Atikokan • Baffin Island • Belleville • Blind River • Campbellford • Chapleau • Cobourg • Cochrane • Elliot Lake • Elora • Englehart • Fort Erie • Geraldton/Longlac • Hearst/Kapuskasing/Smooth Rock Falls • Kenora • Kirkland Lake • Marathon/Manitouwadge • Matheson/Iroquois Falls • Mattawa • New Liskeard • Nipigon/Red Rock • North Bay • Parry Sound • Peterborough • Sault Ste Marie • Sioux Lookout • Sturgeon Falls • Sudbury • Terrace Bay/Schreiber • Thunder Bay • Timmins • Wawa •

The Ontario *psychiatric* outreach PROGRAMS

2003-04

Annual Report

PARTNERS

University of Toronto Psychiatric Outreach Program [UTPOP]

Extended Campus Program at the University of Western Ontario [ECP]

Northern Ontario Francophone Psychiatric Program [NOFPP]
at the University of Ottawa

Regional Geriatric Psychiatry Program at Queen's University

James Bay Psychiatric Outreach Program at McMaster University

Northern Academic Health Science Network

Northern Academic Health
Science Network [NAHSN]

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Ontario
Ministry of
Health and Long-Term Care

Mission

Ontario Psychiatric Outreach Programs (OPOP) is committed to providing clinical service, education and support of the highest quality to communities throughout Ontario but, in particular, communities that are rural, remote, or are considered underserviced in terms of mental health care. We will continually strive toward multidisciplinary, contextually relevant, community-oriented service and education.

The Ontario psychiatric outreach PROGRAMS

Director's message

Dr. Brian Hodges

Ontario Psychiatric Outreach Programs (OPOP), born in 1999, has grown and developed significantly over the past five years. But it was during the past year that the organization has moved forward and matured as never before. This year our annual report covers the 12-month period April 1, 2003 through March 31, 2004, aligning with our fiscal year. Proof of our marked progress is the cooperation and full participation of all clinical outreach directors at the five Ontario universities on the OPOP Steering Committee and active involvement of all five residency program directors on OPOP's Education Subcommittee (Ontario Psychiatric Postgraduate Education Network [OPPEN]). Indeed, it is a rare occasion when all the provincial program directors meet, but their enthusiastic support of OPPEN is testament to the skillful leadership of chairs Melissa Andrew (Queen's) and Henry Leung (Northeastern Ontario Medical Education Corporation [NOMEC]), as well as the rising importance of outreach education in their respective portfolios.

This year also saw many key transitions. Dr. Robert Cooke, a long time consultant and Director of Clinical Services for the University of Toronto Psychiatric Outreach Program (UTPOP), took over the reins of that program from Sandy Parker and me. Dr. Cooke and the team of Ava Rubin, Achira Saad and Therese Millette have already shown tremendous leadership in managing this huge undertaking. Sandy and I now have the opportunity to turn our attention to strengthening further the OPOP network and clarifying its goals and partnerships. Major new initiatives have included site visits to all partner schools to meet with outreach clinical and education staff, the creation of a new provincial Access to Clinical Services Committee, plans for an undergraduate OPOP subcommittee to parallel the tremendous postgraduate efforts of OPPEN, the development of a plan for research and a five-year evaluation of the whole OPOP network.

In London, Dr. Emmanuel Persad stepped down after many years as Director of the Extended Campus Program. Dr. Persad has been a strong leader, not only at Western but also at the provincial level. He was instrumental in developing OPOP and was a vocal advocate for psychiatry education in his role as Chair of the Royal College Psychiatry Specialty Committee. We are very grateful for Dr. Persad's outstanding contributions to outreach in Ontario. Until a new director is identified, Dr. Sandra Fisman, the Chair of Psychiatry at Western, will be the Acting Chair of the Extended Campus Program, already broadening its scope and activities to include the southwest. Dr. Fisman and Hanna Siemiarczuk are skillfully building the program at Western and its links to OPOP.

In Ottawa, the dynamic team of Director André Côté and Hélène Geoffroy at the Northern Ontario Francophone program was reinforced with the addition of Carmen Larouche-Mattar. This program has grown dramatically, not only in terms of clinical service, but also by virtue of the strong links being forged with the postgraduate Program Director Katherine Gilles.

At Queen's, following a highly productive meeting between OPOP staff and University faculty, Melissa Andrew was confirmed as the first official representative to OPOP. Queen's faculty discussed what will likely be called QPOP – Queen's Psychiatric Outreach Program. For many years, Queen's has provided a great deal of clinical outreach and education, but this represents a first effort to integrate it and create links with the larger OPOP family.

Finally, McMaster's outreach leadership, under the dual direction of Dr. Gary Chaimowitz and Dr. Karen Saperson, is about to expand in a major way as they launch a partnership with Thunder Bay and the Northwestern Ontario Medical Programme (NOMP) for core residency rotations. Building on the work

of the Universities of Toronto, Ottawa and Western Ontario, this marks an important development in the goal of provincially integrated training. Together, the five university departments of psychiatry and the dyad of NOMEC and NOMP are having great success in attracting, training and retaining residents to the north. This year, more than 10 residents will be taking long-term rotations in the north through various universities. Perhaps most noteworthy, the first two residents, trained almost entirely in the north through a partnership between NOMEC and the University of Toronto, both graduated this year. Moreover, as we had all hoped, they are setting up practice in the north, becoming teachers and joining us as partners in OPOP.

All in all, this has been a tremendously successful year for all the partners in OPOP. We are expanding, integrating and seeing the benefits of northern residency education. We are building and, for the first time, coordinating our clinical services, under one umbrella. And, in a new venture, we are beginning to evaluate and to research our successes and our service and education models.

In fact, these models are catching the attention of the Ministry's Policy Branch (Mental Health Rehabilitation) and other institutions such as the federal funding agency of the Canada Health Infostructure Partnership Program (CHIPP) and research groups in British Columbia. Over the past year, Sandy Parker has been interviewed on the OPOP service model by several constituencies, including the Ministry's Strategic Policy Unit staff; for a University of Toronto task force on partially affiliated hospitals; by a Victoria B.C. consulting firm for a task force report on human resource strategy for physicians in Canada; and a Calgary-based consulting group on the need for e-health programs such as Outreach and the lessons learned therein. This wide-ranging third-party endorsement validates our framework and suggests that it could be applied effectively beyond Ontario, in other provinces and federally.

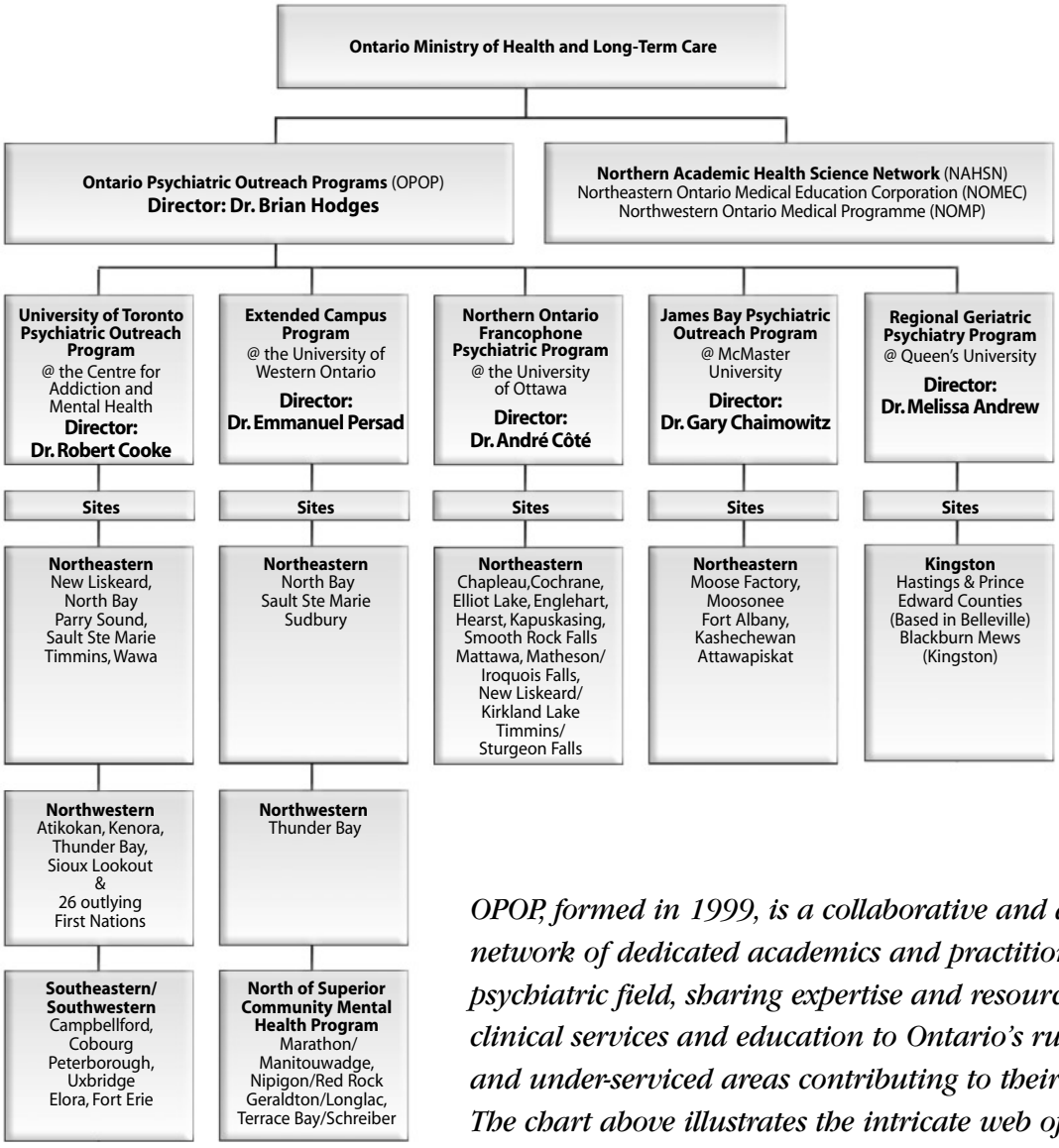
I am enormously proud of all the members of faculty, the residents and the administrative staff across the province who continue to believe that the existence of under-serviced areas is a problem that must be addressed creatively, aggressively and with a commitment to a long-term solution.

Whether we live in the north or the south, small town or big metropolis, regardless of the inevitable administrative, bureaucratic, financial and territorial challenges and tensions, OPOP continues to grow and to thrive as a group of dedicated individuals and programs who *are* succeeding and who *are* making a difference in meeting the mental health needs of the people of Ontario, regardless of where they live.

Program Director

Dr. Brian Hodges

About the Ontario Psychiatric Outreach Programs (OPOP)



OPOP, formed in 1999, is a collaborative and dynamic network of dedicated academics and practitioners in the psychiatric field, sharing expertise and resources to deliver clinical services and education to Ontario's rural, remote and under-serviced areas contributing to their well-being. The chart above illustrates the intricate web of partners and initiatives that continue to build this organization.

