
TABLE OF CONTENTS

Abstracts in alphabetical order by presenting author.
Oral presentations are represented with bold text.

-
- Kathleen Alexis – Alexis Nakota Sioux Health Centre
1) **NIMI ICINOHABI. LIFE SKILLS TRAINING® SUBSTANCE ABUSE PREVENTION PROGRAM FOR FIRST NATIONS CHILDREN AND YOUTH**
-
- Allan Aubry BA(Crim) – Alberta Alcohol and Drug Abuse Commission
2) **KEY LEARNINGS FROM THE EDMONTON CONCURRENT DISORDERS DEMONSTRATION PROJECT EVALUATION (2005-2006)**
-
- Rochelle (Robbie) Babins-Wagner MSW, PMD – Calgary Counselling Centre
3) **ADDICTIONS AND DOMESTIC VIOLENCE: WHAT CAN WE LEARN ABOUT CLIENTS IN TREATMENT?**
-
- Sarah Bailer BSc, OT, MSc Candidate – Alberta Hospital Ponoka, David Thompson Health Region
4) THE DEMENTIA DAY PROGRAM: THERAPEUTIC ACTIVITIES FOR CLIENTS RESIDING ON DEMENTIA UNITS
-
- Cynthia Beck MD, MASc, FRCPC – University of Calgary
5) AWARENESS OF BODY SIZE AMONG INDIVIDUALS WITH EARLY PSYCHOSIS AND SCHIZOPHRENIA
-
- Tanya Beran PhD – University of Calgary
6) IMPACT OF CYBER-BULLYING ON CHILDREN'S MENTAL HEALTH
-
- Dan Bilsker PhD – CARMHA, Simon Fraser University
7) **A DEPRESSION SELF MANAGEMENT TOOL DESIGNED FOR THE WORKPLACE**
-
- June Birch – University of Alberta
8) BEHAVIOURAL AND EMOTIONAL ASSESSMENT SCALES AS RELATED TO ACADEMIC ACHIEVEMENT IN CANADIAN ABORIGINAL CHILDREN
-
- Kathryn Birnie BA Hons – Calgary Health Region
9) INCLUDING THE FAMILY IN PSYCHIATRIC INPATIENT CARE: ADDRESSING AN OVERLOOKED GAP
-
- Kathryn Birnie BA Hons – Calgary Health Region
10) YAP-ENP TRANSITION PROGRAM: INNOVATIVE SERVICE DELIVERY TO BETTER MEET PATIENT NEEDS
-
- Kathryn Birnie BA Hons – Calgary Health Region
11) **ADOLESCENT URGENT TEAM: AN INNOVATIVE CRISIS STABILIZATION SERVICE TARGETING ADOLESCENTS WITH MENTAL HEALTH CONCERNS**
-
- Carol Bolt – RMHP Neuropsychology of Capital Health
12) HEALTH ECONOMIC COSTS ASSOCIATED WITH THE FIRST EPISODE OF PSYCHOSIS
-
- Johann Brink MB, ChB, FCPsych (SA), FRCPC – BC Mental Health and Addiction Services
13) INPATIENT AGGRESSION AT THE BC FORENSIC PSYCHIATRIC HOSPITAL: PATIENT AND STAFF PERSPECTIVES
-
- Karen Brinkman RN, BScN – David Thompson Health Region, Mental Health Services
14) MENTAL HEALTH LIAISON NURSING AND THE PROVISION OF HOLISTIC NURSING CARE IN A RURAL HOSPITAL
-
- Michael Brohman BA (Psych), RPN – Capital Health
15) EARLY PSYCHOSIS EDUCATION FOR HIGH SCHOOL STUDENTS
-
- Mike Bruised Head MBA Admin – Kainai Board of Education
16) THE PSYCHOLOGICAL IMPLICATIONS OF FORCED INFORMAL GROUP ACTIVITIES ON KAINAI YOUTH RESULTING FROM GANG FAMILIES
-
- Karen Burton RN, MN – Calgary Health Region, Mental Health Services, Community Extension Team
17) EXTENDING SERVICES, ENHANCING OUTCOMES: TIME-LIMITED OUTREACH SUPPORT FOR THE CHRONIC AND PERSISTENT MENTAL HEALTH POPULATION IN CALGARY, ALBERTA
-

-
- Christopher Cameron MA(c) – Calgary Health Region
- 18) PROVIDING MENTAL HEALTH REHABILITATION SERVICES WITHIN THE COMMUNITY: A FORMATIVE EVALUATION OF INNOVATIVE SERVICE DELIVERY
-
- Christopher Cameron MA (c) – Calgary Health Region
- 19) THE IMPACT OF SUBSTANCE MISUSE ON PSYCHIATRIC EMERGENCY SERVICES
-
- David Cawthorpe BSc, MSc, PhD, RSW – Calgary Health Region
- 20) **OUTCOME MEASURES INDICATE COMPARABLE CHILD MENTAL HEALTH TREATMENT EFFECTIVENESS IN ONTARIO AND ALBERTA: RESULTS BASED ON MULTI-METHOD MEASUREMENT**
-
- David Cawthorpe BSc, MSc, PhD, RSW – Calgary Health Region
- 21) PSYCHOMETRIC PROPERTIES AND TEMPORAL STABILITY OF THE WESTERN CANADA WAIT LIST PROJECT CHILDREN'S MENTAL HEALTH REFERRAL TOOL FOR PRIMARY CARE PHYSICIANS
-
- Sandra Clark PhD, Rpsych – BC Children's Hospital
- 22) TAMING WORRY DRAGONS: TREATMENT PROGRAM FOR CHILDREN WITH ANXIETY DISORDERS
-
- Carrie Collier MSW, RSW – Calgary Health Region, Mental Health
- 23) SHIFTING FOCUS IN REHABILITATION CARE: A RESPONSIVE MODEL FOR CHANGE AT THE CLARESHOLM CARE CENTRE
-
- Paul Copus MB, FRCPsych, FRCPC – Child and Adolescent Services Association
- 24) MEETING THE PROFESSIONAL DEVELOPMENT NEEDS OF RURAL MENTAL HEALTH PRACTITIONERS – FAMILY THERAPY
-
- Shawn Currie PhD – Calgary Health Region
- 25) **CROSS VALIDATION OF NATIONALLY-DERIVED LOW-RISK GAMBLING LIMITS WITH ALBERTA, BRITISH COLUMBIA, AND ONTARIO GAMBLING PREVALENCE DATA**
-
- Avril Deegan MSW, RSW, Clinical Designation – Calgary Health Region
- 26) CHILD AND ADOLESCENT MENTAL HEALTH URGENT SERVICES (CAMHUS): FILLING THE GAP
-
- Rebecca Dempster PhD – BC Mental Health and Addiction Services
- 27) DEVELOPING A COMPREHENSIVE AND INTEGRATED CONCURRENT DISORDERS PROGRAM FOR FORENSIC CLIENTS: CHALLENGES AND OPPORTUNITIES
-
- Sarah L. Desmarais MA, PhD – Candidate – BC Mental Health and Addiction Services, PHSA; Simon Fraser University
- 28) CODING SHORT-TERM ASSESSMENTS OF RISK BASED ON FILE REVIEW: PRACTICAL IMPLICATIONS
-
- Sarah L. Desmarais MA, PhD – Candidate – BC Mental Health and Addiction Services; Simon Fraser University
- 29) **CONFIDENCE AND ACCURACY IN SHORT-TERM ASSESSMENTS OF RISK: IMPLICATIONS FOR TRAINING AND IMPLEMENTATION**
-
- Brenda Lee Doyle MA – Office of the Public Guardian
- 30) PERSONAL DIRECTIVES – KNOWLEDGE AND PLANNING FOR ALL ALBERTANS
-
- Dianne Drummond RD, MSc – Capital Health, Regional Mental Health
- 31) DIETITIANS AND EATING DISORDERS: AN INTERNATIONAL ISSUE (PRELIMINARY RESULTS)
-
- Phil Eaton PhD – Calgary Health Region
- 32) INNOVATIONS IN PROVIDING ACCESS FOR CHILDRENS MENTAL HEALTH SERVICES
-
- Eleonora Esposito PhD – University of Calgary
- 33) MAJOR DEPRESSION TREATMENT IN THE ALBERTA POPULATION
-
- Kate Fenn BA – Canadian Mental Health Association
- 34) RESILIENCY, MENTAL HEALTH, AND PEER SUPPORT: UNDERSTANDING HOW COMMUNITIES OF WELLNESS ARE CREATED AND MAINTAINED
-
- Michelle Florence MSc, PDt – Connections Clubhouse, Capital District Health Authority
- 35) **BUILDING CAPACITY FOR HEALTHY LIFESTYLES AT CONNECTIONS CLUBHOUSE**
-
- Michelle Florence MSc, PDt – Connections Clubhouse, Capital District Health Authority
- 36) PROJECT REALITY CHECK
-

-
- Lisa Fox – Aboriginal Affairs and Northern Development
- 37) THE ALBERTA ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY
-
- Nathalie Gagnon MA, LLB, PhD – Candidate – BC Mental Health and Addiction Services
- 38) VARIABLES PREDICTING UNSTRUCTURED CLINICAL RISK ASSESSMENT RATINGS OF VIOLENCE
-
- Mary Gardiner RN (retired), BScN, MAdEd – Canadian Mental Health Association
- 39) **WORD POWER: TERMINOLOGY RESEARCH IN MENTAL HEALTH**
-
- David M. Gill PhD, RPsych – Capital Health
- 40) EVIDENCE BASED TREATMENT OF DEPRESSION AT THE EDMONTON MENTAL HEALTH CLINIC (EMHC)
-
- Kim Goddard – RMHP Neuropsychology of Capital Health
- 41) OBSESSIVE COMPULSIVE SYMPTOMS IN SCHIZOPHRENIA
-
- Jason Gorman BSW – Calgary Health Region, Adult Aboriginal Mental Health Team (AAMHT)
- 42) CALGARY HEALTH REGION: BUILDING CAPACITY FOR ABORIGINAL MENTAL HEALTH ADULT ABORIGINAL MENTAL HEALTH
-
- Shannon Griffin BA, MBA – BC Mental Health and Addiction Services, Provincial Health Services Authority
- 43) DEVELOPMENT OF A CONCEPTUAL SYSTEMS MODEL FOR AN INTEGRATED PROVINCIAL STRATEGY TO IMPROVE HEALTH LITERACY IN MENTAL HEALTH AND ADDICTION
-
- Lindsay Guyn Analyst – Information and Evaluation Unit, Mental Health and Psychiatric Services, Calgary Health Region
- 44) A CONCEPTUAL FRAMEWORK FOR THE EVALUATION OF THE ELECTRONIC HEALTH RECORD WITHIN MENTAL HEALTH
-
- Paul Hammersly Programme – Director, COPE Initiative – University of Manchester
- 45) CHILDHOOD TRAUMA AND PSYCHOSIS: ASKING THE IMPORTANT QUESTIONS
-
- Devon Harabalja BA, MA student – BC Mental Health and Addiction Services
- 46) THE SHORT-TERM ASSESSMENT OF RISK AND TREATABILITY: IMPLEMENTATION OF A NEW RISK ASSESSMENT INSTRUMENT
-
- Jeremy Ho BSc, Medicine – University of Calgary
- 47) A METHOD FOR ANALYZING TEXT-BASED MENTAL HEALTH DATA: IMPLICATIONS FOR ELECTRONIC RECORD DEVELOPMENT AND ECONOMY OF SERVICE
-
- Zoe Hodgson PhD – BC Mental Health and Addiction Services, Provincial Health Services Authority
- 48) STEPS TOWARDS EVIDENCE-BASED CARE: IMPLEMENTING A COMMON ASSESSMENT PROCESS IN TWO PROVINCIAL PSYCHIATRIC HOSPITALS
-
- Zoe Hodgson PhD – BC Mental Health and Addiction Services, Provincial Health Services Authority
- 49) **THE UTILITY OF THE NEUROPSYCHIATRIC INVENTORY–NURSING HOME VERSION (NPI-NH) AS A PREDICTOR OF LENGTH OF STAY**
-
- Brenda Hoglin RSW/CLSC – Regional Mental Health Program
- 50) LONG-TERM BENEFITS OF LIFE SKILLS PROGRAMMING ON PSYCHOSOCIAL ADJUSTMENT IN ADULT MENTAL HEALTH CLIENTS
-
- Robin Hurst RN, BScN, CPMHN, GNC Mental Health and Seniors Clinical Consultant – Saint Elizabeth Health Care
- 51) SHARING AND CARING: A COMMUNITY OF PRACTICE FOR SENIORS WITH RESPONSIVE BEHAVIOURS
-
- Revekka Kakoullis MSc – Capital Health
- 52) **THE CHILDREN’S COMMUNITY RESPONSE TEAM – A COLLABORATIVE APPROACH TO MENTAL HEALTH IN THE COMMUNITY**
-
- Jill Kelland MSc, BA – Capital Health
- 53) SOCIAL ENTERPRISE: A SUCCESSFUL EMPLOYMENT MODEL FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS
-
- Carla Kwan BSc, OT – Capital Health
- 54) WEIGHT MANAGEMENT AND DIABETIC EDUCATION FOR PERSONS WITH SEVERE MENTAL ILLNESSES
-

- Eva Kwan MSc – Child and Adolescent Services Association
- 55) MONITORING THE EFFECTS OF PRESCRIPTION ANTIDEPRESSANTS IN CHILDREN AND ADOLESCENTS IN A COMMUNITY-BASED SETTING: A PILOT PROJECT
-
- Patti LaBoucane-Benson MSc, PhD Candidate – Native Counselling Services of Alberta
- 56) BEING GOOD TO ALL OUR RELATIONS: MOVING BEYOND LATERAL VIOLENCE
-
- Chris LaForge BScOT, MSA – Alberta Mental Health Board
- 57) USING EVIDENCE TO INFORM ACTION IN ALBERTA: CONSOLIDATED EVIDENCE OF AT-RISK GROUPS
-
- Carl Lakaski – Public Health Agency of Canada
- 58) FROM MENTAL ILLNESS TO MENTAL HEALTH: MILESTONES IN POLICY AND PRACTICE
-
- Cherelyn Lakusta MD, FRCPC – Adolescent Day Treatment Program, Holy Cross Centre
- 59) THE EFFECT ON TREATMENT OUTCOMES OF A PSYCHOTHERAPY GROUP INTERVENTION FOR ADOLESCENTS AT ADTP
-
- Alain D. Lesage MD, MPhil, FRCPC – Centre de recherche Fernand-Seguin, Hôpital Louis-Hippolyte Lafontaine
- 60) **IMPLEMENTING INNOVATIVE REHABILITATION MODULES – THE CASE OF IPT IN QUÉBEC**
-
- Alain D. Lesage MD, MPhil – Centre de recherche Fernand-Seguin, Hôpital Louis-Hippolyte Lafontaine
- 61) REGIONALISED TERTIARY PSYCHIATRIC RESIDENTIAL FACILITIES: AN INNOVATIVE MODEL OF CARE IN BC – YEAR 3 REPORT
-
- Harold Lipton MA, R Psych – Healthy Minds, Healthy Children
- 62) IMPROVING PRIMARY CARE PROFESSIONAL KNOWLEDGE OF CHILDREN'S MENTAL HEALTH: HEALTHY MINDS/HEALTHY CHILDREN OUTREACH PROGRAM
-
- James Livingston MA, PhD Student – BC Mental Health and Addiction Services
- 63) STIGMA IN THE BC FORENSIC AND CIVIL MENTAL HEALTH SYSTEMS: RESEARCH METHODOLOGY AND PRELIMINARY FINDINGS
-
- Krista Louie BScHINF, Candidate for MSc in Epidemiology – Canadian Institute for Health Information
- 64) CIHI'S ONTARIO MENTAL HEALTH REPORTING SYSTEM: PROMOTING STANDARDIZED RAI-MH DATA COLLECTION AND REPORTING
-
- Anne Lyle BA – Alberta Hospital Edmonton
- 65) STRESS MANAGEMENT FOR AN ACUTE PSYCHOGERIATRIC POPULATION: SUCCESSES AND CHALLENGES
-
- Ian Manion PhD – The Provincial Centre for Excellence for Child and Youth Mental Health at CHEO
- 66) FOSTERING RESEARCH PARTNERSHIPS AND MOBILIZING KNOWLEDGE: THE PROVINCIAL CENTRE OF EXCELLENCE FOR CHILD AND YOUTH MENTAL HEALTH
-
- Gisele Marcoux BA – University of Calgary
- 67) QUALITY OF LIFE IN EATING DISORDERS PROJECT – A CASE STUDY IN RECRUITMENT WOES & WISDOM
-
- Austin Mardon BA, MSc, BEd, PhD – Schizophrenia Society of Alberta, Edmonton Chapter
- 68) A SURVEY OF CATHOLIC PRIESTS IN ALBERTA CONCERNING ATTITUDES AND INTERACTIONS WITH PERSONS WITH SCHIZOPHRENIA
-
- Jamie Maskill BSc, MHA Candidate – University of British Columbia, Faculty of Medicine, Department of Health Care and Epidemiology
- 69) PLASTERING THE CRACKS: HOW SERVICE PROVIDERS FILL THE HEALTHCARE GAP FOR CHRONICALLY ILL HOMELESS
-
- Leslie McGhan – RMHP Neuropsychology of Capital Health
- 70) COGNITIVE ADVERSE EVENTS FROM TOPIRAMATE
-
- Lindsay McLaren PhD – Department of Community Health Sciences, University of Calgary
- 71) A POPULATION-BASED STUDY OF THE RELATIONSHIP BETWEEN BODY MASS INDEX AND MENTAL HEALTH
-
- Karen E. Mosier BA, MSc – University of Saskatchewan
- 72) SHARED CARE IN ACTION: FP/PSYCHIATRY INTERACTIVE WEBSITE
-

- Brenda Munro PhD – University of Alberta
- 73) RETHINKING ASSET THEORY: APPLICABILITY TO THE SURVIVAL OF HOMELESS YOUTH
-
- Gordon Munro PhD – Taylor University College
- 74) ADOLESCENT IDENTITY DEVELOPMENT, DECISION MAKING AND INVOLVEMENT IN HEALTHY AND RISKY BEHAVIOURS
-
- B. Lee Murray RN, BScN, MN, PhD(c) – University of Saskatchewan
- 75) SUICIDE BEHAVIOR: HURTING AND TROUBLED ADOLESCENTS WITH HURTFUL AND TROUBLESOME BEHAVIOR
-
- Stephen Newman Professor – University of Alberta
- 76) **PROBLEM GAMBLING AND ATTEMPTED SUICIDE ARE ASSOCIATED IN A NATIONAL SURVEY IN CANADA**
-
- Amy Nguyen BA – Capital Health; University of Alberta
- 77) THE MMPI-2 IN DIFFERENTIAL DIAGNOSIS OF SCHIZOPHRENIA AND SUBSTANCE INDUCED PSYCHOSIS
-
- Tonia Nicholls PhD – BC Mental Health and Addiction Services
- 78) INPATIENT AGGRESSION AT THE BC FORENSIC PSYCHIATRIC HOSPITAL: IMPLICATIONS FOR POLICY AND PRACTICE
-
- Tonia Nicholls PhD – BC Mental Health and Addiction Services; Simon Fraser University
- 79) IS THE PROFOUND DISTRUST OF UNBRIDLED CLINICAL OPINION IN THE VIOLENCE RISK ASSESSMENT FIELD UNFOUNDED?
-
- Roberta Noden RN
- 80) ONE FAMILY’S DARK NIGHT OF SCHIZOPHRENIA: AN ALBERTA EXPERIENCE
-
- Iris Penwarden RN – Calgary Health Region, Mental Health
- 81) EVIDENCE BASED DEVELOPMENT OF A SUICIDE RISK ASSESSMENT STRATEGY
-
- Sally Perry MSc – University of Calgary
- 82) DEVELOPING INTERPROFESSIONAL IDENTITIES: OBSERVING SOCIAL CONSTRUCTION AMONG STUDENTS
-
- Shandi Petersen BA – Calgary Health Region
- 83) A STRATEGIC APPROACH TO MENTAL HEALTH OUTREACH SERVICE INNOVATION AND PLANNING
-
- Vanessa Potok BSc Program – University of Calgary
- 84) PRELIMINARY YFIRES RESULTS DEMONSTRATE SUCCESS IN REHABILITATING FIRE SETTING YOUTH
-
- Scot Purdon PhD – RMHP(AHE) of Capital Health
- 85) **ATYPICAL CEREBRAL ACTIVATION ON FUNCTIONAL MRI IN SCHIZOPHRENIA**
-
- Scot Purdon PhD – RMHP(AHE) of Capital Health
- 86) SUBSTANCE INDUCED PSYCHOSIS AND SCHIZOPHRENIA: HORMONES FOR DIFFERENTIAL DIAGNOSIS
-
- Scot Purdon PhD – RMHP(AHE) of Capital Health
- 87) AN FMRI INVESTIGATION OF INDIVIDUALS WITH FAMILIAL HIGH RISK FOR SCHIZOPHRENIA
-
- Paul Ragusa – Shared Mental Health Care Program
- 88) **THE EVALUATION OF THE CALGARY SHARED MENTAL HEALTH CARE (SMHC) PROGRAM**
-
- Paula Reaume-Zimmer RN, BScN, CPMHN(c) – Chatham-Kent Health Alliance
- 89) EMERGENCY ROOM, PSYCHIATRIC CRISIS RESPONSE
-
- Arlene Rose BScN – Capital Health, Regional Children’s Mental Health
- 90) SCHOOL MENTAL HEALTH CONSULTATION LIAISON SERVICE: INNOVATION THROUGH PARTNERSHIP AND COLLABORATION
-

- Deborah Ross MSc – BC Mental Health and Addiction Services, Provincial Health Services Authority
- 91) ADDICTION SERVICES IN BC AND ALBERTA: COMPARISONS ALONG THE CONTINUUM OF CARE
-
- Joti Samra PhD – Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University
- 92) A COMPREHENSIVE FRAMEWORK FOR WORKPLACE MENTAL HEALTH & ADDICTION: PRACTICAL & RESEARCH IMPLICATIONS
-
- Christopher Sargent MPH Candidate – Alberta Mental Health Board
- 93) UNDERSTANDING THE MENTAL HEALTH DETERMINANTS AND NEEDS OF ALBERTA'S IMMIGRANT CHILDREN
-
- Barbara Schneider PhD – University of Calgary
- 94) HOUSING FOR PEOPLE WITH SCHIZOPHRENIA: DILEMMAS OF CARE AND CONTROL
-
- Barbara Schneider PhD – University of Calgary
- 95) SEARCHING FOR SANCTUARY: WHAT HOME MEANS TO ME
-
- Arron Service PhD – David Thompson Health Region
- 96) WHAT ARE THE NEEDS OF PEOPLE LIVING WITH ACQUIRED BRAIN INJURY IN CONTINUING AND COMMUNITY CARE SETTINGS IN ALBERTA?
-
- Alisa Singer PhD – Early Psychosis Treatment Service
- 97) EXPERIMENTAL INVESTIGATIONS OF THE COGNITIVE VULNERABILITY TO RELAPSE TO DEPRESSION
-
- Lisa Styles BA Hons – British Columbia Children's Hospital, Eating Disorders Program
- 98) A FRAMEWORK FOR EVALUATING AN EATING DISORDERS PROGRAM FOR YOUTHS AND THEIR FAMILIES
-
- Elizabeth Taylor MEd, OT(C), FCAOT – Department of Occupational Therapy, University of Alberta
- 99) LIVING WITH SCHIZOPHRENIA – THE SIBLINGS PERSPECTIVE
-
- Liana Urichuk PhD – Child and Adolescent Services Association
- 100) PROVIDING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES THROUGH TELEPSYCHIATRY: AN OUTREACH PROJECT
-
- Doug Urness MD, LMCC, FRCPC – Telemental Health Service, Alberta Mental Health Board
- 101) **TEN YEARS OF TELEPSYCHIATRY IN THE ALBERTA MENTAL HEALTH BOARD: UNITING CLIENTS AND PRACTITIONERS ACROSS BARRIERS OF DISTANCE AND TIME**
-
- Doug Urness MD, LMCC, FRCPC – Telemental Health Service, Alberta Mental Health Board
- 102) NEURO-COGNITIVE OUTCOMES OF TRANSCRANIAL MAGNETIC STIMULATION TREATMENT FOR TREATMENT-RESISTANT DEPRESSION
-
- Jeannette Waegemakers Schiff PhD – University of Calgary, Faculty of Social Work
- 103) **THE IMPACT OF THE SWEAT LODGE CEREMONY ON DIMENSIONS OF WELL-BEING**
-
- Jeannette Waegemakers Schiff PhD – University of Calgary, Faculty of Social Work
- 104) EVALUATION OF A CLUBHOUSE HOUSING PROGRAM: A CONSUMER ORIENTED RECOVERY MODEL
-
- Barb Waldie MSc – RMHP Neuropsychology of Capital Health
- 105) PERSONAL AND FAMILIAL COSTS ASSOCIATED WITH THE FIRST EPISODE OF PSYCHOSIS
-
- JianLi Wang PhD – University of Calgary
- 106) **WHAT DO ALBERTANS KNOW ABOUT DEPRESSION? FINDINGS FROM A GENERAL POPULATION SURVEY**
-
- JianLi Wang PhD – University of Calgary
- 107) **WORK STRESS, IMBALANCE BETWEEN WORK AND FAMILY/PERSONAL LIVES AND MENTAL DISORDERS**
-
- Maureen Wass MA – Telemental Health Service, Alberta Mental Health Board
- 108) CHILD AND ADOLESCENT TELEPSYCHIATRY: CLINICAL BENCHMARKING OF BEHAVIORAL MEASURES
-

Maureen Wass MA – Telemental Health Service, Alberta Mental Health Board

109) CHILD AND ADOLESCENT TELEPSYCHIATRY: PRELIMINARY FOLLOW-UP OUTCOMES

Tristin Wayte PhD – BC Mental Health and Addiction Services

110) SELECTION PROCESS FOR A CONCURRENT DISORDERS SCREENING TOOL TO BE IMPLEMENTED AT B.C. CHILDREN'S HOSPITAL

Karhryn Weaver RN, PhD – Alberta Heritage Foundation for Medical Research; University of Alberta

111) MIRRORING VOICES IN ANOREXIA NERVOSA: MOTHER, DAUGHTER, AND THERAPIST NARRATIVES

T.C.R. Wilkes BSc, MB, ChB, Mphil, DCH, FRCP(Edin), MRC Psych, FRCP(C), FAPA – Calgary Health Region; University of Calgary,

112) Department of Psychiatry

REGIONAL EPIDEMIOLOGY OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS

Noreen Willows PhD – University of Alberta

113) BODY IMAGE AND SIZE DISSATISFACTION IN FIRST NATIONS CHILDREN

Ava Wood RPN, MHScN – Capital Health, Regional Mental Health Program

114) **ENCULTURING ABORIGINAL TRADITIONS: HEALTHY LIVING AND BEING PARTNERSHIP PROJECT**

Wenxia Zhao MD, MSc – Canadian Institute for Health Information

115) HOSPITAL READMISSION FOR MENTAL ILLNESS IN ACUTE CARE IN CANADA

I) NIMI ICINOHABI. LIFE SKILLS TRAINING[®] SUBSTANCE ABUSE PREVENTION PROGRAM FOR FIRST NATIONS CHILDREN AND YOUTH

Kathleen Alexis, Betty Sewlal MSc, Alexis Nakota Sioux Nation School, Lola Baydala MD, MSc, Fay Fletcher PhD, University of Alberta, Brenda Kootenay, Alexis Nakota Sioux Nation School, Brenda Desjarlais BA, Alberta Mental Health Board, Daniel McKennitt BSc, Janine Odishaw PhD Candidate, Carmen Rasmusen PhD, University of Alberta

Purpose

The purpose of the project was to extensively review and adapt the Life Skills Training (LST[®]), drug and alcohol prevention program for youth at Alexis Nakota Sioux Nation School in central Alberta.

Importance of The Problem

Drug and alcohol abuse has been identified as a serious mental health issue in many First Nations communities. It is associated with significant morbidity and mortality, however, there are no effective school-based substance abuse prevention programs in the majority of First Nation communities.

Description of the Initiative

Researchers from the University of Alberta were invited by the Alexis community to participate in a collaborative effort to establish a drug and alcohol prevention program as part of their school curriculum. The LST[®] program was chosen because it is evidenced based and has been shown through randomized controlled trials to reduce alcohol and substance abuse in school aged children. The LST[®] program has not been implemented or evaluated in a Canadian Aboriginal population. As a first step and in keeping with Aboriginal research protocols the LST[®] program was reviewed and adapted in order to increase engagement and relevance to the community and to ensure it reflects and incorporates Alexis Nakota Sioux cultural teachings.

Results

A collaborative community/university working group was established, terms of reference were developed and a Band Council Resolution authorizing the proposed work was obtained. The layout and underlying learning theories of the LST[®] program remained the same. Adaptations included Alexis Nakota Sioux cultural teachings, visual images and language. The adaptations were supported by Elders representing the community and has subsequently been reviewed and passed by chief and council to be included as part of the regular school curriculum.

Conclusions

Through a collaborative partnership, a school based drug and alcohol prevention program was successfully adapted. The adaptations incorporating Alexis Nakota Sioux cultural teachings, visual images and language increase engagement and relevance of the program to the community.

Implications for Policy

The effectiveness of the adapted LST[®] program will be evaluated. If found to be effective, there is potential for implementation of the program in other First Nations communities.

