

Concurrent Session and Poster Abstracts

Wednesday October 14, morning

A2

New methods for improving cognition: A focus on translation to quality of life and reaching underserved populations

Christopher Bowie PhD CPsych, Associate Professor, Queen's University and Head Consulting Psychologist, Heads Up! Program, Hotel Dieu Hospital

Co-Authors: Michael Grossman, Queen's University PhD Student; Maya Gupta, Queen's University PhD Student; Larry Baer; Michael Best, Queen's University PhD Student; Katherine Holshausen, Queen's University PhD Student

Most people with psychosis experience a reduction of symptoms with treatment, but recovery of everyday functions like work and social relationships is often delayed or incomplete. The most robust predictor of difficulty functioning in everyday life is neurocognition, which is not a treatment target of medications or most psychotherapy. Cognitive remediation is widely recognized as an efficacious treatment that improves attention, memory, and executive functions, but its ability to effectively promote behaviour change is more limited and attendance at group sessions can be difficult for those with symptoms such as anxiety or environmental issues such as transportation.

We have developed novel forms of cognitive remediation that build on the unique needs of those with early episode psychosis in order to increase accessibility and improve how cognitive change results in improved everyday quality of life. Preliminary results demonstrated stronger effects on cognition, higher employment rates, reduced stress, and higher retention in treatment. In a comparative analysis, we found larger improvements in functioning and cognition for individuals with early psychosis compared to those with a longer history. In a study underway, we are examining how cognitive remediation can be delivered to individuals in early psychosis programs who are unable to attend in-session programs. We have adapted our group sessions to an online format where participants engage in the same content as group sessions.

Our results suggest that cognitive remediation techniques adapted to meet the accessibility issues and individual goals of those with early psychosis result in improved functioning and reduced disability.

Preliminary findings: The feasibility of cognitive behavioural social skills training in first episode psychosis

Yarissa Herman PhD CPsych and Sarah Bromley OT Reg (Ont.), Centre for Addiction and Mental Health

Cognitive Behavioural Social Skills Training (CBSST) is a psychosocial intervention that was developed by a group of investigators at the University of California in San Diego (UCSD) with the goal of improving functional outcomes in clients with schizophrenia. It incorporates techniques from both cognitive behavioural therapy and social skills training.

Outcomes of randomized trials of CBSST have been promising, with significant improvements observed in adaptive functioning, independent living skills, and cognitive insight, which correlated with improvement in positive symptoms.

We conducted a preliminary feasibility examination to probe the implementation of a modified version of CBSST in order to target a first episode psychosis population. Twenty six participants took part in the study. Outcome variable included psychiatric symptoms and measures of adaptive functioning, including social, occupational, and educational domains. Preliminary analyses have shown significant client improvement over multiple domains. Final data collection was completed and analyzed in July 2015 and will be presented.

A3

Early psychosis: Lessons from parent caregivers in holding hope

Jane Hamilton Wilson RN MHSc PhD, Professor Conestoga College Institute of Technology and Advanced Learning

This presentation focuses upon the experience of parent caregivers. It describes and interprets what happens when an emerging adult son or daughter becomes ill with first episode psychosis. Nine mothers and fathers engaged in conversations with me a few years ago while I was completing my doctoral research. This presentation will focus upon this research of the human experience of moms and dads when serious mental illness transforms a loved adult child. Using arts based knowledge translation strategies (video, poetry, art), I will share their stories and articulate the courageous voices of the parent caregivers as they come to understand "psychosis". This presentation will portray both their angst and their worries, as well as their ongoing hopes and dreams for the future and will clearly highlight the fact that a parent's love endures. Promising practices will be articulated so that parental needs might be more meaningfully met.

A4

Building up houses and people: Partnership between 1st Step and Habitat for Humanity

Kim Hewitt OT Reg (Ont.), 1st Step, Canadian Mental Health Association Waterloo Wellington Dufferin (CMHA WWD)

Garry Stephens, Peer Coach, CMHAWWD

Paul Bowser MSW RSW, EPI Clinician, CMHAWWD

Volunteering means many different things to different people. For those recovering from psychosis, volunteering can be a valuable way of reclaiming a contributing role in society, re-engage with the community and may be a first step toward paid employment. Since summer 2014, 1st Step CMHAWWD and Waterloo Habitat for Humanity have been working together to build a partnership that is mutually beneficial. From a recovery perspective, the partnership has facilitated opportunities for un/re covering skills, building confidence, having sense of purpose and value, sense of being in community and physical activity. From Habitat's perspective, the 1st Step volunteers provide a valuable and needed source of people power to do the work of building homes. Each week volunteers are supported by a 1st Step Peer Coach to work through build site tasks and contribute to getting closer to project goals. Through this presentation we would like to share the benefits of this vital partnership with Habitat, work of the Peer Coach and achievements of individuals from 1st Step building up houses and themselves.

Whole person approach to recovering from psychosis

Laurie Nevin, Supported Employment Counsellor, Prevention and Early Intervention Program for Psychosis (PEPP)

Spirituality can play a vital role in helping people live with or recover from psychosis. In this presentation I will be sharing from personal and professional experience with the primary focus on making space for spiritual care in a whole person approach to mental health services.

Spirituality is not tied to any particular religious belief or tradition. It can however highlight an underlying connection to the world and other people. With a whole person approach to treatment it increases a greater sense of connection to one's Self and the world as a whole. There are tremendous benefits from assisting service users with life-meaning inquiries within a safe, non-judgmental, and healing environment. Treatment compliance is often challenging for an individual whom believes their psychotic episodes have more meaning than what the world can offer. Therefore, the ability to speak openly and freely about spiritual beliefs and discoveries without any pathology is highly effective. As a result, self-acceptance, self-empowerment, confidence, and motivation to move forward into the recovery phase (as opposed to relapse) may occur. There are a variety of methods and techniques to encourage Self-discovery and accessing one's Authentic Self. Visualization, meditation, mindfulness, art therapy, music, and writing are a few to mention. The whole person approach to treatment will also encourage service providers to take inventory and determine what areas require attention in their own self-care regimen. The level of self-awareness and self-care within a service provider can and does contribute to the healing of the service user.

A5

Implementing a health equity approach into Ontario EPI programs: Learnings from a provincial survey and a case example

Avra Selick MA, Research Coordinator, Centre for Addiction and Mental Health (CAMH)

Karen O'Connor BSW MEd RSW, Senior Director, Clinical Programs and Strategic Planning Canadian Mental Health Association Peel

Co-author: Janet Durbin, Research Scientist, Provincial System and Support Program, CAMH

Health Equity has been identified as a key aim for health care delivery in Ontario, including for Early Psychosis Intervention (EPI) programs where barrier-free service is included in current program Standards. This session will report results of a recent provincial survey to understand EPI program implementation of barrier free care, highlight the implementation experience of one organization, and engage session participants in a discussion of implementation opportunities and challenges. The province-wide EPI survey was conducted in 2014, with participation from 56 program sites (100%). Questions inquired about implementation strategies, challenges and innovative practices. Most programs accepted referrals directly from community organizations and offered access to professional language interpretation services. Only one third were using targeted strategies to encourage access for vulnerable communities or were regularly monitoring and reporting on program performance. Engagement of aboriginal populations and individuals with developmental disabilities were identified challenges.

