

The Ontario Psychiatric Outreach Program

Annual Report 2011–2012



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 underserved in terms of mental health care. We will continually strive to provide multidisciplinary, contextually relevant community-oriented service and education.

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DIRECTOR'S MESSAGE

This is my first report as director of the Ontario Psychiatric Outreach Program (OPOP), and I would like to start my term by thanking the people who have contributed to the program's success. I was privileged to have worked closely with my immediate predecessor, Dr. J.R. (Bob) Swenson, as well as his predecessor, Dr. Brian Hodges, who is the founding director of OPOP. Both of them have set a high standard for me to aspire toward. OPOP has grown and evolved tremendously since its inception, and I look forward to continuing this tradition.

I would like to thank Bob for his many accomplishments in the past five years. These include continuing to grow the program; bringing a new academic focus to our annual meeting; expanding our research activities with various partners; reaching out to new stakeholder groups and strengthening existing relationships, including LHINs, family health teams, HealthForceOntario, the Ontario Medical Association and the Ministry of Health and Long-Term Care; enhancing the OPOP website as a tool for communicating and disseminating information; and securing sustainable sessional funding with which to attract and retain consultants.

Gail Larose, who is stepping down as OPOP's policy and program administrator, especially deserves recognition for her contributions to these initiatives and for overseeing the program's operations in an extremely capable, professional and collegial manner. On behalf of OPOP, I thank Gail and Bob for their incredible contributions and wish them all the best in their future endeavours. Additionally, on behalf of OPOP, we would like to thank the Ministry of Health and Long-Term Care for their continued support of OPOP. Without their funding and guidance, OPOP would not be able to serve its communities.

I am also thrilled that we have recruited Eva Serhal as Gail's successor in the role of policy and program manager. Eva has a passion for meeting the needs of underserved communities, is knowledgeable in the area of health human resources and has a strong track record in health care administration, including her work with HealthForceOntario. As an MBA candidate, she brings expertise in program development and strategic planning. I am confident that together we will continue OPOP's growth and achieve numerous successes.

We look forward to developing goals for the next five years, and creating strategies to see them come to fruition.

Annual retreat held in Toronto

The 2011 OPOP retreat, held at the University of Toronto, was both a valuable academic event, with stimulating and thought-provoking presentations and workshops, and a convivial social gathering. The opportunity to share experiences and spend time with colleagues from across OPOP programs and sites was a highlight of the year. We present a full report from the retreat on page 13.

All the presentations were excellent, but I was particularly struck by the implications of the arguments presented by Dr. Benoit Mulsant, physician-in-chief at the Centre for Addiction and Mental Health (CAMH) about aging populations and access to mental health care in Ontario, and by Dr. Paul Kurdyak, head of CAMH's Centralized Assessment, Triage and Support Research Unit, on the topic of physician (mal)distribution in Ontario (essentially OPOP's *raison d'être*). Together, these talks emphasized for me the magnitude of some of the challenges that OPOP and the province's health care system as a whole face and will continue to face in the near future, with increasing demands, and the need to work with misaligned and constrained resources. At the same time, we are rich in ideas, expertise and commitment, and there is a broad consensus from all levels of government and throughout the health care sector that mental and rural health are priority areas for protection of services, growth and innovation. I look forward to working with all OPOP programs and partner groups to meet these challenges head on.

Dr. Robert G. Cooke
Program Director



University of Western Ontario Extended Campus Program

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

In 2011–2012, the ECP operating unit at Western continued to provide administrative and academic support to a group of 13 ECP faculty 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 Department of Psychiatry.

Clinical service

Dr. Jack Haggarty delivered clinical service in his role as medical director of Community Mental Health at St. Joseph's Health Centre in Thunder Bay. Dr. Suzanne Allain continued her involvement in promoting Western Department of Psychiatry Continuing Professional Development events to various clinical sites in Thunder Bay. Dr. Susan Adams operated as chief of medical staff of the North Bay Regional Health Centre, and Dr. Dan Pearsall continued as chief of Child Psychiatry of the centre's Sudbury site. The group of eight adult psychiatry specialists from the Health Science North Kirkwood site in Sudbury—Drs. Rayadu Koka, Amil Joseph, Rajendar Kumar, Beena Mathew, Ramamohan Veluri, Popura Krishna, Declan Boylan and Angelita Sanchez—continued their involvement in the ECP over the reporting year.

The outreach psychiatric consultations to the North of Superior Program (NOSP) continued as another component of the ECP. This consisted of psychiatric service and education to remote communities in the Lake Superior area, including Nipigon, Schreiber, Marathon, Manitouwadge and Greenstone. Administrative support for psychiatrists providing those services resulted in 26 consulting days

delivered by Drs. Guiseppa Guaiana, William Komer, Bhadrash Surti, Richard Owen and the undersigned, as well as 99 hours of consultations via videoconferencing. Two psychiatry residents from Western travelled with consultants on two of these outreach visits to learn remote outreach psychiatry. Ten hours of phone group supervision were provided by the undersigned to NOSP clinical staff.

The ECP director and clinical director of NOSP (until March 31, 2012, both positions were filled by the undersigned) continued his 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.