2) KEY LEARNINGS FROM THE EDMONTON CONCURRENT DISORDERS DEMONSTRATION PROJECT EVALUATION (2005-2006)

Allan Aubry BA(Crim), Alberta Alcohol and Drug Abuse Commission, June Clark RPN, BHS, Capital Health, Komali Naidoo MSc, Alberta Alcohol and Drug Abuse Commission

Background

ACAPS Edmonton (AADAC Adult Counselling and Prevention Services), in partnership with Capital Health, Regional Mental Health Program (Edmonton Mental Health Clinic) was one of two sites selected to demonstrate a new way of providing services to Albertans with concurrent disorders, reflecting principles and elements outlined in the "Building Capacity – A Framework for Servicing Albertans Affected by Addiction and Mental Health" report.

Objective

The goal of the project was to improve service delivery to clients with concurrent disorders. Primary service delivery strategies included the development and implementation of an initial screening and referral process; a shared client consent form; coordinated care through case management facilitated through identification of algorithms for collaborative care; clarification of mandates and roles of service providers; and education and training of staff to increase their capacity for screening, assessment and referral.

Results

Approximately 40 practitioners from AADAC and Capital Health Regional Mental Health and their clients, diagnosed with concurrent disorders, were the key project participants. A qualitative approach was used to evaluate the demonstration project. Data collection methods included primarily document review and semi-structured interviews conducted with a total of 36 project participants and 11 clients.

Key findings from the evaluation suggest that the demonstration project has provided valuable opportunities for cross-training, professional development, and self-study. The flow charting process resulted in a more integrated service and inter-relation of providers. Clients reported that they valued their counsellors/therapists; that they were linked to multiple providers; that they appreciated advocacy and support, and that the focus of care was more holistic, where both addiction and mental health concerns were addressed.

Conclusion

A collaborative care model where enhanced relationships between service providers is supported, staff competency is increased in providing concurrent disorder treatment and successful client transitioning between addiction and mental health services results in improved service delivery to this population. Intake/screening processes and tools will continue to be refined, cross training and opportunities for collaboration will be sought to further the implementation of a collaborative care model between AADAC and Capital Health, Regional Mental Health Program.

3) ADDICTIONS AND DOMESTIC VIOLENCE: WHAT CAN WE LEARN ABOUT CLIENTS IN TREATMENT?

Rochelle Babins-Wagner MSW, PMD, Calgary Counselling Centre, Leslie Tutty PhD, Michael Rothery PhD, Faculty of Social Work, University of Calgary, Saya Dirks-Farley BA, Calgary Counselling Centre

The Calgary Counselling Centre, a community based treatment centre, has offered groups for men who are abusive since 1981 and for women who are abusive since 1992. A recent review of 2006 data suggests that 12.2% of clients report marked problems with Alcohol on the PAS (Personality Assessment Screener). Of that group, 8.6% were mandated by the court to treatment and 23% self-referred to treatment. This paper will compare mandated and voluntary clients on a number of measures at the start of group and at program completion, where possible. Data is available for over 115 clients who began group after January 1, 2006. A comparison of mandated and voluntary clients will describe demographic characteristics, clinical status at program start, risk for alcohol problem, treatment outcomes, where available, and differences between attendees and non-attendees including measures of readiness for change, physical and non-physical abuse, self-esteem, depression and clinical stress. Practice implications will be discussed.

4) THE DEMENTIA DAY PROGRAM: THERAPEUTIC ACTIVITIES FOR CLIENTS RESIDING ON DEMENTIA UNITS

Sarah Bailer BSc, OT, MSc Candidate, Jocelyn Wilkie MEd, PhD Student, Alberta Hospital Ponoka, David Thompson Health Region

Purpose

The purpose of the Dementia Day Program (DDP) initiative was to provide a streamlined therapeutic activity program across three dementia units. Before implementation of the DDP, activities were offered inconsistently across the units. It was unclear which activities were being offered, how often clients were engaged, and how beneficial these activities were. Furthermore, consistent documentation of activities was lacking.

Importance of the Problem and Related Evidence

A review of the literature suggests that up to 83% of individuals with dementia demonstrate behavioral disturbances such as agitation, aggression, and withdrawal (Swearer et al., 1988). Psycho-social interventions that assist individuals with dementia by providing structure, routine, and a predictable environment have been shown to alleviate behavioral disturbances common with this population (Gräsel, et al., 2002).

Description of the Initiative

The DDP entails 1) Assessment of abilities and interests, 2) Structured therapeutic group activities, 3) Standardized documentation and program evaluation. Following a review of the literature, a proposal for the DDP was developed and planning meetings were held with representatives from each unit and management. Next, Psychology and Occupational therapy staff assessed clients and made recommendations regarding appropriate functional and recreational activities.

All available supplies were then redistributed in an equitable manner across the units. Staffing resources were also adjusted to coordinate and maximize the number of therapeutic activities offered to clients. Finally, standardized documentation forms were implemented to evaluate each client's participation.

Key Findings

- 1) Sharing staff resources and supplies across the units enabled clients to participate in a variety of individualized and small group therapeutic activities.
- 2) An average increase of 50-60% of therapeutic activities per unit was documented over 6 months.
- 3) Regular meetings allowed for increased opportunity for staff communication.

Conclusions

Providing a streamlined therapeutic activity program was effective in increasing the amount and quality of activities provided to clients. In addition, the program initiative demonstrated the benefits of coordinating staff resources and implementing a standardized documentation system to provide ongoing evaluation.

Implications for Practice

Coordination of resources and provision of structured activities can assist in maximizing the therapeutic benefits of a psycho-social intervention for an at-risk population.

5) AWARENESS OF BODY SIZE AMONG INDIVIDUALS WITH EARLY PSYCHOSIS AND SCHIZOPHRENIA

Cynthia Beck MD, MAsC, FRCPC, University of Calgary

Objective

Obesity is associated with serious negative health outcomes, such as diabetes and cardiovascular disease. Individuals with psychotic disorders are at risk of elevated body weight for a number of reasons, including the side effects of antipsychotic medications. However, it is not clear from the literature whether patients with psychosis are aware of their body size. The objective of this study was to examine the relationships between measured and self-reported height and weight in this population.

Design and Methods

Randomly-selected adults attending early psychosis (EP) and schizophrenia (SZ) clinics at Foothills Medical Centre were interviewed as part of a study on preventive health services. Participants were asked how tall they are without shoes, how much they weigh, and whether they consider themselves overweight, underweight, or just about right. Height and weight measurements were taken without shoes after a 12-hour fast, by trained staff using the same equipment. Body mass index (BMI) was calculated as measured weight (kilograms) divided by height (metres) squared, and classified as underweight <18.5, normal 18.5-24.9, overweight 25-29.9, obese 30+.

Results


The sample consisted of 69 EP and 133 SZ participants, of whom 68 EP and 130 SZ had complete data on height and weight. Median BMI in the EP clinic was 26.7, and in the SZ clinic was 29.1. Women had lower median BMI (27.8) than men (30.1). Twenty-eight (14.1%) participants could not provide their height within 5 cm; similarly 28 (14.1%) reported weights at least 3 kg different from their true weight. Lack of knowledge of either height or weight was particularly common in the EP clinic (43%) and in women (38%), though differences did not reach statistical significance. Of 72 overweight participants overall, 31% (95% CI: 20%-43%) did not think they were overweight. Among 75 obese participants, five (7%, 95%CI: 2%-15%) thought they were normal or underweight.

Conclusions

This study confirms the elevated BMI in this population, particularly among men. Many overweight patients with psychosis are unaware of their overweight status or even their height and weight. This has implications for the design of interventions for obesity and overweight in this population.

6) IMPACT OF CYBER-BULLYING ON CHILDREN'S MENTAL HEALTH

Tanya Beran PhD, University of Calgary




The purpose of this research was to examine the psychological impact of cyber-bullying on children. Cyber-bullying is the use of technology (e.g., e-mail, and Web pages) to harm individuals. Internet use alone has been increasing by 100% per year, and 98% of Canadian children between the ages of 6 to 16 years have computers with Internet connections (Nua Internet Surveys, 2002; Statistics Canada, 2004). Cyber-bullying is a form of bullying that is generally defined as the use of aggression to exert power over an individual, causing fear or embarrassment. This form of public humiliation has been likened to a form of torture whereby children who are targeted experience an impending sense of doom. Indeed, numerous studies have documented the impact of bullying on children. Depression and anxiety are the two most commonly reported experiences of targeted children as reported in a meta-analysis by Hawker and Boulton (2000). Physical symptoms include sleeplessness, headaches, stomachaches, and bed wetting (Balding et al., 1996). No previous research, however, has documented whether these

symptoms occur as a result of cyber-bullying. The present study asked children how they were impacted by cyber-bullying. A total of 432 children (193 boys and 239 girls) between the ages of 12-15 years were surveyed from ethnically diverse communities in Calgary, Alberta. A research assistant administered questionnaires to children in groups and informed them that they were not obligated to complete the questionnaire and not to record their names to ensure anonymity. Approximately 15 minutes was required to complete the questionnaire. Children rated how frequently they experienced 10 emotional and behavioral responses such as, "I felt sad/hurt". The Alpha coefficient was .88, indicating good internal consistency. Frequency counts indicated that children who were cyber-bullied reported many negative emotional and behavioral effects. For example, 57% were angry on several occasions, and about one third (36%) were sad and hurt. ANOVA analyses indicated no gender or age differences using subscale scores. These results suggest that mental health professionals who work with children must be aware and prepared to offer both preventive and intervention service to children who are targeted in cyber-bullying.

7) A DEPRESSION SELF MANAGEMENT TOOL DESIGNED FOR THE WORKPLACE

Dan Bilsker PhD, CARMHA, Simon Fraser University, Merv Gilbert PhD, Gilbert Acton, Joti Samra PhD, CARMHA, Simon Fraser University



An existing depression self-management manual was adapted for the workplace, providing a cost-effective and evidence based tool to address mood problems at work. In this manual, entitled Antidepressant Skills in the Workplace, strategies derived from a cognitive behavioural model are taught in the context of workplace issues: both work stresses contributing to depression and impacts upon work function of depressive symptomatology. Examples and stories are used to illustrate the application of “antidepressant skills” to work-related situations. The manual was adapted through: 1. a series of focus groups involving a full range of stakeholders in workplace mental health; and 2. trial dissemination via several employee and family assistance programs. Participants in the focus group and trial dissemination, i.e. depressed workers and those who supervise and assist them, were asked to participate in evaluating the relevance and usefulness of the workplace depression manual.

Quantitative results of these evaluations as well as qualitative feedback have been used to modify manual content and format; furthermore, feedback helped to suggest strategies for effective dissemination of the manual. The aim is to provide the manual at no or minimal cost to a wide range of employees dealing with mood problems, or to friends/family members dealing with mood problems, in order to deliver cost-effective primary and secondary prevention of major depression.

8) BEHAVIOURAL AND EMOTIONAL ASSESSMENT SCALES AS RELATED TO ACADEMIC ACHIEVEMENT IN CANADIAN ABORIGINAL CHILDREN

June Birch, Carmen Rasmussen PhD, Lola Baydala MD, MSc, University of Alberta, Erik Wikman PhD, Misericordia Community Hospital; University of Alberta, Julianna Charchun BA (Hons), University of Alberta, Nicole Letourneau PhD, University of New Brunswick, Jeffrey Bisanz PhD, University of Alberta

Little is known about factors that contribute to academic achievement in Aboriginal children. In the present study, the goal was to determine whether behavioural and emotional assessment scales are related to academic achievement in Canadian Aboriginal children. Examining the relation between these variables may provide insights into how school performance might be enhanced. Over the course of a school year, we tested 81 Aboriginal children in Grades 1 through 8 from an indigenous children's charter school in central Alberta. The school was established by a group of parents and educators who support traditional indigenous approaches to development that include respect for Mother Earth, respect for all people, respect for self, and the development of the whole person. The school follows the Alberta Education Program of Studies along with a parallel indigenous curriculum. The children were assessed on measures of academic achievement using the Wechsler Individual Achievement Test-2nd edition (WIAT-II) and perceptions of self-concept using the Self-Perception Profile for Children and for Adolescents. Parents and teachers completed the Behavior Assessment Scale for Children (BASC) and the Conners' Rating Scale-Revised: Long Version (CRS-R:L), assessment scales that measure various behavioural and emotional characteristics. On the Self-

Perception Profile for Adolescents, Close Friendship was highly correlated with academic achievement. On the BASC, many subscales were related to academic achievement. The highest correlations involved teacher ratings of Learning Problems, Study Skills, Leadership, and Attention Problems. The highest correlation for parent ratings was Social Skills. Correlations between academic achievement and the Conners' subscales were especially high on teacher related measures. Measures of inattention were most strongly related to academic achievement. Although many measures on the scales were correlated with academic achievement, of particular interest were the measures of peer support, social skills, study skills, and leadership skills. Providing opportunities to enhance peer support, as well as social, study and leadership skills within the school setting may improve academic success in Canadian Aboriginal children.

9) INCLUDING THE FAMILY IN PSYCHIATRIC INPATIENT CARE: ADDRESSING AN OVERLOOKED GAP

Kathryn Birnie BA Hons, Alana Syverson BA, Lyn Hesson PhD, Christopher Cameron MA(c), Calgary Health Region

Family members of psychiatric inpatients are often the primary caregivers upon discharge from acute care. Given this, involving the family in inpatient care serves to maintain and inform the patients' support network thereby ensuring success in transition back to community living. In response to insufficient bed capacity, a new 20 bed adult inpatient psychiatry unit was opened in September of 2003 at the Rockyview General Hospital in Calgary. Several main goals were delineated by the new unit, one of which was to actively involve and support family members in the treatment of their relatives, beginning early in the treatment process (within 72 hours of admission). The decision to focus on this innovative element of treatment was in alignment with their biopsychosocial orientation of care delivery and was based on empirically supported evidence demonstrating the benefits for both patient and family of including family members as partners in care. Research has shown that when the needs of family members are met regarding information, clinical guidance, and support, outcomes for psychiatric patients' are improved, among them, reductions in relapse and rehospitalization rates.

Furthermore, improvements in family member well-being have also been observed. As part of a larger evaluation of this new inpatient psychiatry unit, family involvement in the treatment process was assessed. Telephone interviews were conducted with patient-identified primary support person assessing whether their needs for information, advice, support, involvement, and education were being met. Overall, the unit was very successful at contacting family members within the first 72 hours of admission (81%). Families were satisfied (37.7%) or very satisfied (46.5%) with the services the patient received. In general, family members expressed high satisfaction with staff attitudes towards them. However, they expressed less satisfaction with provision of information relating to discharge, the treatment program, the patient's condition, and practical advice, as well as asking for the family member's perspective on the patient's condition. Recommendations from the evaluation illustrate that although several current processes have been successful, further processes should be implemented to enhance the inclusion of family members in psychiatric inpatient care.

10) YAP-ENP TRANSITION PROGRAM: INNOVATIVE SERVICE DELIVERY TO BETTER MEET PATIENT NEEDS

Kathryn Birnie BA Hons., Melina Dharma-Wardene MSc, MBA, Elaine Raivio RN, MN, Christopher Cameron MA(c), Colleen Karran RN, BScN, Colleen Lucas PhD, Calgary Health Region

Care delivery in the mental health system is undergoing a clear shift away from inpatient care to increased emphasis on service provision in the community. In light of the reduction of number of inpatient psychiatric beds, the need for programs transitioning patients from the hospital setting to the community is evident. The Young Adult Program – Exceptional Needs Program (YAP-ENP) in Calgary, Alberta bridges two unique services: inpatient psychiatry (YAP) and short-term community-based mental health (ENP). This program focuses on supporting the evolving mental health needs of adolescents by transitioning clients from acute care to a therapeutic residential setting. Patients face increased vulnerability at transition between types of care, thus emphasizing the importance of continuity of care at such junctions; YAP-ENP is an innovative program to provide this seamless care to patients. Research has shown that implementation of transition programs has resulted in reductions in length of stay, readmission rates, and overall treatment costs with improvements in symptom severity, functional ability, and quality of life.

Furthermore, recent literature supports the unique role of a community liaison nurse (CLN) present in YAP-ENP to facilitate a seamless linkage between the two services. The CLN consults with the case management team to identify eligible clients, transition the clients to ENP, and consult with ENP staff and other community resources regarding treatment planning and follow-up after discharge. In September 2004, an intense evaluation was undertaken serving a formative role, as well as assessing program effectiveness, and putting forth recommendations for ongoing summative evaluation. Semi-structured interviews were conducted with staff members and families whose adolescents had completed the program over the last year. Health records data were used to assess length of stay, readmission rates, and re-presentation rates to the emergency room. The Strengths and Difficulties Questionnaire (SDQ) was administered to all patients admitted and discharged from YAP-ENP during the data collection period. Decreases in inpatient length of stay and reduced readmission rates were observed. Parent feedback further confirmed program effectiveness. It is recommended that transition for appropriate clients be continued, and the possibility of program expansion to include a greater number of clients be explored.

II) ADOLESCENT URGENT TEAM: AN INNOVATIVE CRISIS STABILIZATION SERVICE TARGETING ADOLESCENTS WITH MENTAL HEALTH CONCERNS


Kathryn Birnie BA Hons., Melina Dharma-Wardene MSc, MBA, Christopher Cameron MA(c), Brian Marriott BA, Shandi Petersen BA, Avril Deegan BSW, Colleen Karran RN, BScN, Calgary Health Region

Mental health problems present in childhood and adolescence are frequent precursors to persisting mental health issues in adulthood. Preventative measures are essential to minimize enduring problems in this at risk population. Mental health problems not only impact the lives of adolescents by limiting their ability to cope with life and fulfill their potential, but also affect their families and caregivers. The Adolescent Urgent Team (AUT) in Calgary, Alberta delivers a specialized sphere of services to meet the needs of adolescents (aged 13-17 years) and their families requiring crisis intervention for mental health concerns. A full program evaluation was conducted from January 2004 – March 2006 to track process as well as client-level outcomes. A total of 351 clients were seen by AUT in 2005; clients' average age was 16.9 years and they were drawn from all quadrants of Calgary. The most common presenting problems for clients were behaviour/thoughts of harm to self (43.6%), and internalizing/emotional problems (18.8%). The introduction of AUT was found to reduce LOS; currently clients have an average LOS of 28.8 days compared to 51.6 days prior to program inception.

Further, only 16/351 patients were readmitted as inpatients. Clients reported a clinically meaningful reduction in symptoms of distress and improved functioning after being seen by AUT. The majority of clients also reported borderline or abnormal levels of impairment due to mental health concerns in the areas of home life, friendships, and school as shown by SDQ scores. At discharge, AUT clients exhibited normal or nearly normal functioning suggesting the positive impact of AUT. Parent satisfaction feedback was very high, particularly in the areas of care delivery by the entire team, and staff politeness, friendliness, and respectfulness. Processes for ongoing monitoring of program effectiveness were established. The results of the evaluation validate that AUT appears to provide clients and their families with important elements of urgent service that did not previously exist.

12) HEALTH ECONOMIC COSTS ASSOCIATED WITH THE FIRST EPISODE OF PSYCHOSIS

Carol Bolt, RMHP Neuropsychology of Capital Health, Leslie McGhan, Amy Nguyen, Barb Waldie MSc, Scot Purdon PhD, Capital Health; University of Alberta



The first episode of psychosis often strikes in the late high school or early university years, imposing a devastating toll on social, vocational, educational, and occupational ambitions. The objective of the present study was to develop, standardize, and apply a novel tool specifically designed for the quantification of health care costs associated with the first episode of psychosis in Alberta. The method entailed administration of the Edmonton Early Psychosis Intervention Clinic Resource Utilization Inventory (EEPIC-RUI) to 22 young patients who were then followed prospectively over the course of 12 months of treatment. The EEPIC-RUI is a clinician-administered survey, developed to quantify socio-psychological decline in terms of lost independence and increased dependence on familial and societal resources. Data were collected for the 12 months before and after initiation of involvement with the clinic regarding social and occupational functioning as well as residential and health care demands.

The results clearly show a marked spike in utilization of some of the more expensive health care services (e.g. ER, Hospital admissions) approximately 3 months prior to the onset of the first overt signs of psychosis, tapering within 3 months after diagnosis. Patients diverted to EEPIC had less than a 50% chance of being admitted to the hospital after the diagnosis was made. A small group of patients returned to work over the course of the year after diagnosis, but few returned to school and most were diverted to what will become long term social assistance. In summary, the EEPIC-RUI has proven value in the quantification of health care costs in Alberta and future applications will be pursued.

13) INPATIENT AGGRESSION AT THE BC FORENSIC PSYCHIATRIC HOSPITAL: PATIENT AND STAFF PERSPECTIVES

Johann Brink MB, ChB, FCPsych (SA), FRCPC, Devon Harabalja MA in progress, Tonia L. Nicholls PhD, BC Mental Health and Addiction Services

Objectives

It is widely recognized that aggression in psychiatric hospitals is commonplace. Clinical personnel suffer higher rates of assaults than other hospital staff (Maier et al., 1994); with frontline nurses and co-patients the most likely victims of inpatient aggression (Binder & McNiel, 1994). Aggression and violent assaults in inpatient mental health settings and the adequacy of aggression management strategies are concerns shared by patients and staff (Daffern, et al., 2003). Clearly, any situation that involves substantial rates of aggression in the workplace has clinical, ethical, financial, and legal implications. Legal and policy considerations typically require that hospital administrators implement appropriate aggression management strategies and that staff are trained in effective intervention models.

Methods

As part of a broader study on inpatient aggression, 100 staff and 40 patients in the BC Forensic Psychiatric Hospital were interviewed using a semi-structured format about their involvement in aggression/violent incidents over the last year, as well as their perspectives on aggression management training and hospital/workplace safety.

Results

The majority of staff (70%) endorsed feeling safe in the workplace and found the training program useful, but reported concerns about inconsistent staffing and uneven application of aggression management skills. Staff reported being subject to a mean of 163 aggressive / violent incidents in the year preceding interview, with verbal aggression (86.2%) and physical aggression (73.7%) the most problematic, but sexual victimisation rates were very low. 98% of staff reported feeling "very" or "somewhat" effective in de-escalating incidents but many expressed dissatisfaction with the current aggression management model.


The majority of patients reported having been subject to verbal aggression (95%) or physical aggression (77.5%) during the previous year, with 81% reporting the most serious incidents as altercations between patients that did not include staff. The majority (67%) felt safe in the hospital and 77% had confidence in staff ability to de-escalate aggressive incidents.

Conclusions

Although aggression is common, with most staff and patients subjected to some form of aggression, staff and patients reported feeling safe at FPH. Furthermore, staff expressed overwhelming confidence in their aggression de-escalation skills, a claim that is also supported by patients.

14) MENTAL HEALTH LIAISON NURSING AND THE PROVISION OF HOLISTIC NURSING CARE IN A RURAL HOSPITAL

Karen Brinkman RN, BScN, David Thompson Health Region, Mental Health Services



The study examines how the mental health liaison nurse (MHLN) contributes to increased awareness about providing holistic nursing care in a rural hospital setting. The project created an opportunity to advance the understanding about MHL nursing and improve practice through the examination of relationship patterns between rural nurses and the MHLN, identifying strategies and actions for improving relationships with patients and colleagues. This research used an innovative narrative approach to capture meaning of nurses' lived experience. Data was collaboratively gathered through facilitation of dialogue. Nurses were invited to participate in the interview process, read Patricia Van Tighem's autobiographical nursing story *The Bear's Embrace* and attend a sharing circle. Participants shared personal stories relating to the experience of reading the novel, why they chose nursing and nursing legacy, while exploring broader connections to nursing practice issues. Emerging themes in the stories confirmed previous research conclusions that the MHLN is a welcomed addition in a general hospital environment, where nurses often do not feel prepared to provide emotional support to patients and colleagues.

Healthcare providers value the presence of the MHLN as a readily available resource and believe the role serves to strengthen capacity in delivering holistic care. Nursing culture is challenged by the polarities of a task and humanistic focus in patient care with competing demands for time and energy; and nurses identified means for improving the quality of relationships they have with others. Using personal stories, the novel *The Bear's Embrace* and a sharing circle provided a learning experience described as compelling, powerful, dynamic and transforming. The MHLN is uniquely placed to utilize communities of practice and storytelling as venues for experiential learning and building better working relationships with the healthcare team, helping improve awareness about mental health and the appropriateness of a holistic approach to wellbeing. Further examination about the barriers of time and connections between nursing presence and ways of being with people would enhance understanding about the nature of relationships between care providers, patients and the MHLN, exploring why relationships work and why they don't. The presentation reflects the participant's perspective journeying through this research process.

15) EARLY PSYCHOSIS EDUCATION FOR HIGH SCHOOL STUDENTS

Michael Brohman BA (Psych), RPN, Chantal Côté RN, Capital Health,

Purpose

To increase knowledge among young people of early psychosis and available treatment resources thereby reducing the stigma of mental illness and increasing the possibility of early intervention.

Importance of The Problem

According to the 1999 Surgeon General's report on mental health, stigma is the main barrier to help seeking and the most formidable obstacle to further progress. Conceptions of mental illness and attitudes towards help-seeking behavior by high school students can be positively influenced through education (Esters et al., 1998; Rickwood et al., 2004) however public education opportunities in early psychosis are limited.

Description of the Initiative

The Early Psychosis Education program is an 80-minute highly interactive presentation using discussion, video and audio material, and a True-False question and answer period. It was developed and delivered by two Edmonton Mental Health Clinic nurses each with over 20 years of experience in the field. The nurses drew on their extensive experience using case examples to illustrate the content which covered epidemiology, etiology, prodromal symptoms, psychosis description, treatment outcome, and resources. The 22-minute video was a partial dramatization and real life account of people experiencing psychosis. Forty-four presentations were made in Edmonton and area schools to about a 1,000 high school students.

Key Findings

Most of the students did not know what psychosis was prior to the presentation but by the end of the presentation nearly all felt they now knew what psychosis was and where treatment is available. Most students felt that drugs and alcohol could play a role in the onset of psychosis and also indicated that they now knew that there are early warning signs for psychosis.

Conclusions

For most students this presentation was their first exposure to information on psychosis. The knowledge they gained gave them a better understanding of how to recognize early psychosis warning signs, the relationship between psychosis and alcohol/drugs, and how to obtain help for someone who may be psychotic.

Implications for Policy or Practice

Education increased knowledge of early psychosis and has the potential to reduce stigma by legitimizing psychosis as a medical illness that can respond to treatment.

16) THE PSYCHOLOGICAL IMPLICATIONS OF FORCED INFORMAL GROUP ACTIVITIES ON KAINAI YOUTH RESULTING FROM GANG FAMILIES

Mike Bruised Head MBA Admin, Kainai Board of Education

The objective of the presentation is to observe and become aware of the psychological impact on youth who participate in groups such as organized and informal gangs. The group being observed will be students attending the high school on the Blood Reserve. It is most recently that gangs infiltrated the Blood Indian communities, with this movement symbols, colors, a slang language and a gang sub-culture is emerging. The emergence of this sub-culture has impacted the freedom of expression, movement and the communal structure of the Blood Tribe to that of a limited territorial movement. The traditional parenting that has been practised for time immemorial is now shifting to a "new version" of family. The family being the gangs who are usually led by adults. For younger people this gang family is becoming a reality and at times is more significant than the traditional family structure and system. The biological and "real family" is not fully comprehensive of this new phenomena.

The data for the presentation will derive from personal incidents and meetings with youth who are directed to the school administrators and the school counsellors. Various behavior patterns are developing that require new observation and counselling techniques. The youth that are involved are demonstrating behaviors that can be expressed as being abnormal or deviant in nature. from a Kainai perspective.

17) EXTENDING SERVICES, ENHANCING OUTCOMES: TIME-LIMITED OUTREACH SUPPORT FOR THE CHRONIC AND PERSISTENT MENTAL HEALTH POPULATION IN CALGARY, ALBERTA

Karen Burton RN, MN, Calgary Health Region, Mental Health Services, Community Extension Team, Teri Dingwell RN, BN, Darci Nelson RN, BN, Tammy Shimoni MSW, RSW, Kim Tekatch BA, Michelle Young RN, Tennille Boessenkool BSc, BHSc, Fee Forbes RN, BScN, Nancy Marchinko BSW, Fay Schneider RN, BSN, Calgary Health Region, Community Extension Team

The Community Extension Team (CET) formed as a pilot project in 2002 to improve continuity of care for people with severe and persistent mental illness. The program extends services during periods of vulnerability when individuals are at increased risk for decompensation and admission or readmission to hospital.

The CET is a blend of the Assertive Community Treatment (ACT) model and the Brokerage Service Model (BSM). An innovative feature of the program is the explicit incorporation of the Strengths Model to reinforce client self-determination. CET has evolved into a unique, time-limited service which offers clients assistance in a variety of areas that correspond to the determinants of mental health. Service delivery ranges from one to six months, a departure from the ACT model.

Referral criteria for CET are few to maximize inclusion: Presence of an Axis I diagnosis; client willingness to work on goals, an address, and an "end point" defined as a health service that can manage the client's case on a long-term basis. CET collaborates with the referral source, the end point and the clients to set and address goals, and to ensure that clients connect to their end point. In contrast with some other models of community care, clients are active participants in the construction of their goals.

CET employs a multidisciplinary team of eight allied health care professionals who work as mental health clinicians and three outreach workers. A psychiatrist provides consultation with complex cases.

Results from a 2002 pilot study indicate CET clients experienced fewer symptoms, psychiatric admissions, inpatient days, and suicide attempts than the control group. Additionally, community functioning, quality of life, self-reported health, and observer-reported global functioning were higher in the intervention group.

