and remote areas.

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

# Areas served by OPOP



City/Town	Outreach Provider		
	NPOP-C	NOFPP	ECP
Atikokan	■		
Baffin Island	■		
Blind River	■		
Chapleau		■	
Cochrane		■	
Elliot Lake	■	■	
Englehart		■	
Geraldton			■
Hearst		■	
Iroquois Falls		■	
Kapuskasing	■	■	
Kenora	■		
Kirkland Lake		■	
Longlac			■
Manitouwadge			■
Marathon			■
Matheson		■	
Mattawa		■	
New Liskeard	■	■	
Nipigon			■
North Bay	■		■
Parry Sound	■		
Sault Ste. Marie	■		
Schreiber			■
Sioux Lookout	■		
Smooth Rock Falls		■	
Sturgeon Falls		■	
Sudbury	■		■
Thunder Bay	■		■
Timmins	■	■	
Wawa	■	■	



## How to reach us

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