

The Ontario  
*psychiatric*  
**outreach**  
PROGRAM

*Annual Report*  
**2009-2010**



**Capacity Building through Continuing Education**  
*to Complement Outreach Services*

## Mission

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



University of Ottawa  
Northern Ontario  
Francophone Psychiatric  
Program



Centre for Addiction  
and Mental Health



Northern Ontario  
School of Medicine

Northern  
Ontario School  
of Medicine



Ministry of  
Health and Long-Term Care



McMaster University  
Psychiatric Outreach  
Program



Queen's University  
Psychiatric Outreach  
Program



University of Western  
Ontario Extended  
Campus Program

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There was good progress on several key OPOP initiatives in 2009-2010, and some exciting developments, as we continued to work on coordinating and enhancing psychiatric outreach clinical and educational services for Ontario.

### **OPOP funding increased**

As a result of the successful negotiation in 2008-2009 to include OPOP consultant rates in the new Ontario Medical Association-Ontario Ministry of Health and Long-Term Care (MOHLTC) agreement, OPOP funding for 2009-2010 was based on the prevailing sessional rates for psychiatric services.

### **Capacity building through continuing education**

The MOHLTC approved OPOP's proposal to use our surplus funds from the fiscal year 2009-2010 to develop and provide innovative educational materials (in the form of a tool-kit for four specific areas of highly needed educational topics in mental health), which will support the implementation and evaluation of a comprehensive program of continuing professional education (CE) for community-based front line mental health workers in settings with high service demands in rural and remote sites throughout the province of Ontario. The new toolkit will expand the educational packages available through a project entitled 'CE to Go': Capacity Building in Underserved Communities through Knowledge Dissemination, which got underway in 2009 with an MOHLTC Academic Health Science Centres Alternative Funding Plan Innovation Fund grant. Approval from the Ministry to contribute OPOP funds to this much-needed CE work is another demonstration of the positive working relationship between MOHLTC and OPOP. The modules will be published and in use by the fall of 2010.

### **Manuals for residents and consultants**

In cooperation with program partners, OPOP produced its first annual *Resident Electives, Selectives and Core Rotations Guide*, aimed at providing information to encourage psychiatric residents to gain northern experience in order to maintain the continuity of northern mental health care. It is hoped that such participation will help to interest some of them to stay in northern communities in non-tertiary settings, and to include telepsychiatry in their future careers. A similar OPOP guide for consultants was also developed this year, with a view to publication in summer 2010.

### **Research project reports on first and second phases**

In collaboration with the Centre for Rural and Northern Health Research at Laurentian University, OPOP has been involved since November 2007 in a study of mental health services in northern Ontario, as recommended by the external review. Last year saw the completion of surveys and focus groups with consultants and a survey of Family Health Teams in the two northern Local Health Integration Networks. In 2009-2010, team members completed data analysis of these components and prepared research reports for publication by June 2010. Team members reported on the preliminary findings at the OPOP annual retreat in Ottawa in September 2009. A key finding of the consultant survey was that



**Dr. J. Robert Swenson**

no single “model” of service is used by outreach consultants; rather, models of care have developed to meet the needs and capacities of northern communities.

A second phase of the project, involving case studies of mental health services in 10 smaller communities in northern Ontario, got underway this year. Results of the survey will be published in early 2011 (more details on the research project are provided in a separate section of this annual report).

### **Annual retreat held in Ottawa**

OPOP annual retreats are both a strategic planning tool and an opportunity for education and knowledge transfer. The 2009 retreat was held in Ottawa with assistance from the Northern Ontario Francophone Psychiatric Program at the University of Ottawa. It brought together university program representatives to review achievements and set objectives for the new academic year. The 60 participants represented all of the northern sites served by OPOP, including North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and outlying communities.

The theme was “interdisciplinary mental health care,” and participants learned about the roles played by key actors in interdisciplinary mental health care, and how an interdisciplinary approach can help in the delivery of effective outreach services. A keynote address on the topic of innovations and priorities for Ontario’s health human resources strategy by Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division of the MOHLTC, was followed by a lively discussion that explored the challenges facing Ontario’s health care system and innovative models of shared mental health care in Ontario and Canada.

Speakers and workshop leaders spoke to some of the issues, challenges and responses with respect to interdisciplinary mental health care, including First Nations and Inuit team approaches to mental wellness. The research sessions were accredited by the Royal College of Physicians and Surgeons of Canada. Further details are provided in another section of this report.

### **Looking forward**

Looking ahead to next year, OPOP plans to tackle enhancing medical education opportunities for consultants, residents and community mental health workers.

The annual retreat in September 2010 will be hosted by the Northern Ontario School of Medicine at the west campus in Thunder Bay and focus on “Promoting distributive education in Northern Ontario to complement OPOP mental health outreach services”.