Our data indicate that the CET provides an effective, cost-efficient service to those people who are most at risk for deterioration due to mental illness. An ongoing evaluation of the program continues to document the impact on client and the health care system.

18) PROVIDING MENTAL HEALTH REHABILITATION SERVICES WITHIN THE COMMUNITY: A FORMATIVE EVALUATION OF INNOVATIVE SERVICE DELIVERY


Christopher Cameron MA(c), Brian Marriott BA, Jane Crawford RT, Kathleen Ryan OT, Michelle Devaux OTA, Calgary Health Region

The availability of mental health services in a community setting is of paramount importance to the integrity and viability of any mental health system of care. This is particularly true when attempting to reach and support individuals with severe and persistent mental health concerns. The Calgary Health Region recognises the importance of these services and constantly strives to develop innovative community based services to meet the needs of this population. The Community Mental Health Rehabilitation Team (CMHRT) is a representation of this investment in community based service development. The CMHRT is a specialised service designed to provide occupational therapy and recreational therapy to individuals with severe and persistent mental health concerns within the community. The CMHRT endeavours to improve the integration of regional rehabilitation services; increase access to rehabilitation services within the community; and ensure that individuals receive an appropriate level of support for their mental health concerns as they navigate the regional continuum of care.

The CMHRT recently engaged in a formative evaluation in order to determine whether their activities and processes contribute to improved physical and mental wellness amongst the individuals they serve. This presentation will provide an overview of the salient findings that emerged during this evaluative process. Emphasis will be placed on findings that are broadly applicable and have potential to improve mental health service provision within the community at large. Service providers and policy makers of all mental health disciplines will benefit from this presentation.

19) THE IMPACT OF SUBSTANCE MISUSE ON PSYCHIATRIC EMERGENCY SERVICES

Christopher Cameron MA (c), Shandi Petersen BA, Lauren Walker BA (Hons), Calgary Health Region



Psychiatric emergency services are a common entry point into the mental health care system for many impaired and distressed individuals. This is particularly true for individuals who are impaired or distressed due to substance misuse. The availability and accessibility of psychiatric emergency services make them a popular service choice amongst individuals with substance misuse issues. These individuals present a multitude of difficulties for the professionals who staff psychiatric emergency services and their adjunct emergency departments. Substance misuse typically necessitates additional medical assessment and frequently prevents psychiatric emergency services from initiating their psychiatric assessment in an expedient manner. These two outcomes have important implications for individuals with substance misuse issues who present to psychiatric emergency services. This is particularly true for individuals whose primary presenting concerns are psychiatric in nature. Principally, substance misuse issues have the potential to obscure the necessity for thorough psychiatric assessment, judicious intervention, and appropriate community referral, which ultimately leads to suboptimal outcomes.

The professionals who direct, manage, and staff psychiatric emergency services within the Calgary Health Region acknowledge this issue and are actively developing strategies that can be used to prevent potential individual detriment. In support of this strategic development psychiatric emergency services within the Calgary Health Region recently underwent a comprehensive process evaluation. This evaluation provided various significant insights into how substance misuse makes an adverse impact on psychiatric emergency service and emergency department operations within the Calgary Health Region. These adverse impacts the solutions proposed to overcome them will be the focus of this presentation.

20) OUTCOME MEASURES INDICATE COMPARABLE CHILD MENTAL HEALTH TREATMENT EFFECTIVENESS IN ONTARIO AND ALBERTA: RESULTS BASED ON MULTI-METHOD MEASUREMENT

David Cawthorpe BSc, MSc, PhD, RSW, T.C.R. Wilkes BSc, MB, ChB, Mphil, DCH, FRCP(Edin), MRC Psych, FRCP(C), FAPA, Calgary Health Region, Vanessa Potok BHSC Program, University of Calgary

Objective

To assess the validity of the economical, clinically integrated two-module method of child mental health measurement, as contrasted with the comparatively more burdensome Child and Adolescent Functional Assessment Scale (CAFAS) model recently used in Ontario to measure 'business as usual' children's mental health service effectiveness (CMH).

Method

The two module system, comprised of the separate Child Global Assessment Scale (CGAS) and the Measurable Treatment Plan (MTP) problem severity scale, was applied in a repeated measure design to child mental health patients on admission and discharge from service. Effect sizes were calculated at the system level using Cohen's D. These results were then combined using meta-analysis techniques and compared to the results of the Ontario study that employed the CAFAS measurement system which comprises measures of function and problem severity in a single total score.

Results

The effect sizes (using Cohen's D) of the CGAS (D=0.41) and MTP (D=0.98), converge when combined had approximately the same effect size (0.69) as the CAFAS measure used in an Ontario study to measure business as usual CMH service outcomes (D=0.64).

Conclusions

The clinically integrated system used in Calgary for outcome measurement demonstrates very similar results indicating convergent validity with the CAFAS outcome measurement model. The two module system is preferable over the CAFAS model due to its comparatively lower burden and cost.

2I) PSYCHOMETRIC PROPERTIES AND TEMPORAL STABILITY OF THE WESTERN CANADA WAIT LIST PROJECT CHILDREN'S MENTAL HEALTH REFERRAL TOOL FOR PRIMARY CARE PHYSICIANS

David Cawthorpe BSc, MSc, PhD, RSW, T.C.R. Wilkes BSc, MB, ChB, MPhil, DCH, FRCP(Edin), MRC Psych, FRCP(C), FAPA, Abdul Rahman MBBS, LMCC, MRCPsych, FRCPC, Calgary Health Region

Introduction

The Western Canada Wait List Project, 4.0 Primary Care Project recently developed A Children's Mental Health Referral Tool designed for primary care physicians. An approach based on judgments of an expert panel and item correlation was used in the primary care project to develop a tool comprised of a subset of 8 of the original 17 items. In order to provide an understanding of the reliability and validity of the reduced eight item tool, we undertook to replicate and extend their findings using multimethod approach applied to the WCWL-PCS field study dataset (n = 5534) from the Calgary Health Region Child and Adolescent Mental Health and Psychiatry Program which represents data collected between April 2002 and July 2006.

Methods

In the first case we analyzed data following steps used in the developmental 4.0 Primary Care Project study. Sufficient data was available from each year, permitting us to reproduce the developmental study five times for the years 2002 (n = 1059), 2003 (n = 1141), 2004 (n = 1321), 2005 (n = 1549) and 2006 (n = 464). These naturalistic samples were analyzed for temporal stability of the WCWL-PSC tool's psychometric properties. Hence, we used the visual analog scale (VAS) as an outcome measure against which the item-weights were calculated. Reliability (coefficient alpha) was assessed. The factor structures of the total unweighted CWL-PSC were also evaluated by year.

Results

Coefficient Alpha for the reduced items was .76, .76, .79, .75 and .71 for each of the years from 2002 to 2006 respectively. In regression analysis, the scale comprised of the reduced items accounted for 80, 85, 88, 86, and 83 percent of the WCWL-PSC total unweighted score variance for each of the years from 2002 to 2006 respectively. In regression analysis, scale comprised of the reduced items accounted for 39, 42, 39, 41, and 32 percent of the VAS variance for each of the years from 2002 to 2006 respectively. The comparison the weights between pilot project the study was made. The factor structure was less stable.

Conclusions

Western Canada Wait List project 4.0 Primary Care Project Children's Mental Health Referral Tool appears to have acceptable psychometric properties at the level of interclass coefficient, item and scale reliability will be examined using the outlined analytic approaches. Variations in the factor structure over time are presented and discussed.

22) TAMING WORRY DRAGONS: TREATMENT PROGRAM FOR CHILDREN WITH ANXIETY DISORDERS

Sandra Clark PhD, RPsych, Jane Garland MD (FRCP), BC Children's Hospital

There is a need to provide the most efficient and cost-effective means of providing treatment to children with anxiety disorders, given the significant negative impact that childhood anxiety disorders have on functioning and development and family coping, and given the limited resources available in the health care system. Children with anxiety disorders have difficulty coping with academic demands and working to their potential, have difficulties with social interaction that may lead to social withdrawal, and they are at increased risk of developing mood disorders, such as depression as well as having a significantly impaired quality of life (Masi, Favilii, Mucci, & Millepiedi, 2000; Mendelowicz & Stein, 2000). It is widely recognized that providing timely and effective treatment for anxiety disorders promotes better adjustment and coping during childhood and within families.

The Taming Worry Dragons (TWD) program for treating children with a variety of anxiety disorders has been developed over the last 10 years. The program is based on the theoretical model of cognitive-behavioural therapy (CBT). Like most CBT's for anxiety problems, there is a strong focus on the role of heightened sensitivity to body sensations, and an over-reactive body system, and its role in reinforcing cognitive worries, distortions, and catastrophization. However, this program is unique in that it also includes a strong psychoeducational approach, for both parents and children, and it includes a more metaphorical, creative or expressive style than is found in many CBT approaches. Imaginative and metaphorical strategies are used to make the techniques more accessible to younger children, or to individuals so paralyzed by anxieties that they have difficulty imagining things otherwise. Parent coaching is incorporated to maximize efficiency of limited treatment resources and to reverse the unhelpful parent-child dynamics which often develop with anxious children. In order to be effective, we believe it is important that all these components

be included. The TWD's program has been validated with outcome evaluation measures which have shown that after participation in the program, there have been significant reductions in anxiety symptoms, based on both child and parent reports. Improvements have been shown in global behaviour and anxiety-specific symptoms. Materials includes manuals for parents, therapists, and other coaches and workbooks for children and teens. TWD can be provided in individual or group format, and in a variety of settings or as a self-help strategy. The TWD model is easily learned by health professionals, children and parents, and has been used as the basis for anxiety treatment programs in hospitals and mental health centres in Canada and the U.S., as well as in school programs. Given the success of TWD, we are currently expanding the materials to include a manual specific to treatment of childhood Obsessive-Compulsive Disorder.

23) SHIFTING FOCUS IN REHABILITATION CARE: A RESPONSIVE MODEL FOR CHANGE AT THE CLARESHOLM CARE CENTRE

Carrie Collier MSW, RSW, Calgary Health Region, Mental Health, Darrell Coates RPN, Christine Riddell BA, RSW, Calgary Health Region

Over the past year, the Clareholm Care Centre has revisited the service needs of our mental health client populations, the access and flow issues within a large mental health continuum, and current trends in community based rehabilitation. The Centre has evolved over the last 25 years and has experienced a gradual shift away from long-term care towards active rehabilitation for clients with schizophrenia, mood and anxiety disorders, and substance use issues. There has also been a trend toward admission of more acute clients who benefit from early rehabilitation and supported transition back into the community.

A comprehensive Redesign Project at the Centre, inclusive of a significant number of consultations, focus groups and stakeholder involvement, has provided a benchmark for how we explore our current models of care, future opportunities, and potential for new client populations, as well as evaluation of our programs and services. The Centre continues to serve health regions around Alberta and will be incorporating an innovative model of residential concurrent disorders programming starting in fall 2006.

This poster presentation will outline the key concepts of the Redesign at the Centre including a new service model, demonstrate our approach to the consultation and design process for this 100-bed facility, review results from our access and flow pilot project, and will identify the plans for future implementation and evaluation.

24) MEETING THE PROFESSIONAL DEVELOPMENT NEEDS OF RURAL MENTAL HEALTH PRACTITIONERS – FAMILY THERAPY

Paul Copus MB, FRCPSych, FRCPC, Child and Adolescent Services Association, Erna Carter BSW, MSW, RSW, RPN, Maureen Wass MA, Research and Evaluations Coordinator, Alberta Mental Health Board, Telemental Health Service, Willard Fewer RPsych, Rowan Scott MD, FRCPC

Purpose

Telemental Health and Child and Adolescent Services Association (CASA) partnered with health regions in Alberta to deliver a program aimed at improved support and treatment of children's mental health from a family systems approach to build strength and capacity in families and communities.

Importance of The Problem

Mental Health practitioners in rural/remote areas are often professionally isolated and have limited access to specialized skill enhancement opportunities.

Description of the Initiative

Through the use of videoconferencing the "Family Therapy Capacity Building for Mental Health Practitioners" series provided participants in remote areas of Alberta an opportunity to develop specialized clinical skills in family therapy/practice and a mechanism to access case review/mentoring support from CASA Family Systems via videoconference. The Family Therapy Series provided 16 sessions between September 2005 and May 2006. Eighteen participants completed the series and supplied information to evaluate the series regarding increased confidence, competency and knowledge about family therapy. In the second (September 2006) phase participants will have the opportunity to practice and refine their Family Therapy practice skills under the guidance of a mentoring team via videoconferencing.

Key Findings

Final evaluation results reflected that over 93% of responding participants felt they were more knowledgeable about Family Therapy Theory after completing the series, and two thirds indicated increased confidence levels in providing Family Therapy to their clients. Positive observations related to helpful case discussions by presenters and required readings, while negative annotations were noted regarding adjustment to the videoconference format and occasional tangential discussion.

Conclusions

This project meets professional development needs of practitioners and helps develop and retain this specialization in rural/remote communities. Improving the capacity of practitioners has a positive impact on the mental health of children/youth in the context of the family.

Implications for Practice or Policy

Early intervention/treatment of the family as a system is critical in responding to mental health issues for child/adolescent clients. To date interactive education sessions have not been available outside of urban centers. This education series focused on the enhancement of clinical skills of practitioners in their home communities to address the harmful impact of mental illness in children.

25) CROSS VALIDATION OF NATIONALLY-DERIVED LOW-RISK GAMBLING LIMITS WITH ALBERTA, BRITISH COLUMBIA, AND ONTARIO GAMBLING PREVALENCE DATA

Shawn Currie PhD, Calgary Health Region, David Hodgins PhD, JianLi Wang PhD, Nady el-Guebaly MD, University of Calgary, Harold Wynne PhD, University of Alberta

Objective

A set of low-risk gambling limits were recently produced using the methodology of risk curve analysis applied to Canadian epidemiological data on gambling behaviours and related consequences (Currie et al., 2006). The empirically derived limits (gambling no more than two to three times per month, spending no more than \$501-\$1000CAN per year or no more than 1% percent income on gambling) accurately predicted risk of gambling-related harm after controlling for other risk factors. Validation of these limits with other datasets is needed before they can be disseminated to the public.

Design and Methods

To test the performance of the limits, the analysis was replicated using prevalence data from provincial gambling surveys conducted in Alberta (N=1,804), British Columbia (N = 2,500), and Ontario (N = 5,000).

Results

Each cut-off proved valid with the provincial data. With the Alberta data, a higher threshold for percent income (> 3% gross income) proved to be a better threshold for discriminating high and low risk gambling (sensitivity = .78; specificity = .89). The Alberta data also produced a low-risk threshold for maximum time spent during a gambling session; specifically, gamblers who spend more than 60 minutes gambling per session were 12 times more likely to experience harm than gamblers who stay below this limit (sensitivity = .83; specificity = .68). The risk curves for frequency of gambling and risk of harm were remarkably similar across the three provincial datasets despite variations in the availability and organization of legalized gambling opportunities. Consistent with the national analysis, the relationship between level of risk and increasing gambling activity was independent of demographic variables such as gender and income level.

Conclusions

These results provide additional evidence supporting the validity of the low-risk gambling limits.

Implications for Practice or Policy

The integration of quantitative limits into existing responsible gambling guidelines could prove to be a valuable public education tool to guide individuals who choose to gamble toward "safer" levels of participation.

Currie, S. et al. (2006). Risk of harm from gambling in the general population as a function of level of participation in gambling activities. *Addiction*, 101, 570-580.

26) CHILD AND ADOLESCENT MENTAL HEALTH URGENT SERVICES (CAMHUS): FILLING THE GAP

Avril Deegan MSW, RSW, Clinical Designation, T.C.R. Wilkes BSc, MB, ChB, MPhil, DCH, FRCP(Edin), MRC Psych, FRCP(C), FAPA, Shahid Hosain MD, FRCP(C), Colleen Karran RN, BScN, David Cawthorpe PhD, Calgary Health Region

Purpose

CAMHUS seeks to improve acute care for children and adolescents via its multi-disciplinary team service to those children, adolescents and their families requiring urgent mental health assessment and intervention. This region-wide service collaborates with Psychiatric Emergency Services, Adult Psychiatric Units, Medical Clusters and Access Mental Health, in order to increase regional capacity to assess and intervene with children and adolescents presenting with urgent psychiatric problems.

Importance of The Problem

In the 2003-2004 fiscal year, more than 560 adolescents were seen in emergency departments across the Calgary Health Region. One hundred and forty-five were admitted to adult psychiatric units poorly suited to meet the needs of acutely disturbed adolescents in crisis. Furthermore, this volume far outweighed the regional capacity of the existing inpatient adolescent treatment unit. During this same period, more than 500 children and adolescents were seen at the Alberta Children's Hospital.

Key Findings

Data from the Regional Access and Intake System indicate that CAMHUS served the appropriate population, that adolescents admitted to inpatient settings are urgent compared to adolescents seen in other services. The admission CGAS ratings of children and adolescents admitted through CAMHUS were lower, indicating lower functioning compared to those not admitted to acute care settings. As well, there was improvement in CGAS scores on discharge. Similarly, treatment plan problem severity ratings showed that patients improved on discharge and at follow-up. Additionally, the in-patient length of stay on the adolescent and adult units has decreased.

Conclusions

CAMHUS has improved service to children and adolescents presenting with urgent mental health needs. Outcomes measures indicate that the program is effective in achieving its client-level and system-level mandates.

Implications

CAMHUS has functioned to fill the identified service gap at a regional level. Patients are receiving timely and effective care.

27) DEVELOPING A COMPREHENSIVE AND INTEGRATED CONCURRENT DISORDERS PROGRAM FOR FORENSIC CLIENTS: CHALLENGES AND OPPORTUNITIES

Rebecca Dempster PhD, April Furlong MA, BC Mental Health and Addiction Services,

Comorbidity of mental health and substance use disorders is of special concern in forensic mental health settings. In addition to a myriad of adverse social, occupational and health consequences, concurrent disorders are associated with increased risk for violence and other criminal recidivism. Prevalence rates of concurrent disorders among correctional and forensic populations, ranging from 62% to 72%, underscore the importance of addressing this problem with an evidence-based program.

In recent years, several evidence-based models for addressing concurrent disorders in general psychiatric populations have been developed. Research has identified fundamental components and principles for concurrent disorders treatment. Key among these is the need for integrated services that address mental health and addictions issues in a coherent and consistent manner.

Despite the scope of the problem among forensic clients, few forensic mental health systems have implemented integrated concurrent disorders services. This presentation describes the development of one such program in the BC Forensic Psychiatric Services, a specialized service of BC Mental Health and Addiction

Services. The concurrent disorders program is a client-centered strength-based approach that is grounded in a bio-psycho-social model. The main objective of the program is to strengthen violence risk management by addressing concurrent disorders in a standardized, comprehensive, and integrated program. The program includes a continuum of services at the patient, staff, and agency level. Patient services range from assessment to integrated treatment to discharge planning and referral to community agencies. Staff components include supervision, training, and education. At the program level, services include collaborative linkages with community partners, educational institutions, and other knowledge exchange activities. The program model also includes mechanisms for program integrity monitoring, program revisions, and evaluative research.

The program is currently under development. The presentation will describe the process of development through the use of a core program development team. Particular attention will be given to the evidence base for program components in a forensic setting. A number of challenges will be highlighted, including difficulties in transitioning a diverse service to an integrated model and merging a harm reduction approach with a forensic mandate. Opportunities for system change through program development will also be discussed.

28) CODING SHORT-TERM ASSESSMENTS OF RISK BASED ON FILE REVIEW: PRACTICAL IMPLICATIONS

Sarah L. Desmarais MA, PhD Candidate, BC Mental Health and Addiction Services, PHSA; Simon Fraser University, Tonia Nicholls PhD, BC Mental Health and Addiction Services, Johann Brink MB, ChB, BC Hons., FCPsych(SA), FRCPC, BC Mental Health and Addiction Services; University of British Columbia

Objectives

The Short-Term Assessment of Risk and Treatability (START) provides mental health professionals with guidelines for evaluating and managing psychiatric patients' risk of violence to others, suicide, self-harm, self-neglect, unauthorized absence, substance use, and victimization. Distinct from other measures, START is comprised of 20 dynamic items and identifies clients' strengths, as well as risks. To date, most risk assessment literature has relied on studies in which independent researchers, not practicing clinicians, completed risk assessments. The ecological validity of these studies may be questionable (de Vogel & de Ruiter, 2004) as leave decisions and assessments are made by treatment team members in practice (Webster et al., 1997). The present study investigated the practical implications of coding START through file review (i.e., in the absence of interviews).

Design and Methods

Using information available in patient hospital files, two research assistants completed START assessments for 51 patients included in a pilot study in which treatment team members completed STARTs.

Results

We evaluated the practicality of coding START based on file reviews by comparing the number and type (i.e., strengths vs. risks) of omitted items, interrater reliability, and predictive validity to STARTs previously completed by treatment team members.

Conclusions

The challenge of collecting data from files is widely acknowledged (Långström, et al., 1999). As suggested by preliminary results, this may be particularly true for START as there may be less information on file necessary to code strengths and dynamic items in the short term. Coding historical variables such as prior aggression from the lengthy files available for many forensic clients is generally not difficult. In contrast, examining "current" attitudes and relationships might be more challenging, potentially rendering it essential to use interviews in collaboration with file reviews. Further, scoring static items is fairly straightforward (Simourd, 2004), whereas scoring dynamic items requires consideration of the time-frame and other unique issues.

Implications

A better understanding of the implications of coding START based on file reviews is important for informing risk assessment technology and evaluating START specifically. Ultimately, this knowledge may add to the literature thereby improving risk assessment accuracy, risk management, and guiding treatment evaluation efforts.

29) CONFIDENCE AND ACCURACY IN SHORT-TERM ASSESSMENTS OF RISK: IMPLICATIONS FOR TRAINING AND IMPLEMENTATION

Sarah L. Desmarais MA, PhD Candidate, BC Mental Health and Addiction Services; Simon Fraser University, Tonia Nicholls PhD, BC Mental Health and Addiction Services, Johann Brink MB, ChB, BA Hons., FCPsych(SA), FRCPC, BC Mental Health and Addiction Services; University of British Columbia, J. Don Read PhD, Simon Fraser University

Objectives

Experts have asserted that in human decision making, confidence and accuracy are minimally related (e.g., Dawson et al., 1993). Research suggests that a weak-moderate positive relationship exists (e.g., Sporer et al., 1995), and that confidence is associated with accuracy of clinical ratings of risk for violence among psychiatric patients (e.g., Douglas & Ogloff, 2003). We examined the generalizability of this finding to assessments conducted by clinicians across broader risk domains (violence to others, suicide, self-harm, and unauthorized absence).

Method

Psychiatrists, nurses, and social workers completed 331 Short-Term Assessments of Risk and Treatability (START; Webster et al., 2004) forms for 137 forensic psychiatric patients appearing before the BC Review Board between January and June 2003. Outcome data was collected using a modified Overt Aggression Scale (Yudofsky et al., 1986) for a one-year period. Raters additionally indicated confidence in the accuracy of their assessments (1 = strongly disagree; 5 = strongly agree). For analyses, ratings were divided into two confidence groups (< median vs. > median).

Results

Average confidence was 3.84 (psychiatrists = 3.89; nurses = 3.82; social workers = 3.80). There was a trend for total scores and risk estimates to be higher for raters in the high confidence group. With the exception of physical aggression against others (< mdn AUC = .63 vs. > mdn AUC = .73), analyses suggest that confidence is inversely related to accuracy of START assessments (e.g., self-harm: < mdn AUC = .87 vs. > mdn AUC = .61). Comparisons of predictive accuracy across confidence groups revealed few statistically significant differences in both the full sample and inpatient subsample.

Conclusions

Across samples, raters were confident in the accuracy of their assessments and accuracy was relatively high. No significant differences by profession were observed, supporting the interdisciplinary nature of the instrument.

Implications

The relationship between rater confidence and assessment accuracy is integral to decisions regarding admission, discharge, and management; mental health professionals are asked to forecast with an 'appropriate' degree of confidence the likelihood of adverse outcomes. Findings suggest that raters would benefit from feedback regarding accuracy of past assessments and speak to the importance of comprehensive and ongoing training.

30) PERSONAL DIRECTIVES – KNOWLEDGE AND PLANNING FOR ALL ALBERTANS

Brenda Lee Doyle MA, Barb Martini BSW, Monique Rigole MSW, Robert Mitchell, Bill Alles MEd, Olga Nelson RPN, Office of the Public Guardian

Purpose

In recognizing the cultural diversity of Alberta, it is important to provide information about Personal Directives in languages other than English.

The Problem

You may think that your loved ones know exactly what you would want if something should ever happen to you, but an illness or medical condition can be stressful for all family members. Under most circumstances, not even the closest family member has the right to make decisions on behalf of another adult without a court order.

Initiative

Choosing now for the future – Personal Directives pamphlets have been produced by the Office of the Public Guardian in the five most prominent languages in Alberta. This information will assist a greater number of adult Albertans in understanding the purpose and the importance of completing their Personal Directive and appointing an agent to make personal decisions for them at a future time when they are unable. These pamphlets have been written in: Chinese, French, German, Punjabi, and Spanish as well as English.

Key Findings

Through our consultations with Aboriginal community members, the Office of the Public Guardian heard that a visual and aural presentation would be more in keeping with the Aboriginal culture and practice of sharing information and teaching.

The Office of the Public Guardian is currently producing a DVD, with Aboriginal Actors highlighting four different scenes in four languages. The languages are Blackfoot, Cree and Dene, with English subtitles, and English. Each scene will identify a different situation where someone has lost capacity and the ability to make decisions and underline the benefits of having written a Personal Directive.

Conclusions

Personal Directives will be understood by and completed by a larger number of adult Albertans'.

Implications for Policy and Practice

The completion of a Personal Directive by Albertans, whose primary language is other than English, will benefit them and their families at a future time when personal decisions need to be made. A Personal Directive, appointing an agent to make personal decisions, will assist health professionals and other service providers by reducing misunderstandings due to communication barriers.

3I) DIETITIANS AND EATING DISORDERS: AN INTERNATIONAL ISSUE (PRELIMINARY RESULTS)

Dianne Drummond RD, MSc, Capital Health, Regional Mental Health, M. Suzanne Hare RD, MSc Candidate, Caritas Health Group

Aims

The prevalence of eating disorders (ED) is higher in university nutrition faculties than in other college groups. However, little is known about what is being done to identify and support students with such concerns.

The purpose of this study is to determine in an international sample of nutrition education faculties: 1) the extent of concern for ED, 2) practices that currently exist for screening of ED, and 3) current support for individuals identified with ED.

Methodology

Questionnaire development consisted of a survey of local university instructors and students to assess the extent of need for such a project, followed by a draft of the questionnaire and establishment of internal validity. A final step was a trial of the questionnaire. Ethical approval was obtained by Capital Health Ethics (HREB). Contact information for distribution of the questionnaire was obtained in collaboration with the International Congress of Dietetics. 664 questionnaires were distributed electronically world-wide.

Results

50 questionnaires have been returned from Australia, Canada, Denmark, India, Israel, Italy, Netherlands, South Africa, Trinidad, Turkey, & USA.

All respondents were female; 86% were educators; 14% were faculty heads, Deans, or administrators; 80% had more than 3 years experience in their current role.

80% felt ED are a concern among nutrition students. 56% thought that nutrition education programs should have policies/procedures in place to assist undergraduate students and dietetic interns; however, only 16% had such in their programs. 50% thought it would be good to screen nutrition students for ED; however, 86% felt that there would be ethical issues in screening for ED.

Conclusions

Eating disorders are a concern in nutrition faculties around the world; however, few programs have policies in place to address this concern. While screening students for ED might be a desired option to address this concern, ethical concerns would first need to be addressed.

This project continues to collect questionnaires. Once completed, Stage Two will include the development of recommendations for addressing the rising concern of ED in the dietetics profession. 36 dietitians from around the world have expressed an interest in working collaboratively on this stage of the project.

32) INNOVATIONS IN PROVIDING ACCESS FOR CHILDRENS MENTAL HEALTH SERVICES

Phil Eaton PhD, Calgary Health Region, Mel Slomp, Alberta Mental Health Board



A provincial working group has been developing wait time standards for Childrens Mental Health Services.

During the course of the past couple of years, advances have been made in the collection of standardized data regarding demographics, triage ratings and actual wait times.

Parrallell to the development of standardized data collection, the service providers of the nine regional health authorities represented, have made significant innovations in how children's mental health services are accessed. The results of some of these innovative projects have demonstrated reduced wait times, increased service volumes and more appropriate referral allocation. Details of both the increased knowledge about exisiting wait times as well as innovative pracitces to be presented.

33) MAJOR DEPRESSION TREATMENT IN THE ALBERTA POPULATION

Eleonora Esposito MD, JianLi Wang PhD, Carol Adair PhD, Keith Dobson PhD, University of Calgary, Craig Mitton PhD, University of British Columbia, Stephen Newman MD, University of Alberta, Cynthia Beck MD, PhD Candidate, University of Calgary, Corrado Barbui MD, University of Verona, Scott Patten MD, PhD, University of Calgary

Objective

Major Depressive Disorder (MDD) can be treated using antidepressant medications and/or evidence-based psychotherapy (most notably cognitive-behavioral therapy). However, population-based data about depression treatment is largely restricted to estimates of the frequency of antidepressant (AD) medication use. Such frequencies are difficult to interpret in the absence of information about dosages and reasons for taking the medications. The objective of this study was to describe the pattern of treatment for MDD in the Alberta population.