STEERING COMMITTEE

Director:	**Dr. B. Hodges**
Policy & Program Developer:	Ms. S. Parker

MEMBERS - Steering Committee

University of Toronto Psychiatric Outreach Program (UTPOP)	Dr. R. Cooke
Division of Child Psychiatry University of Toronto	Dr. E. Broder, Ms. L. Manson
Extended Campus Program (ECP) University of Western Ontario	Dr. E Persad, Ms. H. Siemiarczuk
Northern Ontario Francophone Psychiatric Program (NOFPP)	
University of Ottawa:	Dr. A. Côté, H. Geoffroy
McMaster University:	Dr. G. Chaimowitz
Queen's University:	Dr. M. Andrew
Northeastern Ontario Medical Education Corporation (NOMEC)	Drs. D. Cochrane, H. Leung
Northwestern Ontario Medical Programme (NOMP)	Dr. S. Allain

SUBCOMMITTEE

Ontario Postgraduate Psychiatric Education Network (OPPEN)

Co-Chairs:	Dr. H. Leung, Dr. M. Andrew

Members:

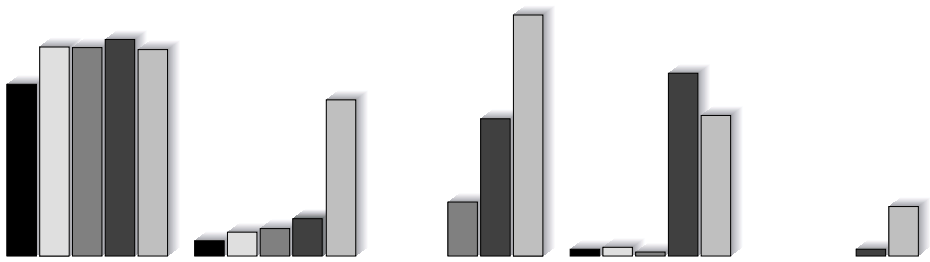
University of Toronto:	Dr. A. Kaplan, Ms. M. Mara, Ms. S. Parker
University of Western Ontario:	Dr. E. Persad
University of Ottawa:	Dr. K. Gillis
McMaster University:	Dr. L. Martin
Queen's University:	Dr. L. VanZyl
Northeastern Ontario Medical Education Corp (NOMEC):	Drs. D. Cochrane, H. Leung
Northwestern Ontario Medical Programme (NOMP):	Dr. S. Allain

Ex-Officio:

Mr. P. Armstrong, Regional Director
Ms. F. Nault, Program Consultant

North Region
Ontario Ministry of Health and Long-Term Care

OPOP Combined Statistics
Summary of Statistics
January 01, 1999 - March 31, 2004



	Number of Consultant Days	Number of Resident Days - Electives	Number of Resident Core Rotation Days	Number of Telepsychiatry Sessions	Number of Distance Education Sessions
1999	1161	98	0	46	0
2000	1413	148	0	59	0
2001	1409	206	365	27	0
2002	1464	258	911	1215	46
2003/04	1392	1058	1647	936	319

Includes ECP, NOFPP, & UTPOP and Division of Child Psychiatry

CLINICAL SERVICE AND EDUCATION DATA

University of Toronto Psychiatric Outreach Program at the Centre for Addiction and Mental Health
Division of Child Psychiatry, Department of Psychiatry University of Toronto and the Hospital for Sick Children
Northern Ontario Francophone Psychiatric Outreach Program at the University of Ottawa
Extended Campus Program at the University of Western Ontario
Northern Academic Health Science Network (NAHSN, NOMEC, NOMP)

Site	Jan - Dec 1999	Jan - Dec 2000	Jan - Dec 2001	Jan - Dec 2002	Apr 2003- Mar 2004	UTPOP	NOFPP	ECP
	• Number of Consultant & Resident Days [2-3 day On-Site visits/electives] • Telepsychiatry Consults and Distance Education Sessions • Core Rotations [6 mths -1 year]							
Atikokan	n/a	n/a	8/0	8/0	6/0	•		
Telepsychiatry					6	•		
Baffin Island	42/35	45/45	60/60	73/78	77/77	•		
Blind River (VSC)	n/a	n/a	11/0	22/0	27/0	•		
Campbellford	11/0	11/0	12/0	10/1	8/0	•		
Telepsychiatry	46	59	27	43	48	•		
Chapleau	19/0	15/0	17/0	18/0	15/0		•	
Telepsychiatry				61	63		•	
Distance Education					49		•	
Chatham-Kent								
Electives (2)	n/a	n/a	n/a	n/a	2/360			•
Cobourg	46/0	46/7	46/8	46/1	58/1	•		
Cochrane	9/0	9/0	8/0	11/0	10/0		•	
Elliot Lake	11/0	28/0	26/0	31/0	37/0		•	
Elliot Lake (VSC)	n/a	n/a	6/0	6/0	7/0	•		
Elora	10/8	11/0	12/0	12/0	12/3	•		
Englehart					8/0		•	
Fort Erie	n/a	30/0	45/0	48/0	22/0	•		
Geraldton/Longlac	n/a	20/0	10/0	16/0	15/0			•
Hearst/Kapuskasing/ Smooth Rock Falls	60/0	53/0	55/0	51/0	55/0		•	
Telepsychiatry				8	23		•	
Kapuskasing (VSC)	n/a	n/a	12/0	22/0	21/0	•		
Kenora	43/0	0/53	0/30	0/30	18/0	•		
Kirkland Lake (English & French)				8/0	48/0		•	
Marathon/Manitouwadge	n/a	24/0	22/0	17/0	22/0			•
Matheson/Iroquois Falls	66/0	64/0	77/0	74/0	66/0		•	
Mattawa	10/0	10/0	10/0	10/0	10/0		•	
New Liskeard	52/8	76/14	87/8	89/4	72/2	•		
New Liskeard	130	139	121	46	39		•	
Nipigon/Red Rock	n/a	18/0	18/0	18/0	18/0			•
North Bay								
Core Rotations	n/a	n/a	0/365	1/546	4/730	•		•
Elective (4 weeks)	n/a	n/a	0/28	n/a	39	•		
Elective (3 months)					90			•
Distance Education (incl core rotations)					98	•		

CLINICAL SERVICE AND EDUCATION DATA CONT'D

Site	Jan - Dec 1999	Jan - Dec 2000	Jan - Dec 2001	Jan - Dec 2002	Apr 2003-Mar 2004	UTPOP	NOFPP	ECP
	• Number of Consultant & Resident Days [2-3 day On-Site visits/electives] • Telepsychiatry Consults and Distance Education Sessions • Core Rotations [6 mths -1 year]							
Parry Sound	79/6	74/6	80/4	78/6	90/4	•		
Telepsychiatry					31	•		
Peterborough	76/25	76/1	42/0	23/0	16/0	•		
Sault Ste. Marie	116/10	127/14	131/7	142	120/69	•		
Core Rotations	n/a	n/a	n/a	2/365	2/368	•		
Distance Education (incl core rotations)	n/a	n/a	n/a	n/a	70			
Sioux Lookout (Kingfisher, Shibogama, Wapakeka, Wunnimun)	107/0	65/0	77/0	70/0	54/15	+ Sioux Lookout 1st Nations Authority		
Telepsychiatry	n/a	n/a	n/a	n/a	17	•		
Distance Education	n/a	n/a	n/a	n/a	5	•		
Stratford								
Electives (1)	n/a	n/a	n/a	n/a	1/180			•
Sturgeon Falls	52/0	150/0	57/0	53/0	54/0		•	
Telepsychiatry				21	9		•	
Sudbury	n/a	n/a	0/28	n/a	n/a		•	
Terrace Bay/Schreiber	n/a	16/0	18/0	17/0	12/0			•
Thunder Bay	55/0	50/0	107/6	97/30	60/18	•		
Core Rotations (3)	n/a	n/a	n/a	n/a	3/549	•		
Distance Education (incl core rotations)	n/a	n/a	n/a	n/a	79	•		
Thunder Bay	n/a	n/a	n/a	75/0	50/0			•
Timmins	103/6	202/8	163/21	203/34	189/15	•		
Timmins	49/0	39/0	56/0	55/0	55/0		•	
Wawa (English & French)	15/0	15/0	15/6	15/6	21/3	•	•	
Other	**Division of Child Psychiatry, Department of Psychiatry University of Toronto and the Hospital for Sick Children** **Sites:** Bracebridge, Chatham, Fort Frances, Kapuskasing, Kenora, Kirkland Lake, Moosonee, North Bay, Owen Sound, Parry Sound, Pembroke, Sioux Lookout, Thunder Bay, Timmins; **Satellite Sites:** Cochrane/Hearst, Geraldton/Nipigon/Marathon, Huntsville							
Telepsychiatry	n/a	n/a	n/a	1080	739			
Distance Education	n/a	n/a	n/a	25	18			
Resident Education	n/a	n/a	n/a	68	182			
TOTAL Consultant/Resident Days	**1161/98**	**1413/148**	**1409/206**	**1464/258***	**1392/1058***			
TOTAL Core Rotation Days	**n/a**	**n/a**	**365**	**911**	**1647**			
TOTAL Telepsychiatry Clinic Consults	**46**	**59**	**27**	**1215***	**936***			
TOTAL Distance Education	**n/a**	**n/a**	**n/a**	**46***	**319***			

UTPOP & NOFPP: funded by OPOP through Underserviced Area Program, MOHLTC; Includes Urgent Locums, Visiting Specialists Clinics, OHIP
ECP: funded by North of Superior through Mental Health Branch, MOHLTC
Division of Child, Department of Psychiatry University of Toronto: funded by Ministry of Children and Youth Services
NAHSN (NOMEC, NOMP): funds electives and core rotations for northern residents (including Northeastern Stream Residency Program) and funds connectivity for videoconferencing re distance education.

Program Reports

UNIVERSITY OF TORONTO PSYCHIATRIC OUTREACH PROGRAM

The University of Toronto Psychiatric Outreach Program (UTPOP) maintained a high degree of community-oriented involvement under difficult circumstances in an unusual year. The strong result is testimony to the hard work of many people dedicated to this multi-disciplinary initiative focused on intervention, prevention and education serving patients and families, agencies and professionals, medical students, interns and psychiatry residents.

Despite huge disruption in consultant fly-in/drive-in services due to the SARS outbreak in March 2003, within nine months, visit numbers rose to previous annual levels. Telepsychiatry clinical and educational activities, funded largely by North Network Telehealth with which UTPOP has an evolving partnership, grew steadily.

Residents continued to be attracted from the "southern" pool to core rotations established in northern sites in collaboration with the Northern Academic Health Science Network (NAHSN). Nine core/senior selective six-month training blocks were provided to University of Toronto psychiatry residents in Thunder Bay, Sault Ste Marie and North Bay. The first two residents who graduated from the University's Psychiatry Program, after completing at least two-to-three years of their training in the north, accepted staff positions in North Bay. New core rotations were approved for General Psychiatry in Thunder Bay and Chronic Care Psychiatry in Sault Ste Marie. Ten core rotation blocks are scheduled for 2004-05. The capacity to deliver psychotherapy training by northern-based clinicians was improved significantly, with supervisory sessions offered from North Bay to residents at other northern sites.

The University of Toronto also partnered with the Northeastern Ontario Medical Education Corporation (NOMEC) to offer training to a "northern stream" psychiatry resident as part of training capacity development for the Northern Ontario Medical School.

These achievements cap an accomplished 10-year tenure for Dr. Hodges as UTPOP Director. He leaves the position after overseeing the Program's genesis and growth from serving a single site in 1995 to now providing fly-in and telepsychiatry services to more than 20 regions and many other communities within and outside Ontario. More recently, Dr. Hodges has worked in concert with Sandy Parker, who also left UTPOP this year to concentrate on policy and program development for the Ontario Psychiatric Outreach Programs (OPOP). Dr. Hodges and Sandy played a central role in forging partnerships with other universities and organizations to create OPOP. In addition, they developed a solid infrastructure to manage UTPOP, including administration of the Visiting Specialist Clinics program, integration of the longstanding Baffin and Sioux Lookout teams and the Campbellford telepsychiatry clinic with UTPOP, and recruitment of more than 25 new University of Toronto faculty members at partner sites, as resident training opportunities exploded within UTPOP and across the north. Brian and Sandy have left a tremendous legacy for the University of Toronto and the communities served and are an inspiring example for their successors. Their leadership and contributions are applauded and will continue to be felt through OPOP.