Consultations to Thunder Bay through videoconferencing from Regional Mental Health Care London have also grown in frequency, totaling 475 consultation hours delivered by Dr. Lade Malhotra.

Continuing professional development

Psychiatrists and other health care professionals involved in mental health care delivery in Thunder Bay, Sudbury, North Bay and Sault Ste Marie, as well as medical clerks from the Northern Ontario Medical School, had an opportunity to participate in the Western Department of Psychiatry continuing professional development events and to benefit from the expertise of faculty members and invited speakers who presented on the following topics:

- neuropsychological aspects of PTSD: limbic-neocortical interactions
- cognition and aging in schizophrenia
- ADHD and psychiatric comorbidity in children—long-term management and outcomes
- epidemiology of developmental and intellectual disabilities
- multi-axial case reporting and presentation of multiple sclerosis
- criminalization of people with mental illness
- psychotherapy training and supervision
- bioethics education—clinical ethics from a non-clinical perspective
- future directions for Western's Department of Psychiatry
- evidence and practices of valproate prescribing in acute mania.

Visiting Scholar Week

The ECP office was very active in organizing the Division of Social and Rural Psychiatry's Visiting Scholar Week in November 2011. The highlight was a full-day continuing professional development multiple speakers' event focused on family and mental health. Speakers addressed women's burden of caring for people with mental illness, the challenges and changing expectations of family members as they interact with the health care system and the changing landscape of Canadian families and its consequences for children's mental health.

Phyllis Solomon, a social work professor in the School of Social Policy and Practice and the Department of Psychiatry at the University of Pennsylvania, addressed some of these issues in her keynote presentation. Other speakers included Sandy Morton, a social work professional practice leader at St. Joseph's Health Care London; William Avison, a professor in the Department of Sociology at Western and Dawn White, manager at the Canadian Mental Health Association, London-Middlesex branch.

ECP annual meeting

The ECP annual retreat was held in London on November 15, 2011. It was a combined event chaired by ECP director Dr. Abraham Rudnick, and attended by Dr. Robert Cooke, the OPOP director designate; ECP members from northern Ontario; and Dr. Ranjith Chandrasena, academic director of rural psychiatry at the Southwestern Ontario Medical Education Network. The main theme of the retreat was research and evaluation methodology. Dr. Rudnick presented on qualitative research and evaluation methodology. Dr. Marnin Heisel presented on methodology of developing and testing standardized (quantitative) psychosocial evaluation measures, and Dr. G. Guaiana presented on systematic reviews. Dr. Cooke shared with participants his vision for OPOP as its new director designate.



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 the ECP continued to conduct and disseminate their research.

Dr. Abraham Rudnick
Program Director



Northern Ontario Francophone Psychiatric Program

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

Clinical services

In 2011–2012, 11 psychiatrists with the NOFPP provided 135 visits at 11 service points. In order to reduce travel expenses, they often visited two or three service points per trip.

Our consulting psychiatrists continue to meet the needs of the mental health teams in communities served by the program. This includes a number of indirect services, such as education, indirect consultations, resident supervision and case discussions. These psychiatrists are available for sessions by phone between visits, which is very helpful in providing continuity of care for clients.

In March 2011, Dr. Gilles Melanson left the program after 16 years of service in Timmins, Matheson and Iroquois Falls. We thank him for his dedication and contribution to the program. Dr. Jean-Guy Gagnon continues to work in Elliot Lake, and Dr. Fernande Grondin continues to provide geriatric psychiatric services in Hearst, Kapuskasing and Smooth Rock. Dr. Rachel Henry works in Englehart. Dr. Daniel Kraus works in Timmins, Cochrane and Matheson as a consultant in adult psychiatry. Drs. Marc Lapointe and Marc Manguin work in Hearst, Kapuskasing and Smooth Rock Falls. Dr. Dominique Nadon offers psychiatric services in Mattawa and Sturgeon Falls. Drs. Marie-France Tourigny-Rivard and Michèle Tremblay alternate each month in Timmins, providing geriatric psychiatric consultations. Dr. Pierre Tessier offers consultations in New Liskeard, Iroquois and Matheson. Dr. Hugues Richard offers services in Timmins, Chapleau and Kirkland Lake, and for the Timiskaming Health Unit. Dr. David Myran will continue to be involved in Wawa next year.

Drs. Richard and Nadon offer telepsychiatry consultations on a regular basis. We hope to increase our telepsychiatry services in the future.

Our francophone residents

The recruitment and involvement of francophone residents continues to be a priority. We plan to explore new ways to strengthen our ties with them.

Funding

Since the signing of an agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association in 2009, we have been able to remunerate our consultants more appropriately. Retaining our current team continues to be a priority. If possible, we would like to recruit more staff in order to enhance our services.

Program manager Diane Gratton and I appreciate the support we received from OPOP and from our consulting psychiatrists during the year.