I want to thank all those who contributed time and energy to achieving OPOP’s goals in 2009-2010 – consultants, university program administrators, OPOP committee members and staff as well as community mental health centres. Their enthusiasm and commitment is the key to our success. On behalf of OPOP, I also want to express appreciation to the staff of the Underserved Area Program of MOHLTC for their ongoing support and assistance, and to our partners at HealthForce Ontario.



**Dr. J. Robert Swenson**  
*Program Director*

In 2009-2010, the Northern Ontario Francophone Psychiatric Program (NOFPP), in accordance with its mandate, continued to provide French-language psychiatric services to a number of northeastern Ontario francophone communities.

#### **Clinical services**

In 2009-2010, 12 NOFPP psychiatrists made 203 visits to 13 points of service.

In October 2009, we welcomed Dr. Michele Tremblay, a geriatric psychiatrist at the Royal Ottawa Mental Health Centre as a geriatric psychiatric consultant in Timmins. She shares this service with Dr. Fernande Grondin. We expect that Dr. Tremblay will take on full responsibility for this service effective January 2011.

As in the past, consultants continued to work with various mental health teams served by the Program. Their activities include many indirect services as well such as education, indirect consultation, supervision of residents and discussion of cases. Their availability by telephone between visits is a real asset that ensures the continuity of patient treatment. In an effort to reduce travel costs, psychiatrists often visit two or three points of service per trip.

Dr. Hugues Richard agreed to provide an extra day of service to Timmins and will support the work of Drs. Gilles Melanson and Daniel Kraus, consultants in general adult psychiatry. Dr. Dominique Nadon provided services in Mattawa and Sturgeon Falls, while Dr. Jean-Claude Brutus served Kirkland Lake, New Liskeard and Englehart. Dr. Jean-Guy Gagnon travelled to Sturgeon Falls and Elliott Lake. In addition to their work in Timmins, Dr. Melanson worked in adult psychiatry in Iroquois Falls and Dr. Kraus in Cochrane. Dr. Grondin worked with the

Northeast Mental Health Centre in North Bay to provide geriatric psychiatric consultations in Hearst, Kapuskasing and Smooth Rock Falls. Drs. Richard and Nadon also provided telepsychiatry sessions. We hope to be able to increase our telepsychiatry services next year.

#### **Francophone resident involvement**

With the support of OPOP, NOFPP established an award in 2009 to commemorate the significant contribution to the Program made by Dr. André Côté, its director for some 25 years. Dr. Tin Ngo-Minh, a fourth year resident, was the first recipient of the award made in September 2009 at the OPOP annual retreat in Ottawa. He received a plaque and an invitation to participate in the annual conference of the Ontario Psychiatric Association at which he presented a paper about his experiences in northern Ontario. The Program maintained its links with residents and continued to offer them the opportunity to accompany psychiatrists on their visits to northern Ontario.

The agreement between the Ontario Ministry of Health and Long-term Care and the Ontario Medical Association effective April 1, 2009 allowed us to provide our psychiatrists improved compensation. Additional funding also helped to reimburse travel time for our psychiatrists. Nonetheless, without a budget increase, it will be difficult to maintain the same level of clinical service.

The Program Manager, Ms. Diane Gratton, and I were grateful for the support of OPOP and the Program's consultants throughout the past year. As always, our main concern continued to be the retention of our current team and the recruitment of new consultants.

**Dr. Fernande Grondin**  
*Program Director*

*(Photo: At the OPOP annual retreat in Ottawa, Dr. Tin Ngo-Minh (centre), a fourth year resident at the University of Ottawa, received the first award established by NOFPP, with the support of OPOP, to commemorate the significant contribution to the Program made by Dr. André Côté (right). Also pictured is Marie Couturier-Côté.)*



The Extended Campus Program (ECP), a well established outreach initiative of the Department of Psychiatry at the University of Western Ontario (UWO), continued its mission to maintain collaborative ties with other Ontario Psychiatric Outreach Programs (OPOP) partners and to facilitate growth through education and research initiatives, while supporting quality psychiatric care in underserved communities as part of the UWO Department of Psychiatry Division of Social and Rural Psychiatry.

In 2009-2010, the ECP operating unit continued to provide administrative and academic support to a group of 13 ECP members who provide full time clinical and academic services in northern Ontario. These faculty members were recruited to northern Ontario through the ECP and maintain current academic appointments with the UWO Department of Psychiatry.