Design and Methods

Telephone survey methods were employed. Random digit dialing was used to select a sample of n= 3345 subjects between the ages of 18 and 64 in 2005. A computer assisted telephone interview that included the Mini Neuropsychiatric Diagnostic Interview (MINI) and a pharmacoepidemiology module was administered. Survey participants were also asked about their involvement in psychotherapy. Estimates were weighted for design features and population demographics.

Results

The prevalence of MDD was 4.7% (95% CI 3.4-5.5%), and the overall prevalence of AD use was 7.4% (95% CI 6.2-8.6%). Approximately 1/3 of subjects taking tricyclic antidepressants reported that they were taking the medication for treatment of depression whereas for other types of antidepressants this proportion was approximately 2/3. The antidepressants taken most commonly, serotonin-specific reuptake inhibitors, were taken at therapeutic dosages 87.4% of the time. Most (80.7%) of those taking antidepressants reported taking them for more than one year. The frequency of receiving counselling, psychotherapy or talk therapy was 3.9% overall and 14.3% in subjects with major depression, but 85.7% of these subjects were unable to name the type of counselling that they were receiving.

Conclusions

Combining information about frequency of treatment, dosage and participation in psychotherapy, we estimate that roughly 60% of MDD is treated in a manner consistent with current guidelines.

Implications for Policy and Practice

When compared to previous estimates, these results suggest that there has been improvement in the delivery of evidence-based care to the population. There is room for additional improvement, however, both in the provision of pharmacological and non-pharmacological treatment.

34) RESILIENCY, MENTAL HEALTH, AND PEER SUPPORT: UNDERSTANDING HOW COMMUNITIES OF WELLNESS ARE CREATED AND MAINTAINED

Kate Fenn BA, Canadian Mental Health Association, Pattie Pryma RN, BSc, MEd, Mount Royal College

The potential to create a learning environment to support resiliency exists within the context of a psycho-educational community mental health adult peer support group environment, (Peer Options Program, Canadian Mental Health Association). The term resiliency refers to individual and community traits that help people to bounce back from adversity, and move forward with confidence and a hopeful outlook toward the future. This research hopes to identify the factors involved that create an environment where belonging to an ongoing association of peers, assists individuals to gain a sense of community, and an enhanced set of resiliency skills. The primary objective of this research is to understand what is involved in the creation of a learning environment within an adult peer support program that is conducive to identifying and learning resiliency skills. Further, the research will explore the possibility that people possessing resiliency traits will find an adequate foundation within the peer support program to prevent the need for costly hospitalization and a decrease in independence of functioning.

Resiliency is not a new concept studied in terms of health. The trait of resilience has been studied to a great degree in children and families, adults and mental health have had little attention within the research field. This research hopes to fill the gap in this area. By researching resiliency within the Peer Options Program, we are directly in line with Health Canada's Resiliency: Relevance to Health Promotion –Discussion Paper recommendations, to undertake research to better define resiliency as applied to health promotion and to test the impact of resiliency on health, health behavior, and health services use. This project is an innovative look at building communities of learning within the peer support model that has the potential to enhance resiliency traits in individuals with identified mental health concerns. The research includes qualitative interviews with volunteer peer mentors and quantitative surveys using the Connor-Davidson Resilience scale (CD-RISC). The end results of data collection for this research will not be completed for this showcase. However, preliminary results will be shared at that time.

35) BUILDING CAPACITY FOR HEALTHY LIFESTYLES AT CONNECTIONS CLUBHOUSE

Michelle Florence MSc, PDt, Maya Williams BScTR, Nancy Beck MSW, Connections Clubhouse, Capital District Health Authority

Purpose

The Healthy Lifestyles program at Connections Clubhouse is aimed at enhancing the wellness of people with serious and recurring mental illness.

Importance of The Problem

Integrated chronic disease prevention strategies aim to improve population health and reduce health inequalities. In doing so, strategies must address common risk factors for chronic disease, including smoking, unhealthy eating, and physical inactivity. Programs must also address other social determinants of health including; socioeconomic factors, social support, coping skills, sense of purpose and community integration. The disproportionate number of risk factors among persons with mental health problems identifies this group as an important target population for health promotion and chronic disease prevention initiatives.

Description of the Initiative

Healthy Lifestyles program components interact to address chronic disease risk factors and support recovery, health and wellness. Program components include: opportunities to access and engage in regular physical activity; wellness discussions on a variety of health related topics; comprehensive nutrition education; peer support opportunities that build individual capacity; and citizen and community participation. The program was funded by Eli Lilly Canada (2003-2005). Program activity records, participant records and focus groups were used to evaluate the program.

Key Findings

Analysis of qualitative data from the program database and focus groups identified a number of emerging themes with regards to general outcomes of the Healthy Lifestyles Program. Program participants reported increased: access to activities in the community; participation in new experiences; social interaction; social support; knowledge and awareness of nutrition; access to healthy food; participation in physical activity; knowledge of resources in the community; and self-esteem.

Conclusions

The program has demonstrated the ability to build capacity of people with mental illness to lead healthier lifestyles through improved access to health information and support in the community.

Implications for Policy or Practice

The Healthy Lifestyles program provides an example of how participatory approaches can be employed to enhance involvement of people with serious and recurring mental illness in health promotion. This program model can influence the development of other health promotion interventions delivered in mental health settings.

36) PROJECT REALITY CHECK

Michelle Florence MSc, Pdt, Ruth Bruer PhD, Heather Beaton BScOT (Reg NS), Team Members, Project Reality Check, Connections Clubhouse, Capital District Health Authority

Purpose

The overall goal of the Project Reality Check team is to study the dynamics of Connections Clubhouse and the Clubhouse experience using alternative approaches to evaluation and quality improvement.

Description of the Initiative

Project Reality Check at Connections Clubhouse is a participatory evaluation process designed and led by people with mental illness. This initiative reflects trends in mental health systems as they seek input and guidance from the people who use mental health services. Connections Clubhouse is an innovative community support system recognized by Health Canada as Best Practice in Mental Health Reform (1997). Influenced by the CMHA Framework of Support (1993), Connections Clubhouse promotes recovery for people living with serious, recurring mental illnesses. Connections Clubhouse works to push the boundaries of participatory processes by ensuring that consumers have ownership of the entire research and evaluation process.

To date, the research team has completed the first two phases of the project. Phase I led to the development of logic models and outcome indicators for Connections and each of the Clubhouse work units. These logic models and outcome indicators will guide future research, evaluation and quality improvement. Phase II involved the implementation of a Clubhouse-wide survey demonstrating program successes and revealing recommendations for future improvements.

Key Findings

The team's work provides evidence that Connections Clubhouse contributes to the health of its members by improving quality of life, supporting members in linking to their community, preventing hospitalization and reducing isolation. Involving consumers in service evaluation, planning and delivery builds leaders in research and evaluation and contributes to an environment of lifelong learning.

Conclusions

Project Reality Check, a team designed, three phase evaluation process, builds sustainable infrastructure to support ongoing research, evaluation, and quality improvement at Connections Clubhouse.

Implications for Policy or Practice

This project provides a model of how participatory processes can be used to evaluate mental health services and provide people with mental illness a voice in determining their health. Project Reality Check was recently awarded the Bronze Quality Award by Capital District Health Authority in recognition of its contribution to the strategic directions of the organization.

37) THE ALBERTA ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY

Lisa Fox, Aboriginal Affairs and Northern Development, Daryl Bertsch, Alberta Children's Services

Purpose and Importance

Aboriginal communities are concerned about the future of their children and youth. Rates among Aboriginal youth are five to seven times higher than for the non-Aboriginal population in Alberta. Several Chiefs and Councils approached Cabinet Ministers asking for assistance to address the high suicide rate among Aboriginal people. The Alberta Government responded through the Alberta Children and Youth Initiative, establishing a cross ministry working committee charged with the task of supporting Aboriginal communities through the creation of an Alberta Aboriginal Youth Suicide Prevention Strategy.

Description

The strategy began with the engagement of Aboriginal communities. Three pilot sites created an action plan that considered individual community strengths, focused on prevention, and a recognition of community based resources. Each pilot site created and began implementing their action plans. Two pilot sites have been added to the strategy. These pilots are currently working to develop their action plans to prevent Aboriginal youth suicide.

This strategy instills hope and builds on the strengths of individuals and communities. During this oral presentation, information will be presented on the development of community action plans that utilized a community development approach.

Key Findings

Feedback from the pilot sites is positive and momentum is building to continue to support children and youth, and in turn build community capacity.

Conclusion

Communities are eager to share their learning's, challenges and triumphs with others.

38) VARIABLES PREDICTING UNSTRUCTURED CLINICAL RISK ASSESSMENT RATINGS OF VIOLENCE

Nathalie Gagnon MA, LLB, PhD Candidate, Tonia Nicholls PhD, BC Mental Health and Addiction Services, James Ogloff JD, PhD, Monash University, Barry Ledwidge PhD, Retired, Riverview Hospital; Simon Fraser University

Objectives

Considerable research has been devoted to establishing empirically validated correlates of violent behaviour (Monahan et al., 2001). As a result, actuarial instruments and structured professional judgement schemes have been developed to improve the practice of violence risk assessment (e.g. HCR-20 (Webster et al., 1997); VRAG (Quinsey et al., 1998)). While much energy has been focused on what clinicians should do, relatively little attention has focused on what clinicians and decision-makers are currently doing (Elbogen, 2002; Elbogen et al., 2002).

The purpose of this study was to examine which variables contributed to clinicians' and decision-makers' unstructured ratings of violence risk and to compare these with the variables used by trained research assistants employing a structured professional judgment scheme.

Design and Methods

The sample consisted of 97 involuntarily hospitalized civil psychiatric patients who were appearing before the BC Review Board for adjudication with respect to their detention. The patient's level of risk was rated by three individuals: trained PhD students, the patient's attending physician, and the BC Review Board Chair. The PhD students rated each patient's risk using the HCR-20 to structure their professional judgement. The physicians and Chairs rated each patient's risk based strictly on their clinical and professional judgment.

Results

In order to examine which variables predicted unstructured clinical ratings of risk, a regression analysis was conducted for each of the three groups of raters. The analyses examined whether and to what extent the Historical, Clinical, and Risk Management variables of the HCR-20 predicted the ratings of risk made by the trained PhD raters, the physicians and the Chairs.


Physicians, Chairs, and trained PhD students differed in their ratings of risk and accuracy. Outcome data for those detained by the Review Board established that the PhD students were more accurate in their ratings of risk than both Physicians and Chairs. The extent to which the HCR-20 variables predicted the ratings of risk for each group will be discussed.

Implications for Policy or Practice

The evaluation of risk can have a profound impact on safety and individual liberty. Research is needed to clarify the extent to which empirical risk factors are being relied upon by clinicians when conducting unstructured violence risk assessments.

39) WORD POWER: TERMINOLOGY RESEARCH IN MENTAL HEALTH

Mary Gardiner RN (retired), BScN, MAdEd, Canadian Mental Health Association, Amanda Neiman BA, Psy, MSc, OT Candidate, University of Western Ontario, Joyce Neiman Nursing Diploma, Acting Executive Director, Canadian Mental Health Association, Robin Neiman, BA, MA Phil, University of British Columbia, Debra Curry RSW, Peer Support Coordinator, Canadian Mental Health Association



Terminology, and the stigma that is often associated with it, is a prominent concern in the mental health field. The terms used to refer to persons with a mental illness who are using public health services affect not only service providers and the individuals receiving the services, but the general public and the mentally ill community as a whole. Because of the power of language, the terminology used along with their respective connotations and denotations impact social relations in a very significant manner. Public perception of people with mental illness is of vital importance to the acceptance and integration of this group in the community. In addition, the terms used may affect the perception and understanding of self among the people with mental illness themselves.

This descriptive research survey based study has attempted to determine current usage and understanding of terms used to refer to persons with mental illness. Employees in the health service field make use of various terms to refer to persons who use their services. This study brings an understanding of when and why certain terms are preferred or avoided. The data provides insight into existing concerns related to appropriate terminology for persons with mental illness, reveals present usage patterns, and adds to the discussion on current labeling concerns.

Over 700 surveys were completed across Canada. Respondents were asked to indicate whether they were a mental health service provider, an individual with mental illness, a friend or family member of an individual with mental illness or other individual not in the above three categories. The FOIPP legislation was strictly adhered to in the data collection process as well as receiving sanction from a research ethics review committee. A thorough statistical analysis was completed on the quantitative data. The many qualitative responses have been reviewed and analyzed.

Many requests were received from across Canada during the data collection indicating a keen interest in receiving the outcome and findings of the study.

40) EVIDENCE BASED TREATMENT OF DEPRESSION AT THE EDMONTON MENTAL HEALTH CLINIC (EMHC)

David M. Gill PhD, R.Psych, Kathryn Kastelic MSc, R.Psych, Susan Middleton PsyD, R.Psych, Capital Health

Purpose

Best clinical practice dictates, when possible, evidence-based treatments be used with clinical populations. In 2003 an opportunity arose to implement the Changeways Cognitive Behavioral Therapy Group for Depression. Changeways is an evidence-based, manualized program which was developed in 1991 by a group of psychologists at the University of British Columbia.

Importance of The Problem

In Canada the annual prevalence of Major Depressive Disorder is 4%, with North American figures ranging from 2.5 – 6.6%. Depression has significant human, social, and economic costs, with Statistics Canada estimating costs in the billions of dollars. At the EMHC we treat over 250 individuals annually with a diagnosis of Major Depressive Disorder.

Description of the Initiative

Changeways is a 12-week, group-based psychoeducational program. It consists of six modules with weekly homework assignments. Outcome evaluation is critical to the Changeways Program. Clients complete pre- and post questionnaires using standardized measures of mood, anxiety, and quality of life. In addition, each module is rated quantitatively and qualitatively. Participant and facilitator feedback is shared with Changeways Vancouver.

Key Findings

Results of the Changeways Program have been very encouraging, with the EMHC outcome measures being very similar to those published on the Changeways website (www.changeways.com). Specifically, measures of mood have improved significantly, with average scores moving from the high moderate to the mildly depressed range. Anxiety scores show a reduction from moderate to mild anxiety. Quality of life improved, but stayed within the very low range. Qualitative responses from clients are consistent with the above findings for both individual modules and overall satisfaction.

Conclusions


The Changeways Program appears to be an effective treatment in the reduction of mood and anxiety symptoms in clients of the EMHC. The Program is well received by clients and perceived to be beneficial by them.

Implications for Policy or Practice

Psychoeducational group-based treatment of depression has been shown to be beneficial and cost effective in a community mental health setting. Consequently we plan to implement a Mindfulness Based Cognitive Therapy Group for Depression that will focus on relapse prevention in clients with recurrent Major Depressive Disorder.

4I) OBSESSIVE COMPULSIVE SYMPTOMS IN SCHIZOPHRENIA

Kim Goddard, RMHP Neuropsychology of Capital Health, Scot Purdon PhD, Capital Health; University of Alberta



Obsessive Compulsive Disorder and/or obsessive compulsive symptoms (OCD/OCS) are common in schizophrenia, with estimates of their prevalence ranging from 12% to 47%. Controversy exists however, as to whether the co-occurrence of OCD/OCS and schizophrenia reflects simple comorbidity (i.e., the presence of two or more disorders for which criteria is met for both at the same time), or defines a specific schizophrenia subtype (i.e., a schizo-obsessive subtype). In part, the controversy stems from a) the difficulty in distinguishing between obsessional delusions related to psychotic content from those that are not, especially in patients with poor insight, and b) the finding that atypical antipsychotics can induce OCD/OCS de novo. Accordingly, several hypotheses were examined in this study. First, if a genuine schizo-obsessive subtype exists, then OCD/OCS should be found almost exclusively in schizophrenia relative to other psychotic disorders. Second, if OCD/OCS symptoms are primarily a feature of psychosis, then these symptoms should decrease as the psychosis remits. Third, if antipsychotic medications induce OCD/OCS, then these symptoms should increase over time.

Method

YBOCS, PANSS, anxiety (HAMA), and depression (CDI) scores were obtained for first-episode patients with a diagnosis of schizophrenia/schizophreniform (SCZ; n=48) and compared to patients with non-SCZ psychosis (n=25) at baseline and 3 month follow-up.

Results

The SCZ group had higher PANSS scores, and a trend towards higher YBOCS scores at baseline, but the groups did not differ at 3 month follow-up. YBOCS scores for both groups decreased at follow-up; Cox regression indicated that YBOCS scores were reduced by 12% for every 1 point decrease in HAMA scores and by 7% for every 1 point decrease in PANSS+ scores. 8.3% (n=3) of the SCZ group had an increase in YBOCS scores at follow-up versus 12.5% (n=2; not medicated) of the psychiatric control group.

Conclusions

OCD/OCS symptoms decreased with treatment, on average, as a function of decreasing PANSS+ scores and HAMA scores in both groups. This finding suggests that OCD/OCS are related to psychosis more generally, and not schizophrenia specifically. Both antipsychotic medications and psychosis itself are capable of inducing OCD/OCS in some patients.

42) CALGARY HEALTH REGION: BUILDING CAPACITY FOR ABORIGINAL MENTAL HEALTH ADULT ABORIGINAL MENTAL HEALTH

Jason Gorman BSW, Tina Nash MSc, Charlene Hellson BA, Calgary Health Region, Adult Aboriginal Mental Health Team (AAMHT)

Purpose

In August 2005 the Calgary Health Region requested funding from the Alberta Government Innovation Fund Project to develop culturally competent mental health care for Aboriginal people, including supports for infrastructure development, child and adolescent mental health, community supports, and rural outreach.

Importance of the Problem

The prevalence of ill health is burdensome for First Nations people, as research evidence consistently documents rates of health problems and rates of mental health problems consistently above the Alberta average. Incidences of psychiatric disorders are 3 times that of non-Aboriginal communities, suicide rates are 3-5 times the provincial average, and high rates of addictions and violence precipitate consistently elevated morbidity and mortality rates.

Despite these population patterns, Aboriginal people consistently under utilize health services. Geographical isolation, maladaptation of current services to meet cultural needs, lack of community awareness, lack of coordinated follow-up and lack of community-based programs are all barriers to consistent service use .

Description of the Initiative

The Aboriginal community was consulted in 2003-2004 in a process that involved discussions with 630 individuals and service providers. The CHR Aboriginal Health Program Framework and Strategic Directions document provided guidance, along with conversations with the Alberta Mental Health Board as they finalize the Provincial Aboriginal Mental Health Framework. Three priority needs resulted:

- 1) Increase capacity to provide a coordinated continuum of mental health care that is informed by and staffed with Aboriginal people.
- 2) Increase mental health service capacity to serve Aboriginal clients close to their homes with an overall increase in services to rural and reserve communities.
- 3) Increase cultural competency of staff and ensure a more culturally appropriate, responsive, integrated and accessible mental health service delivery system.

Conclusions

An integrated and culturally appropriate mental health care system for Aboriginal people requires an Aboriginal team to provide support and treatment specifically targeted toward Aboriginal people, to provide leadership and linkages, and to develop an educational plan to increase cultural competency.

Implications for Policy or Practice

The aim is to increase utilization of mental health services by Aboriginal people and, through the evaluation process, provide the basis for future planning. Of equal importance is the need for framework implementation, and education for all mental health service providers.

43) DEVELOPMENT OF A CONCEPTUAL SYSTEMS MODEL FOR AN INTEGRATED PROVINCIAL STRATEGY TO IMPROVE HEALTH LITERACY IN MENTAL HEALTH AND ADDICTION

Shannon Griffin BA, MBA, Peter Coleridge BSc, MHSc, BC Mental Health and Addiction Services, Provincial Health Services Authority, Irving Rootman PhD, Shaffer-Rootman Associates Inc., Jeanne Legare BA, MPA, Jeanne Legare and Associates

Problem and Related Background

The prevalence of mental illness is high and the incidence is expected to increase. The lifetime risk of developing a mental disorder, including substance use disorder, is nearly 25%. Due to this high prevalence, it is conceivable that every individual in BC will be either personally affected or know someone close to them who is affected by mental illness or addiction. Of the ten leading causes of disability worldwide, five are mental disorders (Major Depression; Schizophrenia; Bipolar Disorder; Alcohol Use Disorder; and Obsessive Compulsive Disorder). In addition, limited public understanding of mental illness and addiction, including misperceptions regarding violence by individuals with a mental health or addiction problem, often leads to discrimination and stigmatization.

Description of the Initiative

BC Mental Health Addiction Services (BCMHAS), in an effort to address these issues, is leading the development of an integrated provincial strategy to improve health literacy in mental health and addiction.

How is it being developed

In collaboration with the Regional Health Authorities, Provincial Ministries and the BC Partners for Mental Health and Addictions Information, BCMHAS will conduct an environmental scan to gather information on existing information materials, dissemination vehicles, related approaches, needs and capacity/resources/expertise in information development province wide. The strategy will be informed by best practice for both knowledge generation and knowledge exchange and dissemination.

The goals of this project include: improved understanding (e.g. mental health promotion, prevention, early recognition, help seeking, self-management and recovery), and reduction of the stigma related to mental health and substance use problems; increased accessibility to existing and new public information materials and tools; and increased linkage and use of complementary and effective approaches including health promoting policies and targeted interventions (e.g. workplace, schools, families, multicultural communities).

The poster will focus on the development of a conceptual systems model geared to support and inform an integrated provincial strategy to improve health literacy in mental health and addiction.

44) A CONCEPTUAL FRAMEWORK FOR THE EVALUATION OF THE ELECTRONIC HEALTH RECORD WITHIN MENTAL HEALTH

Lindsay Guyn Analyst, Susan Armstrong Manager, Shawn Currie Director, Information and Evaluation Unit, Mental Health and Psychiatric Services, Calgary Health Region


In 2006, the Calgary Health Region (CHR) began to implement a region-wide electronic health record (EHR), the culmination of a planning process which started in 2002. Mental Health and Psychiatric Services within the Region (including over 80 programs and 1,000 staff) is scheduled to introduce the outpatient/community component of the EHR in early 2007. Therefore, the Information and Evaluation Unit of Mental Health plans to take advantage of the project lead time to design an evaluation framework which will thoroughly assess the impact of EHR implementation within the department. The opportunity to design an evaluation framework in advance is both innovative and practical, as far too often the evaluation of new technology occurs after implementation.

As is the case with any evaluation of a complex system, there are a large number of research questions, methodologies and indicators which could be used. Fortunately, some work has already been done in this area, in particular the efforts of Canada Health Infoway to support both the implementation and evaluation of electronic health records across Canada. We decided to base our evaluation on a framework devised by the Newfoundland and Labrador Centre for Health Information (NLCHI) in collaboration with the Canada Health Infoway. This framework sets out a seven-step plan for EHR evaluation as follows: 1.) Identify key stakeholders; 2.) Obtain stakeholder agreement on the need for evaluation; 3 to 5.) Agree on when, what, and how to evaluate (e.g. user satisfaction, user confidence, and impact on clinical practice); 6.) Analyse and report; and 7.) Agree on recommendations with stakeholders.

This presentation will describe our approach to steps 1 through 5 of the NLCHI framework described above. Our evaluation framework includes as a first requirement the involvement of key stakeholders in the planning process, since all evaluation methods require staff resources which could be used in other areas, and numerous decisions are necessary balancing the benefit of information gained with the cost of resources used to collect data. We also describe the importance of a longitudinal assessment of EHR implementation, including collection of baseline, implementation, and post-implementation data; a description of the indicators used; and an explanation of the importance of using a variety of evaluation methodologies.

45) CHILDHOOD TRAUMA AND PSYCHOSIS: ASKING THE IMPORTANT QUESTIONS

Paul Hammersly Programme Director, COPE Initiative; University of Manchester, Dr. Austin Mardon BA, MSc, BEd, PhD, Schizophrenia Society of Alberta, Edmonton Chapter



Recent research has demonstrated a consistent and robust association between childhood trauma and adult psychosis. Despite this fact, childhood trauma is seldom asked about in routine assessment and treatment of service users with psychosis. This abstract describes a joint initiative between Manchester University and The Hearing Voices Network UK to address this problem.

In a study of 15,000 people in San Diego, Whiefield et al (2005), found the association between childhood trauma and auditory hallucinations to be so strong, they suggested that hallucinations be viewed as a marker for previous trauma. Janssen et al in Holland (2004) found that severely abused men were 47 times more likely to develop psychosis than non-abused contemporaries. See Read et al (2005) for a full review.)

Reasons for not asking individuals with psychosis about traumatic life events include:

1. Ignorance of the research
2. Skills and training deficit
3. Fear of making the situation worse
4. Fear of family blaming
5. Fear of inducing false memories
6. Strong bio-genetic causal beliefs.

The consequence of this is a lack of trauma informed care planning and treatment.

Manchester University and The Hearing Voices Network UK have combined to devise a multidisciplinary training day which aims to equip mental health workers with the skills to enquire about and respond to disclosure of childhood trauma. The training is modeled on training devised by Dr John Read and Auckland Rape Crisis delivered to mental health workers in New Zealand. Dr Read has made a significant contribution to the project

Participants are presented with the evidence base, given a service users perspective and are given five role plays with the themes of context setting, direct questioning, response to disclosure, empowerment and follow up.

The training has been pilot tested and been enthusiastically recieved by staff and service users. Future plans are to offer the training to all early intervention teams in Northern England, and to extend the international aspect of the project by expanding into Canada. in a colloboration with Dr Austen Mardon.

References

Read, J., van Os, J., Morrison, A, & Ross, C. (2005). Childhood Trauma, Psychosis and Schizophrenia: A literature Review. *Acta Psychiatrica Scandinavica*. 31, 3.

46) THE SHORT-TERM ASSESSMENT OF RISK AND TREATABILITY: IMPLEMENTATION OF A NEW RISK ASSESSMENT INSTRUMENT

Devon Harabalja BA, MA student, Johann Brink MB, ChB, FCPsych (SA), FRCPC, Tonia L. Nicholls PhD, Sarah L. Desmarais PhD Candidate, BC Mental Health and Addiction Services

Purpose

Forensic psychiatric clients present diverse and often comorbid mental health risks (suicide, self-neglect, violence) The Short-Term Assessment of Risk and Treatability (START; Webster et al., 2004) is an evidence-based, new measure intended to inform multiple risk domains, and to assist decision makers regarding client centered risk reduction and management strategies.

Importance of The Problem

Current risk assessment tools have focused on the long-term prediction of violence; therefore, assessment guides that consider risk factors as well as specific client strengths, and relate directly to day-to-day patient management, are clearly needed. Such predictive instruments identifying at-risk patients will aid clinicians in tailoring early therapeutic interventions, and implementation of preventive measures (Abderhalden et al., 2004), thereby reducing stress levels (Almvik et al., 2000) and minimizing risk to staff and co-patients.

Description of the Initiative

In response to the above challenge, START, a 20-item instrument, was developed by the B.C. Forensic Psychiatric Hospital (FPH) in collaboration with colleagues from Ontario. A pilot user-satisfaction and implementation project were launched in 2003, followed by preliminary validation studies in 2004. The design and challenges of a START-based risk management implementation project in FPH and the Regional Forensic Clinics will be described.

Findings

To date, a pilot user-satisfaction study indicated high acceptance rates by FPH clinicians of START (Webster et al, 2004). Data from a validation study indicated elevated rates of overlapping negative outcomes and fair predictive validity of START across several risk domains (violence to others, suicide, substance use and unauthorised absence) (Nicholls et al, in press).

Conclusions

START has been found to be a valid, reliable instrument for assessment of risk. It also has been shown to be user-friendly by clinicians participating in the 2003 study. Building upon these findings, START will be implemented by a subgroup of staff at FPH, implementation eventually will be expanded province-wide.

Implications

The benefit of implementing START is the establishment of an interdisciplinary approach to risk assessment. There are also expanded applications for using START risk/strengths ratings on certain item clusters (leisure, social skills, etc) to inform enhanced program design (e.g., recreational therapy, grooming, etc.).

47) A METHOD FOR ANALYZING TEXT-BASED MENTAL HEALTH DATA: IMPLICATIONS FOR ELECTRONIC RECORD DEVELOPMENT AND ECONOMY OF SERVICE

Jeremy Ho BSc, Medicine, University of Calgary, Fee Forbes BSN, David Cawthorpe BSc, MSc, PhD, RSW, Calgary Health Region

Objective

The objective of this study was develop a digital method of data extraction and condensation that when manually executed using a standard algorithm can efficiently transform text based information into an organized searchable database that can be easily used for surveying and analyzing text-based health information.

Methods

Using Mental Health Information and Options System (MHIOS) database, data from the text-based field 'reason for referral' was exported into an Excel spreadsheet, then transformed such that each word was in a unique cell permitting the text to be sorted alphabetically by column. The original text entry could have up to 250 columns, each containing a unique word. Multiple rows were generated for original text entries longer than 250 words. Columns were then thematically analyzed by means of a standard manual algorithm that generated theme-based keywords from which a list was produced and tabulated with counts of total occurrences of each word. Each keyword was checked for context and content relevance. The resulting list was then categorized using the same algorithm to produce a shorter thematic list of keywords representing the original text-based data. The truncated list was used to develop a standard pick-list relevant to the MHIOS users.

Results

A list with 292 thematic keyword categories sorted with precedence based on occurrence emerged from 78,000 original rows of text. Applying the algorithm to the first list of thematic keywords produced practical and usable thematic pick-list of approximately 20 keywords. The top thematic keywords emerging from the 'reasons for referral' test field were as follows: Psychiatric disorder (depression and bipolar disorder), history of or currently seeking treatment, medication use (past or present), physical or emotional abuse, substance abuse.