Program Director
Dr. Robert Cooke

University of Toronto Psychiatric Outreach Program (UTPOP)

STEERING COMMITTEE

DIRECTOR/MANAGER:	**Dr. R. Cooke**
Education Coordinator:	Ms. T. Millette
Clinics Coordinator:	Ms. A. Saad
Evaluator:	Ms. A. Rubin
Nursing Consultant:	Ms. J. Harris

MEMBERS

Site Coordinators

Atikokan:	Dr. A. Cheng
Baffin Island:	Dr. E. Hood
Campbellford, Cobourg, Peterborough:	Dr. J. Farewell
Elora:	Dr. A. Furlong
Kenora:	Dr. U. Zahlan
Fort Erie:	Dr. R. Hawa
New Liskeard:	Dr. L. Ramshaw
North Bay:	Dr. D. Cochrane
Parry Sound:	Dr. S. Packer
Sault Ste Marie:	Dr. R. Cooke
Sioux Lookout:	TBC
Thunder Bay:	Dr. L Hutchinson Dr. P. Klassen
Timmins:	Dr. S. Brook
Wawa:	Dr. J. Langley

RESIDENTS

Toronto:	Dr. A. MacPherson
North Bay:	TBC

CHILD PYSCHIATRY:	Dr. E. Broder
GERIATRIC PSYCHIATRY:	Dr. D. Conn

SUBCOMMITTEES

(1) Outreach Program Education Committee (OPEC)

Members

Chair:	Dr. J. Langley
Co-Chair(s):	Dr. R. Cooke, Ms. S. Parker
Education Coordinator:	Ms. T. Millette
Clinics Coordinator:	Ms. A. Saad
Evaluator:	Ms. A. Rubin
Postgraduate Representative Dept. of Psychiatry, U of T:	Ms. M. Mara

Residents:

North Bay:	Dr. S. Baxter, PGY5 Dr. J. Holtby, PGY5
Sault Ste Marie:	Dr. A. Rogers, PGY3 Dr. A. Berntson, PGY1
Thunder Bay:	Dr. L. Vandenberg, PGY2/3 Dr. P. Johnson, PGY2

(2) Outreach Faculty & Appointment Review Committee (OARC)

Chair:	Dr. R. Cooke,
Co-Chair:	Dr. P. Klassen

(3) Outreach Clinical Services Committee (OCSC)

Chair:	Dr. R. Cooke

FACULTY DEVELOPMENT:	Dr. M. Andrew
FINANCIAL DEVELOPMENT:	Dr. S. Brook

CENTRE FOR ADDICTION and MENTAL HEALTH

General Psychiatry:	Dr. S. Parikh, L. Mohri, S. Gutzin
CECH, North Region:	Mr. R. Christie

Fast facts

UNIVERSITY OF TORONTO PSYCHIATRIC OUTREACH PROGRAM [UTPOP]
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF TORONTO

FACULTY MEMBERS PROVIDING FULL TIME CLINICAL SERVICES [FLY-IN/DRIVE-IN]

ATIKOKAN, Atikokan General Hospital
Dr. Ambrose Cheng

BAFFIN ISLAND, Baffin Regional Hospital
Dr. Lisa Andermann
Dr. Ken Balderson
Dr. David Goldbloom
Dr. Brian Hodges
Dr. Eric Hood
Dr. William Johnston
Dr. Samuel Law
Dr. Sam Malcolmson
Dr. Lisa Ramshaw

BLIND RIVER, Northeast Mental Health Centre
Dr. Rayudu Koka

CAMPBELLFORD, Community Wellness Centre
Dr. John Farewell

COBOURG, Lakeshore Counseling Centre and Addiction Services
Dr. John Farewell

ELLIOT LAKE, St. Joseph's General Hospital
Dr. Rayudu Koka

ELORA, Portage
Dr. Allan Furlong

FORT ERIE, TASC Sleep Clinic, Douglas Memorial Hospital
Dr. Raed Hawa
Dr. Maria Koczorowska
Dr. Larry Reinish
Dr. Colin Shapiro

KAPUSKASING, Jeanne Sauvé Family Services
Dr. John Dubois

KENORA, Lake of the Woods District Hospital
Dr. Ambrose Cheng
Dr. Robert Cooke
Dr. Scott Woodside
Dr. Usama Zahlan

NEW LISKEARD, Temiskaming Hospital
Dr. Mona Gupta
Dr. Dan Pollock
Dr. Lisa Ramshaw
Dr. Ian Swayze
Dr. John Teshima

NORTH BAY, North Bay Psychiatric Hospital
Dr. Haydn Bush
Dr. David Cochrane
Dr. David Haslam
Dr. Andrew Hackett
Dr. Alex Kolodziej
Dr. Grant McKercher
Dr. Lisa McMurray
Dr. Anysia Rusak
Dr. Sharon Scappatura
Dr. Oloruntoba Oluboka

PARRY SOUND, Parry Sound Community Mental Health Centre
Dr. Gina Addae
Dr. Ambrose Cheng
Dr. David Kreindler
Dr. Sam Packer

PETERBOROUGH, Peterborough Regional Health Centres
Dr. John Farewell

SAULT STE MARIE, Sault Area Hospitals & Group Health Center
Dr. Melissa Andrew
Dr. Jean Byers
Dr. Robert Cooke
Dr. Janet DeGroot
Dr. Ian Graham
Dr. Gary Keleher
Dr. Henry Leung
Dr. David McPhee
Dr. Julie Maggi
Dr. Sam Malcolmson
Dr. Lino Pistor
Dr. Ty Turner

SIOUX LOOKOUT, Tikinagaan Child & Family Services, Zone Hospital
Dr. Ana-Maria Barrenechea
Dr. Joseph Glaister
Dr. Mariana Hill
Dr. Michael Jeavons

SIOUX LOOKOUT, Sioux Lookout Community & Addictions Counseling
Dr. Ambrose Cheng (UTPOP Visiting Consultant)

THUNDER BAY, Lakehead Psychiatric Hospital, Thunder Bay Regional Hospital – McKellar Site
Dr. Suzanne Allain
Dr. Anita Chakrabarti
Dr. Emily DyPac
Dr. Jack Haggarty
Dr. Adrian Hynes
Dr. Lois Hutchinson
Dr. Umesh Jain
Dr. Paul Johnston
Dr. Ruth Kajander
Dr. Philip Klassen
Dr. Anna Skorzewska
Dr. Anna Wisniewska
Dr. Scott Woodside

TIMMINS, Timmins & District Hospital
Dr. Shelley Brook
Dr. Michael Colleton
Dr. Pablo Diaz
Dr. Paul Fedoroff
Dr. Fred Kroft
Dr. Derek Pallandi
Dr. Larry Reinish

UXBRIDGE, Women's Mental Health Clinic
Dr. Wanda Taylor

WAWA, Lady Dunn Hospital
Dr. John Langley
Dr. David Myran

STATISTICS FOR 2003-04

Number of Consultant Days: 872
Number of Consultant Trips: 428
Number of Resident Days: 246
Number of Resident Trips: 44
Number Core Rotations: 9
Number Core Rotation Days: 1647

Telepsychiatry Consultations

ATIKOKAN, Atikokan General Hospital
Dr. Ambrose Cheng

CAMPBELLFORD, Community Wellness Centre
Dr. David Dorenbaum
Dr. George Voineskos (resident Dr. Alina Iosif, PGY3)
Dr. John Farewell (resident Dr. Kulwant Buttar PGY5)
Dr. David Myran, Dr. Umesh Jain

FIRST NATIONS, (KINGFISHER, WAPAKEKA, WUNNUMIN)
Dr. Joseph Glaister
Quarterly meetings UTPOP Sioux Lookout consultants, Sioux Lookout Staff

PARRY SOUND (BRACEBRIDGE, MUSKOKA, SUNDRIDGE), Concurrent Disorders
Dr. Clive Chamberlain

DISTANCE EDUCATION SESSIONS

NORTH BAY
Dr. Sam Packer **(1 session/3 hrs)**

NORTH BAY, North Bay Psychiatric Hospital
Dr. Joanne Holtby (PGY5), Dr. Steve Baxter (PGY5)
Dr. Nishka Vijay (PGY1)
98 for 147 Hours

SAULT STE MARIE, Sault Area Hospital
Dr. Anna Rogers (PGY4), Dr. Andrea Berntson (PGY2)
Dr. Samantha Wallenius (PGY1)
70 for 105 Hours

THUNDER BAY
Dr. Pam Johnson (PGY2), Dr. Lynne Vanden Berg (PGY2/3)
79 for 119 Hours

TOTAL TELEPSYCHIATRY AND DISTANCE EDUCATION SESSIONS FOR 2003-04
Telepsychiatry Consultations: **103 for 128 hours**
Distance Education (Videoconference) Sessions for Mental Health Workers: **6 for 7 hours**
Distance Education (Videoconference) Core Rotations for Residents **144 for 264 hours**
Distance Education (Video tape) Core Rotations for Residents **56 for 61 hours**

NEW FACULTY RECRUITMENT FOR FLY-IN/DRIVE-IN/TELEPSYCHIATRY CLINICAL SERVICES

Dr. Emily DyPac, Dr Anna Skorzewska (Thunder Bay)
Dr. Ward Yuzda (North Bay)

NEW ON-SITE FACULTY

Dr. Andrew Hackett, Dr. Alex Kolodziej (North Bay)
Dr. Paul Johnston, Dr. Anita Chakrabarti, Dr. Anna Wisniewska (Thunder Bay)

Fast facts

CHILD AND YOUTH TELEPSYCHIATRY PROGRAM
DIVISION OF CHILD PSYCHIATRY
UNIVERSITY OF TORONTO
TELEPSYCHIATRY PROGRAM

Medical Director: Dr. Elsa Broder
Program Manager: Ms. Elizabeth Manson
Education Coordinator: Dr. John Teshima
Administrative Assistant: Roberta Robinson

The Child and Youth Telepsychiatry Program completed its fourth year of operation on March 31, 2004. The Ontario Ministry of Children and Youth Services has committed to continuing the Program and is negotiating with the Division of Child Psychiatry and the Hospital for Sick Children for future contracts.

The following statistics reinforce the depth of assistance to, and relevance of, this initiative for children and youth in rural and northern Ontario communities.

TELEPSYCHIATRY CONSULTATIONS
First Visits: 510 (Total since the Program's inception in May 2000: 1,450)
Follow-ups: 178
Program Consultations: 51
TOTAL: 739
A number of consultations are conducted monthly with treatment staff on in-patient residences and a day program. The focus is on design, implementation and maintenance of effective treatment systems.

DISTANCE EDUCATION SESSIONS: 18
The delivery is custom tailored to individual sites, reflecting the distinct needs of each community.

ATTENDING RESIDENTS/MEDICAL STUDENTS: 182

Sites: 14
Bracebridge, Chatham, Fort Frances, Kapuskasing, Kenora, Kirkland Lake, Moosonee, North Bay, Owen Sound, Parry Sound, Pembroke, Sioux Lookout, Thunder Bay, Timmins

Satellite Sites: 3
Cochrane/Hearst, Geraldton/Nipigon/Marathon, Huntsville

University of Toronto Psychiatric Outreach Program (UTPOP)
Including Division of Child Psychiatry, University of Toronto
Summary of Statistics
For the Years 1999 - 2003-04

	Consultants	Number of Trips	Number of Days on Site	Number of Residents	Number of Resident Electives/Training*	Number of Resident Days on Site	Number of Telepsychiatry Sessions*	Number of Distance Education Sessions*
■ 1999	36	355	712	26	55	141	46	0
□ 2000	39	398	828	24	37	151	59	0
▒ 2001	41	425	885	20	42	515	27	0
▓ 2002	48	471	964	28	124	736	1123	46
▫ 2003/04	47	428	872	31	235	1893	842	162

*** Note: Combined Statistics (UTPOP and Child)**

	# of Resident Electives Training	# of Telepsychiatry Sessions	# of Distance Education Sessions
2002	UTPOP = **56** Division of Child Psychiatry = **68**	UTPOP = **43** Division of Child Psychiatry = **1080**	UTPOP = **21** Division of Child Psychiatry = **25**
2003	UTPOP = **53** Division of Child Psychiatry = **182**	UTPOP = **103** Division of Child Psychiatry = **739**	UTPOP = **144** Division of Child Psychiatry = **18**

Program Reports

EXTENDED CAMPUS PROGRAM

The Extended Campus Program (ECP) at the University of Western Ontario (UWO), Department of Psychiatry, escalated efforts on a number of fronts, underscoring its multi-dimensional service, information and education mandate to deliver active clinical support for remote and under-serviced areas, recruit and retain psychiatrists, serve as the Internet Information Clearing House, broaden public access, create an academic infrastructure for practicing faculty members and for psychiatry residents interested in elective rotation in northern areas, contribute to the evolution of telepsychiatry, and develop psychiatric training for medical students and residents in southwestern Ontario. To this end, of note are the following highlights:

ECP continued to enhance its Web site, a frequently visited source of information featuring more than 300 pages and registering close to 300 successful hits a day (about 108,000 per annum) from all over the world, created for all partners in the north and in the five Departments of Psychiatry in Ontario. New additions included an Outreach Elective pertaining to the University of Toronto and the UWO.