Dr. Fernande Grondin
Program Director



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

In 2011–2012, the Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (NPOP-C) continued to fulfill its core mission of facilitating equitable access to effective, efficient mental health services in northern Ontario. The majority of our work is achieved through high volumes of fly-in/drive-in psychiatric consultant visits to northern communities. Through our affiliation with the University of Toronto Department of Psychiatry, we also promote outreach opportunities to psychiatry residents. We continue a productive collaboration with our partners in OPOP.

Clinical services

Our primary mandate is to provide direct clinical services through visiting specialists clinics funded by the Ministry of Health and Long-Term Care (MOHLTC). We continue to increase our annual volume of service: 292 days in the past year, up

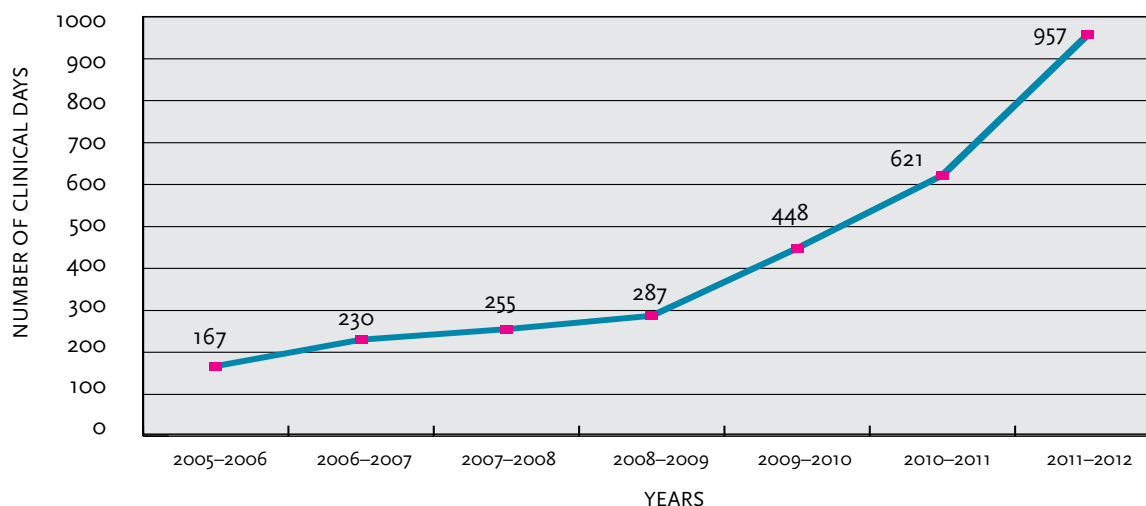
from 258, 244 and 210 days in the previous three years. The number of patients served also increased: 1,706 patients were assessed this past year, compared with 1,390 patients in the previous year.

We recruited five new psychiatrists and greatly increased psychiatric resident elective participation, from 34 to 77 trips. Our consultants' participation in the Urgent Locum program managed by HealthForceOntario resulted in similar service in comparison with the previous year, with 424 days provided.

In addition to our MOHLTC-funded activities, we also provided 128 days of service to Nunavut, up from 90 days in the previous year. This increase reflects the further development of services in the Iqaluit region.

We continue to collaborate with the Ontario Telemedicine Network and the Centre for Addiction and Mental Health (CAMH) in expanding telemedicine services to northern Ontario. We also work with them to provide annual telemedicine clinical sessions at CAMH, facilitated by NPOP-C staff, that are primarily directed to this region. The level of demand and service is growing rapidly; 957 consultations were provided this past year, up from 448 consultations in 2009–2010 and 621 in 2010–2011.

NPOP-C Telepsychiatry Services



We have established a service with the Northern Ontario School of Medicine to provide clinical consultation to medical students, and are doing work to increase students' use of this service.

Education and research

We co-ordinated a series of televideo educational sessions facilitated by NPOP-C and CAMH consultants to various northern sites. This year, 145 sessions were provided, for a total of 226 hours of education.

We have begun to develop a quality improvement process, and to create means for assessing the effectiveness and efficiency of our services and to align services with community need. For example, we have implemented patient and referral source satisfaction surveys for our telepsychiatry service.

We participated with OPOP in research around developing core competencies in psychiatric resident education through outreach elective experiences. This project continues into the current year.

Program objectives for 2012–2013

1. Strengthen community connections.
2. Develop metrics to assess the quality and outcomes of our program.
3. Continue to develop and seek support for telepsychiatry.
4. Enhance resident experience, particularly by developing a model of collaborative care through outreach.
5. Identify key areas of expertise to further develop, and match these to community need. Two core areas of strength are First Nations and Inuit mental health and addiction psychiatry.
6. Explore how technology (Internet, televideo) can be an adjunct to our service.

7. Develop a partnership with the Collaborative Mental Health Care Network through the Ontario College of Family Physicians. This will allow us to hear more directly from our community partners and to look at ways to improve between-trip continuity.