Conclusion

Using this technique of extraction and condensation, a previously un-analyzable piece of text-based data was sorted to compile a practical and usable list that was relevant to the clinical area from which it originated. The resulting pick-list, once re-integrated into the MHIOS database holds the potential to save users substantial amounts of time entering data. More generally, however, it is apparent that text-based information archived in health-related databases may be analyzed to provide information useful in the development of the electronic health record user interface.

48) STEPS TOWARDS EVIDENCE-BASED CARE: IMPLEMENTING A COMMON ASSESSMENT PROCESS IN TWO PROVINCIAL PSYCHIATRIC HOSPITALS

Zoe Hodgson PhD, Derek Lefebvre BA, Deborah Ross MSc, Lynda Bond MA, BC Mental Health and Addiction Services, Provincial Health Services Authority

Evidence-based practice refers to the bridging of the gap between research and practice in order to improve health outcomes. It allows for the continuing management of mental health problems through a multidisciplinary and interdisciplinary approach to providing mental health services. As the culture of accountability to the public develops, the need for a culture of routine evaluation of mental health services increases.

Here, we describe the steps taken to plan a comprehensive assessment process and corresponding data platform across the two provincial civil and forensic psychiatric hospitals in BC.

Currently, both the type of information collected in the different program areas (adult, geriatric, neuro-, and forensic psychiatry) and the methodological rigor with which it is collected varies widely. Much information is recorded on paper and chart-based, as no common electronic database of patient information exists, making data collection arduous.

In deciding how best to proceed, the data currently collected was reviewed, a “wish-list” of items to be included in a common data platform was composed, and a list of potential assessment instruments compiled. A working group was formulated and comprised of leaders and decision makers in each of the program areas, being multidisciplinary in nature, and with representation from researchers, clinicians and administrators.

Here, through focusing on the implementation process, we describe the steps taken in planning a pilot study and present the initial results in the context of the larger initiative, in which we hope to implement system-wide improvements.

The benefits of a common assessment tool are far reaching and represent an initial step in the right direction as part of the larger scheme. It is hoped that this initiative will benefit three primary stakeholder groups: researchers – by facilitating the screening and recruitment of patients for research and by providing reliable and valid assessments measuring change over time; clinicians – by supporting clinical decision-making, care planning and evidence-based decision making; and administrators – by informing program planning. Furthermore, the common protocol enables integration of health information across areas and facilitates the exchange of knowledge.

49) THE UTILITY OF THE NEUROPSYCHIATRIC INVENTORY–NURSING HOME VERSION (NPI-NH) AS A PREDICTOR OF LENGTH OF STAY

Zoe Hodgson PhD, Barbara Buree PhD, Rpsych, Rhonda Malyuk PharmD, Arvind Kang MBBS, FRCPC, Nirmal Kang MBBS, FRCPC, BC Mental Health and Addiction Services, Provincial Health Services Authority, Kiran Rabheru MD, CCFP, FRCP, University of British Columbia, Marilyn MacDougall RN, BSN, BC Mental Health and Addiction Services, Provincial Health Services Authority

Objective

Previous research has explored the utility of clinical, demographic and administrative variables in predicting length of stay in inpatient psychiatry. Despite this, a paucity of studies have examined the value of outcome measures in estimating length of stay. The Neuropsychiatric Inventory (NPI) has been used to characterise behavioural changes in Alzheimer's Disease, and as an efficacy outcome measure in clinical trials. However, in only a limited number of studies has the NPI been used as a predictor of outcome. The current study investigated whether the Neuropsychiatric Inventory – Nursing Home Version can be used as a predictor of length of stay in a tertiary geriatric psychiatric population.

Design and Methods

The Geriatric Program at Riverview Hospital (RVH), a tertiary care provincial psychiatric facility in British Columbia, initiated a quality improvement (QI) program in 2003. A clinical database was developed to allow for multi-variant analyses of clinical variables, outcome measures and length of stay determinants. Admission NPI-NH assessments of 315 Geriatric Psychiatry patients admitted and discharged between Feb 15, 2003 and Mar 1, 2006 were analyzed.

Results

Inferential statistics will be used to compare NPI-NH scores amongst patients with varying stay durations. Test operating characteristics (i.e., sensitivity, specificity, predictive power) will test which NPI-NH cut-off score is the most valuable in identifying individuals at risk of an extended inpatient stay.

Conclusions

To our knowledge, this is the first study to examine the relationship between NPI-NH scores and length of stay in a tertiary care geriatric psychiatric population.

Implications for Practice or Policy

Managing the cost of health care requires better information regarding the prediction of length of inpatient stay. Using the NPI-NH to identify those at risk for a longer length of stay enables resources (e.g., more intensive therapy or higher level of admission care) to be directed to those most in need, and can assist in the planning of service delivery.

50) LONG-TERM BENEFITS OF LIFE SKILLS PROGRAMMING ON PSYCHOSOCIAL ADJUSTMENT IN ADULT MENTAL HEALTH CLIENTS

Brenda Hoglin RSW/CLSC, Mary Ann Woodman RPN/CLSC, John Reddon PhD, Regional Mental Health Program

The durability of the psychosocial benefits of Life Skills programming on individuals with mental illness was examined. Participants were 52 adults (28 males, 24 females) who completed 16 weeks of Life Skills (5 half days per week) at a psychiatric outpatient clinic and were re-assessed between 6 months and 6 years following treatment. Psychosocial adjustment was assessed using the 3 scales of the Holden Psychological Screening Inventory (HPSI; Psychiatric, Depression, and Social Symptomatology). Two groups of participants were compared, based on time since completion of treatment (6 months-3 years versus 4-6 years). There were no significant differences between time-based groups on the HPSI. Consequently, the 2 groups were combined. In a recent pre-post evaluation of immediate effects with 206 clientele completing the program, significant improvement relative to a treatment as usual control group were obtained.

In the current work, analyses produced no statistically significant differences between 6 month-6 year follow-up HPSI scores and the 16 week post-treatment scores. The immediate psychosocial gains reported at the end of 16 weeks of programming are evidently durable. This is quite remarkable given that single applications of most treatments in mental health result in transient effects. It appears that the intensity of the Life Skills program (16 weeks duration, 5 half days per week) resulted in long-term benefits. The results of this study provide support for Life Skills as an effective treatment with persistent benefits for adult mental health clients.

51) SHARING AND CARING: A COMMUNITY OF PRACTICE FOR SENIORS WITH RESPONSIVE BEHAVIOURS

Robin Hurst RN, BScN, CPMHN, GNC Mental Health and Seniors Clinical Consultant, Saint Elizabeth Health Care, Karen Ray RN, MSc, Research Manager, Saint Elizabeth Health Care

Background

Projections for the senior population estimate that:

- 28% of the Canadian population will have reached the age of 65 years by 2031 (Sullivan, et al, 2004).
- One in five persons aged 65 years and older has a mental disorder such as dementia (Jeste et al., 1999).
- 20% of day centre clients and more than 50% of residents of long-term care facilities suffer from some form of dementia.
- People with dementia have behavioural and psychological symptoms including depression, agitation, aggression and disinhibition.
- Behavioural disturbances associated with dementia are often the reason why families decide on institutionalization (Brodat & Low, 2003).

With fiscal restraints currently placed on health care services, support to seniors and their family caregivers is limited, usually insufficient and mostly geared to the needs of the ill family member, not to the needs of the caregiver. The result is a senior population, including elderly informal caregivers who are more at risk for illness that may lead to crisis situations (RNAO, Rachlis, 2004, Elder Health Care Coalition, discussion paper).

Purpose

One way to assist clients and caregivers to obtain the best physical and emotional outcomes possible is through a community of practice (CoP), (Wenger, 2005) where knowledge, management strategies and integrated care delivery models (Markle-Reid et al., 2003) are shared with participants through online and face to face meetings.

Method

A website for the CoP for Seniors with Responsive Behaviours has been created to act as a portal to information, knowledge regarding resources, current literature, practice recommendations and other vital information.

The CoP will provide:

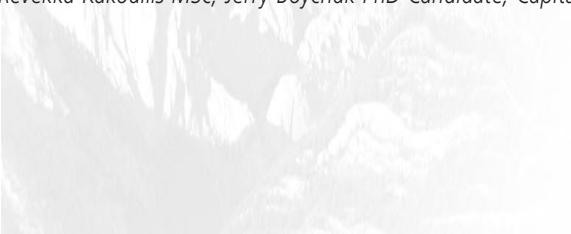
- Moderated online discussion forums for participants to meet and discuss current issues with a facilitator who can field questions and keep participants engaged in meaningful dialogue.
- A sustainable CoP, resources, supports and networks for those caring for seniors' with responsive behaviours
- A toolkit of literature, resources and care delivery methods for participants

Conclusion

Participants will learn the components of the CoP and how it is being used to transfer knowledge, create linkages, partnerships and networks to increase the awareness and knowledge of seniors' with responsive behaviours.

52) THE CHILDREN'S COMMUNITY RESPONSE TEAM – A COLLABORATIVE APPROACH TO MENTAL HEALTH IN THE COMMUNITY

Revekka Kakoullis MSc, Jerry Boychuk PhD Candidate, Capital Health



The Children's Community Response Team Partnership Pilot Project (CRT) is a crisis outreach service created through the collaboration of cross-ministry, cross-sectoral and multidisciplinary services to provide timely, collaborative, and culturally-sensitive telephone and mobile responses to children and youth (in the context of their families) to provide brief, solution-focused treatment. Partnering agencies include: Child & Family Services Authority, Children's Mental Health, Alberta Alcohol & Drug Abuse Commission (AADAC), Aboriginal agencies including Bent Arrow Society, Metis Child & Family Services and Ben Calf Robe Society.

Since its inception in the year 2002, the CRT has offered a non-system community response to children and youth in crisis, with a focus on Aboriginal children and youth and their care providers. The Team provides support, assessment, short-term intervention and facilitated access to appropriate and timely services seven days a week. Services are provided through close working relationships with Children's Mental Health Crisis, hospital emergency care, urgent psychiatric assessment, crisis services and response through Child & Family Services.

As a result of the partnering, multi-disciplinary and collaborative nature of CRT, the project continues to present encouraging opportunities: 1) to augment and enhance the nature and degree of communication and knowledge sharing amongst multidisciplinary professionals from diverse community and health related systems; 2) to promote family and community strengths, resources, and wellness; and, 3) to provide seamless continuity and improved quality of care with the overall objectives of effectively addressing the short-term needs and best interests of children and youth in the region.

53) SOCIAL ENTERPRISE: A SUCCESSFUL EMPLOYMENT MODEL FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

Jill Kelland MSc, BA, Carla Kwan BSc, OT, Capital Health

Purpose

To implement a new model of vocational rehabilitation for individuals with severe and persistent mental illness in order to increase employment and positive outcomes in the areas of work skills, employability, financial status, quality of life, and mental health.

Importance of The Problem

The benefits of employment for people with severe and persistent mental illnesses are well documented. However, it is estimated that between 85 and 95 percent of these individuals are unemployed. Several models of vocational rehabilitation exist, however access to these vocational programs and resultant employment outcomes remain poor.

Description of the Initiative

The vision of the Mental Health Social Enterprise project was to establish a competitive and successful catering company based on sound business practice, while at the same time training participants to the point that they are employed, either by the business or elsewhere. The project principles are to work with trainees where they are at; to provide on-site mental health consultation; to create a fun, productive and supportive work environment; to teach skills on the job; to allow for flexibility in work schedules; to provide training allowances and competitive wages; to provide assertive outreach with external employers; to educate on work-related subjects; and to provide assistance with AISH and other income supports.

Key Findings

About 35% of participants have been successfully placed in competitive employment. Most of the participants reported feeling better about themselves, about half reported a reduction of symptoms, and being better able to cope in other areas of life. All were very happy with the project. Substantive improvement was made in work skills. Improvement was also noted in participants adjustment to community living. Assessment of the project's impact on the health system (e.g., readmission rates, crisis service utilization) is currently underway.

Conclusions

The creation of a social enterprise business which provides competitive work and wages in a supportive environment has led to employment and positive outcomes for this population.

Implications for Policy or Practice

Replicating this service model and expanding into other types of businesses may lead to more successful employment and efficient use of fiscal resources.

54) WEIGHT MANAGEMENT AND DIABETIC EDUCATION FOR PERSONS WITH SEVERE MENTAL ILLNESSES

Carla Kwan BSc, OT, Rosemary Falconer BScN, Dorothy Guch BSc, OT, Cathy McAlear BA (Rec Adm), AFLCA, Amanda Oldenburg RPN, Capital Health

Purpose

Diet and exercise have long been known to be important factors in maintaining a healthy lifestyle. However, the application of this knowledge to specific populations has not been studied until recently. Emerging studies have indicated that lifestyle change interventions for persons with severe mental illnesses can be effective (Richardson et al., 2005). To address this need/service gap, a group was developed at the Edmonton Mental Health Clinic to address lifestyle change, with emphasis on risk factors particular to this population.

Importance of The Problem

People with severe mental illnesses are at higher risk than the general population for obesity, diabetes, and heart disease (Susce et al., 2005), and they also tend to be more sedentary. McCreadie and colleagues (2003) indicated that 86% of females and 70% of males diagnosed with schizophrenia were either overweight or obese. About 62% of people with severe mental illness reported either no physical activity or lower than recommended levels of activity (Daumit et al., 2005).

Description of the Initiative

The Weight Management and Diabetic Education Group is a 16-week education and support group for people with severe mental illnesses who want to lose weight, who have diabetes, or are at risk for diabetes. It is delivered by a multidisciplinary team. The group is a fun, practical, experiential, and comprehensive approach to making lifestyle changes. It focuses on healthy eating, exercise, diabetic education, self-awareness, support, and client goal setting.

Key Findings

Nearly all individuals enrolled in the group were obese, with a BMI over 30. They achieved a weight loss and/or loss in girth and some achieved partial or total success in meeting targeted nutrition or exercise goals. The program was well received, but initial engagement and attendance were issues.

Conclusions

People with severe and persistent mental illnesses can make lifestyle changes, by improving their nutrition and increasing activity levels.

Implications for Policy or Practice

Preliminary information arising from the small number of published studies and also from our experience with the group indicates positive results. Consequently, additional groups are planned, as well as follow-up to maintain the improvements that have been achieved.

55) MONITORING THE EFFECTS OF PRESCRIPTION ANTIDEPRESSANTS IN CHILDREN AND ADOLESCENTS IN A COMMUNITY-BASED SETTING: A PILOT PROJECT

Eva Kwan MSc, Liana Urichuk PhD, Beverley Stich MD, FRCPC, Patricia Adams BHS, Phil Nadon ME, FRCPC, David Shih MD, FRCPC, Child and Adolescent Services Association, Doug Stich BSc, Towards Optimized Practice Program, Alberta Medical Association, Nadia Tomy MD, Jean Anderson MSW, Child and Adolescent Services Association

Purpose

To develop a monitoring process for physicians in a community-based mental health agency to enhance and measure safe, effective, and efficient patient-centered treatment of children prescribed antidepressants.

Importance of The Problem

Recent recommendations put forth by the CPA, the AACAP, Health Canada and the FDA regarding the monitoring of antidepressant treatment response and side effects in children taking antidepressant medications have significant ramifications in terms of human resources. It is unlikely that these recommendations can be fully met with the existing level of resources dedicated to medication monitoring in community-based settings.

Description of the Initiative

A comprehensive antidepressant monitoring process was developed. The frequency and intensity of monitoring antidepressant effects will be examined for two groups: 1) a pilot sample of 50 children who undergo the standardized antidepressant monitoring process; and 2) a comparative sample of 50 children who have been treated and monitored with existing practices (i.e., without any modifications to current practice). Feedback on the monitoring process of both groups will be collected.

Key Findings To Date

Families involved in the monitoring process are compliant, interested in participating, and appreciative of the additional attention. A significant amount of physician and nurse time is required to follow the standardized monitoring process, making clinician compliance with the process difficult without impacting other service provision. Interestingly, the majority of patients (n=11 out of 19) in the pilot sample to date have discontinued their antidepressant medication prior to the first follow-up visit with the psychiatrist (i.e., 30.2 days), even though they were closely followed by a medication nurse in the interim period. The most common reasons reported for discontinuation were abdominal discomfort (n=2), rash/hives (n=2), and worsening of behavior (n=2).

Conclusions

There is a substantial need for additional human resources to be dedicated to medication monitoring in order to meet recommended guidelines.

Implications for Policy or Practice

This pilot project will help to define the nature and extent of the gap between recommended antidepressant monitoring guidelines, the current frequency and intensity of monitoring in a community-based mental health setting, and a recommended monitoring process based on the findings from the pilot project.

56) BEING GOOD TO ALL OUR RELATIONS: MOVING BEYOND LATERAL VIOLENCE

Patti LaBoucane-Benson MSc, PhD Candidate, Native Counselling Services of Alberta



The goal of this presentation is to address the issue of lateral violence in Indigenous communities. Lateral violence is the negative, hurtful behaviors that people do to each other collectively; at home and in the workplace. The purpose of this presentation is fourfold: (1) to describing the law of interconnectedness that provided the foundation of Aboriginal societies pre-contact from the perspective of how for both survival and the transmission of culture our societies were interconnected; (2)To explore how lateral violence has become a part of many communities; (3)To look at how lateral violence can manifest itself in all of our relationships; (4)To describe and discuss many strategies that can help individuals move beyond behaving in a laterally violent manner.


57) USING EVIDENCE TO INFORM ACTION IN ALBERTA: CONSOLIDATED EVIDENCE OF AT-RISK GROUPS

Chris LaForge BScOT, MSA, Gayle Vincent MA, Alberta Mental Health Board, Liza Sunley BEd, Liza Sunley Consulting, Sandy Patterson BA, BEd, Alberta Mental Health Board

Suicide is consistently a leading cause of death among Albertans, claiming more lives annually than other more openly discussed issues such as motor vehicle collisions, AIDS or homicide. Alberta is taking action on suicide. The development and dissemination of A CALL TO ACTION: The Alberta Suicide Prevention Strategy was a first important step. In addition to the clearly delineated goals and objectives of this strategy, A CALL TO ACTION identifies potential high-risk groups in the province of Alberta. Developing an implementation plan for each of the goals and objectives required further delineation of each of these identified at-risk groups, through evidence from provincial data and the existing body of research. The result of this delineation is the At-Risk Summary of Data and Evidence. Paired with the Strategy, the At-Risk Summary supports a targeted approach to action on suicide prevention for regional and provincial policy development, research and service delivery. This poster session will provide for the audience the process and results of this collection of evidence for identified at-risk groups, along with how this process can be used to support regional and provincial planning, research and service delivery.

58) FROM MENTAL ILLNESS TO MENTAL HEALTH: MILESTONES IN POLICY AND PRACTICE

Carl Lakaski, Louise D'Amours, Isabella Tatar, Public Health Agency of Canada



The poster examines the conceptual, legislative and professional changes that have impacted the development and implementation of policies, programs and services in the area of mental health and mental illness. The poster also presents the main milestones in the development of mental health and mental health promotion as a field of research and area of expertise distinct from mental illness. Comparisons are made with key international milestones, and conclusions are drawn for current and future trends.

59) THE EFFECT ON TREATMENT OUTCOMES OF A PSYCHOTHERAPY GROUP INTERVENTION FOR ADOLESCENTS AT ADTP

Cherelyn Lakusta MD, FRCPC, Adolescent Day Treatment Program, Holy Cross Centre, David Cawthorpe BSc, MSc, PhD, RSW, Child and Adolescent Mental Health and Psychiatry Program, Chris Marcil RPN Advanced Diploma, Luanne Nixon MSW, RSW, RMFT, Billie Orr MSc, RPsych (AB), Adolescent Day Treatment Program

Introduction

The Adolescent Day Treatment Program (ADTP) has an outcome measurement framework that is embedded into its clinical practice. The structure and format of the program allow for measuring the effectiveness of specific treatment modalities. As a component of the elements of performance study, ADTP has undertaken to study the effect on treatment outcomes of a specific psychotherapy group intervention.

Methods

The study was naturalistic in that adolescents enrolled in the program were included in the psychotherapy group intervention (n = 65) based on specific criteria. Adolescents were required to identify and rate the severity of a problem that they were going to work on during psychotherapy group. Additionally, staff provided admission and discharge ratings of client problem(s) severity independent of the clients' self-assessment. The outcomes of the patients participating and not participating in the psychotherapy group were compared. This was done using a repeated measures analysis. The model was tested specifically to determine whether or not those participating in the psychotherapy group intervention differed systematically on any baseline measures, clinical or demographic variables. Finally, outcomes of those participating and not participating in the psychotherapy group intervention were analysed to allow specific testing of the effectiveness of the psychotherapy group intervention in comparison to treatment is usual.

Results

The method designed to test the effectiveness of the specific treatment intervention against the background of treatment as usual was successful. Participants receiving the psychotherapy group intervention rated themselves as significantly improved (self rated problems severity beginning of group 3.9, and end of group 7.5; $t= 9.3$, $p < 0.00001$) at the end of their participation in the intervention. Analysis of the independent staff evaluations of client problem(s) severity and function are pending linking of the self-report dataset and the ADTP database baseline and outcome dataset and will be presented at the showcase.

Discussion

The design used to assess the effectiveness of the ADTP psychotherapy group intervention holds the potential to be generalized to other types of intervention. ADTP's clinically integrated outcome measurement framework permits specialized study to specifically determine the effectiveness of the treatment intervention in question.

60) IMPLEMENTING INNOVATIVE REHABILITATION MODULES – THE CASE OF IPT IN QUEBEC

Alain D. Lesage MD, MPhil, FRCPC, Catherine Briand PhD, Luc Nicole MD, MSc, Pierre Lalonde MD, Emmanuel Stip MD, MSc, Centre de recherche Fernand-Seguin, Hôpital Louis-Hippolyte Lafontaine, Daniel Reinharz MD, PhD, Médecine sociale et préventive, Université Laval

How to ensure that patients and families have access everywhere and rapidly to best practices, evidence-based moderately effective rehabilitation modules in public managed care system like Canadian provinces? The development of good practices rest first on professions like psychiatrists, psychologist, occupational therapists, etc. which have different tradition of continuing professional development and quality control; secondly, on rare provincial or even regional, more on local at times multidisciplinary initiatives and leadership. We can report on the early implementation of the IPT for patients with schizophrenia in Quebec. IPT is composed by six modules, the first phase is a cognitive remediation phase which is followed by a social skills training phase. It is administered weekly to groups of 6-10 patients for about 9 months; the professionals use a manual but have some flexibility according to the patients' rhythm of learning. It has shown efficacy in clinical trials in Switzerland. It was brought to Quebec's province (Canada) by a psychiatrist, and Swiss colleagues came to Canada to initially train the multidisciplinary team. Members of the team, particularly Occupational Therapists (OT) with the support of psychiatrists, then took the leadership of ensuring training sessions for interested professionals (OT, nurses, social workers) in Quebec. Training involved a 2 day session followed by on-going access to trainers for advice.

A research project based on a mix case study design examined the clinical, economic and organizational aspects of the early implementation of IPT in 10 sites in Quebec. It confirms the moderate effect size clinical effect on cognitive and social functioning of patients either young adults or long-term mentally ill; an incremental cost no more than 10% of the average annual direct care costs; and the importance of local leadership to implement and sustain this moderately complex module. Not included in this assessment and discussed here is the role of the multidisciplinary research team which acted as a provincial agency, galvanizing, training and supporting the various teams. But, can this support last and ensure renewable development? Referring to Thornicroft and Tansella's heuristic model (199) and Health Canada model for Best Practices in mental health (1997), it can be argued that such implementation requires a vision, governance, resources and training applied at the clinical, local and regional/state level, to ensure that adequately trained staff apply to the right patients the innovative rehabilitation modules that would potentially achieve at least moderately favorable clinical and psychosocial outcomes.

6I) REGIONALISED TERTIARY PSYCHIATRIC RESIDENTIAL FACILITIES: AN INNOVATIVE MODEL OF CARE IN BC – YEAR 3 REPORT

Alain Lesage MD, MPhil, FRCPC, Fernand-Sequin Research Centre, University of Montréal, Elliot Goldner MD, MHSc, FRCPC, Faculty of Health Sciences, Simon Fraser University, David Groden BBA, BC Mental Health and Addiction Services, PHSA

Objective

B.C. is implementing to a new model of tertiary psychiatric care. Since 2002, the Provincial Health Services Authority (PHSA) has been transferring patients from Riverview Hospital to smaller regionalised Tertiary Psychiatric Residential Facilities (TPRFs).

Two such centres are Seven Oaks, a 38-resident facility near Victoria and South Hills a 40-resident facility in Kamloops. Each provide tertiary level treatment and rehabilitation in a flexible, interactive, homelike community setting.

The clinical and psychosocial outcomes of RVH patients transferred to Seven Oaks and South Hills are being measured over a four year period. A reference group of similar patients who remain at RVH is also being assessed.

Design and Methods

A baseline assessment is completed at RVH with four annual follow ups scheduled for each subject. Eight standardised instruments measuring psychiatric symptoms, behaviours, daily living skills, satisfaction with services and quality of life as well as computer based cognitive tests (CANTAB) are completed for each assessment.

Results

The transfer of 63 patients in 2002 and 2003 to Seven Oaks and South Hills has been successful as three years later none of these individuals has been re-admitted to RVH.

There has been a regular movement of residents from Seven Oaks and South Hills to less supervised settings such as group homes, family care homes and independent living.

Post-transfer improvements in daily living skills, e.g. food preparation, money management, care of possessions and access to transportation have continued through year three. The number of individuals employed as well as their wages have increased in each of the three follow up years.

Conclusions

The programs at Seven Oaks and South Hills continue to produce positive patient outcomes. Subjects' overall quality of life improved after moving to a TPRF and this improvement remains three years after leaving RVH.

Implications for Practice or Policy

Systematic reports of experiences with TPRFs are rare; one, 17 years ago in the U.K. and more recently in Italy and Australia. This research provides the PHSA with ongoing, current information on the RVH redevelopment process through annual presentations and reports, and provides a basis for an overall evaluation of the new model of care.

62) IMPROVING PRIMARY CARE PROFESSIONAL KNOWLEDGE OF CHILDREN'S MENTAL HEALTH: HEALTHY MINDS/HEALTHY CHILDREN OUTREACH PROGRAM

Harold Lipton MA, R Psych, Healthy Minds Healthy Children, Ellen Perrault MSW, RSW, Healthy Minds Healthy Children, Continuing Professional Development

The innovative Healthy Minds/Healthy Children Outreach program aims to improve primary care professionals' capacity and linkages in children's mental health through online continuing professional development and clinical consultation.

Children and youth with mental health concerns are an at risk population. Research shows that less than a quarter of children needing mental health services will receive them, yet much of adult mental illness has definitely discernible roots in childhood or adolescence. Currently, primary care professionals are requesting more clinical support and training to identify children with mental health issues, to intervene effectively, or to recognize when a referral to specialized services is indicated. With increased knowledge and skill, rural and time-pressured primary care professionals do respond to children's mental health issues sooner, and can determine when a referral to specialized services is appropriate.

In 2003, Healthy Minds/ Healthy Children Outreach program began with funding from the federal Primary Health Care Transition fund to improve the mental health of children and youth in Southern Alberta by bringing services closer to home and by building the capacity of local primary care providers. Since its inception, the Healthy Minds/ Healthy Children program has been providing in-office clinical consultation outreach, strengthening linkages with local resources, facilitating telehealth consultation, and developing professional resources. Since 2005, with the collaboration of the Capital Health Region and the Alberta Mental Health Board, an additional component of the program has offered accredited, high quality, on-line, continuing professional development educational opportunities in children's mental health for physicians and other primary mental health practitioners across Alberta.

This oral presentation and poster will present a program description and evaluation data for the first three years of the project. The program has resulted in enhanced access to consultation and increased professional knowledge, relationships, and expertise for providers. Participant evaluation data from the continuing professional development sessions indicates high levels of satisfaction with the practical focus, the opportunity to dialogue with other participants, and self report data indicates learning from the experiences of their colleagues and presenters. Telephone, video, and internet-based technologies are accessible and flexible alternatives to more traditional platforms for learning and clinical consultation. Other unanticipated outcomes and lessons learned will also be presented.

The evaluation of the first three years of this program indicates that it is working to build the capacity of primary care practitioners to care for the mental health needs of their child and youth clients and patients and may prove to be a valuable model for addressing the need-care gap. Questions for future research are discussed.

63) STIGMA IN THE BC FORENSIC AND CIVIL MENTAL HEALTH SYSTEMS: RESEARCH METHODOLOGY AND PRELIMINARY FINDINGS

James Livingston MA, PhD Student, Janessa Balmer BA, MA Student, BC Mental Health and Addiction Services

Objectives

Stigmatization is one of the most challenging issues facing people with mental illness in Canada. This poster will describe the methodology and preliminary results of a province-wide study that examines the level of stigma experienced by persons receiving compulsory community-based treatment in the forensic and civil mental health systems of British Columbia, Canada. The relationship between stigma and other clinical/social outcomes are also explored in this study.

Design and Methods

The study uses a prospective, quasi-experimental, longitudinal, comparative research design of forensic and civil mental health patients. There are two study periods – the first period occurring 1-month after the patient has been conditionally discharged from hospital and the second period occurring at 12-months post-discharge. Data is gathered through self-report interviews with staff and patients as well as through patient chart reviews. Several standardized measures are used during the structured interviews to collect information pertaining to stigmatization, quality of life, psychosocial functioning and needs, symptoms and behaviour, and service utilization.

Results

Preliminary findings from baseline interviews completed within the first 6-months of the study will be presented. The results will primarily focus on the level of stigma that is reported by participants using three standardized measures. The results of the other outcome indicators, such as quality of life, and future plans for the study will also be presented.