Health equity is a strategic priority for CMHA Toronto that has been addressed through use of the provincially recommended Health Equity Impact Assessment Tool and regular performance reporting. The agency approach builds on the notion that equity goals in service delivery need to be explicitly defined and monitored. Equity related to EPI delivery has unique needs and challenges. The presenters will share the provincial survey results and the experiences of CMHA Toronto in implementing health equity, focusing on EPI delivery. The audience will be invited to share their experiences including successes and challenges. Learn from a practical example of how one program has worked with the Health Equity Impact Assessment Tool to support improved health equity in their work.

Challenges in providing long distance recovery care

Karrie Walker CYW, Recovery Care Coordinator, Canadian Mental Health Association (CMHA) - Thunder Bay Branch

Co-authors: Dave Cryderman and Karen Humby, Recovery Care Coordinators CMHA Thunder Bay

First Place Clinic and Resource Centre is located in Thunder Bay. Our 3 Full-time Recovery Care Coordinators serve a geographic region that is roughly the geographic size of the country France, but with a population that is 1/25th the size of Toronto. Within this area there are 81 First Nations communities, a majority of which are remote fly-in only communities. The goal of this presentation will be to identify and investigate challenges in delivering individualized,

recovery focused service to clients who are living in remote or rural areas over varying cultural spaces. This will be done by reviewing the strategies used by our 3 Recovery Care Coordinators as they attempt to build long distance therapeutic relationships and do advocacy and support work from afar.

Our presentation will first outline the role of Recovery Care Coordinators at our clinic. We will then discuss our approach to dealing with the following key challenges by using specific examples from our service:

- Strategies for building and maintaining long distance, therapeutic relationships
- Working with First Nations communities and issues of remote access, cultural understanding and intergenerational effects of residential schools
- Dealing with the lack of resources and connection in small communities
- Outdoor experiences – using what we have to our advantage
- Exposure and activation – group activities and new and impacting experiences as hooks and opportunities for connection
- Text messaging, email , phone and OTN (Ontario telemedicine network)

A6

Access to care and support among youth and family members living with schizophrenia in four ethno-racial communities

Taryn Tang PhD, Manager of Research, Schizophrenia Society of Ontario (SSO)

Co-authors: Hayley Hamilton, Research Scientist, Centre for Addiction and Mental Health; Ian Messam, Program Manager, Across Boundaries; Duberlis Ramos, Executive Director, Hispanic Development Council; Sayani Paul, Research Coordinator, SSO

Previous research suggests that ethno-racial communities face barriers in accessing mental health treatment and support and following through with recovery plans. It is, therefore, crucial to understand the lived experiences of those individuals in order to improve life outcomes. This presentation draws on findings from a larger qualitative research project on mental illness and stigma among ethno-racial youth and family members in the Latino-Hispanic, South Asian, Black/African/Afro-Caribbean, and White European communities. The present study explored factors that affected access to care and the strategies used for recovery and support among 20 youth living with schizophrenia and 20 family members.

Findings revealed that stigmatizing services and systemic barriers resulted in delayed treatment and further distrust of the healthcare system. Social determinants such as socio-economic status and cultural privilege were additional factors that affected the ability to access care among racialized youth and family members. Both youth and family members sought and received support from their social circle of friends, family and ethno-racial community peers. Spirituality and religion was a further source of support, albeit more for family members than youth. Consistent with the emphasis on social aspects of care and support, youth and family members believed that effective recovery came about through a holistic approach to treatment that included maintaining a healthy lifestyle and positive social relationships. This research has implications for service provision for youth and family members from diverse ethno-racial communities. The development and implementation of targeted, culturally appropriate initiatives may yield more effective outcomes for ethno-racial youth and family members living with schizophrenia.

Beyond the BEAT: Results and next steps for the NorthBEAT project

Shevaun Nadin PhD, Research Coordinator, Centre for Applied Health Research (CAHR) - St. Joseph's Care Group, Thunder Bay

Co-Authors: Carole Lem, Research Assistant, CAHR-St. Joseph's Care Group; Mae Katt, Nurse-Researcher, Lakehead University; Carolyn Dewa, Senior Scientist, Centre for Research on Employment and Workplace Health; Chiachen Cheng, Physician-Researcher, CAHR-St. Joseph's Care Group

NorthBEAT (Barriers to Early Assessment and Treatment) is a descriptive mixed-method project that examined the service needs of people with psychosis and its intersection with three marginalized populations: rural and remote residents, Aboriginal people, and youth. This presentation will discuss the results of the qualitative interview component of this 3-year study.

Qualitative interviews were conducted with individuals across Northwestern and Northeastern Ontario. Participants were: youth ≤18 years old who have experienced psychosis, their family care-givers, and rural EPI service providers. Sampling was by snowball (service providers) and convenience (youth & caregivers) sampling techniques. Interviews were transcribed verbatim and coded for themes by two authors. Three knowledge exchange workshops were held with participants and stakeholders to validate interpretation of the study results and explore modes of knowledge exchange. Several themes emerged from the thematic analysis including thematic areas relating to the mental health service needs of rural youth, barriers to early assessment (the "BEAT"), and Northern/rural geography (the "North"). These findings will be presented along with a discussion of the implications of the study findings and potential next steps. The results of NorthBEAT provide insight into the mental health service needs of rural youth who experience first episode psychosis. A stakeholder/participant-informed knowledge exchange plan is a promising start to putting the knowledge into action. During this presentation, we will discuss potential next steps and the implications for Ontario's EPI programs.

Wednesday October 14, afternoon

B1

Using digital media to improve early detection and care of psychosis

Suzanne Archie MD FRCPC, Associate Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University, Cleghorn Program, St. Joseph's Healthcare Hamilton

Manuela Ferrari PhD, Post-Doctoral Fellow, Dept. of Psychiatry and Behavioural Neurosciences, McMaster University

Co-authors: Katherine Boydell, Senior Scientist, Hospital for Sick Children; Kwame McKenzie, Senior Scientist, Centre for Addiction and Mental Health; Chiachen Cheng, Medical Director, First Place Clinic, CMHA Thunder Bay

Digital media is a powerful technological art form that can connect, move, and enlighten audiences, translating poignant human experiences into stories that can inspire and inform. In this presentation, attendees will learn about the use of arts-based research methods to translate and disseminate research findings conducted by the authors on pathways to early intervention care.

The presentation will present feedback from youth about the use of two distinct types of media: gaming technology and digital stories. Young people living with psychosis, their family members, and front-line staff working in early intervention programs were invited to take part in a three-day digital story workshop. Eighteen three-minute videos, a mix of voice-over, music, and images, were created based on first-person narratives and were presented at a knowledge exchange forum. Data will also be presented on the creation of a video game designed to simulate experiences associated with psychosis and cannabis use. Focus groups were conducted consisting of 20 youth attending a substance use program and ten individual interviews involving young people enrolled in an early intervention in psychosis program. Thematic analysis was used to systematically code transcripts from the focus group dialogue. The majority of Individual interview participants felt the game resonated with earlier experiences of psychosis. The results suggest that both mediums have the potential to promote knowledge and experiences associated with pathways to care.