ECP furthered efforts to recruit and to retain psychiatrists in under-serviced areas, to ensure ECP encompasses southwestern Ontario. ECP has been a leader in addressing the needs of under-serviced areas for many years – greatly advancing outreach not only at UWO but also provincially through OPOP and nationally through the Royal College. ECP was one of the founding partners of OPOP. The ECP Director will be stepping down in June 2004. (Dr. Sandra Fisman, Chair of the Department of Psychiatry at UWO, will serve as incoming Acting Director, pending a planning retreat with ECP faculty and development of an administrative succession plan.)

This southwestern outreach, while expanding workload, has been a mutually gratifying experience for the Department and colleagues in the southwest. The ECP Director visited each site and met with the administrative and clinical staff, capitalizing on the opportunity to prepare Windsor and the five rural sites (Owen Sound, Goderich, Chatham, Stratford and Woodstock) to receive medical students. Hanna Siemiarczuk assumed additional responsibility and, with exceptional diligence and drive, works directly with these sites to coordinate clinical placements.

Together with Dr. Paul Wadden, Dr. Persad secured approval for the Chatham-Kent Health Alliance and the Northeast Mental Health Centre in Sudbury to provide mandated Royal College core rotations. Dr. Persad was also involved with the ongoing development of telepsychiatry in Thunder Bay. (Refer to attached report in Research section.)

ECP conducted a survey on behalf of OPOP on faculty development needs and organized a teleconference on psychotherapy supervision. The Ontario Postgraduate Psychiatric Education Network (OPPEN) will pursue this important issue.

ECP continued to deliver clinical visiting services to the North of Superior Programs clinical offices and locums to Thunder Bay hospitals, in close consultation with local health workers who were also provided training. Thanks to efforts of the Postgraduate Director, Psychiatry, UWO and the ECP Director, the Northeast Mental Health Centre in Sudbury became a UWO accredited site for core rotation residency training.

ECP granted seed money to Dr. Richard O'Reilly for pilot studies on "Comparing Patient Outcomes of Psychiatric Care Provided through Videoconferencing with Care Provided in Person". Ontario's Ministry of Health now funds the study.

Dr. E. Persad
Program Director

Fast facts

EXTENDED CAMPUS PROGRAM [ECP]
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF WESTERN ONTARIO

FACULTY MEMBERS PROVIDING FULL TIME CLINICAL SERVICES

NORTH BAY, North Bay Psychiatric Hospital
Dr. S. Adams
Dr. O. Oluboka

SUDBURY, Northeast Mental Health Centre
Dr. D. Boylan
Dr. J. Gagnon
Dr. A. Joseph
Dr. R. Koka
Dr. R. Kumar
Dr. B. Mathew
Dr. D. Pearsall
Dr. R. Veluri

SAULT STE MARIE, Sault Area Hospitals
Dr. H. Leung

THUNDER BAY, Lakehead Psychiatric Hospital
Dr. S. Allain
Dr. J. Haggarty

FLY-IN CONSULTANTS TO NORTH OF SUPERIOR PROGRAMS

MARATHON/ MANITOUWADGE, NIPIGON/RED ROCK, TERRACE BAY/SCHREIBER, GERALDTON/LONGLAC (67 days for 2003-04)
Dr. P. Conlon
Dr. F. Davies
Dr. W. Komer
Dr. O'Donnell
Dr. R. O'Reilly
Dr. E. Persad
Dr. R. Salo
Dr. B. Surti
Dr. T. Turner

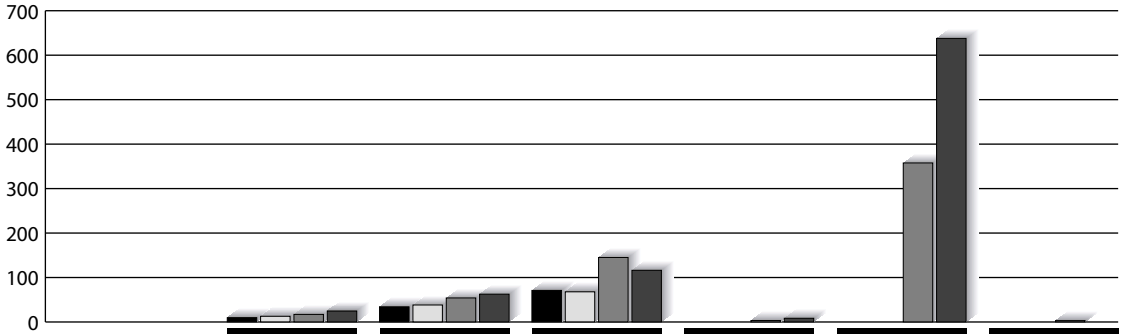
UNIVERSITY OF WESTERN ONTARIO FACULTY MEMBERS - LOCUM SERVICES TO THUNDER BAY (50 days for 2003-04)
Dr. E. Persad
Dr. R. O'Reilly
Dr. R. Swaminath
Dr. J. Takhar

RESIDENCY TRAINING IN NORTHERN ONTARIO, U.W.O. PROGRAM
Dr. H. Brisson, North Bay Psychiatric Hospital
April 1, 2003 - June 30, 2003, 90 days

CLINICAL FELLOWS, U.W.O. PROGRAM
None 2003-04

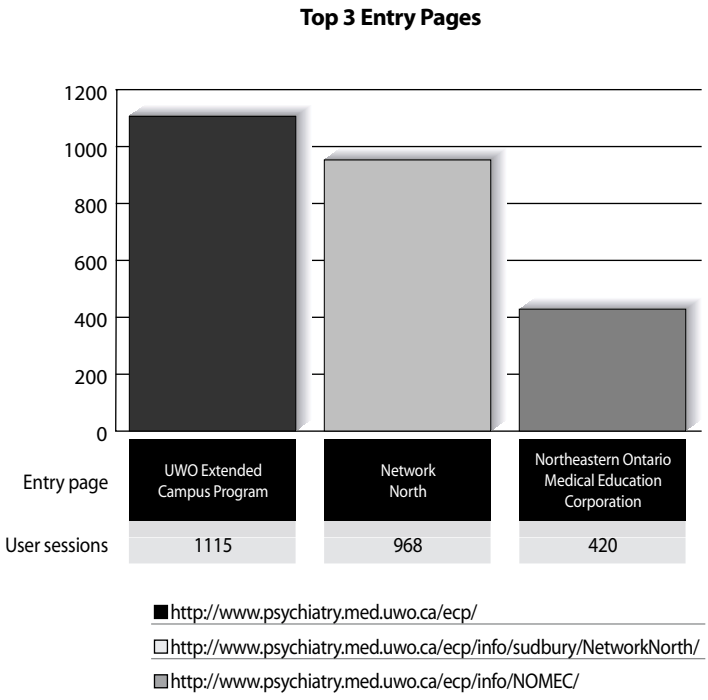
NEW RECRUITMENT FOR FULL TIME CLINICAL SERVICE IN NORTHERN ONTARIO,
Dr. K. Hope, North Bay Psychiatric Hospital, North Bay

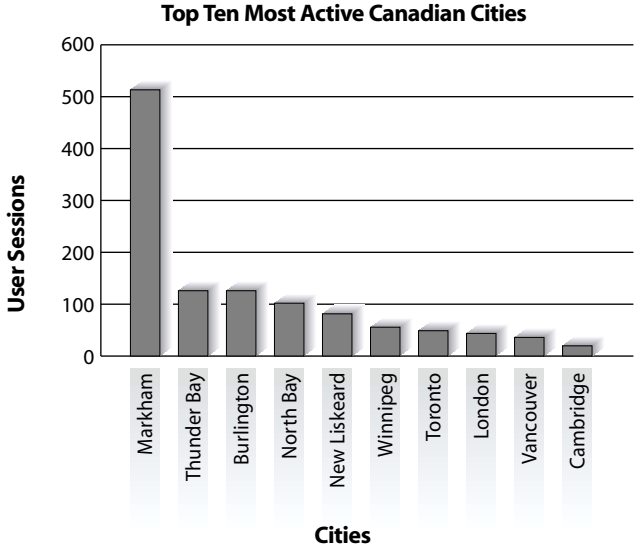
University of Western Ontario Extended Campus Program (ECP)
Fly-in Psychiatric Outreach Services to the North of Superior Program & Thunder Bay
Summary of Statistics
January 01, 2000 - March 31, 2004



	Number of Consultants	Number of Trips	Number of Days	Number of Residents	Number of Resident Days	Number of Clinical Fellows
2000 - 2001	10	35	78	0	0	0
2001 - 2002	11	37	68	0	0	0
2002 - 2003	13	58	143	1	365	1
2003 - 2004	21	64	117	4	630	0

Extended campus program at the University of Western Ontario website stats





PROGRAM REPORTS

University of Ottawa

NORTHERN ONTARIO FRANCOPHONE PSYCHIATRIC PROGRAM

Operating within the Department of Psychiatry at the University of Ottawa, the Northern Ontario Francophone Psychiatric Program (NOFPP) has one fundamental goal: to provide psychiatric, clinical and educational services in French to the various under-serviced communities such as hospitals and mental health facilities having identified such a need, through multi-disciplinary teams and/or physicians/psychiatric consultants. This goal is straightforward, and complex.

Constantly searching for ways and means of improving the Program, over the past year, with the help and co-operation of OPOP management, NOFPP negotiated with additional facilities to come on board. NOFPP successfully maintained all existing clinical services offered to the various northern Ontario hospital and community mental health centres when Englehart & District Hospital and Kirkland & District Hospital joined the program. NOFPP also continued to assist in recruiting foreign graduate students and other mental health care personnel, offering on-site practicum, training and supervision.

At the same time, NOFPP increased its initial telepsychiatry links established through the Health Canada Project Outreach, as an adjunct to, not a replacement for the personal contact with visiting psychiatrists. Thirteen individuals in 2003-04 worked a total of 403 days for 255 visits, performing 548 consultations and close to 1,500 follow-ups. (Peter Youell describes these activities in his telepsychiatry pilot study update, Research section of this annual report). Over time, NOFPP intends to utilize the existing faculty resources and talents to provide educational sessions to family physicians and community mental health workers operating in or around these telepsychiatry sites.

Daily telephone conferences in Hearst, Kapuskasing and Smooth Rock Falls with two of the visiting psychiatrists received positive input on the high quality service delivery.

The need to involve residents in its activities continued to be one of NOFPP's preoccupations. However, the competition with other residency program options is great, requiring the Program to identify ways to make it more attractive and clinically rewarding to residents. To this end, Dr. Kathy Gillis, the Program's Postgraduate Education Director, intensified dialogue with her Ontario university counterparts through the Ontario Postgraduate Psychiatric Education Network (OPPEN).

In December, NOFPP held its annual retreat, attracting the majority of its psychiatrists. They took the opportunity, as a group, to review the Program objectives and to comment on a variety of issues relative to each psychiatrist's individual communities.