Conclusions

This study represents the first of its kind to measure stigmatization – with a longitudinal approach – in a mentally ill population, receiving compulsory community-based treatment, in Canada. It is of particular importance to ascertain whether the stigma of mental illness varies across different mental health sub-systems (i.e., forensic vs. civil) and how stigma is related to other clinical and social outcomes.

Implications for Practice or Policy

In addition to making a substantial contribution to the stigma research literature, the results of this study will assist clinicians, health planners, and policy makers in understanding how systemic differences between the civil and forensic mental health service-delivery-models of British Columbia affect patients' experiences with stigma.

64) CIHI'S ONTARIO MENTAL HEALTH REPORTING SYSTEM: PROMOTING STANDARDIZED RAI-MH DATA COLLECTION AND REPORTING

Krista Louie BScHINF, Candidate for MSc in Epidemiology, Shaheena Mukhi BScN, RN, MHSC, CHE, Canadian Institute for Health Information

Purpose

Since October 01, 2005, the implementation of the Ontario Mental Health Reporting System (OMHRS) has supported a reporting mandate of the Ontario Ministry of Health and Long-term Care (MOHLTC).

Importance of The Problem

The MOHLTC mandate and OMHRS address an identified information need for standardized data for the inpatient mental health sector. In Ontario, this sector includes approximately 4,700 designated beds in acute and specialty psychiatric units in 70 facilities across the province.

Description of the Initiative

The Canadian Institute for Health Information (CIHI) supported the development and implementation of OMHRS, which includes a longitudinal database for the collection of Resident Assessment Instrument-Mental Health (RAI-MH) data. RAI-MH is a clinical assessment instrument that supports care planning, quality indicators and outcomes measurement and case mix applications for inpatient psychiatry. Development of the RAI-MH was undertaken by the Ontario Joint Policy and Planning Committee in collaboration with interRAI.

The OMHRS database processes and maintains information sent to CIHI from participating facilities as admission, change in status, routine quarterly and discharge assessments. Other components include: comprehensive education and client support services; software vendor licensing and provision of submission specifications; database edits to ensure validity and accuracy of accepted data; as well as various types of web-based reports, such as facility-level submission reports, quarterly comparative indicator reports, data quality indicator reports, and inpatient psychiatric weighted patient day reports.

Key Findings

As of June 1, 2006, the OMHRS database contains approximately 30,000 assessments. CIHI has released two sets of OMHRS quarterly comparative reports to participating facilities. This poster will summarize the Ontario RAI-MH clinical and administrative data collected to date, will display samples of OMHRS-generated reports and provide descriptive provincial-level data and analysis.

Conclusions


As the OMHRS implementation in Ontario proceeds, potential uses and applications of the data and reports will be promoted and pursued. The opportunities for implementation by other Canadian jurisdictions will enhance the value of the reporting system.

Implications for Policy or Practice

The RAI-MH is a clinical assessment instrument for mental health designed to include care planning, outcome measurement, quality indicators and a case mix grouping methodology. The CIHI OMHRS quarterly reports provide facility-level comparative information on inpatient mental health population characteristics to assist in the analysis of service utilization, planning and quality initiatives for practitioners, program managers and evaluation staff.

65) STRESS MANAGEMENT FOR AN ACUTE PSYCHOGERIATRIC POPULATION: SUCCESSES AND CHALLENGES

Anne Lyle BA, Vuong Ly BSc, OT, Alberta Hospital Edmonton



This group was developed to target the psychoeducational needs of a specific inpatient geriatric population at an acute care hospital. The need for a psychoeducational Stress Management group was recognized when it was noted that a percentage of our population was identified as having difficulty coping with the stressors they encountered in their lives. Their inability to deal with “stress” effectively was believed to have a negative impact on their overall functioning. Therefore, the purpose of the group was to address issues related to defining, identifying and managing stress and to teach a variety of practical relaxation techniques.

The Stress Management Group was divided into four information sessions lasting approximately forty-five minutes in length, occurring on a weekly basis. Group discussion was used to define stress and examine the psychological, behavioral and physical symptoms of stress. Available individual and community resources for dealing effectively with stress were also identified. The final session dealt with personal coping styles and various lifestyle choices that may impact resistance to stress. The Beck Anxiety Inventory was administered prior to and upon completion of the group and Goal Attainment Scaling was used to evaluate the group on a weekly basis.

An examination of the data collected over one year revealed that, of the twenty-eight participants who started the program, only ten were able to complete all four sessions. All but one of the ten who completed four sessions showed improvement in their anxiety levels and improvements on their Goal Attainment Scales. The Goal Attainment Scales of the individuals who did not complete all four sessions of the group were examined on an individual basis and these too indicated there were some improvements in the participants’ functioning.

Several clinical and program evaluation challenges were identified during this inaugural Stress Management Group. It was discovered that traditional approaches to stress management were not always effective or appropriate for this population; therefore, it became necessary to modify the program thus making it relevant to the psychogeriatric population. Utilizing a valid measurement tool was also identified as a challenge and this will be addressed in future sessions.

66) FOSTERING RESEARCH PARTNERSHIPS AND MOBILIZING KNOWLEDGE: THE PROVINCIAL CENTRE OF EXCELLENCE FOR CHILD AND YOUTH MENTAL HEALTH

Ian Manion PhD, Amy Boudreau, Karen Kidder, Simon Davidson MD, FRCC, The Provincial Centre for Excellence for Child and Youth Mental Health at CHEO

Objectives

Child and youth mental health is a public health issue requiring a cohesive response from researchers and practitioners alike. Key stakeholders across Ontario have clearly described a high needs, fragmented system struggling to embrace evidence-based practice; scattered across service sectors, each working in isolation to achieve the same ends. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (The Centre) envisions a fully integrated system meeting the mental health needs of children, youth and their families/caregivers in achievable, evidence-based ways. To accomplish this, innovative partnerships between researchers and service providers need to be facilitated, and knowledge generated from research needs to be synthesized, translated and mobilized in order to maximize positive outcomes for children, youth and their families/caregivers.

Design and Methods

The Centre is committed to building the capacity of the mental health system in Ontario and the evidence-base that supports it. The Centre's innovative model involves four iterative pillars: networks and partnerships, research and development, intervention and education and training. Existing research is compiled, synthesized and evaluated through adherence to a systematic review process. Research gaps are addressed through targeted funding for projects undertaken with joint leadership from academic researchers and community partners. Research capacity at the community level is being increased through innovative funding opportunities and consultation/mentorship.

Results

Innovative approaches are being tested and evaluated to fund collaborative research, provide research consultation, support education and training, engage youth in a meaningful manner and to collate, create, translate and exchange knowledge to maximize its uptake and utility. Collaborative and creative research partnerships and networks have been formed demonstrating the potential for integrative work in the child and youth mental health and related sectors. All activities conducted by the Centre are grounded in evidence-based practice, couched in knowledge exchange and committed to ongoing evaluation.

Conclusions

The Centre is two years in on an important path leading towards system-wide integration for child and youth mental health in the province of Ontario. These efforts have implications for children, youth and their parents/caregivers, practitioners, researchers and policy-makers who are all key stakeholders in a better system of care.

67) QUALITY OF LIFE IN EATING DISORDERS PROJECT – A CASE STUDY IN RECRUITMENT WOES & WISDOM

Gisele Marcoux BA, Carol Adair MSc, PhD, Carol Ewashen RN, PhD, University of Calgary, Brian Cram MD, FRCPC, Calgary Health Region; University of Calgary,

Objective

A new quality of life measure for eating disorders (the EDQLS) is being tested in ED programs across Canada. A large and geographically diverse sample with an age range spanning adolescence through adulthood is needed with follow-up over 6 months. Effective recruitment methods are critical in difficult to engage populations (Morrison-Beedy et al. 2001) and there is sparse literature on recruitment in eating disorder populations (Fletcher & Hunter, 2003). We report on the experience of recruiting and following study participants in ED programs as identified in our national validation study.

Methods

Naturalistic, observational case study of 11 sites in four provinces. The main study involved completion of baseline questionnaires and 3 and 6 month follow-up questionnaires by mail. Eligible participants were approached by clinical staff in all sites except one, so cooperation had to be elicited from both staff and patients. Recruitment methods included in-person contact and written materials. Comprehensive notes were taken during the process and qualitatively analysed for general patterns.

Results

Several program characteristics seemed to influence the effectiveness of recruitment. The most successful recruitment sites had the following: A local study champion; face-to-face encounters with a friendly, and professional research associate (RA); direct introduction of the project by the RA and continued presence in the program during the recruitment period. Presentations to treatment groups generated the most positive response because the participation of one would often encourage others. Some of the challenges encountered that seemed to impede recruitment were internal politics and heavy caseloads, which negate staff interest and support. Additional steps for obtaining parental consent in adolescent populations are also a challenge.

Conclusion

Recruitment in ED patient populations requires patience, organization and perseverance which can be costly to a project. Increased awareness of the challenges and strategies in recruitment for ED research can improve planning and effectiveness of studies.

Implications for Policy or Practice

Support from research funders and program managers related to successful recruitment in special research populations will result in stronger research findings which will ultimately benefit individuals suffering from such disorders.

68) A SURVEY OF CATHOLIC PRIESTS IN ALBERTA CONCERNING ATTITUDES AND INTERACTIONS WITH PERSONS WITH SCHIZOPHRENIA

Austin Mardon BA, MSc, BEd, PhD, Schizophrenia Society of Alberta, Edmonton Chapter, Arthur Lau BA, BGS, Paul Hammersly Programme Director, COPE Initiative, University of Manchester, Mr. Daniel Ureta-Munoz, The Champion's Centre; University of British Columbia, Department of Sociology

A survey was faxed out to every Catholic priest in Alberta. In the Archdiocese of Edmonton some media awareness and lectures have been directed towards the Catholic clergy. The purpose of the survey is to see whether clergy especially through counselling and confession can positively reinforce and encourage medication compliance by the schizophrenic. Many schizophrenics might listen to clergy when they do not listen to their psychiatrists especially for some during decompensation. Religion can come from a different paradigm than modern medicine but they both wish for the person to live a good life.

The questions that were asked were as follows:

1. Do you feel you know enough about schizophrenia and mental illness in general to minister to the sufferers and their families?
2. If you are a priest or spiritual counselor, and someone that you know has schizophrenia is in confession or counseling with you, do you feel capable of giving appropriate and meaningful spiritual counseling, including suggesting that they seek and follow medical advice? Specifically taking medications.
3. Do you feel capable of identifying your own natural biases towards mental illness, and being able to not let them influence how you deal with the mentally ill when making pastoral decisions?
4. Are you afraid of the mentally ill, and specifically persons with schizophrenia?
5. How can the Archdiocese support you in ministering to the mentally ill?
6. Are any members of your family or friends mentally ill or have schizophrenia, and if so, do you make that well known, or are you afraid for people to know?

69) PLASTERING THE CRACKS: HOW SERVICE PROVIDERS FILL THE HEALTHCARE GAP FOR CHRONICALLY ILL HOMELESS

Jamie Maskill BSc, MHA Candidate, University of British Columbia, Faculty of Medicine, Department of Health Care and Epidemiology, Connie Canam RN, PhD, University of British Columbia, School of Nursing, Janet Joy PhD, Vancouver Coastal Health, Deborah Ross MSc, BC Mental Health and Addiction Services, PHSA Research and Networks, Jean Thompson MSc, Vancouver Coastal Health

The literature is replete with evidence of the heavy burden of illness experienced by homeless community members. However, little is known of the extent of chronic illness within these vulnerable citizens and how they achieve healthcare support in the face of multiple barriers.

Objectives

This study seeks out the experts, those that provide daily support in the city's shelters, drop-ins, food services and outreach areas. The researchers attempt to paint a picture of how these community service providers fill in the gaps in care for their clients. The study also provides a snapshot of these individuals' needs, their sources of support, and the ways in which agencies create partnerships with other community organizations to provide a safety net for their clients. The gaps in the continuum of care are elucidated and potential inter-sectoral collaboration is proposed.

Design and Methods

A self-administered survey was mailed to interested representatives of eligible subsistence service agencies within Vancouver and North Shore municipalities in BC. Quantitative data were statistically analyzed, and qualitative data thematically coded.

Results

A high prevalence of mental health and other health conditions was reported. Service providers furnished information about existing gaps in service as well as recommendations on how to better serve their clients' needs through community linkages.

Conclusions

Gaps in care and access to care were reported for clients of the surveyed services, many of whom had mental health issues.

Implications for Practice and Policy: With the recommendations from participants and models of integrated care in the literature, community collaborations are proposed to provide relevant, equitable, cost-effective, quality care to these often overlooked members of the community. This study may provide important anchors for which health authority policy-makers develop new community care models and funding streams.

Acknowledgements

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70) COGNITIVE ADVERSE EVENTS FROM TOPIRAMATE

Leslie McGhan, RMHP Neuropsychology of Capital Health, Scot Purdon PhD, Capital Health; University of Alberta

Novel anti-epileptic drugs are highly effective in lowering seizure rates, but all believed to also result in cognitive adverse events (CAE) that often result in treatment non-compliance or discontinuation. This is particularly problematic given the increased use of anti-epileptic drugs for off-label uses in psychiatric populations. The purpose of the present investigation was a qualitative review of CAE associated with one anti-epileptic drug, topiramate, to assess the demographic range and domain specificity of the suspected CAE and to establish parameters relevant to a quantified review by meta-analysis. The results supported the efficacy of topiramate in seizure management, particularly at higher doses. Unfortunately the risk of CAE also appears to have a linear relation to dose, and patients report a preference for alternate treatments. Remarkably, there appears to be no age association to the effect; it appears in young children, teens and adults. There is also little indication of domain specificity; working memory, attention and verbal function are all adversely affected by topiramate in both seizure patients and healthy controls of all ages.

However, the CAEs associated with topiramate have not been examined within a comprehensive neuropsychological protocol and further domain attributions or cerebral localization remain ambiguous. The qualitative review suggested reliable limitations on the Digit Span Test, Trailmaking B, and verbal fluency, that together may implicate a frontal lobe physiological mechanism for the cognitive limitations. We are currently calculating Cohen's D, a measure of effect size, to assess this hypothesis directly through a meta-analysis of the head-to-head comparisons between topiramate and other anti-epileptic drugs that may have less CAE including gabapentin, lamotrigine, and valproate. The implications of this investigation are far reaching given the increasing prominence of off-label applications of anti-epileptic drugs with little regard for a significant CAE that will undermine the psychosocial gains anticipated from treatment.

71) A POPULATION-BASED STUDY OF THE RELATIONSHIP BETWEEN BODY MASS INDEX AND MENTAL HEALTH

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Background

Existing research reports diverse and sometimes contradictory patterns in the relationship between body mass index (BMI) and mental health, although there is some indication that recent literature reports significant associations more often than older literature. While this may partly reflect methodological improvements, it may also reflect a genuine trend, suggesting the need for continued monitoring at the population level.

Objective

We examined the relationship between BMI and mental health in a population-based study of adults that included the full range of body weights, three disorder types (mood, anxiety, and substance use), and three levels of mental illness severity (diagnosis with significant severity; diagnosis with less severity; and subclinical distress).

Design and Methods

Data came from the 2003 Alberta Mental Health Survey (n=5383), which included a validated, standard instrument for measurement of DSM-IV mental disorders as well as several indicators of psychiatric symptoms. Associations were examined using crosstabulations and chi-squared statistics.

Results

All p-values refer to comparisons across weight categories. Diagnosable mental illnesses were observed predominantly among underweight individuals. For example, across the sample, mood disorder with significant interference was reported by

14.5% (21/145) of those in the underweight category, versus 5.4% (123/2276), 4.5% (80/1787), and 5.2% (49/939) of those in the normal weight, overweight, and obese categories, respectively ($p < .001$). For mood and anxiety disorders, underweight women (but not men) were especially likely to report that their illness interfered a lot with life functioning. For example, anxiety disorder with significant interference was reported by 14% (16/114) of underweight women ($p < .001$) and 3.2% (1/31) of underweight men ($p = .62$), yet anxiety disorder without interference was reported by 6.1% (6/98) of underweight women ($p = .76$) and 24.1% (7/29) of underweight men ($p < .001$). Subclinical psychological distress was elevated among obese women (27.1%, 80/295, $p = .01$) and young men (55.6%, 5/9, $p = .03$).

Conclusions and Implications

The relationship between BMI and mental health is complex. Level of severity of mental illness is important to consider, as men may be more reluctant to report interference with functioning. Elevated levels of subclinical distress among obese women and young men are consistent with the existence of moderate social consequences of obesity.

72) SHARED CARE IN ACTION: FP/ PSYCHIATRY INTERACTIVE WEBSITE

Karen E. Mosier BA, MSc, Raymond Tempier MD, MSc, FRCPC, David Hall BE, BSc, CISSP, University of Saskatchewan

WWW-based continued medical education is especially relevant regarding individual information seeking on focused problems¹. The widespread availability of computers and internet access in practices and homes makes e-based learning for family practitioners FPs a promising solution². The purpose of this new website is to establish and evaluate a web-based information system for FPs to obtain information regarding psychiatric issues. This initiative will provide access to mental health and addiction information. The site will address specific topics (i.e., diagnoses, medication dosage requirements, available types of mental health services, etc.).

This interactive website will have two information formats. It will have: 1) a browse-able collection of files, documents and resources (i.e. common screening questionnaires), and 2) an interactive questions and answers tool. FPs may browse existing answered questions or ask new ones to be answered by psychiatrists.

In this pilot project funded by the Royal University Hospital (RUH) Foundation Fund (Saskatoon), access to this site will only be allowed to Saskatchewan physicians through their College license number. Delivery of information will be done exclusively through a secure web site. E-mail notifications and/or correspondence will take place as part of the question and answer component. The system will identify the top 25 frequently asked questions (FAQs) by FPs. In addition, after approximately 6 months to one year, the website will be evaluated to determine what

types of questions that FPs ask of psychiatrists. Also, we will ask participants (FPs and psychiatrists) their satisfaction about the service. The details of the design phase and the 'evaluation protocol' for this website will be presented.

1. Dickmann, C., Habermeyer, E., & Spitzer, K. (2000). WWW-based continuing medical education: how do general practitioners use it? *Studies in Health Technology and Informatics*, 77, 588-592.
2. Dickman, C., van der Baaeren, J., & Spitzer, K. (1999). Post-Doc: satisfying the information needs of general practitioners in continuing education and daily practice. *Studies in Health Technology and Informatics*, 68, 463-466.

73) RETHINKING ASSET THEORY: APPLICABILITY TO THE SURVIVAL OF HOMELESS YOUTH

Brenda Munro PhD, University of Alberta, Patti LaBoucane-Benson Research Director, Native Counseling Services of Alberta

Aboriginal people are over-represented among both the general homeless population and among homeless youth, particularly in Edmonton, Prince Albert, Vancouver, Saskatoon, Winnipeg, Toronto and Ottawa. Homeless youth including aboriginal homeless youth are characterized by a myriad of physical, emotional, and sometimes spiritual problems. Evidence suggests that the health of homeless youth is related to higher rates of substance abuse, mental health problems sexually transmitted diseases (including HIV/AIDS), pregnancy, dermatological problems (including lice and scabies), malnutrition, depression and suicide than the general youth population. Much literature has addressed youth protective assets and resiliency factors related to healthy youth development. While these factors do apply to the protection of youth within the general population, homeless youth (i.e. aboriginal and non-aboriginal) have unique demands and asset deficits. Thus they are faced with the need to develop survival assets and transitional assets essential to coping with their situation and to aid them in transitioning into a state of homefulness.

Within the present study 16 homeless female youth (18 to 29 years old), half aboriginal and half non-aboriginal, were followed for a two year period. Bi-monthly interviews were transcribed and examined for themes. Within the first phase youth were asked to tell their life stories including family genograms and a discussion of life changing situations. At the same time the traditional protective youth assets were presented to the homeless youth. They were asked to evaluate the appropriateness of each asset in their own lives within their present situation. Many of the assets were found to be inappropriate or inaccessible to this group of youth. A new group of suitable survival assets were determined by the participants. These assets were found to be appropriate and accessible to homeless youth and instrumental in the survival of youth within their homeless state. Based on this feedback a list of survival assets was developed. These assets were expanded further by following the youth over time to determine which assets were associated with youth transitioning out of homelessness. These survival and transitional assets will be discussed. These findings have major implications to the development of appropriate programming for homeless youth.

74) ADOLESCENT IDENTITY DEVELOPMENT, DECISION MAKING AND INVOLVEMENT IN HEALTHY AND RISKY BEHAVIOURS

Gordon Munro PhD, Taylor University College, Brenda Munro PhD, University of Alberta



Results emerging from a random sample of Alberta Junior and Senior High students found significant relationships between adolescent decision making, identity and involvement in healthy and risk behaviours.

This project had three objectives. The first was to identify the process of becoming involved in health risk behaviours such as smoking, alcohol and drug use during the period of adolescence. The second objective, involved identifying patterns that affected young adults' decisions regarding continued involvement in health risk behaviours. The final objective was to identify the process of moving out of the risky behaviours. Quantitative and qualitative data provide insight into reasons why certain youth are likely to become involved in high-risk behaviours, maintain that involvement through a portion of their adolescent and young adult years, and remove themselves from the behaviours in their adult lives.

75) SUICIDE BEHAVIOR: HURTING AND TROUBLED ADOLESCENTS WITH HURTFUL AND TROUBLESOME BEHAVIOR

B. Lee Murray RN, BScN, MN, PhD(c), University of Saskatchewan

Suicide is a significant health problem in every country in the world, and is among the ten leading causes of death. Suicide has been systematically and scientifically studied. However in spite of this, suicide is almost impossible to predict in any given individual and our attempts at preventing suicide have been characterized as still being in their infancy. Current research in the area of youth suicide identifies the magnitude of the problem and also provides correlation between youth suicide and the contextual issues within families. However the literature provides limited exploration of the effects of these contextual issues, and the increased vulnerability of adolescents at risk. Another limitation of current research is that it fails to provide clear and practical models for the assessment and intervention of youth suicide. The researcher, a Clinical Nurse Specialist, has implemented a model for youth suicide risk assessment and intervention. The research studied the efficacy of the model using a qualitative approach.

This research study examined the approach to youth suicide risk assessment and intervention in respect to the perceptions of the participants who experienced this particular approach. In-depth interviews were conducted with 3 adolescent participants and 6 parents (mothers). The findings reflected the strengths of the model and the important issues to address for suicidal adolescents and their families. This paper will also discuss the integration of a number of theories to establish a comprehensive assessment of risk. In order for this model to be successful it is important for mental health professionals to make a connection with the youth and begin to understand the self-harm behavior in context of the adolescent's family, and their social and school experiences. The presentation will discuss a comprehensive approach to suicide risk assessment, key elements of the model being tested and the research findings.

76) PROBLEM GAMBLING AND ATTEMPTED SUICIDE ARE ASSOCIATED IN A NATIONAL SURVEY IN CANADA

Stephen Newman Professor, University of Alberta, Angus Thompson Research Officer, Flinders University, Adelaide, Australia

Objective

To examine the association between problem gambling and attempted suicide in a nationally representative sample of Canadians.

Design and Methods

Data came from the Canadian Community Health Survey, Cycle 1.2 (CCHS) conducted by Statistics Canada in 2002, which interviewed 36,984 citizens aged 15 years or older (response rate 77%). Logistic regression was performed with attempted suicide (in the preceding 12 months) as the dependent variable; the independent variables were age, sex, marital status, education, employment status, household income, geographic region, and (in the preceding 12 months) problem gambling, major depression, alcohol dependence, drug dependence, and care received for a mental health problem. Survey weights and bootstrap methods were used to account for the complex survey design. Problem gambling was diagnosed using the Canadian Problem Gambling Index; while major depression, alcohol dependence and drug dependence were diagnosed using DSM-IV criteria.

Results

The crude odds ratio for the problem gambling-attempted suicide association was 8.8 (95% confidence interval [CI]: 4.0-19.2). In the final logistic regression model, which included terms for major depression, alcohol dependence, mental health care received, and several demographic variables, the odds ratio was 3.4 (95% CI: 1.4-8.6).

Conclusions

Problem gambling and attempted suicide are associated; however, it is not possible to say whether this represents a causal relationship.

77) THE MMPI-2 IN DIFFERENTIAL DIAGNOSIS OF SCHIZOPHRENIA AND SUBSTANCE INDUCED PSYCHOSIS

Amy Nguyen BA, Scot Purdon PhD, Capital Health; University of Alberta,

The remarkable similarity of the clinical presentation of a first episode of schizophrenia and a substance-induced psychosis may result in mis-diagnosis that will undermine appropriate early intervention. The phenotype may be similar but the etiology is different and this should be reflected in discrete endophenotypic markers. Several markers have been suggested for schizophrenia, including deficits in sustained attention, working memory, eye movements, and self-reported schizotypal features, all with good sensitivity but questionable specificity. The objective of the present study was to examine the sensitivity and specificity of a common psychological assessment instrument, the Minnesota Multiphasic Personality Inventory (MMPI-2), to the differential diagnosis of first episode schizophrenia from first episode substance-induced psychosis. The primary hypothesis was that the MMPI-2 scales presumed most sensitive to Paranoia (Scale 6), Schizophrenia (Scale 8), and Social Withdrawal (Scale 0) would be elevated in the schizophrenia sample relative to the substance-induced psychosis sample, despite similarities between the groups on other scales sensitive to non-specific personality features (e.g. Scale 2 for Depression). A secondary hypothesis was that MMPI-2 scales presumed sensitive to substance abuse including the MacAndrew Alcoholism Scale Revised, Addiction Potential Scale and Alcohol Acknowledgement Scale would show greater elevations in the substance-induced psychosis sample.

The method entailed administration of the Structured Clinical Interview for DSM-IV TR (SCID-IV-TR) and the MMPI-2 to 53 patients entering the Edmonton Early Psychosis Intervention Clinic of the Regional Mental Health Program of Capital Health. The results based on 23 patients meeting SCID-IV TR criteria for substance-induced psychosis (43%) and 30 patients meeting criteria for schizophrenia (n=30, 57%) showed a significant difference between the two groups on Scale 6 (paranoia, $p < .01$), and ANX (anxiety, $p < .03$). Both groups showed elevation on scale 8. In addition, the schizophrenia group showed elevation on BIZ (bizarre mentation). Also, both groups tended to deny alcohol use and did not show elevation on the MacAndrew Alcoholism Revised Scale, Addiction Potential Scale and Alcohol Acknowledgement Scale. In summary the MMPI-2 appears sensitive to common clinical phenotype associated with schizophrenia and substance-induced psychosis, but only Scale 6 (paranoia) and ANX (anxiety) showed any potential value to differential diagnosis.

78) INPATIENT AGGRESSION AT THE BC FORENSIC PSYCHIATRIC HOSPITAL: IMPLICATIONS FOR POLICY AND PRACTICE

Tonia Nicholls PhD, BC Mental Health and Addiction Services, Patrick Lussier PhD, Simon Fraser University, Johann Brink MB, ChB, FCPsych (SA), FRCPC, BC Mental Health and Addiction Services, Simon Verdun-Jones JSD, Simon Fraser University

Objectives

Aggression perpetrated by inpatients compromises patient care, detracts from the therapeutic milieu, and generally represents a significant challenge to administrators, staff, and patients alike. Research suggests that inpatient aggression is ubiquitous and may be increasing; however, few studies have explored aggression in forensic hospitals (Daffern et al., 2003). This study investigated risk factors for violence, with a focus on recidivistic and chronic assaulters and an examination of differential risk factors for diverse forms of aggression (e.g., physical vs. verbal). Knowledge of the nature and severity of aggression among the client population served is integral to informing theoretical explanations of the etiology of inpatient aggression and identifying the most appropriate training and intervention policies.

Design and Methods

Using retrospective reviews of patient files and extensive hospital records we examined every incident of aggression committed by the population of patients at the BC Forensic Psychiatric Hospital in 2004. Aggression was measured using the Overt Aggression Scale (Yudofsky et al., 1986). We employed descriptive statistics, chi-squares, and odds ratios analyses.

Results

More than half of the patients engaged in verbal aggression (55%), ¼ committed aggression against property (26%), and one-in-five committed physical aggression against others. Compared to patients who occasionally manifested aggression (53.2%), chronic offenders (6%) were on average 7 times more likely to be physically violent against others, 6 times more likely to be sexually inappropriate, and about 5 times more likely to inflict self-harm. Co-patients (62%) and nurses (30%) are the most common victims of serious assaults.

Conclusions

Many patients are never aggressive. Although aggression is common, the bulk of incidents involve low-level aggression. The incidence of aggression is highly skewed; a large number of patients engage in aggression on rare occasions and a small number of patients are frequently aggressive. A minority of chronically aggressive patients account for ~50% of all serious incidents.

Implications

The rates and severity of inpatient aggression and injuries highlight the need for periodic reviews of the efficacy of various hospital-based aggression management models. Identifying and managing the minority of patients who repeatedly engage in serious aggression could substantially reduce the risk of inpatient aggression.

79) IS THE PROFOUND DISTRUST OF UNBRIDLED CLINICAL OPINION IN THE VIOLENCE RISK ASSESSMENT FIELD UNFOUNDED?

Tonia Nicholls PhD, BC Mental Health and Addiction Services; Simon Fraser University, J.R.P. Ogloff JD, PhD, Monash University, Barry Ledwidge PhD, Retired, Riverview Hospital; Simon Fraser University

Objectives

In recent years, heated debate has erupted with regard to the necessity to replace, rather than supplement clinical judgment of violence risk with professional measures (Quinsey et al., 1998). Litwack (2001) asserted that there has been a "rush to judgment" and that the empirical evidence to support the "nails in the coffin" of clinical judgment (see Monahan, 1984) is premature. We contrasted the predictive accuracy of structured measures with clinical appraisals of civil psychiatric patients' violence risk.