Staffing

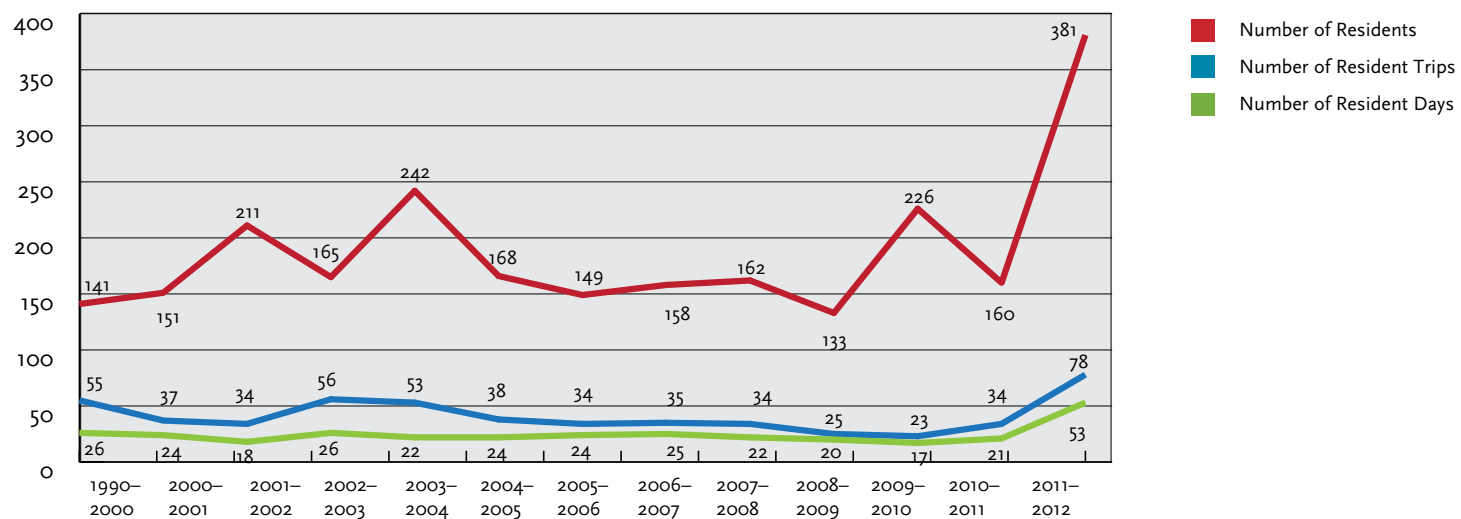
Dr. Robert Cooke, previous director of NPOP-C, left this role to assume leadership of OPOP. We look forward to continued collaboration with him and with Eva Serhal, the program's new manager.

As always, NPOP-C relies on the hard work and dedication of manager Rowena Figueredo, and on a strong team that includes Danica Furtado-Fernandes and Achira Saad.

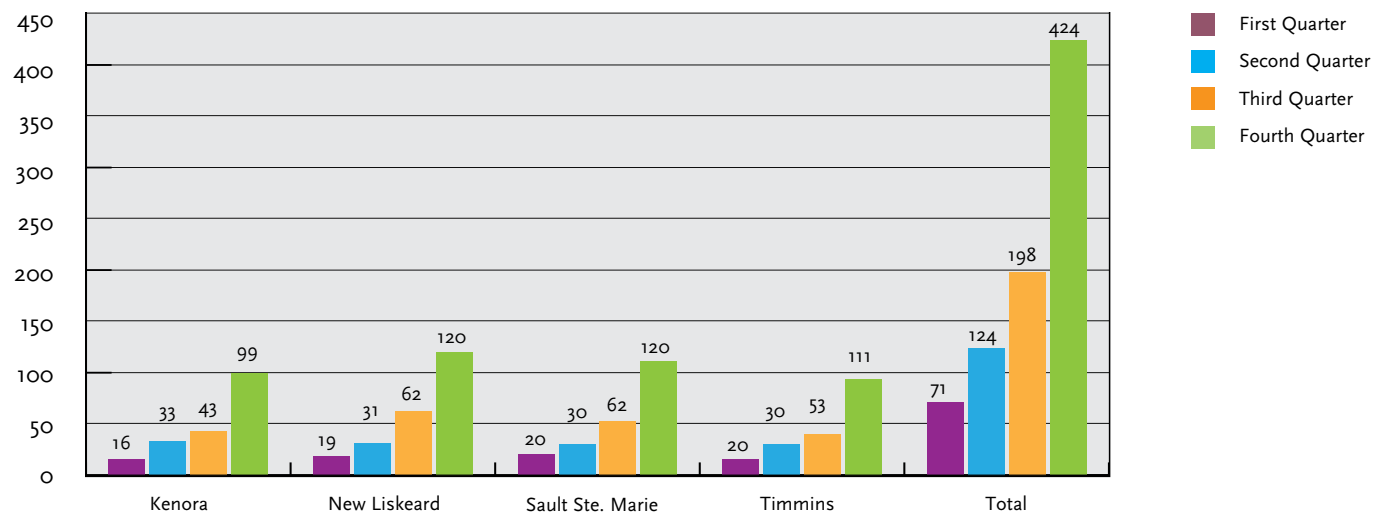
Dr. Allison Crawford
Program Director



NPOP-C Number of Residents, Trips and Days, 1999–2012



NPOP-C Urgent Locum Visits, 2011–2012 (cumulative)



OPOP works closely with other outreach programs in the province to provide on-site and telepsychiatry clinical services and education in remote and rural communities throughout Ontario. These include the Ontario Child and Youth Telepsychiatry Program, McMaster Psychiatric Outreach Program and Queen's University Psychiatry Outreach Program. OPOP also collaborates with the Northern Ontario School of Medicine and HealthForceOntario Marketing and Recruitment Agency (HFO MRA) to ensure high-level service provision and support in our communities.