The far-reaching and complex nature of this Program requires dedicated staff who understand its mandate and how to meet it, including a seamless administrative structure. While many individuals are dedicated to making NOFPP a success, Hélène Geoffroy and Carmen Larouche-Mattar in particular have the knowledge, skill, enthusiasm and commitment to get the job done. Their contribution is acknowledged with gratitude.

Dr. André Côté
Program Director

Fast facts

University of Ottawa

NORTHERN ONTARIO FRANCOPHONE PSYCHIATRIC PROGRAM [NOFPP] DEPARTMENT OF PSYCHIATRY UNIVERSITY OF OTTAWA

FLY-IN CONSULTANTS TO NORTHERN ONTARIO COMMUNITIES

NEW LISKEARD & KIRKLAND LAKE, Timiskaming Health Unit
Dr. J.-C. Brutus

HEARST, KAPUSKASING & SMOOTH ROCK FALLS
Hearst, Kapuskasing & Smooth Rock Falls Counselling Services
Dr. M. Lapointe
Dr. M. Mauguin

TIMMINS, Timmins & District Hospital
Dr. F. Grondin, Dr. D. Kraus, Dr. G. Melanson

IROQUOIS FALLS,COCHRANE, MATHESON, Minto Counselling Services
Dr. C. Boucher, Dr. D. Kraus

ELLIOT LAKE, East Algoma Mental Health Clinic
Dr. J.-G. Gagnon

ELLIOT LAKE, St. Joseph's General Hospital
Dr. J. Blustein

MATTAWA, Mattawa General Hospital & Algonquin Nursing Home
Dr. R.A. Ramsay

STURGEON FALLS, Alliance Centre
Dr. J.-G. Gagnon, Dr. H. Richard, Dr. D. Nadon

CHAPLEAU, Turning Point
Dr. J. Blustein

KIRKLAND LAKE, Kirkland & District Hospital - new recruitment Oct. 2002
Dr. C. Boucher

STATISTICS FOR 2003-04:

Number of days: 403
Number of trips: 255
Number of patients seen: 2201

NEW RECRUITMENTS FOR FLY-IN VISITS TO NORTHERN ONTARIO COMMUNITIES IN 2003-04

ENGLEHART, Englehart and District Hospital
Dr. J.C. Brutus

TELEPSYCHIATRY SERVICES OFFERED TO NORTHERN ONTARIO COMMUNITIES FROM OTTAWA STUDIOS

CHAPLEAU, Turning Point
Dr. G. Basecqz, Dr. J. Blustein

STURGEON FALLS, Alliance Centre
Dr. H. Richard

HEARST, KAPUSKASING & SMOOTH ROCK FALLS
Hearst, Kapuskasing & Smooth Rock Falls Counselling Services
Dr. M. Mauguin, Dr. L. McMurray

TIMMINS, Timmins and District Hospital
Dr. F. Grondin

WAWA, North Algoma Counselling Services
Dr. D. Myran

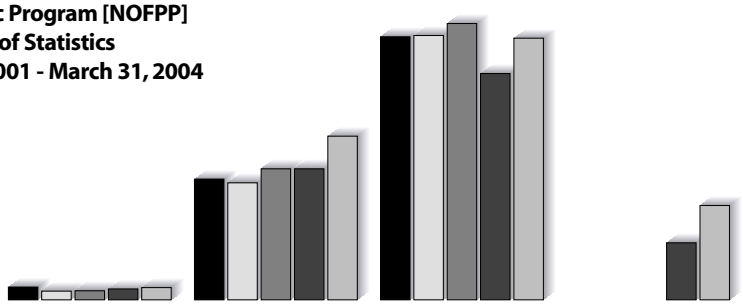
STATISTICS FOR 2003-04:

Number of patients seen: 95
Distance Education: 49

RESIDENCY TRAINING IN NORTHERN ONTARIO: UNIVERSITY OF OTTAWA PROGRAM
Dr. Marc Kaluzienski, PGY1
Sudbury, Jan 13/04 to Feb 9/04

CLINICAL FELLOWS: UNIVERSITY OF OTTAWA PROGRAM
None for 2003-04

Northern Ontario Francophone Psychiatric Program [NOFPP]
Summary of Statistics
January 2001 - March 31, 2004



	Number of Consultants	Number of Trips	Number of Days	Number of Telepsychiatry/Distance Education Sessions
1999	15	190	406	0
2000	11	185	407	0
2001	11	201	427	0
2002	12	201	357	91
2003/04	13	255	403	144

Program Reports

GERIATRIC PSYCHIATRY PROGRAM AT QUEEN'S UNIVERSITY

The Division of Geriatric Psychiatry at Queen's is comprised of multiple service components, including two community-based outreach teams. This is a district-wide specialized care service utilizing professional inter-disciplinary teams to provide assessment and intervention based on best practice and a shared care model. The overriding goals are excellence in care and consultation, and innovation in service delivery models – across the full spectrum of educational audiences. Divisional staff also function as a resource to the community and the Province.

Over the past year, the newly established outreach team in Hastings, Prince Edward County has progressively assumed all referrals from long-term care and retirement facilities. The developing team is supported by the Specialty Ambulatory Services team, based at the Mental Health Services site of Providence Continuing Care Centre, which provides outreach consultation in the Hastings, Prince Edward region, across Frontenac County and within the Kingston area. A dedicated community-based Kingston Geriatric Psychiatry Outreach Team provides consultation exclusively within urban Kingston, and it has focused on developing partnerships in the care of older persons across the community. An example of such collaboration is the establishment of the Geriatric Triad to link teams in geriatric psychiatry, geriatric medicine and the dementia team at the Community Care Access Centre. An additional community-based team is currently being developed for location in Lennox and Addington County. Each of these groups works with the corresponding locally-based Psychogeriatric Resource Consultant (PRC) to develop further indigenous clinical expertise, education and networks.

Educational developments over the past year include the SEED project, aimed at supporting primary care practitioners located across the southeast region of Ontario. Multiple educational interventions have been provided, for this initiative and others, via telepsychiatry. Research priorities include development of novel clinical assessment practices, models of care at a systemic level and innovation in education, particularly with respect to non-urban practitioners who have more limited access to on-site specialty resources. In 2003, the Program was fortunate to recruit Program Health Service Evaluator Mary Pat Sullivan, PhD to support both qualitative and quantitative evaluation for educational and clinical capacity enhancement projects.

Substantive discussions with the Department of Psychiatry at Queen's offered the potential opportunity for the Department as a whole to join OPOP during the April 2004 – March 2005 period. The possibility of expanding outreach programs within the Department is currently being explored.

Dr. Melissa Andrew
Program Director

Fast facts

REGIONAL GERIATRIC PSYCHIATRY PROGRAM, Hastings, Prince Edward County Outreach Team, based in Belleville

Faculty:
Dr. P. Parenteau
Dr. M. Fahy
Joanne Fitzgibbon (Team Manager)

SPECIALIZED AMBULATORY SERVICES, based at Providence Continuing Care Centre – Mental Health Services site, providing outreach consultation to Kingston, Frontenac, Lennox & Addington, and Hastings, Prince Edward Counties.

Faculty:
Dr. J.K. LeClair (Clinical Director)
Dr. Y. Nashed
Dr. R. Sidhu
Dr. L. Teitelbaum
Krystal Mack (Team Manager)

KINGSTON GERIATRIC PSYCHIATRY OUTREACH TEAM, based in Kingston at Blackburn Mews Community site.

Faculty:
Dr. M. Andrew
Dr. J.K. LeClair (Clinical Director)
Patti Dixon-Medora (Team Manager)

RESIDENCY TRAINING IN OUTREACH SITES

Faculty:
Dr. R. duToit, Queen's University (3 months)

STATISTICS:
Total new patients seen April 1, 2003 – March 31, 2004 across all outreach services: **532**
Active Outpatients as of March 31, 2004: **506**
Telepsychiatry consultations: **5**
Distance Education: **17**

PROGRAM REPORTS

MCMASTER UNIVERSITY

McMaster, through the Faculty of Health Services, Department of Psychiatry and Behavioural Neurosciences, sponsors and operates the Psychiatric Outreach Program for both James Bay and Sault Ste Marie. These initiatives are delivered through collaborative agencies (James Bay Community Mental Health Program, Sault Area Hospitals) and UTPOP (psychiatric care in the Sault), under the direction of Dr. Gary Chaimowitz (St. Joseph's Health Care Hamilton).

Over the past year, Dr. Chaimowitz and Dr. Tony Carr (St Joseph's Health Care, Hamilton General Hospital) maintained their monthly three-day visit schedule to the west coast communities of James Bay, through clinics in Moosonee/Moose Factory and Fort Albany/Kashechewan and Attawapiskat, with the assistance of residents. (Interestingly, some of the residents have been high profile members of the Canadian Association of Interns and Residents, having served as back-to-back presidents of this national body representing more than 5,500 residents in training across Canada on educational, professional and well-being issues.)

Fly-in service to the primarily Cree communities has been ongoing since 1992. Services provided include consultations to family physicians, and close cooperation was maintained with native mental health workers of the James Bay Program. Patients continued to be seen in a variety of settings, including the Weenebayko General Hospital, nursing stations of the James Bay General Hospital and community agencies. A variety of other service activities include assisting local providers in dealing with alcohol and drug addictions crises, as well as gambling assessment and treatment. Requests for case management plans from provincial Ministries – notably, Corrections (probation/parole), Child and Family Services, and Transportation – continued to increase. Services requested include arranging for detoxification and treatment placement/transportation. The Program held its voting membership in the Northeastern Addictions Task Force, despite the ongoing lack of funding for travel that hampers attendance and direct input at the table.

We established a videoconferencing/telepsychiatry link with the Adult Mental Health Services of Haldimand Norfolk in Hagersville. The weekly service oriented sessions provided residents an opportunity to experience videoconferencing with a nearby mental health clinic. Unfortunately, funding cut backs have now put this iniative on hold.

The longstanding outreach activity in the Sault, going back to 1995, also kept pace in 2003-04, although at a reduced level due to decreased funding. Key here were consultations to family physicians within an environment that offers access to additional valuable resources. As well, McMaster provided service at two-day outpatient clinics, conducted weekly within the Department of Psychiatry at the Sault Area Hospitals.

Looking ahead, McMaster is entering into discussion with the Northwestern Ontario Medical Programme (Thunder Bay) regarding residency training, with an initial site visit planned for summer 2004.

Dr. Gary Chaimowitz
Program Director

PROGRAM REPORTS

NORTHERN ACADEMIC HEALTH SCIENCE NETWORK

The foundation of the Northern Academic Health Science Network is a strong partnership between the Northeastern Ontario Medical Education Corporation (NOMEC) and the Northwestern Ontario Medical Programme (NOMP).

NOMP and NOMEC coordinate clinical experiences and academic activities in their regions for Family Medicine and specialty programs affiliated with McMaster University and the University of Ottawa, respectively. They also coordinate undergraduate elective and core rotations in the north for all provincial medical schools.

NOMP

NOMP was pleased to have two University of Toronto Psychiatry residents start their training in Thunder Bay. Dr. Lynn VandenBerg did a six-month Chronic Care rotation at the Lakehead Psychiatric Hospital and then started the outpatient portion of her Adult General Psychiatry rotation in the outpatient department of this hospital. Dr. Pam Johnson began her Chronic Care rotation as well, and both continued to attend academic sessions in Chronic Care, General and Family Therapy through NOMP-funded videoconferencing, as well as various training sessions in Toronto, with travel also NOMP funded. After lengthy discussions and negotiations, a variety of arrangements were made for psychotherapy supervision locally and through videoconferencing.

A further proposal for Consultation/Liaison and Geriatric core rotations has been submitted, with a site visit planned for September 2004.

NOMP continued to provide core psychiatry rotations and tutorials for two groups of six McMaster medical students on a yearly basis. NOMP also continued to teach the Behavioural Science component of the Family Medicine North Residency Program, located in Thunder Bay.