B2

Impact of long-acting injectable versus oral antipsychotics on hospitalization rates in patients with schizophrenia:

A retrospective review

Bharat Chawla MD FRCPC, Peterborough Regional Health Centre, LYNX Program

Co-author: Michelle Bell, RN, Peterborough Regional Health Centre

Recently, there has been increasing interest in the use of long-acting (LAI) injectable medications for people diagnosed with psychosis and schizophrenia. The rate of LAI use according to research, is lower in Canada (6.3%) compared with 15% to 80% worldwide (Manchanda et al., 2013). While LAIs are more costly to use than oral antipsychotic medications, a reduction in hospitalization would result in improved quality of life as well as overall financial savings. In our study with the Lynx Early Psychosis Intervention Program and through the Psychosis Assessment and Treatment Clinic (Peterborough Regional Health Centre), we hypothesized that using LAI after first trying oral antipsychotic medication would reduce relapse rates, improve quality of life, reduce ER and ward admissions, and shorten the total length of stay in the hospital. We reviewed hospitalization rates as well as charts for clients a year before they switched from oral medications to LAIs and a year after initiation of LAIs Consta and Sustenna. We talked with the treatment team, clients, and families to determine their perception of the impact of LAIs on recovery. We explored issues such as adherence to medication, functional recovery, and sense of well-being. A cost benefit analysis with data from the Ontario Drug Benefit program, and cost of ward and ER admissions at PRHC allowed us to estimate financial savings. We found that the net savings before LAI and after LAI are considerable and the indirect savings of preventing relapse for individuals and their families are invaluable. In this presentation, we will share both our quantitative and qualitative findings and engage in discussion about the use of LAIs in early psychosis intervention programs.

Mindfulness group-based intervention for early psychosis: A pilot study

Arlene MacDougall MD FRCPC, Assistant Professor, Department of Psychiatry, Western University and Consultant Psychiatrist, Prevention and Early Intervention Program for Psychoses (PEPP), London Health Sciences Centre

Leah Gardiner, Director of Development, Mindfulness Without Borders

Co-authors: Jason Carr, Psychologist, Prevention and Early Intervention Program for Psychoses; Ross Norman, Director of Research, PEPP; Theo Koffler, Founder and Executive Director, Mindfulness Without Borders; Kelly Anderson, Assistant Professor, Departments of Psychiatry and Epidemiology and Biostatistics, Western University; Rick Sethi, Psychiatry Resident, Department of Psychiatry, Western University; Chanelle Lloyd, PEPP Research Coordinator; Mathew Vandermeer, PEPP Research Assistant

Research suggests that mindfulness-based interventions (MBI) for psychosis are effective in reducing positive, negative and affective symptoms and can lead to improvements in functioning and quality of life. However, studies to date have largely focused on patients with chronic illness, and little is yet known about the use of MBI for young people recovering from their first episode of psychosis. The Prevention and Early Intervention Program for Psychoses (PEPP) in London, ON, has recently partnered with Mindfulness Without Borders to adapt an innovative 12-week facilitated group MBI promoting mindfulness skills and the development of emotional and social competencies in youth, known as the

Mindfulness Ambassador Council (MAC), for use in mental healthcare settings. A pilot study consisting of twenty-four PEPP patients randomly assigned to either receive MAC immediately (Group A) or a wait-list control condition (Group B) is underway to evaluate the feasibility, acceptability and potential benefits of MAC in an early psychosis population. Participants are being tested at baseline and immediately after receiving MAC and compared on validated measures of psychotic and mood symptoms, self-esteem, social functioning, perceived recovery, mindfulness and cognitive skills. Group B will subsequently receive MAC and both groups will be assessed 3-months post-MAC to test for longer term effects. Health services utilization will be compared over a 12 month period pre- and post- MAC. Focus group data post-MAC is being collected to understand participant experience and to inform any further modifications necessary for its use in early psychosis. Preliminary data from the pilot study will be presented.

B3

Linking education to recovery journey

Morgan Mitchell, Recreation Therapist, Lakeridge Health Durham AMAZE EPI Program

Karen Cripps, Teacher, Durham District School Board

Durham AMAZE EPI has collaborated with Durham District School Board to offer our clients access to a high school teacher during their recovery. The hope has been to maintain enrolment in school and to support individuals in earning their high school diploma. The modified class room environment, added one on one support and adapted workloads have helped support our clients to continue their schooling. A teacher comes in once a week for 3 hours to help support individual studies. In this session, clients are working on their individual curriculums at their own pace. A unique characteristic of our program is the collaborative approach to group design and programming. These groups help foster both the individuals' therapeutic and educational goals. The 'Living Fit' group has been created around the high school curriculum requirements and is co-facilitated by a teacher. This allows individuals who need to, to earn gym credits while attending group. In addition, other course and graduation requirements have been integrated into the EPI groups (expressive arts, volunteer hour opportunities etc.) in hope to support successful completion of high school by any individual at EPI who wishes to do so.

B4

Applying a dialectical behaviour therapy (DBT) framework to family work in early psychosis intervention

Gillian Gray MSW RSW, Executive Director Family Outreach and Response Program

Mike Menu, The Sashbear Foundation

The utility of Dialectical Behaviour Therapy (DBT) skills in managing a variety of forms of mental health distress, including psychosis and related concerns, is being increasingly recognized. The Family Outreach and Response Program has developed an innovative program offering DBT informed support to families. At the core of this program is the Family Connections group model, a 12 week series for relatives of people with severe difficulties managing their emotions. This model, while primarily used with family members of a loved one labelled with borderline personality disorder, has usefulness with EPI families and is being utilized with this group of families at FOR with success. This presentation will provide an orientation to the Family Connections group model and the use of a DBT framework in early psychosis family support. Participants will learn about the DBT skills and principles that can be applied to family work, and the ways in which these skills can improve both individual family member's wellbeing and relationships within the family. Preliminary outcome data from the program will be highlighted as well as a discussion of the challenges and successes in using a DBT approach with EPI families.

How to flourish as a family care coordinator

Sandra McLean, Family Care Coordinator Canadian Mental Health Association Thunder Bay

"To flourish" defined as growing and developing in a healthy or vigorous way especially as the result of a particularly favourable environment. I thought about this definition as I planned for the orientation of the Family Care Coordinators (FCC) scheduled to start at First Place Clinic (FPC). I thought of a garden and the fertile ground that needed to be prepared to ensure that the FCCs received all of the resources necessary to grow and develop in their role. I would need to develop a thorough plan for orientation based on EPI standards, as well as my own experience in the role as an FCC based on everything that I have learned from clients, families, and the interdisciplinary team. I would ask for feedback from the new FCCs about what they found helpful and what still needed to be addressed and I would develop benchmarks to measure success based on feedback from families, the interdisciplinary team and my own ongoing evaluation of their progress. It would be my hope that with this guided orientation that the two new FCCs at FPC would be happy in their role and that their wellbeing would spill over to the families and their loved ones who would benefit from FCC energy, hope, and optimism. Lastly I would look at the value of the FCC position within the interdisciplinary team, EPION and CMHA.

B5

EPION connections: How our networks can work for us

Gordon Langill, Program Director CMHA HKPR Standards Implementation Steering Committee

Janet Durbin PhD, Research Scientist, Provincial System and Support Program, Centre for Addiction and Mental Health (CAMH)

Avra Selick MA, Research Coordinator, CAMH

The EPI Program Standards recommend that programs use networks as a strategy to support each other to deliver the full model. There is no specific network arrangement recommended in the Standards and in practice there is a wide range of different network models being used across the province. Almost all EPI programs (53 out of 56) are currently participating in some type of network arrangement. Networks are a unique feature of EPI and can be a key factor in program ability to meet the Standards. A better understanding of how to best utilize networks can help support quality improvement efforts in the province.

This session will briefly share results of a recent provincial survey pertaining to the use of networks, including an overview of the different network models, common ways networks are able to support their programs and some of the challenges networks face. This will be followed by a panel discussion of 3-4 representatives from EPION member programs in different types of networks. Panel members will share their own experiences, successes and challenges, and engage session participants in a discussion on future directions and opportunities for networks. One possible workshop outcome would be recommended strategies for EPION to support programs in fully utilizing their networks.