Members of these programs and agencies are represented on OPOP's Steering and Access to Clinical Services Committees. All members play a significant role in the work that OPOP does. Committee meetings allow opportunities for collaboration, knowledge exchange and strategic development. These strong partnerships increase OPOP's capacity to fulfill its mandate. We are thrilled to work with such dedicated individuals, who contribute to the provision and support of mental health services in northern, rural and remote locations.

Two programs, the HFO MRA and the Ontario Child and Youth Telepsychiatry Program, work very closely with OPOP to provide coverage and service throughout Ontario.

HealthForceOntario Marketing and Recruitment Agency

HealthForceOntario is the province's strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future. Its provincial strategy includes the HFO MRA.

Northern Specialist Locum Programs

Administered through HFO MRA since October 2008, the Northern Specialist Locum Program (NSLP) consists of two programs: the Urgent Locum Tenens Program and the Respite Locum Tenens Program. NSLP provides locum coverage to underserved northern Ontario communities in order to temporarily fill vacancies while communities recruit, and to provide respite for specialists.

Psychiatry was one of the most active NSLP specialties in 2011–2012, with nearly 900 approved days of locum coverage. NSLP works with OPOP to support many of these psychiatric services. OPOP consultants are eligible to receive expense reimbursement and applicable work fees through NSLP for approved locum assignments. NSLP also approves and reimburses travel expenses for psychiatric residents to accompany OPOP psychiatrists providing NSLP locum coverage.

Community Partnership Program

The Community Partnership Program provides on-the-ground physician recruitment support to community recruiters, health care organizations and health care providers within local health integration networks across Ontario.

Practice Ontario is an initiative provided by the Community Partnership Program and includes free career-planning services for postgraduate medical residents. Meeting psychiatry residents and providing them with information on electives, practice opportunities and transition to practice information is a high priority.

Martin Ochman

Manager, Northern Specialist Locum Programs

Ontario Child and Youth Telepsychiatry Program

Enabling access to limited specialist child and adolescent psychiatric services within one's home community is the essence of telepsychiatry and outreach initiatives. Within this framework, primary care physicians and clinicians are able to enhance skills, comfort and confidence in children's mental health through models of care that include direct and indirect clinical consultations, shared care, continuing education and knowledge translation. Since government ministries responsible for child and youth mental health services have focused on interministerial collaboration in strategic directions and on improved access and efficiencies of service, funds have been allocated to expand and enhance telepsychiatry.

The Ontario Child and Youth Telepsychiatry Program (OCYTP) of the Ontario Ministry of Children and Youth Services continues to lead children's telepsychiatry services to rural and remote regions of the province. OCYTP continues to operate through three hubs: the Western hub in the London region; the Central hub, based at the Hospital for Sick Children (Sick Kids) in Toronto; and the Eastern hub, run out of the Children's Hospital of Eastern Ontario (CHEO) in Ottawa. Each hub has developed its own nuances and target populations to work in concert with OCYTP, and continues to respond to community needs. As such, multiple routes of referral can now be accommodated, including more than 25 children's mental health agencies, community hospitals, school boards, five detention centres and other youth justice interfaces, family health teams and independent physician offices.

In 2011–2012, the following services were delivered:

SERVICE*	CENTRAL HUB	LONDON HUB	EASTERN HUB	TOTAL
CLINICAL CONSULTATIONS	1251	227	201	1679
PROGRAM CONSULTATIONS	233	10	19	262
CONTINUING EDUCATION SESSIONS	34	**11	-	45

*Statistics from other independent centres that provide telepsychiatry services are not captured in this report.

**Resident rounds and journal club through the Division of Child and Adolescent Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario.

The Ontario Telemedicine Network (OTN) provides and enables two-way videoconferencing and related diagnostic equipment. These technologies streamline the health care process, while expanding the way knowledge is shared and how members of the medical community interact with one another and with patients. An independent, not-for-profit organization, OTN is funded by the Government of Ontario. During this year, all OCYTP encounters transitioned over to OTN. This has significantly improved co-ordination and consistencies in service delivery venue and increased efficiencies in children's mental health care delivery. This fiscal year, 1,574 child/adolescent telepsychiatry events were hosted through OTN, representing a 47 per cent increase over the previous year and accounting for one per cent of OTN's overall clinical events.

Through the OCYTP, OTN and community partnerships, the landscape of children's mental health in rural and remote communities is changing. The "tele" or distance approach to supporting care across Ontario is evolving and is being increasingly integrated into day-to-day practices.