#### **Clinical services**

Two of our faculty members, Dr. Jack Haggarty and Dr. Suzanne Allain, are sited at the Lakehead Psychiatric Hospital. Dr. Allain continued her involvement in promoting UWO Department of Psychiatry Continuing Medical Education events to various clinical sites of Thunder Bay. Dr. Susan Adams and Dr. Gamal Salama provided clinical services at the Northeast Mental Health Centre–North Bay Campus. Dr. Dan Pearsall from the Sudbury Campus of that Centre provided Child Psychiatry services to Sudbury and its catchment area. The group of eight Adult Psychiatry specialists from the Sudbury Regional Hospital – Drs. Rayudu Koka, Amil Joseph, Rajendar Kumar, Beena Mathew, Janice Jura, Ramamohan Veluri, and Popuri Krishna – continued their involvement in the ECP over the reporting year.

The outreach (fly-in and televideo) psychiatric services to the North of Superior Program (NOSP) continued as another component of the ECP. In 2009-2010, this consisted of psychiatric service and education to remote communities in the Lake Superior area, including consultation visits to Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. Administrative support for psychiatrists providing these consultations was provided for 30 consulting visit days delivered by Drs. Felicity Davies, Bhadrash Surti, William Komer, Richard Owen and the undersigned. Two residents in psychiatry from UWO traveled with one of these consultants on two of these outreach visits to learn remote outreach psychiatry. In addition to the site visits, consultations were provided via videoconferencing, which is especially valuable when access of NOSP to psychiatry services is limited by scarce visiting psychiatry resources or by difficult weather conditions.

As both ECP Director and Clinical Director of NOSP, the undersigned continued close collaboration with the administrative leadership of NOSP and its regional partners to enhance effectiveness and efficiency of mental health services in the North of Superior region. This included participating in the regional leadership collaboration retreat organized by NOSP in June 2009. As a follow up to the retreat, actions such as more collaborative care with local family physicians are being implemented.

Consultations to Thunder Bay through videoconferencing from Regional Mental Health Care London have also grown in frequency, consisting of 114 hours delivered by Dr. L. Malhotra.

#### **Continuing Professional Development (CPD/CME)**

Psychiatrists and other health care professionals involved in mental health care delivery in Thunder Bay, Sudbury and North



Bay, as well as medical clerks from the Northern Ontario Medical School, had an opportunity to participate in UWO Department of Psychiatry CME events and to benefit from the expertise of UWO faculty members and invited speakers who conducted presentations related to the following topics:

- Neuropsychiatry of frontal lobes and their correlates
- Self-regulation in borderline personality disorder and posttraumatic stress disorder
- Social phobia in children and adolescents: interdisciplinary approach in assessment and treatment
- The state of the art of fragile X research
- Seasonality effects on depression and appetitive behavior
- Sexual offending by children and adolescents
- Cognitive therapy
- Psychopharmacology, pharmacogenomics and transcultural impacts
- Delirium: an overview of pathogenesis, diagnosis and management
- The skinny on antipsychotic weight gain and therapeutic options

### **Visiting scholar week**

The ECP operating unit dedicated a substantial amount of work to organizing the inaugural visiting scholar week of the Division of Social and Rural Psychiatry. The theme of the main CPD/CME event of this week was 'Immigration and Mental Health'. Dr. Julian Leff from the United Kingdom, a world-renowned scholar in social psychiatry, and other invited speakers, gave presentations. This was a Royal College of Physicians and Surgeons accredited event and was videoconferenced to S. S. Marie, Thunder Bay and Sudbury, and psychiatrists and students from those sites participated actively.

### **ECP annual meeting**

The ECP annual retreat was held in London, Ontario, on March 2, 2010. It was a combined event chaired by the undersigned and attended by the OPOP Director, ECP members from the North, NOSP administrators, and consultants from the Southwestern Ontario Medical Education Network. The main theme of the retreat, which was approved and organized as a CPD/CME event, was clinical outreach services and legal issues facing telepsychiatry. A special feature was an award given to Dr. Tim Turner for his contribution in establishing the NOSP. Among other presenters, Dr. R. Swenson, Director of OPOP, delivered a presentation on models of psychiatric outreach services provided by OPOP. A presentation by Dr. R. O'Reilly focused on telepsychiatry with respect to the legal status of televideo consultations and related issues of professional liability. The 2009-2010 ECP annual retreat was attended both 'in person' and via videoconferencing to Sudbury and Nipigon.

### **Research**

The NOSP continued to participate in OPOP-led research related to mental health services in remote communities in northern Ontario, and the undersigned continued to serve in the role of co-investigator for this multi-phase study. Other members of ECP continued to conduct and disseminate their research.

**Dr. Abraham Rudnick**  
*Program Director*

In 2009-2010, the Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C)\* continued to fulfill our core mission of providing high volumes of drive-in/fly-in psychiatric consultation services to underserved communities in northern Ontario. As well, we continued to promote outreach opportunities to psychiatric residents in training, and to collaborate with our partners in OPOP and other groups in a variety of complementary initiatives aimed at improving the health care environment for the population of northern Ontario.