B6

Getting the message right: Innovative knowledge exchange in the NorthBEAT project

Chiachen Cheng MD FRCP, Physician-Researcher, Centre for Applied Health Research (CAHR) -St. Joseph's Care Group, Thunder Bay

Co-authors: Carole Lem, Research Assistant and Shevaun Nadin, Research Coordinator, CAHR-St. Joseph's Care Group; Sheila Cook, President & Chief Learning Officer, InVizzen Knowledge Brokers Inc.; Mae Katt, Nurse Researcher, Lakehead University

Northern Ontario is 87% of the land mass in Ontario, with only 6% of the population. It is an expansive geography with many Aboriginal communities. NorthB.E.A.T. (Barriers to Early Assessment and Treatment) is a multi-year descriptive mixed-methods project that examines the service needs of people with psychosis and its intersection with three marginalized populations: rural and remote residents, Aboriginal people, and youth. NorthBEAT recruited from 10 sites in both Northern Ontario regions. Participants are youth 18 years or younger, care-givers and rural EPI service providers. As part of the project knowledge exchange, three workshops were held with participants and stakeholders to verify interpretation of the study results and explore modes of knowledge exchange. The approach of the workshops was a welcoming and safe place for conversation. Each workshop agenda was adjusted to meet the needs of the participating group: exercises included simple arts-based, verbal and written approaches to provide a variety of ways for people to contribute their lived experiences and perceptions. Particular attention was given to the OCAP (Ownership, Control, Access, Possession) principles and indigenous ways of knowing and seeing.

This presentation will focus on the knowledge exchange activities in this project. We will share in this presentation the discussions and knowledge exchange products from each of the three workshops (e.g., youth, family, service provider/stakeholder) conducted. Included will be a discussion about engaging youth, and stakeholder communities. Bringing together multiple stakeholders, including the voice of youth and family members, strengthened the project and its results.

Structured and manualized group CBT for anxiety symptoms in a first episode psychosis population: Lessons from the field

Kristy Day MSW RSW, Social Worker, Lakeridge Health Oshawa

In Spring 2015 the Lakeridge Health EPI program, called Durham AMAZE, piloted a structured CBT group for clients who were identified as having significant co-morbid anxiety symptoms. Participants were given 3 pre and post group measures: 1) DASS 21; 2) BAI; and 3) a customized qualitative measure designed by the group leader. The first three sessions of the group were focused solely on psychoeducation about anxiety and anxiety disorders. The final eight sessions of the group were focused on CBT using Greenberger and Padesky's (1995) manual 'Mind Over Mood'. The session will include results of the pre and post measures, client feedback, practical implementation successes and challenges, and suggestions for clinicians who might wish to target anxiety in a group format in their own EPI programs.

Thursday October 15, morning

Poster Presentations

P1 An exploration of 'family as client' services: Meeting gaps in EPI services

Elaine Stasiulis MA PhD(c), Research Project Manager, The Hospital for Sick Children
Brenda Gladstone PhD, SickKids Foundation/CIHR New Investigator Hospital for Sick Children
Co-Author: Katherine Boydell, Professor of Mental Health, Black Dog Institute

A 2012 survey of Early Psychosis Intervention (EPI) programs in Ontario identified three distinct programs where the family, as opposed to the young person, is the main service recipient. This sub-set of EPI program delivery represents an innovative component of the EPI initiative in Ontario that is not well understood. This presentation will report on the results from a qualitative research study that examined how "Family as Client" (FAC) program services are delivered to and received by families; the challenges and contributions they make to the EPI model of care and how these services fit with the goals of the "Ontario Early Psychosis Intervention Program Standards". A multi-method approach was used, comprised of individual interviews with service providers and focus group interviews with family members of FAC services. Results indicate that FAC services play an important role in supporting families whose relatives may or may not be connected to an EPI program. Support also extends to young people in unique ways ranging from engaging them in the home to intermittent and on-going individual or family consultations.

P2 Windows to recovery

Raelene Corbin MSc OT Reg (Ont.), Cleghorn Early Intervention Clinic, St. Joseph's Healthcare Hamilton
Co-Authors: Emily Cole and Stephanie McDermid Vaz, Clinical Neuropsychologist, Cleghorn Early Intervention Clinic

Windows to Recovery is a project based on Photovoice, which is an approach to participatory action research, where community members are empowered to share their words and photographs as a way to reach decision-makers and implement positive change in their communities. At The Cleghorn Early Intervention Clinic, Windows to Recovery is available to clients to use art, in the form of imagery and words as a vehicle for self-expression, reflection, and to provide hope to others. In this project, participants take photographs of objects/ideas that address 3 questions: 1) What has helped your recovery? 2) What has hurt your recovery? and 3) What are your hopes for recovery? Participants can begin to reflect on themes or experiences which have impacted their life and have the opportunity to anonymously display their images. The project will help create reflection, share wisdom and provide hope and motivation to clients, their families and clinicians. It is an accessible way to describe realities, communicate perspectives and raise awareness. Research suggests that participatory art does have a range of positive therapeutic benefits for people with mental health needs including increased self-esteem and empowerment.

P3 Keeping things simple: Engaging and educating with a waiting room blackboard!

Paula Dawson, RN Care Coordinator Cleghorn Early Intervention Clinic, St. Joseph's Healthcare Hamilton
Co-Authors: Kelly Tanner, PT, Stephanie McDermid, Clinical Neuropsychologist and Raelene Corbin OT, Cleghorn Early Intervention Clinic, St. Joseph's Healthcare Hamilton

Clients and families inevitably spend time in a clinics' waiting room as they wait to attend appointments with varied clinicians. Our team at the Cleghorn Early Intervention Clinic has developed a novel, yet relatively simple method for fostering engagement and providing education relevant to treatment and recovery for individuals experiencing their first episode of psychosis and their families. The "Waiting Room Blackboard" is exactly that: A large blackboard that provides a canvas for information and graphics about specific themes that are relevant to an EPI population and which change on a monthly basis. Some examples of themes include: cannabis, the brain and youth; using your credit card wisely; facts on fiber and water; food fads vs Canada's food guide; stay happy and healthy through the holidays; heart healthy habits; new year, new you; portion control; sleep; new relationships/friendships; study smarter, not harder. There are opportunities for client and family input on blackboard themes and ongoing feedback, both on the blackboard itself and via comment/feedback cards are encouraged. This presentation will provide specific examples of previous "Waiting Room Blackboards" that have been displayed at the Cleghorn Clinic as well as feedback from clients and families.

P4 Structured and manualized group CBT for anxiety symptoms in a first episode psychosis population: Lessons from the field

Kristy Day MSW RSW, Social Worker, Lakeridge Health Oshawa

In April 2015 the Lakeridge Health EPI program (Durham AMAZE) piloted a structured CBT group for clients who were identified as having significant co-morbid anxiety symptoms. Participants were given 3 pre and post group measures: 1) DASS 21; 2) BAI; and 3) a customized qualitative measure designed by the group leader. The first three sessions of the group were focused solely on psychoeducation about anxiety and anxiety disorders. The final ten sessions of the group were focused on CBT using Greenberger and Padesky's (1995) manual 'Mind Over Mood.' The poster will include results of the pre and post measures, client feedback, practical implementation successes and challenges, and suggestions for clinicians who might wish to target anxiety in a group format in their own EPI programs.