Dr. Tony Pignatiello

Medical Director, Central Hub, Toronto

Dr. Naveed Rizvi

Medical Director, Western Hub, London

Dr. Hazen Gandy

Medical Director, Eastern Hub, Ottawa



University of Ottawa
Northern Ontario Francophone
Psychiatric Program



Northern Psychiatric Outreach
Program at Centre for Addiction
and Mental Health



McMaster University
Psychiatric Outreach Program



Queen's University
Psychiatric Outreach Program



University of Western Ontario
Extended Campus Program



Access to Clinical Services Committee

The Access to Clinical Services Committee (ACSC) co-ordinates and advocates for the delivery of fly-in, drive-in and telepsychiatry clinical consultation outreach services in underserved areas across Ontario. ACSC, which reports to the OPOP Steering Committee, met three times in 2011–2012, once in person and twice by teleconference.

Committee objectives include developing a best practice service model to match community needs with resources; ensuring current community requests for consultant services are fulfilled within the OPOP funding envelope; maintaining information about psychiatry services delivered across the province; collaborating with other outreach programs; and liaising with local health integration networks for northeastern and northwestern Ontario. ACSC provides an important opportunity for information sharing among OPOP partner programs.

For 2011–2012, key issues included continuing research projects, developing a co-ordinated, uniform approach to determining patient satisfaction, updating and increasing telepsychiatry guidelines and expanding OPOP services to areas not currently covered but in need of mental health care.

Patient satisfaction

The committee drafted a survey to measure patient satisfaction with psychiatric outreach services. The goal was to gather feedback about OPOP and the model of shared care. The results showed quite a high level of satisfaction with services and identified areas where OPOP can continue to grow and improve. See page 11 for a summary of survey results. The committee will review the survey and make changes to it in order to yield more insights into patient satisfaction in the future.

Telepsychiatry

In light of the increased use of telepsychiatry, the committee recommended that OPOP promote the development of Canadian guidelines. As a start, guidelines on the OPOP website will be updated with reference to current Ontario Telemedicine Network (OTN) and American Psychiatric Association guidelines. In particular, the section on fees requires review, as OTN telepsychiatry payments are based on the OHIP schedule and do not accurately reflect the time involved in providing this service. Individual sites have negotiated separate agreements, not co-ordinated through OPOP, which means that payments are not uniform. A fee review will be a priority for 2012–2013.

Extending outreach

OPOP partners provide services under the umbrella of the Underserved Area Program of the Ontario Ministry of Health and Long-Term Care. OPOP is investigating ways to increase service delivery to meet community needs. OPOP is looking into working with family health teams (FHTs). Most FHTs do not use psychiatrists, so a potential opportunity for OPOP would be to brokerage service to match FHTs with funding to available psychiatrists. OPOP is also using partnerships with other government agencies, such as HealthForceOntario, to help expand outreach services to areas in need.

Dr. Fernande Grondin has been named the ACSC chair for the 2012–2013 term.

Dr. Robert G. Cooke
Chair, ASCS

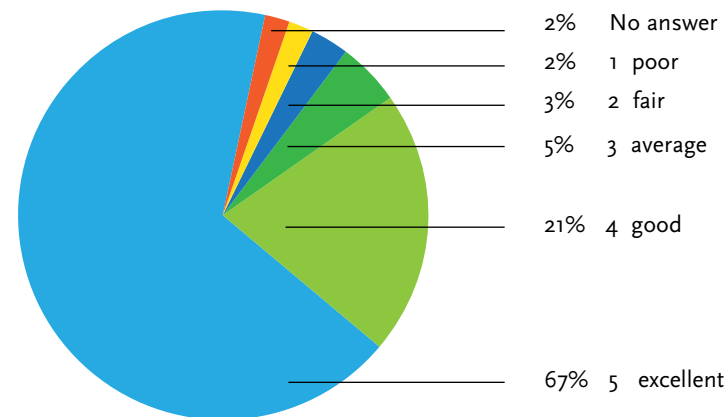


OPOP PATIENT SATISFACTION SURVEY RESULTS

The patient satisfaction survey was distributed to all patients seen by OPOP psychiatrists at various anglophone and francophone sites in the past year. Respondents were asked to rate their satisfaction with several aspects of the service they received, as well as their overall satisfaction, using a 5-point scale (1 = poor, 5 = excellent). Comments were solicited as well. Respondents completed the survey anonymously after their appointments, and submitted it to local clinic staff.

We collected 255 surveys from various local sites and telemedicine clients. High levels of satisfaction were reported on specific parameters of care. These included appointment timeliness; respect shown by the psychiatrist and staff; feeling listened to and understood; being informed about treatment options, risks and benefits; being involved in treatment decisions; and feeling helped. Eighty to 90 per cent of respondents rated each item as 4 or 5. In fact, the majority of responses were 5 (excellent) across all items. Ratings for overall satisfaction are shown in the chart presented here. A sample of the comments received is listed below.

Overall, how satisfied are you with your care?



OPOP CLIENT COMMENTS:

“I feel confident that I am well taken care of and that means a lot for me and my health. It makes life a bit easier.”

“Very fortunate to have received help in a timely manner, which allowed me to improve my overall health.”