Design and Methods

Participants were 98 involuntarily hospitalized civil psychiatric patients who appeared before a review panel. The PCL:SV (Hart et al., 1995) and HCR-20 (Webster et al., 1997) were completed from file review by doctoral level research assistants (RAs). The Chairs of each Review Panel and the patients' attending physicians completed an assessment of the likelihood (low, moderate, high) that the patient would engage in violence (any, non-physical, physical, criminal) over the upcoming year. RAs culled details regarding violent incidents from hospital records. Receiver operating characteristic analyses (ROC) were the primary analyses.

Results

42 men and 21 women were detained in hospital. 45% of men and 76% of women engaged in aggression during hospitalization. Assessments structured by the HCR-20 and PCL:SV were significantly more accurate (e.g., AUC = .62 - .77) than unstructured assessments by the attending physicians or the RP chairs (e.g., AUC = .30-.50). For instance, there was a 74 % chance that a male patient who committed aggression received a higher score on the HCR-20 than a patient who was not violent. Of men who committed physical aggression 80% were rated high risk on the HCR-20.

Conclusions

Unstructured clinical judgment was accurate at a rate equivalent to chance. In comparison, research assistants using structured measures achieved significantly better predictive accuracy.

Implications

"The use of actuarial instruments to support clinical estimates ... is the most exciting and promising development in this area of mental health law at the close of the 1990s" (Monahan, 1997, p. 169). Structured measures provide a bridge between research and practice that can substantially improve the accuracy of violence risk assessments.

80) ONE FAMILIES DARK NIGHT OF SCHIZOPHRENIA: AN ALBERTA EXPERIENCE

Roberta Noden RN (Inactive), Kenneth Noden RTAC, Medical X-Ray Technology, Northern Alberta Institute of Technology, Austin Mardon BA, MSc, MEd, PhD

The Noden family has two sons with schizophrenia one of the sons having an onset during childhood the other one having onset during his teenage years. This presentation will cover one families collective descent into hell when two of their children were stricken with schizophrenia and how they coped and are coping with what is still a difficult situation.

Some of what this abstract will discuss is:

One day Locke came home early, saying everyone was sent home by the principle. He didn't know why, and it took me a few days to clarify the story with the school. No one was sent home. Was this the beginning of him hearing things, and other symptoms of mental illness? He came home in a panic saying that the bully's were going to beat him up". He was developing a terrible temper – one time throwing a footstool at a bed room door and which left a hole. He would forget where he had left things. i.e. He told his teacher he couldn't find a particular book. Finally she had to go look, and it was on top of his desk.


Initially we had meetings his teachers, the principle, a school psychologist, my family physician, and finally a Psychiatrist. It took almost 7 months, to get a bed in the hospital.

The empathy that Dr. K showed to my son, and his honesty when he asked if we knew our boy was suicidal, gave us the courage to persevere. During this first effort to obtain information He sat tearfully on this Doctors lap.

This was the first time he had ever confided what his life was like. I listened as Locke told him about the "Green Eyes" that watched him through the concrete on our house. He mentioned that he was afraid to go down our basement, because there was something that he saw. No one believed him, but he could see it and it was really smart, because every time anyone else went to see what was downstairs it disappeared. Was this the beginning of his mental illness?

8I) EVIDENCE BASED DEVELOPMENT OF A SUICIDE RISK ASSESSMENT STRATEGY

Iris Penwarden RN, Michael Trew MD, FRCPC, Calgary Health Region, Mental Health



Formal reviews of completed suicides in Calgary's Mental Health patient population generate recommendations for improvements in care and service delivery. To augment this quality assurance process and to permit monitoring of overall trends that can effect clinical practice, an electronic data base was designed to gather demographic, diagnostic and clinical risk factor information.

Completed suicides in Mental Health patients have been tracked for seven years (N=81). Accumulated data reveals a male to female ratio of 2:1 compared with the 3:1 rate for suicide in the general population. Of the twelve clinical risk factors collected, each subject has, on average, four. The most frequently occurring risk factors are losses (63%), previous psychiatric hospitalization (59%), previous suicide attempts (59%), and substance abuse (57%). Mood Disorders comprise 47% of all diagnoses.


The identification of previously hospitalized patients as a vulnerable group for suicide is confirmed in the literature. Our monitoring of 65 cases of suicide in a five year period, reveals 60% of that group was hospitalized in the previous 9 months (N=39) and of those, 59% suicided within 30 days of discharge (N=23). Further breakdown shows that risk of suicide is highest in the first 7 days post discharge (N=11), with 73% of those being male aged 35-55 years. Other commonalities include history of previous attempts (90%), family psychiatric history (55%), substance abuse (55%), mood disorders (55%) and refusing treatment (45%).

These findings were part of the rationale for implementing Mental Health Outreach Services in both Emergency and Inpatient settings in 2004 which has resulted in an 18% decrease in annual numbers of post hospitalization suicides.

To further impact clinical practice, completed suicide data is informing a strategic plan, consistent with the Alberta Suicide Prevention Strategy, which emphasizes formal suicide risk assessment, core competencies and evidence-based content for orientation and training. A regional Mental Health policy on standards for documentation of suicide risk assessment is being developed. Next steps include standardized risk assessment screens for the Electronic Health Record

82) DEVELOPING INTERPROFESSIONAL IDENTITIES: OBSERVING SOCIAL CONSTRUCTION AMONG STUDENTS


Sally Perry MSc, RPsych, Nancy Arthur PhD, RPsych, University of Calgary



This research was conceptualized in response to the national initiative aimed at increasing the effectiveness of the health and social care systems in Canada through interprofessional collaboration. The author isolates the process of student identity formation, and asserts that the development of an interprofessional identity is a necessary component of professional education. The assumptions of Social Constructionism (Berger & Luckman, 1966) and Social Identity Theory (Tajfel & Turner, 1986) are applied, while the phenomenological research methodology of Moustakas (1994) guides the focus group data collection process. Sixteen students from 4 faculties at the University of Calgary speak of their interprofessional identity formation process. The results clarify the construct, identify key components, and suggest ways of fostering interprofessional identity development.

83) A STRATEGIC APPROACH TO MENTAL HEALTH OUTREACH SERVICE INNOVATION AND PLANNING

Shandi Petersen BA, Sharlette Braun BA (Hons), Fee Forbes RN, BScN, Calgary Health Region



Community-based outreach service is considered a best practice in the provision of care to persons with severe mental illness. Apart from Assertive Community Treatment, which has been well researched, there is little published literature on the range and innovation of mental health outreach services in Canada. A thorough and objective review of outreach services in the Calgary Health Region was conducted in order to develop a framework delineating the scope of outreach throughout the region. For the purpose of this review, outreach was defined as: "To provide direct mental health services to our clients within their own immediate environment, with a focus on stabilization, support, intervention, and linkages within the region in order to provide accessible and seamless services for those clients." Interviews were conducted with 105 staff from 43 programs providing services that fit the definition of outreach. Additionally, stakeholder focus groups were conducted with clients and staff from closely affiliated programs.

The review found that outreach mental health services in the Calgary Health Region are provided by 330 professionals, 51 volunteers, and 25 peer workers. Results also indicated that many outreach services were recently developed to fill gaps in the system, culminating in some novel and exciting program development. However, this stopgap approach has potential pitfalls. Developing new programs independently of one another can result in innovation, but also in disconnectedness, isolation, and duplication of service. Thus, a considered, intentional coordination of outreach services has been recommended to ameliorate these issues. This recommendation will make for improved continuity of care, while retaining the positive and innovative aspects of each program, increasing our capacity to plan for systemic innovation appropriately and strategically.

84) PRELIMINARY YFIRES RESULTS DEMONSTRATE SUCCESS IN REHABILITATING FIRE SETTING YOUTH

Vanessa Potok BHSoc Program, University of Calgary, T.C.R. Wilkes BSc, MB, ChB, Mphil, DCH, FRCP(Edin), MRC Psych, FRCP(C), FAPA, David Cawthorpe BSc, MSc, PhD, RSW, Calgary Health Region

Purpose

The purpose of this study is to determine the effectiveness of the YFIRES program in decreasing repeat fires set by juveniles enrolled in the program.

Importance of The Problem

Juvenile fire setting is a serious problem. Eighty-one percent of fire setting youth will, without an intervention program, set fires again. Intervention programs with fire setting youth have the potential to eliminate recidivism and save untold costs in lives, injuries and property damage. For example, between 1998 and 2002, fire setters under the age of 12 years within the province of Alberta caused 743 fires, 5 deaths, 115 injuries, 15 million dollars in property damage and this represented 50% of all arson fires. The Youth Firesetter Intervention Referral and Education Service (YFIRES) program exists to rehabilitate fire setting youth by changing behaviour and preventing re-offence.

Description of the Initiative

The YFIRES program accepts referrals of fire setting juveniles (ages 2-18 years) from the Calgary Fire Department (CFD) and makes referrals to the Child and Adolescent Mental Health Program (CAMHP) among other services. Data concerning juvenile arson and YFIRES enrolment was obtained from the CFD database and the RAIS database. The data from the CFD was analysed for evidence of recidivism.

Key Findings

In 2005, of 126 children served by YFIRES, one child has re-offended. Without intervention, there is an 81% probability of juvenile re-offence.

Conclusions


Fire setting is an important issue with enormous costs to individuals and our community. YFIRES provides demonstrable benefits to juvenile participants and society, as it effectively stops young fire setter recidivism. As YFIRES is implemented on a larger and more permanent scale, the outcomes of the program should continue to be monitored to ensure the most effective development of YFIRES.

Implications for Policy or Practice

As the program develops in other areas of the province linkages for cross-jurisdictional planning should be established together with capacity-building within mental health to intervene effectively with identified youth.

85) ATYPICAL CEREBRAL ACTIVATION ON FUNCTIONAL MRI IN SCHIZOPHRENIA

Scot Purdon PhD, RMHP(AHE) of Capital Health, Lenka Zedkova MD, PhD, University of Alberta, Neil Woodward MA, Vanderbilt University, Phil Tibbo MD, University of Alberta



A cerebral basis for the acquisition and retention of procedural knowledge in schizophrenia was examined with 1.5T functional MRI during an embedded sequence Serial Reaction Time Task (SRTT) in 10 chronic medicated patients and 15 healthy controls. Comparable procedural learning was observed in both groups, suggesting that the impairment reported in previous schizophrenia samples may not be robust. Consistent with previous fMRI reports, procedural learning in the control group was associated with activity in the dorsal striatum, anterior cingulate, parietal cortex, and frontal cortex. Greater procedural learning related activity was observed in the control relative to the schizophrenia group in the bilateral frontal, left parietal, and bilateral caudate regions. Patients did not activate frontal or parietal areas while responding to the embedded sequence within the SRTT, but greater activation during procedural learning was observed relative to the control sample in the right anterior cingulate, left globus pallidus, and the right superior temporal gyrus.

Thus, despite comparable instantiation of procedural learning in schizophrenia, the cerebral activation associated with this cognitive skill was abnormal. The paucity of activity in bilateral frontal cortex, left parietal cortex, and bilateral caudate nucleus may represent cerebral dysfunction associated with schizophrenia, whereas the hyperactivation of the right superior temporal gyrus, the right anterior cingulate cortex and the left globus pallidus may represent a compensatory cerebral action capable of facilitating near-normal task performance. The results are thus consistent with a neurodevelopmental pathology impinging on fronto-subcortical circuitry.

86) SUBSTANCE INDUCED PSYCHOSIS AND SCHIZOPHRENIA: HORMONES FOR DIFFERENTIAL DIAGNOSIS


Scot Purdon PhD, RMHP(AHE) of Capital Health, Yanina Shulman BSc, Phil Tibbo MD, University of Alberta

Accurate diagnosis is essential to selection of effective treatment. Acute psychotic episodes are particularly troublesome to diagnosis because the clinical presentation often provides no clues to pathogenesis. For example, the psychosis resulting from substance abuse is difficult to distinguish from a psychosis resulting from schizophrenia. The Edmonton Early Psychosis Intervention Clinic (EEPIC) is attempting to delineate biological and psychological markers useful to the differential diagnosis of a psychotic episode caused by drug abuse from a psychotic episode caused by schizophrenia. Epidemiological and preclinical studies have implicated estrogen and progesterone in psychosis, and the current investigation assessed the sensitivity and specificity of the hormones to differential diagnosis. Twenty-two young unmedicated men referred to EEPIC were stratified with the Structured Clinical Interview for DSM-IV into a schizophrenia (n=13) or a substance induced psychosis (n=8) group.

The schizophrenia sample exhibited more severe symptoms of psychosis (PANSS Positive, Negative, General), but was similar to the substance induced psychosis group in psychosis vulnerability (MIS, SAS), depression (BDI, CDI), anxiety (HAMA, STAI), mania (BRMS), and obsessions and compulsions (Y-BOCS). Although very similar in overt presentation, the schizophrenia sample exhibited higher serum progesterone and lower serum estradiol than the substance induced psychosis sample. Most notable was the greater proportion of the schizophrenia sample with high progesterone (85% with values > 3 nm/L) or low estradiol (77% < 150 pm/L) compared to the substance induced psychosis sample (25% with high progesterone, and 25% with low estradiol). Estradiol and progesterone appear to show good sensitivity and reasonable specificity in the differential diagnosis of schizophrenia from substance induced psychosis.

87) AN FMRI INVESTIGATION OF INDIVIDUALS WITH FAMILIAL HIGH RISK FOR SCHIZOPHRENIA

Scot Purdon PhD, RMHP(AHE) of Capital Health, Neil Woodward MA, Vanderbilt University, Phil Tibbo MD, University of Alberta



The search for candidate schizophrenia susceptibility genes may be aided by the identification of endophenotypes related to the disorder that have more straightforward genotype-phenotype relationships than complex behavioral symptoms or subjective diagnostic categorizations. Prior functional Magnetic Resonance Imaging (fMRI) investigations of procedural learning in patients with schizophrenia identified reduced activity in the frontal and parietal cortices and basal ganglia during performance of the serial reaction time (SRT) task suggesting that abnormal function of these regions might be an endophenotype for schizophrenia. To determine if the abnormal responses detected in patients is related to genetic susceptibility for schizophrenia, 12 unaffected siblings of patients and 15 controls underwent fMRI during performance of the SRT task.

The results confirmed that unaffected siblings' performance on the SRT task was normal but cerebral activity was abnormal. They demonstrated less activity in regions of the frontal and parietal lobes and basal ganglia during performance procedural learning, compared to the normal controls. The findings support previous investigations suggesting that altered cerebral neurophysiology during performance of cognitive tasks may be a useful endophenotype of schizophrenia. However, further criteria, especially with respect to the heritability of SRT performance and the associated cerebral neurophysiological response to the task, remain to be fulfilled.

88) THE EVALUATION OF THE CALGARY SHARED MENTAL HEALTH CARE (SMHC) PROGRAM

Paul Ragusa, Carol Rupeich, Shared Mental Health Care Program

Purpose

The development of a shared mental health care service emerged from surveys of health care consumers and service providers, including physicians within the Calgary Health Region. The results indicated that existing mental health services in Calgary Health Region were difficult to access, had long wait-times and were often inappropriate. Specifically, survey groups indicated that hospital-based mental health programs were valuable and necessary, but were often inaccessible.

Importance of The Problem

Recognizing that consumers and providers of mental health services in the Region have consistently expressed concern regarding the inaccessibility and unavailability of institution-based mental health programs, this resulted in the development of a health care model that would improve the detection and management of mental health cases in the primary care setting.

Description of the Initiative

Shared Mental Health Care (SMHC) is based on collaborative relationships between Family Physicians, Mental Health Clinicians and Psychiatrists which has the shared goals of enhancing the Family Physician's skills and confidence in providing mental health care to their patients. The SMHC model consists of mental health consultants collaborating with the family physician in the assessment, treatment and management of mental health patients.

Key Findings

- Majority of MD's felt SMHC Service either met or exceeded all of their expectations
- More timely & efficient access to mental health professionals
- Improves the MD's ability & capacity to manage MH patients in their practice

- Patients receive high quality mental health services
- Decreased burden on the MH system/more efficient & appropriate use of MH system
- Improved ability/knowledge to identify & manage MH patients
- Improved treatment/outcomes for patients
- Timely access to/support from skilled mental health consultants
- Decreased MD's stress level managing MH patients

Conclusions

In the Shared Mental Health Care initiative, professional mental health collaboration allows for the prompt delivery of high quality service to patients at the primary care level, thereby reducing reliance on secondary or tertiary level programs. Consequently, both accessibility to service and continuity-of care are enhanced by this approach.

Implications for Policy or Practice

A policy of the SMHC Service is maintaining the family physician at the forefront of mental health care for the patients seen in the primary care setting, with the mental health care consultants functioning to provide support, information and collaboration when required. Furthermore, the Mental Health Consultant improves the Family Physicians' identification and management of the mental health patients in their practices. The longer-term goals stemming from the improvements to the primary care setting include improved patient outcomes and a more efficient mental health system.

89) EMERGENCY ROOM, PSYCHIATRIC CRISIS RESPONSE

Paula Reaume-Zimmer RN, BScN, CPMHN(c), Ranjith Chandrasena MD, MPhil, DPM, MRCPsych, FRANZCP, DABPN, FRCPC(c), Becky Elgie RN, CPMHN(c), Cheryl Dickson Crisis RN, Linda Youngs Emergency Department RN, Chatham-Kent Health Alliance

General hospital emergency room departments are faced with the increasing challenge of balancing quality mental health care and risk management with the expectation of "least intrusive intervention" for the mentally ill population who present in acute crisis. The increasing demand in emergency departments is due to a variety of factors including shortage of psychiatrists, de-institutionalization and higher than average number of psychiatric patients having no family doctors. Chatham-Kent Health Alliance, Mental Health Services has achieved successful outcomes in response to these demands. These outcomes are only possible when emergency room physicians, psychiatrist and nurses specialized in each area work within a collaborative healthcare setting. In doing so, they offer their unique expertise that is necessary to safely and effectively develop a plan of care that promotes pre-crisis level of functioning, stabilizing the patient's symptoms and transferring the patient to a more definitive follow-up treatment in either an inpatient or community setting.

Over the last six years 6762 patients were seen in the ER by a specialized crisis nurse. There were no emergency holds, and short stay admissions are at an all time low. Admission from the ER to the inpatient program has reduced from 62% to an average of 12% in 2005-2006.

Challenges in providing crisis services such as: continuity of care between hospital based and community based services, lack of holding beds, interface between Psychiatry, Family Medicine and Registered Health Disciplines as well as inadequate data bases are all issues that CKHA, MHS has addressed. Additional components of the program, which have contributed to our success are the valuable partnerships with community agencies such as CMHA, ACT, polices services as well as the outpatient mental health and addiction program.

Creating a program based on a collaborative and integrative approach within an interdisciplinary team has produced outcomes that continue to support the success of the model as well as the treatment planning necessary for crisis intervention and mental health recovery.

90) SCHOOL MENTAL HEALTH CONSULTATION LIAISON SERVICE: INNOVATION THROUGH PARTNERSHIP AND COLLABORATION

Arlene Rose BScN, Emily Khalema RPN, Gina Roline BScN, Karen Ranville RPN, Kirby Tunski RPN, Capital Health, Regional Children's Mental Health

The innovative School Mental Health Consultation & Liaison Service (SMHCLS) was developed through the Edmonton School Health Initiative Partnership (ESHIP) to address a need identified for support to children and youth transitioning from tertiary care children's mental health services to their homes, schools and communities.

The service consists of a team of four experienced mental health nurses – two nurses for each school board (Edmonton Separate and Edmonton Public). The goals of the service are to 1) help the student (Kindergarten – Grade 12) transitioning from tertiary-level mental health services maintain attendance at his/her community school; 2) support both the family and school personnel in helping the student maintain attendance and reach their full potential; 3) assist in preparing the child, family and school personnel for the child's positive integration back into the learning environment; and, 4) provide facilitated support to the child and family between home, school and psychiatric services.

The SMHCL team utilizes the school integration model as framework of service. The school integration model involves two main phases. The pre-integration phase has three steps and occurs before the student returns to school. The integration phase consists of the collaborative process of family, school and mental health working together on a unified plan to successfully integrate the student into the learning environment. The SMHCLS nurses have found this framework very helpful in guiding their practice.

91) ADDICTION SERVICES IN BC AND ALBERTA: COMPARISONS ALONG THE CONTINUUM OF CARE

Deborah Ross MSc, Derek Lefebvre BA, BC Mental Health and Addiction Services, Provincial Health Services Authority, Gerald Thomas PhD, Canadian Centre of Substance Abuse, Patrick Smith PhD, BC Mental Health and Addiction Services, Provincial Health Services Authority

In recent years, and in line with other nations – including Australia, New Zealand, and England – Canada’s healthcare system has been de-centralized in favour of a regionalized model. While the intent is to improve the access and delivery of services across jurisdictions in ways that are meaningful to those jurisdictions, a potential pitfall is that the same standards of care may not be uniformly available across provinces and regional health authorities (RHAs). Although it is likely premature to evaluate the effects of regionalization on the healthcare system, a description of the nature and scope of related cross-jurisdictional variations in the organization and delivery of services may begin to inform such an evaluation.

Objective

The purpose of the poster is to describe and compare the addiction service delivery systems within and across Canada’s two westernmost provinces. Fundamental differences exist: in Alberta, the Ministry of Health and Wellness funds a centralized provincial addiction service delivery system through the Alberta Alcohol and Drug Abuse Commission (AADAC); whereas in BC the majority of addiction services, although provincially funded, are delivered through the RHAs. Differences will be discussed in relation to the continuum of care: prevention and education, screening and assessment, withdrawal management, treatment, and aftercare.

Methods

The study on which this paper is based aimed to document the existing continuum of addiction services across Canada. It was carried out under the National Treatment Indicators Working Group of the Canadian Centre on Substance Abuse (CCSA) and Canadian Executive Council on Addictions (CECA). Data collection involved web-based research and telephone interviews with representatives of provincial ministries of health and service delivery organizations.

Results

Services along the full continuum were available in each province, however the pattern of regional variations and degree to which certain services were available differed by province.

Conclusion

There are important regional differences in addiction services and these may affect access to services by individuals who require them.

Implications

Without denying the need for region- and population-specific service planning and delivery, government policy-makers and provincial organizations must work with RHAs to ensure equitable access across the continuum of care.

92) A COMPREHENSIVE FRAMEWORK FOR WORKPLACE MENTAL HEALTH & ADDICTION: PRACTICAL & RESEARCH IMPLICATIONS

Joti Samra PhD, Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University, Peter Coleridge MHSc, Elliot Goldner MD, Kate Milne MHS, BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority

Purpose

To develop a comprehensive framework – across level of prevention and by stakeholder group – for conceptualizing workplace mental health and addiction issues, for the purpose of guiding research and practice initiatives.

Importance of The Problem

A review of the literature was conducted to identify existing research and/or applied frameworks in the area of workplace mental health and addiction. A comprehensive framework was not identified in the existing empirical or gray literature. The dearth of an existing framework is notable, as a comprehensive framework can be of tremendous value in guiding both research and practice initiatives in an integrated fashion.

Description of the Initiative

A literature review identified the following characteristics of a comprehensive research/applied framework for mental health and addiction issues in the workplace: (1) includes all 3 levels of prevention (primary, secondary, tertiary); (2) has a broad focus on the management of interrelationships between individual and organizational health (rather than a micro-focus exclusively on individual mental health issues); and (3) links primary, secondary and tertiary intervention strategies in a comprehensive fashion.

Key Findings

A comprehensive framework was developed based upon a review of the literature. The framework identifies and incorporates areas of research and practice in workplace mental health and addiction across level of prevention (primary, secondary, tertiary) and stakeholder group (employee, employer, business community, benefits providers, primary care, mental health, and community agency). Levels of prevention were further subdivided into the following categories: Health Promotion; Early Identification & Intervention; Intervention; Disability Management/Return to Work; and Sustained Work Return. Within each of the grids of the framework, potential and existing areas of research and practice initiatives were identified (e.g., workplace mental health literacy was identified as a Primary Prevention [Health Promotion] activity, within the primary mandate of community agencies). Each of the areas within the framework were categorized as being (a) an area in which there was substantial existing/ongoing research and applied activities; (b) an area of emerging research/practice; or (c) an area in which there were marked gaps in research/practice.

93) UNDERSTANDING THE MENTAL HEALTH DETERMINANTS AND NEEDS OF ALBERTA'S IMMIGRANT CHILDREN

Christopher Sargent MPH Candidate, Lynn Damberger RPN, MSC, Alberta Mental Health Board

Objective

Due to rapid economic growth, the Government of Alberta is increasing immigration from foreign countries to help address labour shortages. The growth in immigration, particularly in refugees, creates unique and new pressures on children's mental health services. Arriving in a new country poses many difficulties, especially for children and families, often resulting in the onset or furthering of mental illness.

Understanding the mental health determinants and needs of immigrant children is critical to addressing post-arrival determinants and to the identification, assessment and treatment of mental illness.

Design and Methods

The authors interviewed immigrant settlement services, government agencies and immigrants across Alberta. A literature review of all available and pertinent studies was also completed. Information from interviews along with data and findings from academic literature was compiled.

Results

Determinants of mental health issues for immigrant children can be thought of in terms of causal factors, symptoms of the issues and systematic factors, with these being interactive and cumulative. Systematic factors must be considered as they not only provide barriers to access; they can lead to further frustration, a sense of isolation and ultimately, contribute to mental illness.

Conclusions

Understanding the multi-factorial determinants and the needs of mental health in children who have immigrated is critical when addressing unique causes, symptoms and systematic barriers. The author's work provides a detailed picture of the multi-factorial determinants along with demographic information and systematic shortcomings.

Implications for Practice or Policy

Understanding and addressing children's mental illness in immigrants is a unique challenge and must be identified as so to provide for effective promotion and prevention, along with appropriate assessment and treatment.

94) HOUSING FOR PEOPLE WITH SCHIZOPHRENIA: DILEMMAS OF CARE AND CONTROL

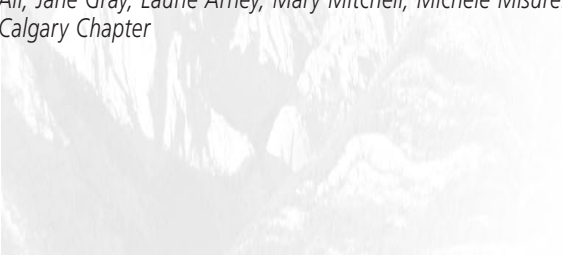
Barbara Schneider PhD, Monique Solomon MA, University of Calgary, Cindy Calderbank, Claude Mathieu, Dale Silbernagel, George Benson, Jamal Ali, Laurie Arney, Mark Sunderland, Mary Mitchell, Michelle Misurelli, Schizophrenia Society of Alberta, Calgary Chapter

We present results of a SSHRC funded research project that investigated barriers to housing stability among people with schizophrenia. The project is a participatory action research project led by Dr. Barbara Schneider from the University of Calgary, that involves people with schizophrenia as co-researchers. The co-researchers consist of nine people from the Peer Support Unsung Heroes Program at the Schizophrenia Society of Alberta, Calgary Chapter, all of whom have schizophrenia and have experienced housing instability. They participated in the project by initiating the research (i.e. they indicated that they wanted to undertake the research), choosing the topic, developing the research question, and now disseminating the results. The co-researchers conducted interviews and focus groups with others who have schizophrenia and who have experienced housing instability or homelessness. Interview data was analyzed using HyperResearch software for qualitative data analysis.

Research group members identified the main finding arising from the research as the tension between care and control in relationships between people with psychiatric disabilities and their medical and housing service providers. We illustrate the dilemmas that this tension creates for people with psychiatric disabilities in a readers theatre presentation based on excerpts from our interview data. All nine members of the research group participate in this presentation. Members of the research group take action on housing instability and homelessness among people with schizophrenia by taking part in this presentation, speaking directly to housing and medical service providers, and voicing their recommendations. Objectives are to raise awareness of the consumer perspective on housing and medical services for people with psychiatric disabilities and to work with service providers to begin to generate solutions to problems.

95) SEARCHING FOR SANCTUARY: WHAT HOME MEANS TO ME

Barbara Schneider PhD, Monique Solomon MA, University of Calgary, Cindy Calderbank, Claude Mathieu, Jamal Ali, Jane Gray, Laurie Arney, Mary Mitchell, Michele Misurelli, Nancy Smith, Schizophrenia Society of Alberta, Calgary Chapter



This proposal is for a poster that presents results of a PhotoVoice project on the meaning of home to people with schizophrenia. This project is part of a larger SHRC funded research project on housing for people with schizophrenia led by Dr. Barbara Schneider from the University of Calgary. PhotoVoice is a form of participatory action research in which members of a community group take and write about photographs that convey their perspective on a topic of importance to them. The topic of our project is "What does home mean to me?" The group consists of members of the Peer Support Unsung Heroes Program from the Schizophrenia Society of Alberta, Calgary Chapter, all of whom have schizophrenia and have experienced housing instability at some time in their lives. All are now stably housed. Over a four-month period the members of the group developed and initiated goals for the project.

They identified a target audience of policymakers and community leaders and determined themes that address issues of mental illness and housing to be highlighted through the photographs. They took photos, chose the photos that represented the meaning of home for them, and wrote about their choices. The poster will feature the photos and writing of the group members about the meaning of home for them and describe the theory and process of PhotoVoice.