P5 First episode psychosis: The experience of parent caregivers, implications for EIP practice

Jane Hamilton Wilson RN MHSc PhD, Professor Conestoga College Institute of Technology and Advanced Learning

This phenomenological inquiry uncovered the meaning and experiences of nine parent caregivers with a young adult son or daughter with first episode psychosis. Data were collected through conversations with mothers and fathers whose young adult children were involved with a specialized early psychosis intervention program in southwest Ontario. The nature of the meaning of the parent caregivers' experience led to uncovering four distinct stories; a story of Protection, a story of Loss, a story of Stigma and a final story of Enduring Love. This inquiry helps to illuminate and bring awareness to what it means to be parents of a young adult child newly diagnosed with psychotic illness. This synthesis of findings have the potential to shape future policies, which will recognize and affirm the strengths and resilient capacities of parent caregivers. The poster will articulate promising practices in family EPI work.

P6 Helping hands

Morgan Mitchell, Recreation Therapist, Lakeridge Health Durham AMAZE EPI Program

Karen Cripps, Teacher, Durham District School Board

One of our program objectives is to help support any individual who wishes to complete their high school diploma. This program was introduced as a pilot program to help support individuals gain their mandatory community involvement hours (40 hours) required to graduate high school. The program was designed to provide individuals a volunteer opportunity that fits their physical, cognitive, social and behavioural needs. The group worked on an ongoing project that aligned with their therapeutic goals in regards to their recovery in the EPI program. Therapeutic outcomes around Quality of Life and skill development (social, cognitive, fine motor etc.) were measured using the Sunnybrook Recreation Therapy Quality of Life Model and staff observations. This group was collaboration between a Teacher with Durham District School Board and a Recreation Therapist with Durham AMAZE EPI.

The group met weekly to work on building a model lighthouse for '19 weeks allowing clients to gain 144 hours of community involvement hours. After completion of their project, EPI hosted an 'unveiling' evening which provided individuals an opportunity to celebrate their success with their peers, family and staff. The light house was raffled off and the money donated to a charity of their choice. By the second evaluation, clients were not only reporting meeting the expected Quality of Life objectives but also reporting additional criteria across the 6 domains of Sunnybrook's Quality of Life Model (Enjoyment, Feeling like you Belong, Meeting People, Being Yourself, Helping Others and Developing Yourself). Qualitative data demonstrated an increase in self-awareness and perceived confidence, sense of purpose and self-esteem.

P7 Executive function and incidental learning of contextual visual information across the schizophrenia spectrum

Cory Gerritsen PhD, Post doc Research Fellow, Focus on Youth Psychosis Prevention (FYPP) Clinic, Centre for Addiction and Mental Health (CAMH)

Co-authors: Lauren Drvaric, Doctoral Research Trainee, FYPP Clinic CAMH; Michael Bagby, Senior Scientist, CAMH; Romina Mizrahi, Director, FYPP Clinic CAMH

In DSM-5, mental disorders are viewed dimensionally with each disorder representing a point on a spectrum. For example, on the schizophrenia spectrum, schizotypal personality disorder (SPD) and attenuated psychosis syndrome (APS) represent less advanced variants of schizophrenia. While cognitive ability is known to be impaired within the schizophrenia spectrum, people diagnosed with schizophrenia show improved functioning on certain tasks, usually due to increased processing of irrelevant stimuli (e.g., words that don't require attention). Such tasks are rare, and are important in helping us understand underlying neurocognitive processes. They also provide markers for underlying processes that are more specific than those based on deficits.

One such task that may help us understand neurocognition in the schizophrenia spectrum is contextual cueing (CC), in which subjects search through a display of objects to find a target among distractors. CC occurs when search is improved as subjects learn patterns of distractors, which people with schizophrenia may attend to more than controls due to decreased inhibition. This makes CC a candidate for a cognitive process that may be enhanced in schizophrenia.

Our research examines cognitive ability and CC across the spectrum in order to validate the dimensional view of schizophrenia and its underlying markers. Cognitive functions including working memory, executive functions and CC will be examined in controls, SPD, APS, and schizophrenia to explore their dimensionality. Research such as this is critical to understanding how different psychological disorders relate to one another, how they can be detected and differentiated, and may lead to improved assessment.

P8 Mindfulness-based interventions in the treatment of symptoms of psychosis: A narrative systematic review

Anthony DiGiacomo MA PhD(c) RP CCC, Family Specialist, Phoenix Program, North Halton Mental Health Clinic, PhD Candidate, McMaster University, Faculty of Health Sciences, School of Rehabilitation Science

Psychosis is a mental health condition marked by a break with reality. Mindfulness is the ability to intentionally be aware of the present, with acceptance and without judgement. The purpose of this paper was to examine the effectiveness of mindfulness-based techniques on symptoms of psychosis through a systematic review of randomized controlled trials

(RCTs). Two reviewers conducted a narrative systematic review utilizing a predetermined search strategy, a standardized data extraction tool, and eligibility criteria. The eligibility criteria were: 1) random allocation of treatment, 2) inclusion of participants presenting with symptoms of psychosis, 3) inclusion of participants receiving a mindfulness-based intervention, and 4) inclusion of participants receiving no active treatment (control). Though some significant treatment effects were discovered, a majority of the measures across studies showed no significant treatment effect. Therefore, studies to date do not indicate that mindfulness-based interventions show a reduction in symptoms of psychosis. Though most scales did not show significant effect sizes, all scales trended in the direction of mindfulness interventions. Where study results were combined, there were also larger effect sizes. Therefore, larger studies with greater methodological rigour are necessary. Though most measures did not show a significant effect on reduction of symptoms of psychosis, measures did show a significant increase in mindfulness skills. This is important in that reducing distress and acceptance of symptoms, not symptom reduction, is at the core of mindfulness practice. This suggests that clinicians using mindfulness with clients with symptoms of psychosis focus on acquisition of mindfulness skills versus symptom reduction.

P9 CBT for Psychosis: Beyond Positive and Negative Symptoms

Gretchen L. Conrad PhD CPsych, The Ottawa Hospital

Co-author: Robert Hill, University of Ottawa

Cognitive Behaviour Therapy (CBT) is widely accepted as best practice for those recovering from psychotic illnesses, with most evaluation focusing on changes in positive and negative symptoms. A meta-analysis found that CBT showed a significant reduction in positive symptoms, with patients suffering from an acute psychotic episode benefiting more than those with a chronic condition. A subsequent review was less definitive for symptom reduction, but endorsed the potential of CBT to improve quality of life and to reduce distress.

A modified version of a manualized group CBT program was delivered in an urban Canadian Early Psychosis Intervention program, and evaluated for changes in self-reported cognitive distortions and symptom levels. Results from 67 clients ($N_{\text{male}} = 41$; $N_{\text{female}} = 26$), 10 groups, revealed significant pre to post-treatment changes. The global indices of the Brief Symptom Inventory revealed significant pre-post decreases: Global Severity Index ($p \leq .001$), Positive Symptom Total ($p = .01$), and Positive Symptom Distress ($p \leq .001$). Significant pre-post decreases were also found on the Psychoticism, Paranoid Ideation, Obsessive-Compulsive, Anxiety (general), Anxiety (phobic), Depression, and Interpersonal Sensitivity subscales. Similar results were found with the Cognitive Distortion Scale; all subscales revealed significant changes ($p \leq .001$): Self-Criticism, Self-Blame, Helplessness, Hopelessness, and Preoccupation with Danger. Subjective feedback from group participants highlights additional benefits of group interventions (e.g., normalizing of experiences; hearing the stories of others). The results support the use of group CBT as an effective treatment for individuals who have had a psychotic episode. The results extend beyond the anticipated impact on positive and negative symptoms, strengthening the argument for the use of CBT in a population recovering from psychotic illness, and the effectiveness of delivering this intervention in a group format.