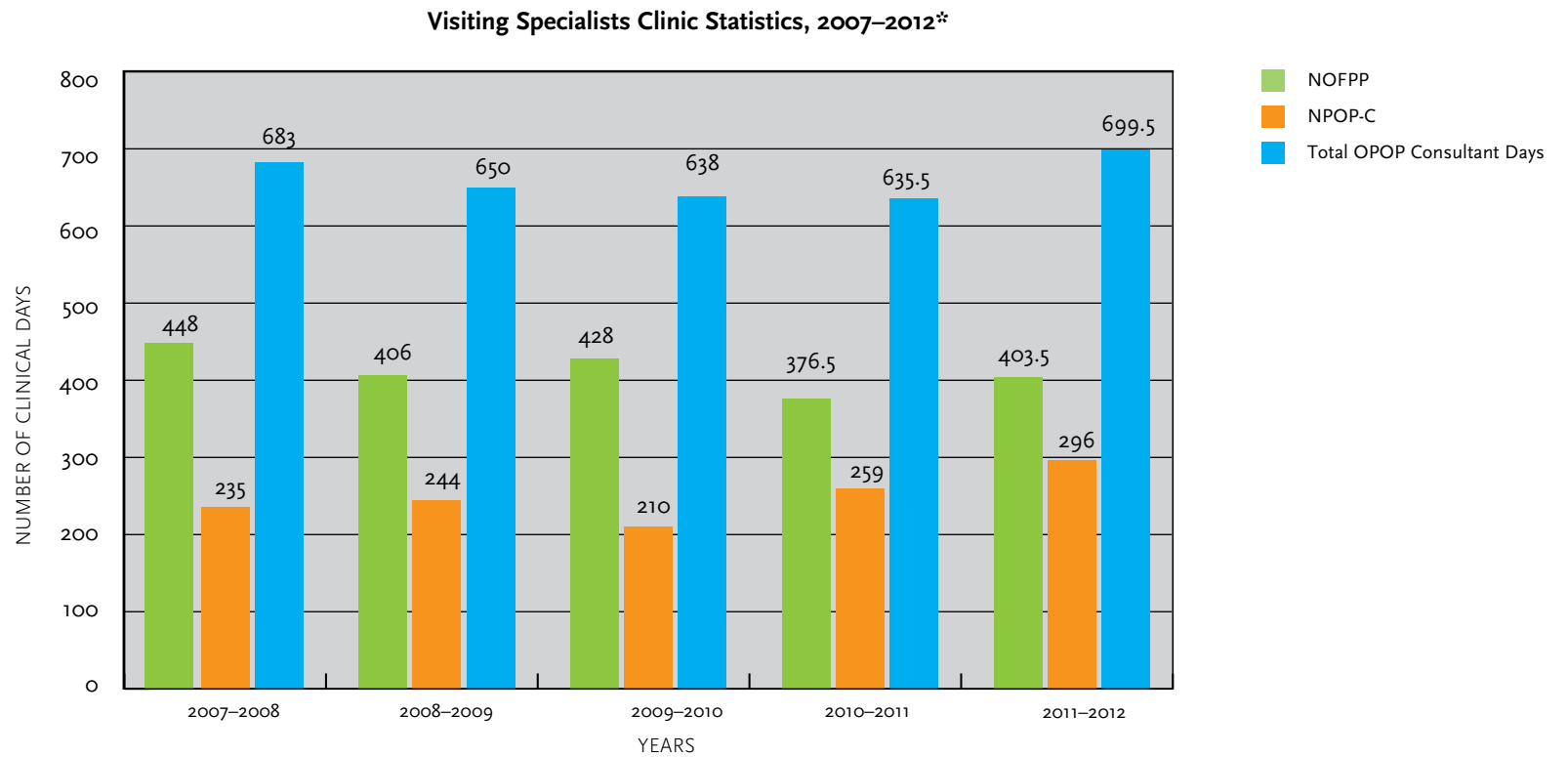
“I felt understood and listened to.”

“This is a healing experience.”

“Very courteous and friendly caring staff. Would like to have follow-up appointment rather than have to be referred each time by family doctor. May have to wait longer.”

“I feel and think that my doctor is great at listening and I take all her advice. She is really great!”

PROGRAM STATISTICS



*These numbers represent the number of Visiting Specialists Clinic days by program.

OPOP ANNUAL RETREAT HELD IN TORONTO

OPOP annual retreats not only serve as a tool for strategic growth and direction planning; they also provide an opportunity for education and knowledge transfer, and for collaboration between programs and stakeholders. The retreats allow participants to review past successes and discuss future growth. Participants include administrators, consultants, residents and OPOP stakeholders.

The 2011 OPOP retreat was held September 15–16, 2011 at the University of Toronto’s Munk Centre for Global Affairs. It focused on social determinants of mental health in northern Ontario. The retreat was an accredited group learning activity, as defined by the Royal College of Physicians and Surgeons of Canada, and had three learning objectives:

- develop an understanding of the impact of social factors, such as poverty, inequality and violence, on mental health
- learn about current challenges and how they are being addressed in northern Ontario
- explore how research can inform and improve mental health care in northern Ontario.