NOMP is currently in discussion with the Department of Psychiatry at McMaster to prepare for a joint psychiatry residency program. NOMP will maintain efforts to recruit, retain and train psychiatrists for expanded teaching roles in preparation for the opening of the Northern Ontario Medical School with campuses based in Thunder Bay and Sudbury.

Dr. Susanne Allain
Coordinator, Psychiatry Education

1. *Evaluation*

NOMP assists programs to conduct evaluations of their respective services: For example, at Lakehead Psychiatric Hospital (LPH), these cover Homes for Special Care, Community Mental Health Services, Dementia Care Program and all three Assertive Community Treatment Teams in Thunder Bay.

2. *Promotion of LPH research*

NOMP organizes activities such as the Research Fair: 2003 event titled, "Geriatric Mental Health Research: Making it work for you". Guest speaker was Dr. Kevin Brazil, Director of the St. Joseph's Health System Research Network based at the Father Sean O'Sullivan Research Centre, St. Joseph's Heathcare, Hamilton.

PROGRAM REPORTS CONT'D

Northern Academic Health Science Network

Northeastern Ontario Medical Education Corporation
NOMEC
CEMNO
Corporation d'éducation médicale du nord-est de l'Ontario

NOMP
Northwestern Ontario Medical Programme
HEALTH SCIENCES NORTH

NOMEC

The Northeastern Stream Residency Program matched its first resident in 2003. Samantha Wallenius-Cook was selected as part of the CaRMS matching process. Samantha commenced her PGY-1 training year in July 2003 and completed part of her core requirement in Sault Ste Marie during the PGY-l year. Dr. Joanne Holtby, who finished two-thirds of her residency training in northeastern Ontario as part of the Northeastern Ontario Postgraduate Specialty Program, was successful at the fellowship exams in spring 2003. She has come on staff at the North Bay Psychiatric Hospital and has begun to take a leadership role in developing psychotherapy supervision locally. She has also been involved in the provision of remote supervision with residents currently rotating at other sites in northeastern and northwestern Ontario.

NOMEC further consolidated the established Royal College Accredited core rotations in North Bay and Sault Ste Marie, and expanded accredited programming in Sudbury. By year-end 2003, the combined sites of North Bay, Sudbury and Sault Ste Marie offered five of the six core rotations in psychiatry. By July 2004, the remaining core rotation in child and adolescent psychiatry became accredited. The development of these rotations has been the result of a close collaboration between NOMP and the Universities of Toronto, Ottawa and Western Ontario through OPOP's education committee – OPPEN.

Faculty development of clinical preceptors living and working in northeastern Ontario is ongoing, and a cohort of dedicated clinical preceptors maintain academic pursuits in the area of education and research. Further faculty recruitment remains a high priority, as does the extension of accredited rotations at other sites.

NOMEC's clinical teachers are committed to psychiatric education of family practice residents in the Northeastern Ontario Family Medicine program. To this end, great efforts have been made to advance the curriculum for family practice residents completing their core training in psychiatry.

Progress has also been made in advancing the integration of psychotherapy training of residents who conclude their rotations in remote sites. This is still a challenge.

Dr. David Cochrane
Regional Specialty Coordinator, Psychiatry

Fast Facts

NORTHEASTERN ONTARIO MEDICAL EDUCATION CORPORATION
Regional Specialty Coordinator, Psychiatry – Dr. David Cochrane
Administrative Coordinator – Micheline Beaudry

NORTH BAY, North Bay Psychiatric Hospital, North Bay General Hospital

Royal College Accredited Rotations: (University of Toronto)
Chronic Care
Consultation Liaison
Geriatrics

Senior Selectives
Forensic Psychiatry
Developmental Disabilities

Faculty:
Dr. S. Adams (UWO)
Dr. S. Baxter
Dr. D. Cochrane
Dr. A. Hackett
Dr. J. Holtby
Dr. A. Keith
Dr. G. McKercher
Dr. O. Oluboka
Dr. S. Scappatura
Dr. B. Talarico
Dr. W. Yuzda

SAULT STE MARIE, Sault Area Hospitals

Royal College Accredited Rotations: (University of Toronto)
Consultation Liaison
General Psychiatry – in/out patient
Chronic Care

Senior Selectives:
Forensic
Psychotherapy

Faculty:
Dr. Derek Hopgood, Dr. Gary Keleher, Dr. Henry Leung, Dr. David McPhee, Dr. Lino Pistor

SUDBURY, Northeast Mental Health Centre, Sudbury Regional Hospitals,
and Regional Children's Psychiatric Centre

Royal College Accredited Rotations: (University of Western Ontario)
Chronic Care
Child Psychiatry
Consultation Liaison
General Psychiatry

Faculty:
Dr. D. Boylan
Dr. J. Crosbie
Dr. J.G. Gagnon
Dr. G. Irvine
Dr. A. Joseph
Dr. J. Jura
Dr. R. Koka
Dr. Krishna
Dr. H. Kumar
Dr. R. Kumar
Dr. D. Marr
Dr. B. Matthew
Dr. D. Pearsall
Dr. R. Veluri

TIMMINS, Timmins and District Hospital

Electives:
General Psychiatry, Consultation Liaison

Faculty:
Dr. G. Birdi, Dr. M. Raveendran

Education & Research

Seeley Hall, June 2004, photo taken by Howard Chow, Department of Psychiatry, University of Toronto

Education

Bringing mental health care directly to under-serviced rural and remote parts of northern Ontario – through dedicated clinical care, research and education – is at the heart of the OPOP mission and mandate. Since its inception in 1999, OPOP has been taking steps to get even closer to the stakeholders being served – patients, physicians, nurses and support staff in agencies – through psychiatric specialists who are trained in the north, understand the special needs in these communities, and can response effectively and immediately.

In 2003-04, OPOP continued to concentrate on developing and delivering specialized in-community and on-site educational programs that collaborate with local institutions and practitioners. Following are highlights of key initiatives and related outcomes.

ONTARIO POSTGRADUATE PSYCHIATRIC EDUCATION NETWORK (OPPEN)

OPPEN's mandate is to coordinate, promote and advocate the delivery of postgraduate training in northern and rural areas provincially. Created in 2002 as a subcommittee of OPOP, it meets quarterly to focus on current practical issues that impact residents who have chosen to pursue Distributed Medical Education (DME).

Representations

OPPEN was ably guided by five university program directors, resident representatives from the Northeastern Stream Residency and COPE, in addition to specialty coordinators from NOMEC and NOMP. This interaction allowed considerable input from interested parties and presented an unprecedented opportunity for province-wide collaboration.

Psychotherapy

Program directors from the universities of Ottawa, Toronto and Western Ontario assessed psychotherapy supervision in existing residency programs. They discovered different approaches in terms of content, expectations and funding, and identified the consequent significant challenges for DME residents and site supervisors providing psychotherapy supervision, in addition to limitations in the availability of qualified supervisors and funding in the northern sites.

In keeping with its coordinating role, the committee put forward three specific options for consideration and action:

- Identification of a northern psychotherapy coordinator
- Sharing of approaches to ensure appropriate psychotherapy training for DME residents
- Advocacy of funding for DME residents where it is most critical.

Reciprocity

Through the efforts of various residency training programs and affiliated sites in northern and southwestern Ontario, accreditation for long/mandatory rotations has become a reality for a number of DME sites with local supervisors obtaining faculty appointments. At the committee level, discussions began to focus on the establishment of a mechanism to allow for sharing of accredited sites among the universities. The reciprocity concept was endorsed and further exploration was planned.

EDUCATION CONT'D

Advocacy
The committee took on an advocacy role to support residency training efforts in Thunder Bay. It spearheaded an exchange of ideas and viewpoints among the major stakeholders to foster collaboration. It enlisted the Ministry of Health and Long-term Care to review its policy on psychotherapy funding to re-entry applicants and DME residents undertaking long/mandatory rotation. It also determined, given the increasing number of DME residents from different universities over time that a northern chief resident would be beneficial to oversee and to advocate on their behalf. A cooperative effort was initiated to turn this concept into reality.

Core Competencies for Northern/Rural Practice
OPPEN members recognized the importance of establishing clear objectives to ensure that northern and rural rotations provide the training necessary to practice effectively in similar locales. In the absence of established core competencies specific to northern and rural practice, the committee set out to inventory the current content and instructional methods of core teaching programs at each of the five Ontario schools. These are being analyzed for commonalities and will be brought back to OPPEN as the basis for further discussion toward establishing a set of core competencies for northern/rural practice that would help to guide training experiences.

Identity
The members of the committee, in reviewing its core functions, realized the focus has been predominantly in the postgraduate domain, as reflected in the committee's composition. The committee formally reviewed its terms of reference and renamed itself OPPEN to capture fully and properly the nature of its work.

UNDERGRADUATE EDUCATION

Medical Students/Clerks

From funding obtained in 2003-04 from UWO ($25,000 allocated to the Department of Psychiatry, from SWOMEN), the Department of Psychiatry developed for the southwest region psychiatric rotations for third-year medical students as a part of the Network. In June and November 2003, two clinical clerkship training workshops were organized for future preceptors, attended by Chiefs of Psychiatry and more than 20 potential teachers from St. Thomas, Chatham, Windsor, Stratford, Kitchener, Owen Sound and Woodstock. The workshop objectives were to understand the importance of engaged undergraduates in a positive clerkship experience as a recruitment tool for psychiatry, and to ensure an equitable experience and evaluation process for all clinical clerks irrespective of their placements.

A total of 42 medical clerks (third-year medical students) were sent for six-week rotations in psychiatry to St. Thomas, Stratford and Chatham. In addition, nine medical clerks at the Windsor site were on six-week psychiatric rotations in the 2003-04 academic year.

POSTGRADUATE EDUCATION

RESIDENT ELECTIVES, CORE ROTATIONS

Chatham-Kent Health Alliance Services, Chatham
Stratford General Hospital, Stratford

Postgraduate training has been developed in the Stratford and Chatham sites. Three residents were on electives at Chatham-Kent Health Alliances Psychiatric Services and the Stratford General Hospital:

Dr. Tamison Doey (July - December 2003, Chatham)
Dr. Krishna Balachandra (October 2003 - March 2004, Chatham)
Dr. Mirela Bucur (January - June 2004, Stratford)

Chatham-Kent Health Alliances has become a UWO accredited site for Core Rotation Residency Training.

North Bay Psychiatric Hospital, North Bay
Dr. Henry Brisson successfully completed in June 2003 his one-year elective of the UWO postgraduate program at the North Bay Psychiatric Hospital, joining an established group of psychiatrists to provide on-site, full time clinical service. Within the fiscal year April 2003-March 2004, Dr. Brisson completed three-month periods of electives in North Bay.

Northeast Mental Health Centre, Sudbury
As a result of concerted efforts of the UWO Postgraduate Director, Psychiatry and of the Director of the Extended Campus Program, the Northeast Mental Health Centre in Sudbury has become a UWO accredited site for Core Rotation Residency Training in Psychiatry. Effective February 2003, Canadian Residents' Matching System (CARMS) applicants were presented with this new opportunity.

North Bay, Sault Ste Marie, Thunder Bay
Royal College accredited core rotations (processed through UTPOP) grew remarkably. As of July 2003, seven residents completed core rotations at northern sites: North Bay (3), Sault Ste Marie (2) and Thunder Bay (2). Five residents entered the Psychiatry Residency Training Program in the U of T Department of Psychiatry through the Ministry of Health Re-Entry Program. Only licensed physicians practicing medicine in Ontario are eligible for this Program. Upon completing their residency training, they must practice in an underserviced area within the Province for approximately four years.

Two residents entered through CARMS. Only final year medical students in schools across Canada and the United States are eligible to apply through the process.

Northern Stream/U of T Department of Psychiatry
For the first time ever, in 2003, one new northern stream position was approved for the U of T Department of Psychiatry in partnership with UTPOP and the new Northern Ontario Medical School (NOMS). The resident, Sam Wallenius, was approved and started her training based in Sudbury in July 2003.