P 10 Impact of long-acting injectable versus oral antipsychotics on hospitalization rates in patients with schizophrenia: A retrospective review

Bharat Chawla MD FRCPC, Lead Psychiatrist, Peterborough Regional Health Centre LYNX Program

Co-author: Michelle Bell, RN, Peterborough Regional Health Centre

Schizophrenia is a serious and debilitating mental illness. Poor medication adherence is a major issue leading to costly outcomes such as hospitalization and length of admission. Long-acting injectable (LAI) are formulations of antipsychotic medications developed to improve non-adherence and reduce relapse incidence. The rate of LAI use from published studies is lower in Canada (6.3%), compared with 15% to 80% worldwide. Although LAIs are more costly to use than oral antipsychotics, a reduction in hospitalization would result in overall savings and improved quality of life. In our study it was hypothesized that initiation of LAI after taking oral antipsychotic medication reduces ER and ward admissions, total length of stay in the hospital, and time to readmission. This study reviewed hospitalization rates in outpatients a year before and a year after initiation of long acting injectables Consta and Sustenna. Patients' charts were examined for the year before they were switched to LAI from an oral antipsychotic medication and followed for another year with data from 2005-2013. Patients and families provided feedback regarding the efficacy of these medications. Cost benefit analysis estimated the differences before and after initiation of LAI using data from the Ontario Drug Benefit and cost of ward and ER admission at PRHC. The net savings before LAI and after LAI was \$474,272. The direct savings are huge, but the indirect savings of preventing relapses on a societal, individual, and caregiver level are invaluable. The benefits seem to greatly outweigh the initial cost of the injectable medications.

P11 Introducing the Slight Family Centre for Youth in Transition: Our vision, goals and projects

Aristotle Voineskos MD PhD FRCP(C), Associate Professor of Psychiatry at the University of Toronto, and Director of the Slight Family Centre for Youth in Transition, The Centre for Addiction and Mental Health (CAMH)

The poster will outline the Centre's strategic objectives and describe the first and second set of initiatives underway that are aimed at understanding and treating severe mental illness and addictions for youth from the late teens through early adulthood. The first initiative is integrated care pathways (ICPs). The second initiative is fostering a culture of clinical

research, especially clinical intervention studies. We will highlight a number of new treatment opportunities (focused on unmet needs for youth with mental illness) and early identification studies that are supported by the Slaight Centre. We will also highlight opportunities for partnerships across the province.

C1

Development of the metabolic management program within a rural community

Melissa Thompson RPN, Case Manager Haliburton Highlands Mental Health Services, Lynx Program

Sarah Orchard, Case Manager, Haliburton Highlands Mental Health Services, Lynx Program

Jessica Wilson, Case Manager, Haliburton Highlands Mental Health Services, Lynx Program

The Lynx Early Psychosis Intervention Program is a network of seven community-based and hospital programs that provides service to young people and their families in Haliburton, Peterborough, and Northumberland Counties and City of Kawartha Lakes. In Haliburton County, case management, nursing services, psychiatry, and family support are provided through Haliburton Highlands Mental Health Centre (HHMHS).

Recognizing the importance of physical health, HHMHS has established a Metabolic Monitoring Program available to all HHMHS clients, including Lynx clients. The goal is to support clients to improve their overall physical and mental wellness through long term healthy life style changes. Working in collaboration with the case managers, psychiatrist, and family, the nurse obtains baseline and routine data using a standardized metabolic monitoring tool, and provides education, support, guidance and motivation related to healthier lifestyle choices in order to optimize recovery. A key feature of this program is the use of a specially-designated Metabolic Monitoring room. This room is a space within the building that consists of various pieces of equipment for cardiovascular activities, strength-building, and stretching. Staff support clients to use the equipment safely and effectively while providing education and risk factors and healthier lifestyle choices.

In this presentation we will discuss the ways in which the development of Metabolic Monitoring Program promotes physical health and addresses challenges in rural service provision such as lack of transportation, financial insecurity, lower levels of education, and fewer community resources. We will discuss some preliminary outcomes and encourage dialogue and discussion among participants.

Making metabolic monitoring marvelous in EPI clinics

Sharman Robertson BSc MD FRCPC, Medical Director On Track First Episode Psychosis Program

The Healthy Active Lives (HeAL) declaration urges mental health and primary care providers, patients and families to take action to preserve and improve physical health for people with psychosis. In response to the HeAL declaration and Metabolic Think Tank feedback, graphic tools were designed to accompany the Canadian Cardiometabolic Monitoring Resource with the goal of improving metabolic management in early psychosis intervention (EPI).

On Track is an EPI clinic based in Ottawa Ontario Canada with a population of 225 patients. Nurse (RN) and social worker case managers collect data using metabolic monitoring software. Case managers may refer patients to the dietitian or a range of social groups including the Healthy Lifestyle Group, Sports Group and Walking Group. Coordination of metabolic care is challenging given the many other duties falling to case managers. Last year, metabolic assessments were completed for 55% of our patients; 19% of clients were scheduled for Dietary consultation (12% attended); 15% attended at least one Sports Group; 12% Healthy Lifestyle Group; and 28% Walking Group. We are not currently using the recently developed graphic tools.

We believe that the current model must be improved. We report on our experiences developing a new metabolic clinic with a dedicated RN using the graphic tools. We discuss the clinic format, methods to collect referral and attendance patterns for; the metabolic clinic, dietitian, healthy lifestyle programming, and family MD appointments. We discuss proposed variables measuring the impact of using the graphic tools on communication with family doctors and primary care RNs.

C2

Start thinking like an executive

Kendra Clark MSc OT Reg (Ont), Niagara Region Mental Health

Sarah Bromley OT Reg (Ont), Centre for Addiction and Mental Health

Have you ever left a session wondering what will “stick” with a client until you meet again? Perhaps inquiry into a person’s executive functioning abilities may yield some helpful answers to this fundamental question. Executive functioning is explained as playing the role of executive director of the brain, which includes: making decisions, problem solving, paying attention, organizing, strategizing, monitoring performance and knowing when to start, stop, and shift gears. Essentially, the brain continues to come ‘online’ well into our late 20’s, which means that cognition and executive function skills have an opportunity to be shaped and refined throughout this time. Occupational therapists play an important role in helping clients identify their unique profile of strengths and areas for growth. This presentation will explore how cognition and executive functioning develop in early adulthood; it will also highlight how to recognize

executive function skill deficits. A discussion will ensue regarding: (1) Common strategies to assist with the remediation of executive function skill deficits and (2) The utilization of compensatory strategies when building treatment plans.

Participants can expect the aforementioned strategies to be practical and skill-based tools, applicable for clinicians, clients and family. The information will be transferred using a client scenario to help underscore clinical reasoning when assessing and developing action plans. Additionally, the use of technology and future developments regarding cognitive remediation and executive functioning will be examined.