#### Clinical services

Due to the retirement of two long-time consultants and other exigencies, the trend that began in the previous year of a reduction in total days of service provided continued in both the OPOP-funded Visiting Specialist Clinics (210 days vs 244 days) and externally funded Urgent Locums (476 vs 552 days). Fortunately, we have been successful in recruiting new consultants and numbers began to rebound significantly by the fourth quarter and will likely reach new highs in the coming year. As well, 16 psychiatric residents from the University of Toronto postgraduate training program participated in 21 trips to the North.

Consultants affiliated with NPOP-C also provided 91 days of service to Nunavut, funded through other means. We continued to collaborate with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health (CAMH) in expanding telemedicine services to northern Ontario, and we continued to provide or assist in the delivery of continuing education to the north. Telemedicine clinical sessions at CAMH, facilitated by NPOP-C staff and primarily directed to northern Ontario, increased from 369 to 448.

*\* Formerly the University of Toronto Psychiatric Outreach Program. The name was changed to reflect that OPOP-derived funding for northern psychiatric outreach is administered through CAMH, which is a fully affiliated teaching hospital of the University of Toronto Department of Psychiatry and an academic health sciences partner of the University.*

#### Research grant for education sessions

Our CE to GO research project funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) Innovations Fund for Academic Health Science Centres had a very successful first year, with the completion of our first educational DVD and recruitment of 57 front-line staff at seven Canadian Mental Health Association northern branches to participate in this rigorously controlled continuing education research initiative. As well, together with the other OPOP partners and generous additional MOHLTC funding, we greatly expanded the scope of the project by filming several additional topic DVDs for wider distribution through our OPOP consulting networks. The project is designed to deliver state-of-the-art continuing education sessions on topics chosen by clinicians in selected northern communities. We will continue to collaborate with other OPOP partners in clinical and research initiatives, as described elsewhere in this report.

As always, I am very appreciative of the highly professional and collegial work of Thérèse Millette and Achira Saad in support of our mission, and grateful to Rowena Figueredo who joined us during the year and “hit the ground running” in the new position of program manager, and to Shayla Gutzin for administrative guidance within CAMH. Sincerest thanks to Evan Todd for his solid contributions earlier in the year, and I wish him all the best in his new position in CAMH.

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

# Ontario Child and Youth Telepsychiatry Program

The Ontario Child and Youth Telepsychiatry Program (OCYTP) of the Ontario Ministry of Children and Youth Services continues to provide the bulk of children’s telepsychiatry services to rural and remote regions of Ontario. Three hubs: Western Hub from the London region, Central Hub from the Toronto Hospital for Sick Children (SickKids), and Eastern Hub from the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa, continue to deliver child psychiatric clinical consultations and education to enhance capacity of local clinicians. All referrals must proceed through a children’s mental health centre. This Program is now well established and services delivered in 2009-2010 are summarized in the table below.

|                               | <i>Central Hub</i> | <i>Western Hub</i> | <i>Eastern Hub</i> | <i>Total</i> |
|-------------------------------|--------------------|--------------------|--------------------|--------------|
| Clinical Consultations        | 864                | 165                | 162                | 1,085        |
| Program Consultations         | 167                | 14                 | 28                 | 209          |
| Hub Educational Sessions      | 22                 | 15                 | 3                  | 40           |
| Provincial Education Sessions | 8                  | 8                  | -                  | 16           |

The Ontario Telemedicine Network (OTN) is a major provider of videoconferencing technology for the province, enabling 613 child psychiatry encounters in 2009. While OTN has demand and capacity to support direct psychiatric services upon referral from primary care physicians, it continues to seek more child psychiatrists to meet the need.

As demands for and realignment of services in northern Ontario have occurred over the last year, there have been increasing

opportunities for exploration of alternate models of service delivery. In particular, interventions supporting youth detention and diversion programs, shared mental health care with primary care/family health teams, inpatient mental health beds, telepsychology, and teaching rounds are being piloted by SickKids.

To accommodate a more versatile mandate and offer multiple routes of access to a variety of child and youth mental health specialists, SickKids’ services have been reconfigured under a new umbrella program: TeleLink Mental Health. Through TeleLink, SickKids continues to provide service as the Central Hub of OCYTP and has been working with OTN to advocate for equitable, collaborative, timely access to comprehensive children and youth mental health services. It is anticipated that, following successful pilot initiatives, these additional models of care will also include the Eastern and Western hubs of OCYTP.

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

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

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

Queen's University Department of Psychiatry outreach activities focus on increasing accessibility of care, tailored to individual area needs, for residents in the numerous smaller and rural communities across portions of Hastings, Northumberland, Prince Edward, Lennox and Addington, Frontenac and, for certain services, Lanark, Leeds and Grenville counties. Outreach efforts are reinforced through the Division of Community Psychiatry, headed by Dr. Ken LeClair.