EDUCATION CONT'D

FACULTY DEVELOPMENT (IN-SERVICE TRAINING)

The Extended Campus Program at Western conducted a survey through all health care providers in northern Ontario on the needs of in-service training for health care providers in the north with a special emphasis on psychotherapy. The survey included consultants from all Ontario medical schools providing clinical service to the north. Under the OPOP umbrella, a teleconference was organized in March 2004 to review survey results. OPPEN will follow up on that discussion and the next action steps.

MULTI-DISCIPLINARY TRAINING

Forensics is an essential branch of the field of psychiatry and a particular skill-development training focus in Kenora over the past year. To this end, Dr. Philip Klassen (Deputy Physician in Chief, Deputy Clinical Director and Associate Head of Education, Law and Mental Health Program, CAMH; and Assistant Professor, Departments of Psychiatry and Medicine, U of T), was invited to design and to deliver a special workshop on forensic issues and personality disorders. Held in Kenora in February 2004, this initiative was a collaborative effort supported by Dr. Lois Hutchinson, Chief of Psychiatry, Thunder Bay. Participants represented the social, penal and legal systems, including the police force. They responded enthusiastically to Dr. Klassen's practical guidelines, real-life approach and dynamic presentation that brought candour and clarity to a complex and emotionally charged discipline.

ANNUAL RETREAT

Sault Ste Marie helped OPOP host the 8th Annual Retreat in September 2003, attracting 34 participants, including representatives from all OPOP programs (UTPOP, ECP, NOFPP, Queen's, NOMEC). Three goals were identified and realized for the 2003-04 academic year:

1. **Goal**: Appoint a Chief Resident for northern Ontario to provide a network of support for residents.
   Achievement: OPPEN worked with the U of T Postgraduate office and the U of T Faculty of Medicine to approve a Chief Northern Resident with stipend. (The position is effective July 2004.)

2. **Goal**: Put in place a mechanism to share core rotations among all provincial programs/universities.
   Achievement: The Royal College accredited NEMHC in Sudbury through UWO for Child Psychiatry. A psychiatry resident training in the north can now complete his/her entire training in the north (North Bay, Sault Ste Marie, Sudbury and Thunder Bay have been accredited for all required core rotations). The University of Ottawa is accrediting General Psychiatry for the second Northern Stream position created (and funded through NOMEC/NOMS) at the North Bay Psychiatric Hospital. Discussions are taking place at the OPPEN committee (all postgraduate directors gathering) to explore the inter-university core rotations.

3. **Goal**: Identify a northern psychotherapy coordinator supported by OPPEN, along with faculty in the south.
   Achievement: OPPEN, with the help of UTPOP, appointed Dr. Paula Ravitz as a U of T Psychotherapy Coordinator for northern residents. Dr. Ravitz has mentored/trained Dr. Joanne Holtby to provide psychotherapy supervision for residents in Sault Ste Marie and Thunder Bay by distance education.

EDUCATION CONT'D

Dr. Joanne Holtby

A SPECIAL TESTIMONIAL

Dr. Joanne Holtby was the first resident to train in the north (North Bay), graduating December 2003. She is currently Staff Psychiatrist, District Mental Health Program, North Bay Psychiatric Hospital. Her response to and evaluation of the program are chronicled in the following letter she decided to write because of the overwhelmingly positive response to her decision to train and to stay in the north. Her comments clearly and succinctly underscore the unique nature of the on-site experience and benefits of in-community schooling, being close to the people being served.

In 2003, I was the first northern resident in the University of Toronto Psychiatry program to complete the Royal College Examinations. I was able to do two-and-a-half years of my four-year training period at the North Bay Psychiatric Hospital. My interest in staying in rural northern Ontario provided the impetus to develop the core and elective rotations in North Bay, yet this would not have been possible without the support and diligent work of members of the University of Toronto Psychiatric Outreach Program, the Postgraduate Education Committee, the Northeastern Ontario Medical Education Corporation and the dedicated medical staff at the North Bay Psychiatric Hospital.

After my final exams, while approaching my transition from resident to staff psychiatrist, I informed the Committee I would be providing distance and local supervision for short term psychotherapy to the increasing numbers of northern residents, upon starting work at the North Bay Psychiatric Hospital as a staff psychiatrist. The response to my teaching role in the north had been so enthusiastic and supportive that I am taking a few moments to reflect on my four years of training.

I have been honored to have had the opportunity to help attain the goal of developing a northern psychiatry training program, and I am thrilled our efforts have allowed others to follow along and continue to develop opportunities for northern medical specialty training. In my new role as Northern Resident Psychotherapy Supervisor, I will thoroughly enjoy being able to provide a small component of this training and to be part of its continuing evolution.

There were certainly challenges, yet we were able to face these together with wisdom and integrity. While developing northern resources, we have been progressive in the use of distance education and have placed our program well ahead of others in being innovative and accepting of the use of advanced communication technologies as a tool in connecting those at a distance. By disseminating expertise from urban centres to other areas, while recognizing and utilizing the excellence in mental health service provision already existing in these areas, we have been leaders in moving toward our provincial mental health resources being accessible to everyone, no matter where they live.

Personally, being able to remain with my young family and to continue contributing medical care to my rural community, all while honing my skills as a psychiatrist with the highest level of academic experience, is a dream turned reality. I have been allowed to strengthen my connections to the north while achieving a higher level of education, taking part in developing new educational opportunities for those to follow, and helping to increase the awareness of those who are training in urban centred sites to rural lifestyles and opportunities.

I would like to express my heart felt thanks and gratitude to all those involved – for your help, hard work and encouragement – in making my northern residency such a wonderful and academically excellent experience, and allowing me to participate in this unique opportunity.

As always, committed to rural Ontario life,

Sincerely,
Dr. Joanne Holtby

Research

Research is a natural adjunct to clinical care and education, and at the core of the OPOP mission and mandate. During 2003-04, OPOP and partners initiated and continued a number of significant research projects designed to improve the delivery of mental health services in northern Ontario. Here are the results and status of major projects.

THE CASE FOR TELEPSYCHIATRY: COMPLEMENTING FLY-IN

Submitted by: Peter Youell, Telehealth Manager, Royal Ottawa Health Care Group, NOFPP

A pilot study to evaluate the clinical and financial implications of incorporating telepsychiatry into the Visiting Specialists Clinics program was launched in 2001 by NOFPP and discussed in the 2002 OPOP Annual Report. The first (exploratory) phase focused on the cost saving dimension of enhancing fly-in visits with telepsychiatry consultations to northern communities from Ottawa hub sites. Survey participants identified two main benefits: improved access to service for clients in their own immediate areas, and reduced waiting periods for appointments with their assigned psychiatrists. These initial views underscored the OPOP theory that telepsychiatry is an essential complementary service to the fly-in program.

In the second phase (2003-04), assumptions were tested. NOFPP psychiatrists participated in 24 patient consultations by televideo and another 89 direct patient consultations. The evidence continued to demonstrate client satisfaction with the standard of care, and their appreciation and value of service availability via telepsychiatry.

Among other noteworthy developments:

- The two NOFPP communities most active in telehealth are Chapleau and Kapuskasing. Dr. Joseph Blustein was the first NOFPP clinician to surpass 100 direct patient consultations.
- Clinicians were able to take advantage of telepsychiatry services during the months when fly-in visits were cancelled due to the SARS outbreak.
- NOFPP partnered with CareConnect (formerly Eastern Ontario Telehealth Network) to leverage the benefits of membership with one of Ontario's three recognized regional telehealth networks. The objective is to improve integration of telehealth resources, and to ensure that partner communities have greater opportunities to connect around the province and to participate in more mental health education, promotion and prevention events.
- Over the second full year of telehealth, two NOFPP communities entrenched telepsychiatry services, and two psychiatrists made adjustments to their service practices by blending telepsychiatry with their fly-in visits. (Three communities, one equipped by NOFPP, do not take advantage of telehealth capabilities. In two cases, they are receiving on-site services from psychiatrists in their respective regions.) The plan is to continue to promote the service, with re-deployment of equipment to other communities where appropriate.

The foregoing outcomes support the growing spirit of collaboration among Ontario's three regional telehealth networks (North, Southwest and Eastern), possibly opening doors for other northern Ontario communities that seek NOFPP services. Over the next couple of years, the overriding objective is to maintain this positive momentum and to examine telepsychiatry beyond its expense-efficiency implications to its value as an essential service for outreach regions – an addition and multiplier to the already accepted and proven fly-in program.

RESEARCH CONT'D

THE EFFECTIVENESS OF TELEPSYCHIATRY: RANDOMIZED CONTROL STUDY

Submitted by: Joan Bishop, Lois Hutchinson, Richard O'Reilly

The Extended Campus Program (ECP) at the University of Western Ontario (UWO) maintains a keen interest in the potential of videoconferencing to provide effective clinical services for patients located in remote regions. Published studies have confirmed that (1) it is possible to make accurate psychiatric diagnoses by videoconference and (2) most patients are satisfied with psychiatric services delivered via videoconference. However, almost no literature addresses whether telepsychiatry is clinically effective.

To this end, in 2000, ECP provided $4,500 in seed funding to Dr. Richard O'Reilly (lead investigator), Dr. Joan Bishop and Dr. Lois Hutchinson for a pilot project in Thunder Bay. In 2001, the group received a $108,400 grant from the Ontario Mental Health Foundation to proceed further. Additional funding to continue the video-connection was obtained from the Canada Health Infostructure Partnership Program (CHIPP) and Network North.

Approach:

Patients referred by their doctors in Thunder Bay were randomly assigned to be seen by one of the study psychiatrists (Drs. Sandra Fisman, Emmanuel Persad, Dr. Jatinder Takhar, and Richard O'Reilly) in person, or via videoconference from London, Ontario. The psychiatrists had the option of following up with the patients for satisfaction levels, hospitalization rates in the year after service, and the cost of providing the service.

Status:

As at March 2004, 450 patients had been selected. Investigators anticipate another 20 patients are needed to complete the study. A preliminary analysis of the first 150 patients seen suggests telepsychiatry costs are about half of the costs associated with fly-in visits to Thunder Bay. Results on clinical efficiency are expected by early 2005.

Dr. O'Reilly observes that *"there are many applications of this technology in psychiatry, and our study can only determine if telepsychiatry can deliver an effective outpatient consultation for family doctors. However, this is a highly valued service, and we are currently transporting psychiatrists to many remote regions of Canada, at great cost. Telepsychiatry has the potential to equalize the current regional disparities in access to psychiatric services. Nevertheless, before telepsychiatry is widely implemented, we must know if it is as effective as traditional face-to-face services."*

Research cont'd

Strengthening psychiatry services to children and their families continues to be an OPOP priority in clinical care and related research. The Division of Child Psychiatry, University of Toronto and the Hospital for Sick Children (referenced earlier in this report in the section titled, CHILD & YOUTH TELEPSYCHIATRY PROGRAM, p. 15), is conducting a multi-mix, four part qualitative study with stakeholders to evaluate current Program Effectiveness.

PEDIATRIC TELEPSYCHIATRY IN ONTARIO
Submitted by: Katherine Boydell

Study 1: Designing a Framework for the Evaluation of Paediatric Telepsychiatry
While there is a great deal of interest in evaluating participant experiences of teleconsultation programmes, specific frameworks for evaluating such programmes are scarce. We have developed a multi-stage, consultative process designed to develop a framework for the study of a paediatric telepsychiatry programme. Emphasis was placed on ensuring stakeholder participation in the design and response stage of the evaluation, and thus a three-part approach was taken, involving an opinion scan, focus groups, and individual interviews. This process resulted in identification of specific areas of inquiry that became components of the framework for evaluation. One of the key points to emerge was that attending to context is vital. In the case of telepsychiatry, it is critical to understand the nuances of the local community to which consultation is being provided. This involves considering the social ecology of each evaluation site. The evaluation process should take the form of a shared, ongoing dialogue between the evaluators and those being evaluated in order to maximize uptake and integration of findings. (Boydell, Greenberg & Volpe, *Telemedicine and Telecare*, June 2004).