Helping Hands

Morgan Mitchell, Recreation Therapist, Lakeridge Health Durham AMAZE EPI Program
Karen Cripps, Teacher, Durham District School Board

One of our program objectives is to help support any individual who wishes to complete their high school diploma. This program was introduced as a pilot program to help support individuals gain their mandatory community involvement hours (40 hours) required to graduate high school. The program was designed to provide individuals a volunteer opportunity that fits their physical, cognitive, social and behavioural needs. The group worked on an ongoing project that aligned with their therapeutic goals in regards to their recovery in the EPI program. Therapeutic outcomes around Quality of Life and skill development (social, cognitive, fine motor etc.) were measured using the Sunnybrook Recreation Therapy Quality of Life Model and staff observations. This group was a collaboration between a Teacher with Durham District School Board and a Recreation Therapist with Durham Amaze EPI.

The group met weekly to work on building a model lighthouse for 19 weeks allowing clients to gain 144 hours of community involvement hours. After completion of their project, EPI hosted an 'unveiling' evening which provided individuals an opportunity to celebrate their success with their peers, family and staff. The lighthouse was raffled off and the money donated to a charity of their choice. By the second evaluation, clients were not only reporting meeting the expected Quality of Life objectives but also reporting additional criteria across the 6 domains of Sunnybrook's Quality of Life Model (Enjoyment, Feeling Like You Belong, Meeting People, Being Yourself, Helping Others and Developing Yourself). Qualitative data demonstrated an increase in self-awareness and perceived confidence, sense of purpose and self-esteem.

C3

Men at work: Reflections on facilitating a men's group within an EPI program

Colin Dundas CYW, Youth Worker/Intake Coordinator, Durham AMAZE EPI Program, Lakeridge Health
Jeff Gauthier MA, Case Manager/Sr Addiction Counsellor, Durham AMAZE EPI Program, Lakeridge Health

"Adversity introduces a man to himself," a quote by Albert Einstein serves as the inspiration for developing a men's group. This session will introduce how our program came to consider providing a men's group and share our experiences facilitating a "Safe Zone" for men evaluating their personal journey of psychosis and the emotional exploration gained in their recovery. The facilitators will provide a "snapshot" of topics generated by the group over the past 2 years including: managing feelings, stressors, personal reflections on their journey in the mental health system, symptoms, sexuality, trauma, family, friends and intimate relationships, loss, anger, trust, healthy boundaries, substance use, spirituality, assertiveness, self-esteem, identifying and planning for high risk situations that may exacerbate mental health, and to develop improved methods of coping and self-care.

C4

Changing the story: Co-producing help-seeking narratives of first episode psychosis

Brenda Gladstone PhD, SickKids Foundation/CIHR New Investigator
Elaine Stasiulis MA PhD(c), Research Project Manager Hospital for Sick Children

Co-authors: Katherine Boydell, Professor of Mental Health, Black Dog Institute; Chiachen Cheng, Medical Director, First Place Clinic and Resource Centre; Simon Davidson, Regional Chief, Children's Hospital of Eastern Ontario

Significant delays in help-seeking among young people with first episode psychosis are widely reported and exacerbated in rural communities where there is a severe shortage of mental health specialists. Pathways to first episode psychosis clinics in rural areas are experienced differently than in urban area; they are poorly understood and contribute to inequities experienced by young people living in rural Ontario. As part of a participatory arts based research project, nine young people living in rural areas who have experienced first episode psychosis were asked to produce digital stories (similar to YouTube videos) describing their experiences of seeking help. They also described what it was like to learn to use visual images, music and voice-over narration to articulate their thoughts; and to think critically about their own stories, as well as one another's, analyzing similarities and differences across narratives. Project activities were documented using participant observation and informal interviewing accompanied by detailed field notes.

Borrowing from the framework of "Forum Theatre" we will invite audience members to engage with the digital stories by suggesting specific points in the story that could be altered to be more helpful to the young person. This interactive exercise extends our integrated knowledge translation strategy by communicating study results and receiving feedback from the audience. This will further inform ways to best support young people at home, school and in the community, as well as practices in (mental) health, education and welfare service settings.

C5

The Family Guide to Mental Health Recovery

Stuart Clarfield, Executive Producer, Mission Media Company
Sabrina Baker MSW RSW Social Worker in Private Practice

This session will introduce **The Family Guide to Mental Health Recovery** project – an online interactive documentary resource that provides information, insight and peer experiences to families facing a mental illness. The Executive Producer will discuss the project's creation in Toronto and its growing use by families, educators, practitioners and support organizations around the world. He will show a sample video excerpt of approximately 15 minutes and show samples of online content. The Family Guide project is a family peer-to-peer support project that will be of interest to individuals, family members, educators, students, family support organizations and health care and support practitioners. The project can be seen at www.familyguidetomentalhealth.com

Beyond Psychosis: Exceeding Expectations from First Episode to Recovery

Tara Laing, OT Reg (Ont.) Early Intervention Clinic (EIC) Centre for Addiction and Mental Health

The film, 'Beyond Psychosis: Exceeding Expectations From First Episode to Recovery', was a collaborative project involving interviewing clients speaking about their own recovery in response to a perceived gap, where most available films seemed to feature other people speaking for clients. The film debuted at the Rendezvous With Madness Film Festival, and is now used in classrooms, in client and family education and discussion groups. It is available for free in a short version on YouTube, or for purchase with a user booklet at Caversham Booksellers, or through CAMH Publications. In this session, meet the filmmaker and find out more about how to make use of this resource.

Thursday October 15, afternoon

D1

Integrated Care Pathway (ICP) for first episode psychosis inpatient and outpatient setting

Saima Awan MBA PMP, Sr. Manager of Integrated Care Pathways Program, Centre for Addiction and Mental Health (CAMH)

Aristotle Voineskos MD FRCPC, Director, Slight Family Centre for Youth in Transition

Shivali Kapila, Project Manager, Integrated Care Pathways Program, CAMH

Ofer Agid MD, Psychiatrist, Clinician Scientist, CAMH

Leila Dagher RN, Early Psychosis Unit, CAMH

Ashley MacNaughton RN, Early Psychosis Unit, CAMH

Michelle Farah, RN, Early Psychosis Unit, CAMH

Co-authors: April Collins, Executive Director, Complex Mental Illness Program and George Foussias, Psychiatrist, Clinician Scientist, CAMH

An Integrated Care Pathway (ICP) is an inter-professional outline of anticipated care for patients with a similar diagnosis. This presentation will review the lessons learned in the development, implementation and evaluation of ICP at CAMH.

CAMH ICPs have the following components: standardized assessments, medication algorithm, non-pharmacologic interventions, and team effectiveness interventions. Our methodology to develop ICPs includes: evidence reviews, process reengineering and change management. An ICP details what to do, when to do it and who will do it. An ICP for the treatment of Early Psychosis has been implemented and over 100 patients that have gone through the ICP. It is expected that another 75 will be treated by October. The overall intent of the initiative is to develop practical ways of changing the delivery of services to improve the experience and outcomes for people with Early Psychosis, reducing unnecessary variance in care that leads to poorer outcomes. The benefits of forming an ICP have manifested themselves early in development. The discussions that have taken place during the development of the pathway have encouraged closer teamwork and a greater appreciation of existing treatment variability.

The presentation will include findings from ICP development teams and early outcomes from pathway patients. Key elements of success that are fundamental components of a pathway will be demonstrated. The mental health system is constantly challenged by simultaneous needs to both improve quality of care and increase efficiency, without any significant increase in funding. ICP is the solution to address these challenges.