Queens University Department of Psychiatry has administrative links to Frontenac Community Mental Health Services and Providence Care Mental Health Division (which offer outreach mental health services to surrounding rural areas in Frontenac County, Lennox and Addington County), and they provide settings for education, clinical consultation and research in rural areas.

#### 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 underserved areas. For example, the Queen's outreach group has developed pilot initiatives with the First Link programs of the local Alzheimer Society and Family Health Teams (FHTs) to define and implement more collaborative responses to people with complex illnesses, including dementia, in southeastern Ontario.

The Multidisciplinary Interprofessional Coaching Team Initiative, funded through HealthForce Ontario, continued to evolve over the past year. It seeks

to link geriatric psychiatry outreach teams with FHTs in the Kingston, Sharbot Lake and Picton areas. This will enable examination of models for shared and collaborative care that best suit the clinical and educational needs of FHT professionals, while fostering interprofessional connections with local outreach services.

#### Child psychiatry

Child psychiatry outreach services have long been a priority for this program, providing consultations to community agencies serving children and youth across the region. Specifically designated consultation for clients of the children's mental health centres serving Frontenac, and Lennox and Addington was provided from a hospital-based ambulatory clinic throughout the year. Other divisional professional staff members have provided outreach visits and school consultations within Kingston.

#### Adult psychiatry

Adult psychiatry outreach services provide consultation and short-term follow-up while establishing linkages with local primary care providers. In 2009-2010, Dr. Vijaya Prabhu, Division of Adult Psychiatry, provided general psychiatric consultation to Napanee on a bi-weekly basis, seeing patients with all types of serious mental illness. He provided consultations to local family physicians' patients or those sent from Lennox and Addington County Hospital ER. He also provided consult and follow-up care to individuals referred to the Napanee Mental Health Clinic through the Court diversion program, as well as supervision/verbal consults to staff of the clinic.

A specialty mood disorders consultation service from Providence Care Mental Health Services, including Dr. Ruzica Jokic and case manager Kathy Heer, continued for individuals with treatment

refractory mood disorders, at their place of residence, in Lennox and Addington county. The service is offered in partnership with the Lennox and Addington Addiction and Community Mental Health Services (LAACMHS), which also provides space for a monthly outreach clinic for follow-up assessments and monitoring. Dr. Jokic is routinely accompanied by medical students, including psychiatry residents, who sometimes conduct part of the assessment interview under her supervision.

In addition to geriatric psychiatry mentioned earlier, Dr Joseph Burley did outreach collaborative care including adult, child and adolescent, and dual diagnosis in rural communities including Sharbot Lake, Tamworth, Verona and Prince Edward County. He worked with individual family physicians as well as interprofessional FHTs. These are teaching practices that provide educational settings for undergraduate students, and psychiatry and family medicine residents. He also provided consultation to numerous mental health agencies in these rural areas, where educational networks linking various mental health professionals and agencies have been developed as part of Queen's Division of Interprofessional Collaborative Mental Health Care.

### **Métis telepsychiatric outreach**

Dr Susan Finch provided consultation via weekly telepsychiatry to the Métis Nation of Ontario (MNO). The program is sponsored by Providence Care Mental Health Services and coordinated between Eddy Lloyd and the MNO head office in Ottawa. Via local MNO offices, the clinic provided access to psychiatric consultation and follow-up to any Métis in the province of Ontario, with patients in various communities from Timmins to Ottawa. Many of the patients have complex psychiatric histories with multiple admissions and diagnoses (e.g., mood disorders, trauma, and substance use disorders). The clinic provides medication management, supportive psychotherapy and advocacy. Most

patients are connected with other local resources and Dr. Finch communicated primarily with the MNO offices and local family physicians.

### **Dual Diagnosis outreach**

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 provide assessment, consultation, recommendations, and time-limited treatment for individuals over the age of 16 who have a dual diagnosis – an intellectual disability or autism or pervasive developmental disorder, with a suspected or diagnosed mental illness or behavioral disorder. The interdisciplinary team includes a psychiatrist (Drs. D. Elliott and G.B. Weaver), social worker, occupational therapist, psychologist, and nurses, and serves as an expert resource for primary care physicians, service providers, and caregivers. DDCOT provides up to 12 days a month of psychiatry consultation for persons who are dually diagnosed.

### **Education**

Undergraduate psychiatry rotations are available in Oshawa and Brockville. Postgraduate students are encouraged to participate in outreach activities during their regular rotations. Residents from both the Psychiatry and Family Medicine training programs do so in the geriatric, mood disorder, child and adult divisions, and on elective rotations involving the dually diagnosed population. Rural outreach rotations are also available in general collaborative care settings in Sharbot Lake, Tamworth, Verona and Prince Edward County.