Study 2: Caregiver and Service Provider Perspectives
The pervasive message from both service providers and caregivers was that pediatric telepsychiatry is a much needed and very welcome service. There were also concerns expressed about the limitations of the available services, both in terms of the extent of the services available via the technology and in terms of support and management services available locally. A major concern of caregivers and service providers alike focused on the need for further and more elaborate local support and medical services to oversee the implementation of treatment recommendations resulting from telepsychiatry consultations. More detailed analysis of the data revealed two key functions served by the availability of telepsychiatry services, namely enhanced capacity for service providers and reduced burden on caregivers, and a key frustration with the limitations of available telepsychiatry and support services, which was described by both service provider and caregivers.

Enhanced Capacity of Service Providers
Feelings of enhanced capacity among front-line workers with mental health and social service agencies in remote and rural areas were identified by the service providers themselves. For service providers, the local availability of telepsychiatry services has resulted in access to a specific mental health expertise. This access has in turn increased their knowledge, their confidence, and their sense of competence in assisting their clients, and has decreased feeling of isolation. This has had a trickle-down benefit for families in terms of the local availability of more expert assistance. These findings highlight the importance of the educative component of the telepsychiatry program. The results point to the need for additional mental health training for rural service providers in order for them to successfully support their clients with mental health needs and their families.

Research cont'd

Reduced Burden on Caregivers

The families of children with mental health issues interviewed for this study indicated that in their opinions, the availability of telepsychiatry services in or near their communities has led to reduced expenses associated with travel, and a reduction in missed time at work and school for the ill child and siblings. They also felt that the availability of local services has led to an increased probability of being able to remain active members of their communities while still obtaining help for their children. If this is indeed the case, it has the potential to contribute to the stability of rural and remote communities. Finally, it has shortened the stressful wait time until expert help can be obtained, and the problems affecting the life of the family can begin to be resolved. These findings are perhaps best reinforced in the words of caregivers themselves:

Frustrations with Limitations on Available Telepsychiatry and Support Services

Both family caretakers and service providers expressed profound frustration with the distinct limitations of the existing telepsychiatry services. Their primary concerns focused on whether a one-time consultation with no follow-up and little local expert support could really address the children's needs. Service providers and caregivers describe a two-pronged need, for both increased access to a wider range of telepsychiatry services and a larger cadre of well-trained mental health workers working within the rural communities.

Study 3: Physicians and Psychiatrists Weigh In: Medical Opinions on Paediatric Telepsychiatry

This study involved an investigation of the experiences and perspectives of consulting psychiatrists and rural and remote physicians with a pediatric telepsychiatry service serving remote and rural areas of the province. Individual, in-person interviews were conducted with eleven consulting psychiatrists, and eleven telephone interviews were conducted with rural and remote doctors. The purpose was to determine the main advantages and challenges to delivering telepsychiatry services to under-serviced areas in the province of Ontario from the perspectives of the medical professionals involved in the program.

Overall, both consulting psychiatrists and rural and remote physicians felt that telepsychiatry services have the potential to be a helpful and meaningful resource for rural families who have children with mental health issues, and the service providers who manage their care. However, both groups of interviewees emphasized the need to improve the health care and social service infrastructure in rural and remote communities in order to have in place the resources necessary to support treatment recommendations made by consultants during telepsychiatry consultations. Telepsychiatry must be viewed within the context of a broader system that must be integrated to maximize opportunities for bringing about the improvement of mental health concerns among local children. Other areas of convergent concern between consulting psychiatrists and rural and remote physicians are particularly worth highlighting, as they reflect the most pressing areas for attention in future planning for the telepsychiatry program.

Research cont'd

FACTORS PREDICTING PRACTICE LOCATION AND OUTREACH CONSULTATION: A STUDY OF UNIVERSITY OF TORONTO PSYCHIATRY GRADUATES 1990-2002.

Submitted by: Brian Hodges, Ava Rubin, Robert G Cook, Sandra Parker, Edward Adlaf

This research involved a survey of all graduates of the University of Toronto Psychiatry Residency program between 1990 and 2002 regarding factors related to their choice of practice location and whether or not they provide consultation to under-serviced areas. One hundred and fifty-three graduates completed the questionnaire yielding a 51% response rate. It is important to note that study participants represent cohorts of residents who trained at U of T in the early days of the Outreach Program when short fly-in electives were available, but core rotations were not yet developed. The large number of residents who have and will continue to participate in core rotations in the north will be the subject of the next survey of graduates. The first of this cohort graduated in 2003. The detailed findings and analysis of the current study will be published shortly in a national journal. Briefly, the main results were:

- Only a very small number of U of T graduates opted to locate full time in a rural or northern area. Close to one-tenth of respondents were working in communities of less than 100,000, but only one was practising in northern Ontario
- Age and gender did not predict practice location and there was not a strong connection between practice location and early ties to a community. Less than one-fifth of respondents set up practice in the location where they were born.
- A large number of graduates were providing outreach consultations
- Involvement in outreach activities that started during medical school and continued into residency differentiated consultants who continued to provide outreach consultation to under-serviced areas after graduation from those who did not.
- Close to half of respondents had rural or northern experience as a resident and almost half of this group integrated outreach consultation into their practice after graduation.

Overall, the study tells us two important things. First, the experience of outreach consultation as a resident is an important predictor of continuing outreach consultation once in practice. It is likely that experience with outreach electives as a resident instills a combination of skill and comfort with this type of work that continues into practice. But it is also clear that short term outreach electives do not result in location of graduates into under-serviced areas. It was for this reason that UTPOP launched long-term electives and core rotations in 2000. This very popular and growing program appears to be effective and already the first graduates who undertook most of their residency in the north are choosing to stay there to practise. However, a full evaluation of the outcomes of this second phase of outreach education will await the next survey of University of Toronto graduates that will take place after 2005.

Research cont'd

TRAINING MODELS FOR RURAL AND REMOTE PSYCHIATRY
Submitted by: Andrea Berntson, Brian Hodges

This continuing study, spearheaded by Dr. Andrea Berntson and Dr. Brian Hodges over the past year, has been developed to apply CanMeds 2000 educational priorities (national objectives for physician competence of the Royal College of Physicians and Surgeons of Canada) to the rural environment in the interest of creating centres of excellence for general psychiatry training in Canada's rural and remote regions. The methodology involves a comprehensive literature search, supplemented with key informant interviews, including Canadian psychiatry program directors, outreach directors, rural preceptors and residents.

International documentation on the topic of rural education has supported the basic principle that the opportunities and challenges of the rural setting require different models than the urban Academic Health Science Centre. Curriculum priorities for the rural or remote environment include a focus on general psychiatry skills; consultation to and collaboration with family physicians; exposure to non-clinical administrative and community liaison experience; and the ability to work closely with and to transfer expertise to a multidisciplinary team. Trainees benefit from the increased transparency of a smaller health system, and they more vividly appreciate their role within it. Some of the CanMeds roles, such as Manager, Collaborator and Communicator, may be best taught and evaluated in this type of setting.

PSYCHOTHERAPY EDUCATION IN NORTHERN RESIDENCY SETTINGS: AN EXAMPLE OF CROSSING A GEOGRAPHIC DIVIDE
Submitted by: Joanne Holtby, Robert Cooke, Paula Ravitz

This study has been developed by Dr. Joanne Holtby (first northern resident to graduate, newly appointed faculty at the UT Department of Psychiatry, and the first staff psychiatrist in the north, on staff at North Bay Psychiatric Hospital, to have completed over 50% of her residency in North Bay - *see also* **Education** *report Testimonial*), in collaboration with Drs. Paula Ravitz, Robert Cooke, Brian Hodges (North Bay Psychiatric Hospital, Centre for Addiction and Mental Health, Ontario Psychiatric Outreach Programs, University of Toronto, Department of Psychiatry).

The unique nature of psychotherapy and its critically important integration into the practice of psychiatry has presented educational opportunities and challenges in the training of psychiatry residents in northern settings. Both consensus treatment guidelines of the Canadian Psychiatry Association and its American counterpart include recommendations for modality specific psychotherapies for numerous disabling and common psychiatric disorders. Thus, there is an imperative to provide psychotherapy training in psychiatry residency programs.

Traditionally, psychotherapy has been taught through face-to-face supervision. However, for residents who train in northern settings, this is not always an option. Consequently, a strategy has been devised to maximize the outcome in the distant learning process of distant psychotherapy supervision using televideo communications and paying particular attention to the interpersonal interactions between trainee and supervisor. (This reinforces the mentoring, face-to-face supervision and didactic workshops aimed to engender both first clinical and second supervisory competencies.) The number of psychiatry residents training in areas remote from their respective university centre is continuing to increase. This study outlines a key strategy for addressing the issue of limited local psychotherapy expertise, as well as the feelings of isolation from a community of practitioners that are inherent in distant learning processes.

How to reach us:

Ontario Psychiatric Outreach Programs [OPOP]
Chair: Dr. Brian Hodges
Policy & Program Developer: Ms. Sandra Parker
Ontario Psychiatric Outreach Programs at the
Centre for Addiction and Mental Health
Room 849, 250 College Street, Toronto, ON M5T 1R8
Tel: 416.535.8501, Ext 4000, Fax: 260.4160
Email: brian.hodges@utoronto.ca;
Sandy_Parker@camh.net

University of Toronto Psychiatric Outreach Program [UTPOP]
Director/Manager: Dr. Robert Cooke
Education Coordinator: Ms. Thérèse Millette
Clinics Coordinator: Ms. Achira Saad
Evaluator: Ms. Ava Rubin
University of Toronto Psychiatric Outreach Program
at the Centre for Addiction and Mental Health
Room 830, 250 College Street, Toronto, ON M5T 1R8
Tel: 416.535.8501, Fax: 416.979.6902
Email: Robert_Cooke@camh.net;
Therese_Millette@camh.net (Ext. 4971);
Achira_Saad@camh.net (Ext. 4778);
Ava_Rubin@camh.net (Ext. 4420)

Extended Campus Program [ECP] at the University of Western Ontario
Acting Director: Dr. Sandra Fisman
Administrative Assistant: Ms. Hanna Siemiarczuk
Webmaster: Sibi Samivel
University of Western Ontario
Extended Campus Program
Regional Mental Health Care London
850 Highbury Avenue , London, ON N6A 4H1
Tel: 519.455.5110, Ext 47225# Fax: 519.455.3712
Email: s.fisman@uwo.ca;
hmsiemia@uwo.ca
Tel: 519.850.2361, Fax: 519.663.3935
Email: psychnet@uwo.ca (Sibi Samivel)

Northern Ontario Francophone Psychiatric Program [NOFPP]
Director: Dr. André Côté
Administrative Assistant: Ms. Hélène Geoffroy
Secretary: Ms. Carmen Larouche Mattar
Northern Ontario Francophone Psychiatric Program
at the University of Ottawa
Room 2132, Faculty of Medicine, University of Ottawa
451 Smyth Road, Ottawa, ON K1H 8M5
Tel: 613.562.5800, Ext 8141, Fax: 613.562.5626
Email: anjcote@uottawa.ca;
hegeoffr@uottawa.ca;
clarouch@uottawa.ca

Geriatric Psychiatry Program & Division of Geriatric Psychiatry, Queen's University
Clinical Director: Dr. Ken LeClair
Administrative Director: Ms. Linda Kessler
OPOP Representative: Dr. Melissa Andrew
Providence Continuing Care Centre –
Mental Health Services Site
Postal Bag 603, 752 King Street West
Kingston, ON K7L 4X3
Tel: 613.546.1101, Ext. 5705 (K. LeClair; L. Kessler);
613.384.9088 (M. Andrew)
Fax: 613.540.6128
Email: leclairk@pccchealth.org;
Kessler@pccchealth.org;
andrewm@pccchealth.org

Web Site for UTPOP, ECP, NOFPP, Queen's:
http//www.psychiatry.med.uwo.ca/ecp/