D2

Talking about substance use. What's hot, what's not

Erin Horlings BAH MA(c), Addiction Clinician, ADAPT/Phoenix Program

Amelia Edwards & Marshall Bator, Youth Speakers

No one calls it Mary Jane anymore. Language is constantly evolving. One aspect of providing effective and respectful services for individuals with concurrent mental health and substance use disorders involves understanding the context in which using occurs and the language chosen to describe drug and alcohol behaviours. This session will briefly review current drug use trends and terminology that may assist clinicians with therapeutic rapport building, substance use assessment accuracy, and ultimately enhancement of clinical care. Individuals with concurrent disorders are not a homogenous group. Offering truly client centred treatment includes an exploration of an individual's unique relationship with substances and allowing them to share in their own words. Furthering the semantics discussion, an attitude of mutual respect and trust can be fostered when our own language is neutral, reflective, and grounded in a harm reduction approach. A panel of youth will be present to share their lived experience and add a valuable perspective to this discussion.

Substance use toolkit for practitioners

Jennifer Nguyen MD FRCPC, Child and Adolescent Psychiatrist, Concurrent Disorders Youth Inpatient Unit (CYU) at the Centre for Addiction and Mental Health

It is well known that among youth with psychosis, substance use disorders is commonly comorbid and negatively impacts prognosis. Clinicians often struggle with how to manage these patients in their practice. This session will focus on practical tools to use for the assessment and treatment in this challenging population including motivating youth, strategic use of urine drug screens, and the role of the family in treatment. There will be a practical focus on tools the clinician can use to engage youth including available on-line resources, interactive games and videos.

D3

Let's write a song about it: CBT based music group

Christopher Trimmer MA, Mental health Crisis Worker, Kingston

Richard Tyo, Mental Health Crisis Worker, Kingston

In the treatment of anxiety and depression, music can be an effective therapeutic intervention despite its continued 'non-traditional' status in hospital and community care mental health settings. It is also a great resource for reducing

stigma and building connections between mental health professionals and clients. The presenters will discuss their CBT-based music group therapy program targeted at adults with symptoms of depression and anxiety, and will review the initial findings from their randomized control sample study. This is the first intervention of its kind. The presentation will be a mix of lecture, discussion, and interactive musical activities.

D4

Looking after the caregiver: How should we implement the Mental Health Commission of Canada's Family Caregiver Guidelines in EPI?

Eleanor Baker, Family Volunteer, Schizophrenia Society of Ontario

Tatiana Wyse, Early Intervention Family Worker, Schizophrenia Society of Ontario

Caregivers accomplish a unique and vital role by providing support and advocating for persons living with a mental illness, and contribute to their recovery. The unpredictable nature and duration of many mental illnesses can compromise the health of family caregivers. The Mental Health Commission of Canada's National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses acknowledge many of the concerns family caregivers experience and offer recommendations for supports that can decrease the stressors associated with caregiving. This presentation will discuss strategies and advocacy activities to implement these recommendations in EPI Programmes across Ontario.

Reflecting on recent developments in family work in a multi-site program

Annalisa Rasmussen MSW, Family Support Worker Halton/Peel Regional Office Schizophrenia Society of Ontario

Phoenix Program in Halton has three on-site Family Specialists and a Community Family Support Worker through a partnership with the Schizophrenia Society of Ontario. In the past year we have witnessed some new developments in our family work from re-vitalized family information nights to the design of a family peer support Program. These will be discussed as part of the panel on family work.

New developments in Family Work at Phoenix:

- Re-developing the family information nights, by introducing surveys and post-group evaluation
- Offering additional psychoeducational programming
- Partnering with other community agencies to offer additional support that is beyond the capacity of Phoenix Program staff to offer (eg nutrition programming)
- Developing a Family Peer Support Program
- Family Peer Support Program

Innovative community partnerships in an inner city early psychosis intervention program

Erin Chan MSc OT Reg (Ont.), STEPS Team Leader, Mental Health and Addictions Service, St. Michael's Hospital

Bianca Tiron, Family and Youth Coordinator for Early Intervention in Psychosis Services, Mood Disorders Association of Ontario

This presentation will discuss innovative approaches to collaboration between a community family support service and an Early Psychosis Intervention (EPI) program. The STEPS for Youth Program is an EPI program located in the community and part of the Mental Health and Addictions Service at St. Michael's Hospital. Facilitating access to community programs such as family support has been a challenge at STEPS. A recent partnership was developed with the Mood Disorders Association of Ontario (MDAO) family support service to facilitate improved access to families. Preliminary outcomes including feedback from families and future directions will be discussed.

Continued.....

D5

Social support and strength in numbers: How peer groups, social recreation, and group CBT can promote resilience

Amar Ghelani MSW RSW, Transitional Social Worker, Canadian Mental Health Association Toronto- Early Psychosis Intervention Program

This presentation will focus on how peer support and cognitive-behavioural group interventions can help EPI clients reduce social isolation, improve stress management, strengthen communication skills and address challenges with paranoia, panic and unhelpful relational patterns. Creating spaces where clients feel a sense of acceptance and belonging amongst peers can boost social confidence which can then be applied to other spheres of recovery, including academic and employment functioning. Participants will take away specific strategies for enhancing client engagement, motivation and participation in group settings. Approaches for coordinating, facilitating and evaluating effective groups while helping clients overcome barriers to social functioning will also be explored. This presentation will be interactive and allow time for participants to share their thoughts on group program development and implementation.

The role of peer support workers in wellness and recovery

David Barkley, Peer Support Worker, Lynx Early Psychosis Intervention Program, Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge (CMHA HKPR)

Haley Hood, Peer Support Worker, Lynx Early Psychosis Intervention Program, CMHA HKPR

Interest and evidence related to the effectiveness of peer support in wellness and recovery is growing across the province and the country. The Lynx Early Psychosis Intervention Program has been promoting opportunities for the growth of peer support work by delivering individual support, group facilitation, and public education over the past ten years. Recently, two of our peer support workers have facilitated a WRAP (Wellness Recovery Action Plan) group specifically for youth who receive our services. This workshop will present the types of peer support work offered in Lynx and share some feedback from WRAP participants that highlights the effectiveness of this program. Peer support workers will share the experiences and perspectives they have gained during their own training and the delivery of the workshops. They will discuss how their work has both supported the recovery of people receiving services and contributed toward their own growth. While building the role of peer support in wellness and recovery is innovative and exciting, it can also present challenges to individuals, teams, and organizations. The workshops will provide an opportunity for presenters and participants to work in small groups to identify challenges, as well as successes, and to generate and share potential solutions. Participants will engage in discussions about peer support resources and training, and identify some opportunities for ongoing connection and learning.

D6

Hearing Voices Performing Arts Presentation

Milinda Alexander OT Reg. (Ont.), Clinical Supervisor, Hamilton Program for Schizophrenia

Sonia Jackson, Choreographer

Andrea Cohen-B., Writer, Director, Producer, CCO Sandbox Video Productions

The Hearing Voices Performing Arts Presentation was originally created through research at SickKids Hospital, spearheaded by Dr. Kathryn Boydell. Dr. Boydell executed a nationally funded study wherein she interviewed 60 people experiencing psychosis along with their families, as they explored their pathways to care. She then collaborated with a professional choreographer and composer to translate information from the interviews into a 15 minute dance. The production was meant to typify the challenges and experiences of psychosis with the themes of “triumph and hope” which would also offer an emotional experience to the audience. This past May, ArtHouse and United Way Oakville partnered with the community for support and funding to bring this dance to the community during Mental Health Week 2015. Our goal today is to share the video rendition of this Performing Arts Presentation with you, garner your reactions and brainstorm how we might utilize this production, live or in video form in our communities, both geographic and virtual.