**Dr. Joe Burley**  
*Program Director*

In 2009-2010, 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 has opened 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

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 JBG resulted 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. Areas of attention included arrangements for detoxification and treatment placement. A regional clinician, based in Moosonee, specializes in crisis intervention and early episode psychosis.

#### Telepsychiatry expanded

In 2009-2010, we continued to expand 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. The Ontario Telemedicine Network (OTN), a major provider of videoconferencing technology, has enabled a reduction in travel for consultants while maintaining patient access to care. Our telepsychiatry service is offered as a resident elective.

We continued dialogue with respect to resident training for the Northern Ontario School of Medicine (their 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 continues to develop and graduate students, 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*

The 2009-2010 academic year included many activities, events, and accolades that demonstrate the Northern Ontario School of Medicine's (NOSM) mandate to provide distributed, learning-centred, community-engaged education and research.

NOSM released *The Making of the Northern Ontario School of Medicine: A Case Study in the History of Medical Education*, a collection of 12 peer-reviewed articles describing the challenges and rewards of creating a patient-centred, community-based, and culturally sensitive learning environment for training physicians. Available in both official languages, it is published by McGill-Queen's University Press.

NOSM also participated in the nationwide launch of a report by the Association of Faculties of Medicine of Canada entitled, "The Future of Medical Education in Canada (FMEC): A Collective Vision for M.D. Education." The report provides 10 recommendations for a new approach to medical education that addresses the growing complexities of health care in Canada and the health challenges of our diverse populations. Notably, NOSM's approach to developing its M.D. program is consistent with the recommendations in the FMEC report.

## **NOSM regional impact**

The Centre for Rural and Northern Health Research and NOSM released the results of a study examining the School's impact on the region. The findings were included in a report entitled "Exploring the Socio-Economic Impact of the Northern Ontario School of Medicine," which provides a tangible measure of the substantial economic and social impact NOSM is having on the people and communities of northern Ontario.

NOSM's Health Sciences Library and several partner organizations collaborating on an initiative entitled "Project Conifer" were the recipients of two 2010 Ontario Library Association's awards recognizing the planning and implementation of a library program which serves as a model to other institutions, and its innovative and collaborative approach to adopting an open source library system.

NOSM is planning to once again host the third Francophone Symposium in Sudbury in April 2010. Over 140 distinguished participants from across northern Ontario are expected to explore dimensions of health care related to francophone communities.

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

ACSC is charged with coordinating and advocating for the delivery of fly-in, drive-in, boat-in and telepsychiatry clinical consultation outreach services in underserved areas and populations across Ontario. ACSC, which reports to the OPOP Steering Committee, met three times in 2009-2010, once in person and twice by teleconference.

Committee objectives include: developing a best practice service model/match community needs with resources; ensuring current community requests for consultant services are fulfilled within the OPOP funding envelope; designing and maintaining a database to capture psychiatry services being delivered across the province; collaborating with other outreach programs, and liaising with Local Health Integration Networks (LHINs) for Northeastern and Northwestern Ontario. The Committee provides an important opportunity for information sharing among OPOP partner programs.

For 2009-2010 and beyond, key issues include the OPOP research report (see separate section of this annual report), an updated OPOP consultants' manual, updated telepsychiatry guidelines, a coordinated and uniform approach to patient satisfaction, and the possibilities of expanding OPOP services to areas not currently covered but in need of mental health care.

### **Consultants' manual**

An updated consultants' manual was finalized in 2009-2010, for posting on the OPOP Web site by early summer 2010. The manual provides information and advice for current consultants as well as for prospective consultants who might wish to learn more about the work of the OPOP partner programs, and complements the residents' manual that was also developed building on material prepared by program partners (available on the OPOP website).

### **Addressing patient satisfaction**

As part of developing a coordinated and uniform approach to measuring patient satisfaction with the services being received, the committee looked at tools being used by program partners and other models that might be useful, including any surveys in use by the LHINs for Northeastern and Northwestern Ontario. Agency satisfaction was identified as a key component that should be included in any survey package developed by OPOP, as well as families. A draft survey instrument is being prepared for review by members early in 2010-2011.