Dr. Catherine Zahn, president and CEO of the Centre for Addiction and Mental Health (CAMH), welcomed attendees to the gathering. Dr. Benoit Mulsant, physician-in-chief at CAMH, gave the keynote address on aging populations and access to mental health care in Ontario. He discussed challenges in providing appropriate evidence-based mental health care for older adults and strategies for addressing the mental health needs of this population.

Dr. Paul Kurdyak, head of Emergency Crisis Services, and section head of the Centralized Assessment, Triage and Support Research Unit at CAMH, presented “When more isn’t better: A study of psychiatrist supply and practice patterns in Ontario.” He explained the relationship between regional psychiatrist supply and practice patterns and regional variations in outcomes following psychiatric hospitalization.

Dr. Chiachen Cheng, a child and adolescent psychiatrist in Thunder Bay, presented “The Gordian knot for rural and remote mental health services: Developing early intervention psychosis services for Ontario’s North.” She discussed the challenges and successes of program implementation and development from the perspective of program decision makers; the importance of increasing capacity among mental health workers in the region through training and education programs; and rural and urban early intervention outcomes data.

Brad Sinclair, executive director of HFO, presented “Psychiatry human resources in Ontario: The role of HealthForceOntario Marketing and Recruitment Agency.” He described the challenges of recruiting and retaining psychiatrists in Ontario, in general, and in northern Ontario, specifically; the experiences of internationally educated psychiatrists; and the role locums play in providing psychiatric services in northern Ontario.



Workshops

Participants were offered two simultaneous workshops:

Dr. Robert Cooke, director of NPOP-C, led a conversation about raising the profile of outreach mental health services and forging relations with family health teams. Workshop members discussed strategies for raising OPOP's profile to enable effective delivery of outreach services; solidifying relationships with family health teams as a way to provide effective outreach services; and using shared care models, including telepsychiatry, for mental health outreach services.

Dr. Raymond Tempier from the University of Saskatchewan led a French workshop about the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services. Participants discussed the challenges of providing specialized mental health services in rural areas, particularly to First Nations communities, and the importance of collaboration with and between physicians and community organizations.

New director

This retreat marked the end of Dr. Robert Swenson's five-year term as OPOP's program director. In his speech at the opening reception, Dr. Swenson expressed his enjoyment of the challenges and accomplishments under his directorship, and thanked OPOP members and Gail Larose, who is stepping down as policy and program administrator, for their support and assistance. Dr. Robert Cooke, program director of NPOP-C, is OPOP's new program director.



AREAS SERVED BY OPOP AND COLLABORATING PROGRAMS



City/Town	Outreach Provider	City/Town	Outreach Provider
1 Atikokan	NPOP-C, Sick Kids	31 Napanee	OPOP
2 Attawapiskat	James Bay/McMaster	32 New Likskeard	NPOP-C, NOFPP
3 Baffin Island	NPOP-C	33 Nipigon	ECP, Sick Kids
4 Bancroft	OPOP	34 North Bay	NPOP-C, ECP, Sick Kids
5 Belleville	OPOP	35 Owen Sound	Sick Kids
6 Bracebridge	Sick Kids	36 Parry Sound	NPOP-C
7 Brockville	OPOP	37 Peawanuck	James Bay/McMaster
8 Chapleau	NOFPP, Sick Kids	38 Pembroke	Sick Kids
9 Chatham	Sick Kids	39 Peterborough	NPOP-C
10 Cochrane	NOFPP, Sick Kids	40 Picton	OPOP
11 Dryden	Sick Kids	41 Red Lake	Sick Kids
12 Elora	NPOP-C	42 Sault Ste. Marie	NPOP-C, Sick Kids
13 Elliot Lake	NOFPP	43 Sharbot Lake	OPOP
14 Fort Albany	James Bay/McMaster	44 Schreiber	OPOP
15 Fort Frances	Sick Kids	45 Sioux Lookout	NPOP-C, Sick Kids
16 Fort William	NPOP-C	46 Smith Falls	OPOP
17 Geraldton	ECP, Sick Kids	47 Smooth Rock Falls	NPOP-C, Sick Kids
18 Hearst	NOFPP, Sick Kids	48 Sturgeon Falls	NOFPP
19 Iroquois Falls	NOFPP, Sick Kids	49 Sudbury	NPOP-C, ECP
20 Kapuskasing	NOFPP, Sick Kids	50 Sydenham	OPOP
21 Kashechewan	James Bay/McMaster	51 Thunder Bay	NPOP-C, ECP, Sick Kids
22 Kenora	Sick Kids	52 Timiskaming	NOFPP
23 Kirkland Lake	NOFPP	53 Timmins	NPOP-C, NOFPP, Sick Kids
24 Longlac	ECP	54 Trenton	OPOP
25 Manitouwadge	ECP	55 Verona	OPOP
26 Marathon	ECP	56 Wawa	NPOP-C, NOFPP
27 Matheson	NOFPP		
28 Mattawa	NOFPP		
29 Moose Factory	James Bay/McMaster, Sick Kids		
30 Moosonee	James Bay/McMaster, Sick Kids		

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