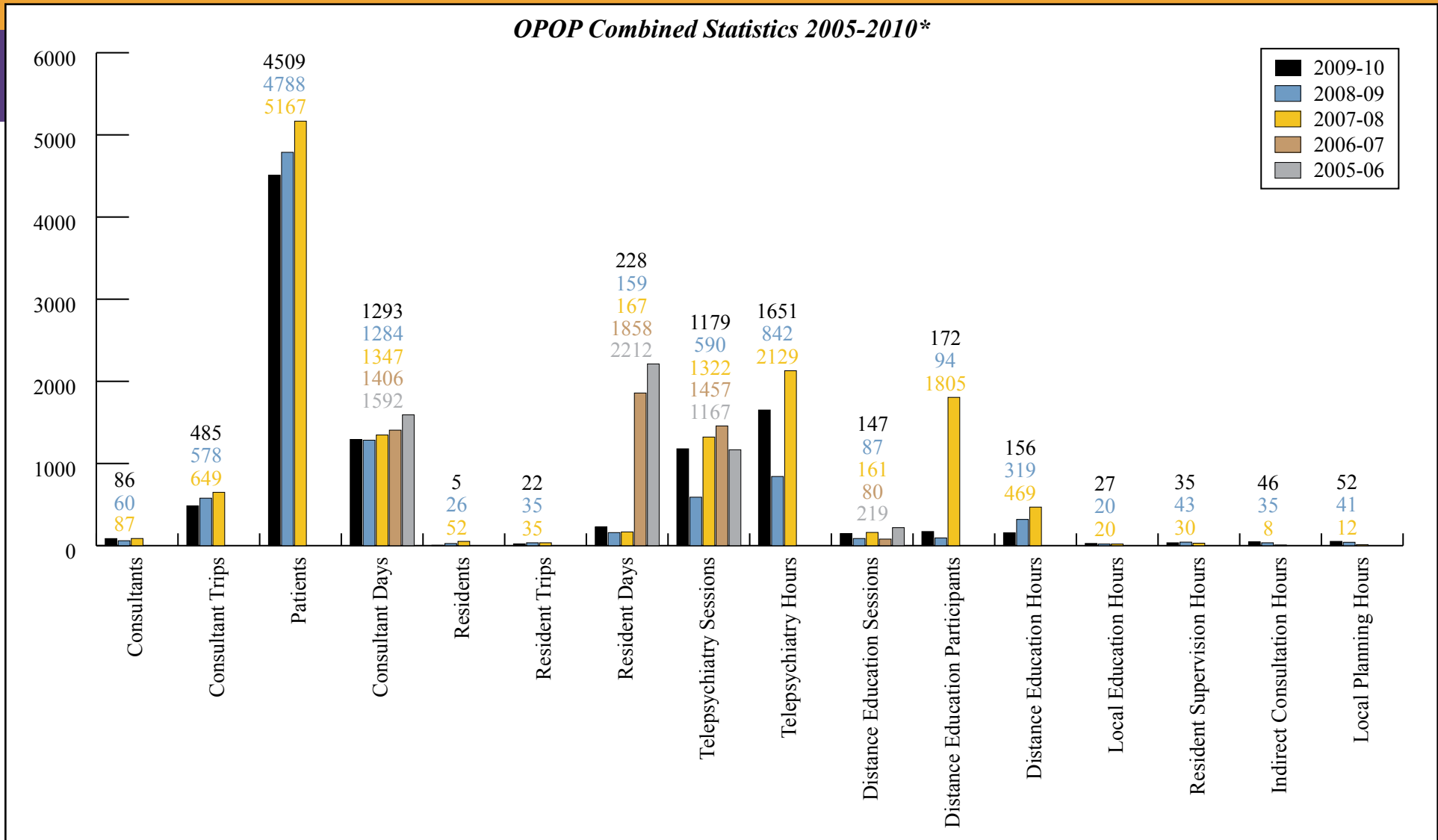
### **Expanding outreach**

The committee reviewed OPOP's role in assisting communities that would like additional mental health services. OPOP program partners operate under the Underserved Area Program (UAP) of the Ontario Ministry of Health and Long-Term Care (MOHLTC), which maintains a list of eligible communities. One suggestion is for OPOP to act as a mediator with the UAP in guiding communities through the process of accessing outreach services. Another suggested approach is to manage and exchange days of service within and among program partners to expand services. These and other options are being explored with the partners and the UAP, with recommendations anticipated in the new program year.

**Dr. Robert Cooke**  
*Chair*



### OPOP Combined Statistics 2005-2010\*



\*This table includes data from NOFPP, NPOP-C and OCYTP.

Data for 2009-10 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.

OPOP annual retreats are both a strategic planning tool for the program and an opportunity for education and knowledge transfer. The 2009 retreat was held September 3-4 in Ottawa with the assistance of the Northern Ontario Francophone Psychiatric Program at the University of Ottawa.

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 OPOP program partners, as well as other institutions.

The 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.

### **Interdisciplinary mental health care**

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

1. Develop an understanding of the roles played by key actors in interdisciplinary mental health care;
2. Learn how interdisciplinary mental health care can help in the delivery of effective outreach services;
3. Explore innovative models of shared mental health care in Ontario and Canada.

A keynote address on the topic of innovations and priorities for Ontario’s health human resources strategy by Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division of the Ontario Ministry of Health and Long-Term Care was followed by a lively discussion that explored the challenges

facing Ontario’s health care system and innovative models of shared mental health care in Ontario and Canada.

Dr. Ginette Rodger, Senior VP Professional Practice and Chief Nursing Executive at the Ottawa Hospital presented “An Interprofessional Model of Care,” which explored the development and implementation of an interprofessional model of care, including the collaboration agenda to enhance optimal patient care, and addressed the unique challenges and opportunities for leadership in such models.

Dr. Patricia Wiebe addressed “First Nations and Inuit Team Approaches to Mental Wellness,” sharing some of the work of Health Canada with First Nations and Inuit partners on mental wellness, including collaborative approaches being piloted by the department. Dr. Wiebe is a Medical Specialist in Mental Health with the Community Programs Directorate, First Nations and Inuit Health Branch, Health Canada.

Dr. Raymond Pong, Director of the Centre on Rural and Northern Health Research, Laurentian University presented “Findings of a Survey of Models of Psychiatric Outreach,” part of the OPOP Research Project (detailed elsewhere in this report). His review of findings included the benefits and limitations of the various models presented. This was followed by an animated panel discussion with co-investigators Drs. Robert Swenson, Robert Cooke and Abraham Rudnick.

Dr. Glen Roberts, Vice-President of Canadian Policy Research Networks gave a presentation on “Interdisciplinary Collaboration in Primary Health Care: A Synthesis of Results and Policy Recommendations” that focused on why collaboration is important, how it can be made to work in primary health care, and how this relates to rural/isolated mental health issues.

## Workshops

Participants were offered two simultaneous workshops: a) Dr. Abraham Rudnick, Chair, Division of Social and Rural Psychiatry, University of Western Ontario exploring the relevance of “Qualitative Research and Evaluation Methodology,” and how to determine suitable qualitative methodology for a research or evaluation idea; and, b) Dr. Hugues Richard, general psychiatrist, discussing “Telepsychiatry in a private-practice setting,” including working with the Ontario Telemedicine Network (OTN) and its benefits and limitations, which patients do best and what counter-indications there are, and the future of telepsychiatry and ways it can be improved.

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

*(Photos: Drs. Ginette Rodger, Patricia Wiebe and Joshua Tepper)*



In collaboration with the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University, OPOP has been involved in a study of mental health services in northern Ontario. Over the past three years, Dr. Ray Pong, CRaNHR Research Director, Dr. Phyllis Montgomery, Faculty of Nursing at Laurentian University, and CRaNHR Research Associates Jill Sherman and Maggie Delmege have been working with the OPOP team, which includes Dr. Rob Cooke, Dr. Abraham Rudnik, Dr. Bob Swenson, Dr. Paula Ravitz and Dr. Fernande Grondin.

Three study components were completed in 2008-2009:

1) a survey of OPOP consultant experiences with provision of clinical service and mental health education; 2) focus groups with both OPOP and non-OPOP psychiatrists; and 3) a survey of Family Health Teams (FHTs) in the two northern Local Health Integration Networks (LHINs). Preliminary data analysis of these study components was completed in July 2009. Revisions were completed by January 2010, and two final research reports were prepared and under review as of March 31: *Mental Health Services in Smaller Northern Ontario Communities: A Survey of Psychiatric Outreach Consultants* and *Mental Health Services in Smaller Northern Ontario Communities: A Survey of Family Health Teams*.

Dr. Ray Pong presented findings from the consultant and family health team surveys at the 2009 OPOP Annual Retreat in Ottawa. The presentation compared findings from the two surveys, focusing on the concept of shared care. Comparison of the two groups confirmed that the shared care model has not been widely adopted in northern Ontario. Findings were also presented by Dr. Swenson and Jill Sherman in various conferences, including the Canadian Rural Health Research Society 8th Conference, held in Kingston in October 2009.

A second research project, “Case studies of mental health services in smaller communities in northern Ontario,” was launched in 2009. The study will involve a total of 10 communities (five of which receive OPOP services and five that do not) and approximately 10 participants per community, for a total of 100 interviews. After obtaining ethics approvals from Laurentian University, University of Western Ontario, University of Ottawa, and University of Toronto, participant recruitment began in September, and interviews in late November. As of March 31, 2010, interviews had been completed in seven of the 10 selected communities.

Two research team meetings were held in this period: one in May 2009, with Canadian Policy Research Networks (CPRN) in Toronto, and another in January 2010 at the Centre for Addiction and Mental Health (CAMH). At the January meeting, a dissemination plan and publication strategy was drafted for the coming year. Unfortunately, CPRN withdrew as a research partner in December.

*(Photo opposite: Dr. Ray Pong)*



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