96) WHAT ARE THE NEEDS OF PEOPLE LIVING WITH ACQUIRED BRAIN INJURY IN CONTINUING AND COMMUNITY CARE SETTINGS IN ALBERTA?

Arron Service PhD, David Thompson Health Region, Shaun Gray MD, PhD, FRCPC, David Thompson Health Region; Faculty of Medicine and Dentistry, University of Alberta, Chris Richards, David Thompson Health Region

Not all people living with acquired brain injury (PLWABI; stroke, trauma, and other etiologies) are able to return to independent community living and thus may require some form of supported care. This may be facility-based continuing care such as an auxiliary hospital or nursing home, or more community based accommodation such as a group home or supported living. Recent research suggests that PLWABI are discharged from acute care to a long-term care setting without benefit of rehabilitation, either acutely or on an ongoing basis (Macmillan & Laurie, 2004). Considering that PLWABI may benefit from rehabilitation even some time after injury (e.g., Gray & Burnham, 2000), it becomes critical to understand the current capacity of continuing and community care facilities to provide rehabilitation services and whether facilities identify rehabilitation as an unmet need in their clients living with ABI.

The purpose of this investigation was to explore the needs of PLWABI in continuing and community care settings in Alberta. A survey was developed by an expert panel and distributed to 215 continuing and 211 community care facilities in the province. Of those facilities that returned surveys, 105 continuing and 51 community care facilities indicated that they were providing care to PLWABI. Surveys were completed by the Director of Patient Care and asked for their opinions regarding the extent to which they provide services to PLWABI, the perceived service needs of these individuals and how these service needs might best be met.

Descriptive results suggest that the majority of patient care managers (i.e., 54.9%, n=28 in community and 67.6%, n=71 in continuing care) believe that current rehabilitation services are not adequate to meet the needs of PLWABI. Further, over four-fifths of patient care managers (i.e., 84.3%, n=43 in community and 88.6%, n=71 in continuing care) believe that enhanced rehabilitation services would be a benefit. Results suggest that patient care managers believe there are unmet rehabilitation needs in their community and continuing care facilities. Additional results explore service priorities, methods for enhancing services and differences between care settings (i.e., urban vs. rural and community vs. continuing care).

97) EXPERIMENTAL INVESTIGATIONS OF THE COGNITIVE VULNERABILITY TO RELAPSE TO DEPRESSION

Alisa Singer PhD, Early Psychosis Treatment Service, Keith Dobson PhD, University of Calgary

Objective

Given the high rate of depressive relapse, the prevention of relapse is crucial in the management of the disorder. Basic research investigating clinical etiological processes is considered critical in the prevention of depression (NIMH, 2001). The information processing theory proposes that the tendency to engage in prolonged negative thinking, known as rumination, is a risk factor for relapse (Teasdale et al., 1995). Rumination is thought to be the result of a positive metacognitive appraisal of negative thinking, such that individuals believe that ruminating about their problems helps to find solutions and helps to recover from negative moods. Preventative interventions, such as Mindfulness Based Cognitive Therapy, teach individuals to make an alternative, neutral metacognitive appraisal, which leads to a stance of acceptance. Acceptance is hypothesized to reduce the impact of negative moods and alter attitudes towards sadness, thereby preventing rumination and reducing relapse risk.


We will present the results from two experimental studies that investigate the role of metacognition as a vulnerability and preventative factor for relapse to depression. In the first study, the effect of different metacognitive styles on the intensity of induced negative mood and on changing attitudes towards negative experiences was investigated in 80 recovered depressives. Participants were randomly allocated to receive training in rumination, distraction, acceptance or a (no training) control prior to a negative mood induction. Rumination prolonged the intensity of the depressed mood, consistent with no training, whereas both distraction and acceptance reduced the intensity. Acceptance significantly reduced negative attitudes towards sadness when compared to rumination and distraction.

In a second experiment, we investigated the effect of the ability to engage in acceptance on a negative mood induction and attitudes towards negative experience. Sixty-five recovered depressed participants completed measures of the potential predictor variables prior to received training in acceptance. A negative mood was then induced and they were asked to talk aloud while engaging in acceptance. The descriptions were later analyzed by independent raters. Forty percent (26 participants) failed to engage in acceptance, as defined by an a priori cut off score. Compared to those who engaged in acceptance, participants who failed to accept demonstrated increased anxiety, positive beliefs about rumination and beliefs about the negative effect that depression had on their lives. Compared to those who failed to accept, participants who optimally accepted demonstrated less intense depressed mood and increased attitudes of acceptance following the manipulation.

The results from these studies support the proposed mechanism behind acceptance-based psychosocial interventions. Implications of these results for models of relapse to depression are discussed.

98) A FRAMEWORK FOR EVALUATING AN EATING DISORDERS PROGRAM FOR YOUTHS AND THEIR FAMILIES

Lisa Styles BA Hons., Pierre Leichner MD, FRCPC, British Columbia Children's Hospital, Eating Disorders Program



The purpose of this poster is to: (1) provide a framework for effective evaluation of an eating disorders program for youths and their families, (2) demonstrate program evaluation's role in quality improvement. The program is evaluated using 8 key domains: acceptability, accessibility, appropriateness, competence, continuity, effectiveness, safety and staff satisfaction. Performance indicators have been developed for each domain, all of which are aligned with specific goals and measures. This poster presents and focuses on two domains: acceptability and effectiveness. Patient and family satisfaction surveys were developed to measure consumer satisfaction. The surveys consist of likert-like close-ended items asking respondents to rate satisfaction with various aspects of the program, and a comments section on the most and least helpful aspects of the program. Seventy percent of patient surveys ($n = 37$) and 57% of family surveys

($n = 24$) were received at the time of discharge. Patients and families were satisfied with most aspects of the program. Results from the 'least helpful comments' portion of the family satisfaction survey revealed families felt there was too little involvement in the youth's treatment (28%) and insufficient medical health communication (28%). A psycho-education group and weekly medical question 'call in' session for families was implemented to address these areas. A battery of pre- and post-treatment psychological tests ($n = 30$) were implemented to measure clinical status. There were significant decreases in most eating disorders symptoms, as well as depression and anxiety symptoms for patients with elevated pre-treatment scores ($p < .05$). Results indicated significant clinical improvements in most areas, but also point to areas requiring more focus: e.g. anxiety decreased significantly, yet remained above average. A dialectical behaviour therapy group was implemented to improve in this area. Data on other indicators and subsequent program changes will also be presented.

99) LIVING WITH SCHIZOPHRENIA – THE SIBLINGS PERSPECTIVE

Elizabeth Taylor MEd, OT(C), FCAOT, Department of Occupational Therapy, University of Alberta, David Pimm PhD, University of Alberta

Objective

Although there is significant literature related to the impact of schizophrenia on the individual there is little that reflects the experience of those living with those affected. An area that has been widely overlooked is the impact of the disorder on siblings. This paper is the result of a doctoral study that examined the experience of younger siblings as they lived with an older diagnosed sibling in their lives.

Design & Methods

Ten subjects were interviewed on four separate occasions and asked to reflect on several critical points in their lives: first memories of life with the sibling, teenage years, and adulthood. After each interview, tapes were transcribed and given back to the subject. Interview four was based on their reflections of their own stories having read their own transcripts. Using narrative analysis, the four interviews were analyzed looking for situated meaning and social significance of the stories.

Results

Early analysis has suggested that there is a significant impact throughout the lifespan on occupational development and life choices. Two major areas of impact appears to be impacted. This occurs in relationships where social stigma has a significant impact on how interpersonal relationships are dealt with and in occupational functioning where life accomplishments are even more essential to defining personal success.

Conclusion

Living with an ill sibling impacts all areas of occupational functioning. Siblings need early education by health professionals to understand the impact of the illness on their family. Early education programs should also including information on occupational functioning to help reduce survivor guilt.

100) PROVIDING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES THROUGH TELEPSYCHIATRY: AN OUTREACH PROJECT

Liana Urichuk PhD, Lynn Thoma MSW, Robert Drebit MD, FRCPC, Willard Fewer MSc, Rpsych, Child and Adolescent Services Association, Maureen Wass MA, Lenore Delday, Telemental Health Services, Alberta Mental Health Board, Jean Anderson MSW, Child and Adolescent Services Association, Tim Bulger BSc, Telemental Health Services, Alberta Mental Health Board, David Copus, Child and Adolescent Services Association, Doug Urness MD, LMCC, FRCPC, Telemental Health Services, Alberta Mental Health Board

Purpose

To enhance existing child telepsychiatry services by optimizing the referral and consultation process for children (up to 17 years of age) from Central or Northern Alberta who are experiencing mental health problems.

Importance of The Problem

Although telepsychiatry has the potential to provide timely access to specialized mental health services for children in remote and under-serviced areas, the limited availability of child psychiatrists to provide consultations can result in substantial wait times.

Description of the Initiative

In order to best utilize limited psychiatric resources and help decrease wait times for consultation, a single Child Telepsychiatry Coordinator with children's mental health experience screens, prioritizes, and coordinates other referral activities (e.g., works with clients to access local mental health services, supports the consulting psychiatrist, liaises with the referring GP or therapist). By putting a dedicated coordinator in place, referrals that are not appropriate for telepsychiatry are redirected to more suitable services.

Key Findings

In the first 10 months of this initiative 210 telepsychiatry consultations were provided to 25 communities in 5 Alberta Health Regions. Referrals to child telepsychiatry increased 90% from the previous fiscal year (from 197 in 2004/05 to 374 in 2005/06). Psychiatrists provided an average of 26 hours of consultation per month. A total of five psychiatrists participated and the average wait time for a consultation was 14 days. This is well within the Western Canada Waitlist prioritization tool ratings (mean score = 36 for non-urgent referrals) that indicated clients should be seen within 42 days. The majority (81.9%) of a small sample of clients who received services through telepsychiatry were satisfied with their sessions.

Conclusions

Interim analysis of the child telepsychiatry initiative indicates that the project is meeting (or exceeding) its goals and objectives in all areas.

Implications for Policy or Practice

This initiative is building on existing telepsychiatry services to improve the use of child psychiatry consultation time, leading to increased availability of child psychiatrist consultations, reduced wait times for children to access mental health services in their home community, and capacity building in the community by mentoring and consultation with mental health specialists.

101) TEN YEARS OF TELEPSYCHIATRY IN THE ALBERTA MENTAL HEALTH BOARD: UNITING CLIENTS AND PRACTITIONERS ACROSS BARRIERS OF DISTANCE AND TIME

Doug Urness MD, LMCC, FRCPC, Tim Bulger BSc, Maureen Wass MA, Telemental Health Service, Alberta Mental Health Board

Purpose

The Telemental Health Service (TMH) of the Alberta Mental Health Board works with Alberta RHAs, general practitioners, and consulting psychiatrists to provide Albertans with timely access to mental health services. The 2006/07 fiscal year marks 10 years of operation. This presentation will provide a summary of this unique and successful service with a focus on applied research results that drive TMH practice.

Importance of The Problem

TMH uses videoconferencing technology to improve access to mental health services for Albertans who reside in under serviced areas. Benefits to clients include reduced time lost, inconvenience and costs associated with travel to distant specialists. Psychiatrists in all subspecialty (Child, Adult, Geriatric) areas provide both routine and urgent consultations.

Description of the Initiative

TMH utilizes interactive videoconferencing to enable individuals in rural and under-serviced communities access to a consulting psychiatrist. Videoconferencing technology allows specialists to provide psychiatric assessment of individuals based on a referral from a client's primary care giver.

Key Findings

Over 7500 consults have been completed. The average wait time is 13 days for adults, 20 for child/adolescents, and 11 for geriatric clients. The average length of the consult is one hour, and 65% of consults are for new assessments. Client satisfaction is consistently high, 91% of those who completed a recent satisfaction survey were satisfied or very satisfied with their session (n = 100). Results of multiple outcome evaluations over the course of TMH's history consistently support its ease of use, consumer acceptability, fiscal sustainability and statistical equivalence to face-to-face psychiatric consultations.

Conclusions

The success of the Telemental Health Service provides evidence that telehealth technology is an effective means of providing specialized mental health services to individuals in rural and under serviced communities.

Implications for Policy

Telepsychiatry is well accepted by clinicians and clients and successfully improves access to specialized mental health services for rural and remote clients. Telepsychiatry ensures continuity of care for high need groups such as children and those in aboriginal communities, and maintains rigorous standards of evidence-based practice to support its shared care service delivery model.

102) NEURO-COGNITIVE OUTCOMES OF TRANSCRANIAL MAGNETIC STIMULATION TREATMENT FOR TREATMENT-RESISTANT DEPRESSION

Doug Urness MD, LMCC, FRCPC, Maureen Wass MA, Lenore Delday, Telemental Health Service, Alberta Mental Health Board, Kellie Erikson RN, Michelle Walsh RN, David Thompson Health Region

Objective

This study will present clinical findings on the neuro-cognitive outcomes of repetitive Transcranial Magnetic Stimulation (rTMS) within a sample of patients with treatment-resistant Major Depressive Disorder.

Design and Methods

Data from twenty-four adult psychiatric patients who underwent rTMS treatment were included in analysis. As part of routine care patients at Alberta Hospital Ponoka were administered the Barrow Neuropsychological Institute Screen for Higher Cerebral Functions (BNI), Trails A and B and the Oral Fluency examination. Evaluations were conducted prior to the first treatment and again at the conclusion of the rTMS treatment protocol. T-tests were conducted on pre-treatment BNI, Trails A and B and Oral Fluency t-scores as compared to post-treatment scores to assess neuro-cognitive change with TMS treatment.

Results

Both the BNI and Trails B demonstrated statistically significant improvement in t-scores over the course of treatment ($t = 4.075$; $p = .000$ and $t = 2.158$; $p = .042$ respectively). Increased performance on Trails A and Oral Fluency reflect trends towards improvement, however not clinically or statistically significant for this sample. Not only were there no notable negative cognitive outcomes associated with rTMS treatment, improved functioning was noted in circumscribed functional areas including executive functioning.

Conclusions

Analysis indicated that neuro-cognitive performance on a brief screen of cognitive functioning and a test of executive functioning improved statistically over the course of rTMS treatment for a sample of patients with treatment-resistant depression.

Implications for Practice or Policy

Repetitive Transcranial Magnetic Stimulation treatment appears to be a promising therapeutic technique for the treatment of depression, but further research is necessary to determine specific neuro-cognitive changes with treatment. As alternative treatment modalities such as Electroconvulsive Therapy have been noted to result in memory and cognition debility, rTMS offers another possible option for the remediation of treatment-resistant depression.

103) THE IMPACT OF THE SWEAT LODGE CEREMONY ON DIMENSIONS OF WELL-BEING

Jeannette Waegemakers Schiff PhD, University of Calgary, Faculty of Social Work, Kerrie Moore MSW, Marion Lerat Dip SW



Background and Importance

The importance of traditional healing practices for First Nations People has created interest in ceremonies such as sweat lodges, which are increasingly incorporated into programs serving Aboriginal people. When Indigenous people refer to 'traditional healing', they include the use of herbal remedies as well as specific ceremonies and rituals to promote spiritual, mental, physical, and psychological well-being. The sweat lodge is a traditional ceremony that aims to purify, cleanse and heal the body, mind, emotions, and spirit. Increasingly, sweat lodges are becoming incorporated into healing programs that serve Indigenous people. The Royal Commission on Aboriginal People and the American Indian/Alaska Native Suicide Task Force Report emphasize the need for treatment programs that incorporate traditional healing since programs that do so had greater success in preventing suicide. The Institute of Aboriginal Peoples' Health (CIHR) has called on investigators "to know how factors such as Aboriginal culture and spirituality can affect health and wellness." However, no quantitative research on sweat lodges exists.

Objective

This presentation presents the results of a pilot study that measured the impact of the sweat lodge ceremony on the physical, mental, emotional, and spiritual domains of 39 individual participants, 59% who were Aboriginal.

Design and Methods

The study included development of protocols specific to research involving Aboriginal sacred ceremonies. The SF-36 and the Heroic Myth Index were completed by participants immediately before and after completion of all aspects of the ceremony. Data was collected at 10 separate ceremonies over a four month time-frame. ANOVA of the pre and post ceremony responses showed statistically significant results on scales measuring spiritual and emotional well-being within an Aboriginal worldview and showed that the sweat lodge ceremony was directly attributable to an increase in spiritual and emotional well-being of participants. A cluster analysis indicated that participants as a group were more alike after the ceremonies, suggesting the presence of an underlying unifying component in the sweat lodge ceremony.

Implications

This study should be replicated at multiple sweat lodge sites to assure its generalizability. Results support the inclusion of sweat lodge ceremonies in mental health and substance abuse treatment programs.

104) EVALUATION OF A CLUBHOUSE HOUSING PROGRAM: A CONSUMER ORIENTED RECOVERY MODEL

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Purpose

To present the evaluation of an innovative housing program which follows a "Clubhouse Model" of program design, for persons with a history of serious mental illness.

Importance

Development housing programs that fit a recovery paradigm is of prime importance in the continuum of care for the mentally ill. Many housing programs are intrusive, and demand conformity to rules that often model after inpatient facilities. Persons recovering from mental illness find these demands infantilizing and counter-productive to increased autonomy and self-sufficiency. The relative autonomy of programs such as "housing first", the Pathways model are unsuitable for persons with no independent living experience. In the continuum of care, varying levels of support are needed to address a range of functional. One model, the Clubhouse, has a housing program that gives residents autonomy, the opportunity for self-governance and peer support. It includes consumer involvement in all elements: tenant selection, building governance and maintenance.

Description of the Initiative

The Clubhouse housing model is based on standards of the International Centre for Clubhouse Development. Members are included in all decisions regarding program organization and operation and they work together with staff as colleagues in all program components. It is an "intentional community" in which relationships are a key component. The housing consists of a 9 unit apartment building. A second, 15 unit building has been purchased.

Objective

To evaluate the implementation of a consumer-oriented and governed housing program.

Method

Semi-structured interviews with all current and former residents and key administrative staff (N=16). Interviews were taped and analyzed for themes, main features and exceptions.

Key Findings

Key elements of recovery, as identified by SAMHSA, (empowerment, holistic, self-direction, peer support, respect and hope) were identified by members as important aspects of the program. The presence of a supportive community was a major element. This housing program is not appropriate for everyone: those with restricted ADL skills, socially isolated or with poor symptom self-management.

Implications for Policy or Practice

Persons recovering from mental illness can profit from housing that emphasizes peer support, empowerment and self-determination. Additionally, this model is more cost effective than traditional supervised living arrangements.

105) PERSONAL AND FAMILIAL COSTS ASSOCIATED WITH THE FIRST EPISODE OF PSYCHOSIS

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The first episode of psychosis often strikes in the late high school or early university years, imposing a devastating toll on social, vocational, educational, and occupational ambitions. The objective of the present study was to quantify the personal costs associated with the onset of schizophrenia, the Experience of Caregiving Inventory (CBI) and Henrich's Quality of Life Scale (HQLS) were administered to the families and patients, respectively, attending the Edmonton Early Psychosis Intervention Clinic (EEPIC). EEPIC is designed to provide assessment, diagnosis and treatment for individuals displaying early symptoms of psychosis. Assessments were completed at baseline and again after 2, 6, and 12 months of EEPIC involvement. Early intervention may minimize functional (social and vocational) declines, thus improving the long-term outcome of these individuals. The results suggest that caregiver burden is evident at the outset of EEPIC involvement. Similarly, patients report considerable social, vocational and negative syndrome debilitation shortly after the onset of acute psychosis.

These findings are grossly in excess of expectations given the very short duration of the acute psychotic symptoms. Although improvement in CBI and HQLS is evident after 6 and 12 months of treatment, considerable impairment remains. In summary, although recovery from psychosis depends on a variety of factors, decline in psychosocial functioning is likely to represent the most salient impediment to rehabilitation. Early identification and intervention during the prodromal phase of the illness will be required to maximize the long-term potential of these individuals. In addition, providing prompt and sufficient support for the caregivers will also be needed to reduce caregiver stress and prevent the deterioration of family relationships.

106) WHAT DO ALBERTANS KNOW ABOUT DEPRESSION? FINDINGS FROM A GENERAL POPULATION SURVEY

JianLi Wang PhD, Carol Adair PhD, Gordon Fick PhD, University of Calgary, Brenda Waye Perry MHSA, Beth Evans MSc, Alberta Mental Health Board, Daniel Lai PhD, Donald Addington MD, University of Calgary

Objectives

To assess the levels of depression literacy in the general population in Alberta.

Methods

Random Digital Dialing and Computer Assisted Telephone Interview methods were used to select and collect data from household residents in Alberta in 2006. In this study, 4102 were contacted. Among them, 3084 participated in the interviews (response rate = 75.2%). Data were weighted by numbers of eligible participants and telephone lines in the household and the gender – age distribution of the Alberta population.

Results

Among the participants, 75.6% could correctly recognize depression based on a case vignette. To help someone with depression, 45.8% reported that a person with depression could be best helped by seeing a doctor. Other ways that the person could be best helped included talking to family members or friends (5.0%), seeing a psychiatrist (8.2%), taking medication (10.6%) and seeing a counselor (17.4%). Women, younger people and those with a higher education level were more likely to recognize depression than men, older people and those who were at a low education level. Case recognition did not depend on personal income, working status and rural-urban residing areas. Women and participants who had more years of education were less likely to have had stigmatizing attitudes toward depression than men and those with less education. Individuals who reported mental health problems and those who had used mental health services were less likely to report stigmatizing attitudes toward depression. Participants who could correctly recognize depression were less likely to have stigmatizing attitudes.

Conclusions

Compared to recent Australian studies, Albertans are more likely to recognize depression. However, Albertans are less likely than Australians to recommend using professional mental health services. There are gender and age differences in mental health literacy.

Implications

Mental health promotion and education are needed to improve mental health literacy and reduce stigma in the public. The correlation between knowledge and stigma suggests that improved knowledge about major depression may reduce stigma. Promotion and education may also lead to better self-management and accessing mental health services.

107) WORK STRESS, IMBALANCE BETWEEN WORK AND FAMILY/PERSONAL LIVES AND MENTAL DISORDERS

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Objectives

To investigate the relationships between work stress, imbalance between work and family/personal lives and mental disorders.

Methods

We used data from two large population – based mental health surveys – the Canadian Community Health Survey – Mental Health & Well-being (CCHS-1.2) and the U.S. National Comorbidity Survey (NCS). The relationships between work stress, imbalance between work and family/personal lives and mental disorders in the past month were investigated.

Results

In the CCHS-1.2, the one-month prevalence of mood and anxiety disorders among those with a work stress score at the 75th percentile value and above was 3.6% and 4.0%. Among those who reported their work and family/personal lives “never” balanced in the past month, the one-month prevalence of mood and anxiety disorders was 21.2% and 17.9%. In multivariate analyses, work stress and imbalance between work and family/personal lives were independently associated with mood and anxiety disorders. There was no evidence that perceived work stress interacted with imbalance between work and family/personal lives to increase the likelihood of having mental disorders. However, imbalance between work and family/personal lives appeared to be a stronger factor for mental disorders than work stress. In the NCS, compared to participants who reported low work/family conflict, those who reported high work/family conflict had a significantly higher prevalence of mental and/or substance use related disorders in the past month (women: 22.81% vs. 13.81%, $p < 0.01$; men: 19.01% vs. 10.74%, $p < 0.001$). Working hours and domestic roles did not have significant impacts on the association between work/family conflict and mental disorders, irrespective of gender.

Conclusions

Work stress and imbalance between work and family/personal lives may be part of the etiology of mood and anxiety disorders in the working population. The impact of domestic roles on mental disorders may be mediated by work/family conflict. Community based longitudinal studies are needed to delineate the causal relationships among work stress, imbalance between work and family/personal lives and mental disorders.

Implications

Employers and workers should be aware that stressful work environment may increase the risk of developing mental disorders. Strategies are needed to address imbalance between work and family/personal lives.

108) CHILD AND ADOLESCENT TELEPSYCHIATRY: CLINICAL BENCHMARKING OF BEHAVIORAL MEASURES

Maureen Wass MA, Doug Urness MD, LMCC, FRCPC, Tim Bulger BSc, Telemental Health Service, Alberta Mental Health Board

Objective

To examine the clinical and behavioral presentation of a large group of children and adolescents seen in consultation via telepsychiatry over five years.

Design and Methods

We generated descriptive statistics calculated for Child Behavior Checklist Total, Internalizing, and Externalizing Scores for a convenience sample of 336 children and adolescents who had received a telepsychiatry consultation through the Alberta Mental Health Board Child Telemental Health Service from 2000 to 2005.

Results

For the entire sample the average CBCL Total t-score was 69.4, a score reflective of functioning at a mild but clinically significant level of impairments on the CBCL Syndrome scales. Mean t-scores for Internalizing and Externalizing groupings of syndromes on the CBCL remained consistent with the Total t-scores, with the mean Internalizing t-score calculated at 69.0 and the mean Externalizing t-score calculated at 66.2. Dividing the sample into three two year cohorts revealed few differences in clinical and behavioral characteristics, with no statistically significant differences noted between means on Total, Internalizing and Externalizing t-scores across cohorts.

Conclusions

Results indicated that selected clients who were provided a telepsychiatry consultation during the period between 2000 and 2005 scored generally within the mild clinical range on the Syndrome Scales of the CBCL. This profile did not change significantly over the five years analysed. These results reinforce the continuing and expanding need for specialized support of general practitioners in remote communities to care for a client group of young people demonstrating pre-crisis behavioral disturbances on consultation with a psychiatrist over telemental health systems.

Implications for Practice or Policy

Access to child and adolescent psychiatric services in many remote and rural areas is limited by lengthy travel times and a paucity of specialized physicians. Telepsychiatry bridges the need-care gap to ensure continuity of care for children in recognized need of mental health services, regardless of location.

109) CHILD AND ADOLESCENT TELEPSYCHIATRY: PRELIMINARY FOLLOW-UP OUTCOMES

Maureen Wass MA, Doug Urness MD, LMCC, FRCPC, Tim Bulger BSc, Telemental Health Service, Alberta Mental Health Board

Objective

To examine the clinical and behavioral presentation of a small group of children and adolescents seen in consultation via telepsychiatry for follow-up consultation within one to three months of initial consult.

Design and Methods

We generated descriptive statistics calculated for Child Behavior Checklist Total, Internalizing, and Externalizing Scores for a convenience sample of 17 children and adolescents who had received a telepsychiatry consultation through the Alberta Mental Health Board Child Telemental Health Service from 2000 to 2003. Scores at first consult were compared by two tailed t-test with scores obtained on subsequent follow-up one to three months later.

Results

Mean Total t-scores for children seen in telepsychiatry for a first consultation was 70.41, while the mean Total Symptom t-score for the same children during follow-up was 67.39. No statistically significant differences were noted between initial and follow-up t-scores on all three CBCL scales. Increased aggression and medication review were common reasons for referral.

Conclusions

Results indicated that selected clients who were provided a telepsychiatry consultation and follow-up appointment scored generally within the mild clinical range on the Child Behavior Checklist with respect to Total Clinical Symptom Scales, Externalizing and Internalizing Symptom Scales. This clinical and behavioral profile did not demonstrate statistically significant change over one to three-month follow-up, possibly due to the consultative nature of the service. Other factors might relate to specific severity of diagnoses or reasons for referral as well as the short follow-up time period, with gains likely more evident after six to nine months.

Implications for Practice or Policy

Child and adolescent telepsychiatry provides a means to increase access to specialized psychiatric services to children and adolescents in isolated and rural communities. Telepsychiatry can provide consistent follow-up for children with behavioral difficulties, medication needs, and other concerns. Telepsychiatry bridges the need-care gap to ensure continuity of care for children in recognized need of mental health services, regardless of location.

110) SELECTION PROCESS FOR A CONCURRENT DISORDERS SCREENING TOOL TO BE IMPLEMENTED AT B.C. CHILDREN'S HOSPITAL

Tristin Wayte PhD, BC Mental Health and Addiction Services

Purpose

The current paper describes the selection process for identifying the most appropriate substance abuse screening tool for B.C. Children's Hospital's (BCCH) Child and Youth Mental Health Services (CYMHS).

Importance of The Problem

Co-occurrence of mental health and substance use disorders has important implications for treatment interventions and outcomes, and add a specific and significant burden to the health care system. One of the goals of the new Provincial Youth Mental Health and Substance Use Program (YMHSUP) is to provide more accessible and responsive service to BC youth in need. This goal will be partly realized by implementing a screening device across mental health service sectors at BCCH. Those who are identified at-risk for a concurrent disorder will be followed up with consultation and treatment with the YMHSUP.

Description of the Initiative

Youth referred to BCCH's CYMHS present with a variety of mental health problems. The purpose of YMHSUP's screening initiative is to identify substance misuse in this population. The selection of an appropriate screening tool requires both clinical and research-related considerations. First, the tool must be a valid and reliable indicator of substance misuse in youth who are referred for mental health problems. Second, the screen should be easily and effectively used by mental health workers with little or no training in concurrent disorders.

Key Findings

An extensive literature review of available adolescent substance abuse screening tools was conducted, with special attention paid to Health Canada's recommended screeners. Thirteen screening tools were identified that may be appropriate for use in the current context. The psychometric properties and administrative requirements of the 13 tools are reviewed and compared.

Conclusions

No single screening tool emerged as a perfect fit for the present context. However, a tool was selected and proposed as a "best-fit" alternative.

Implications for Practice

The BC Ministry of Health Services has a mandate to provide a continuum of care, including tertiary prevention services, which aim to lessen disability and future damage caused by illness. Screening for substance misuse at BCCH will prevent youth with CD from falling through a service gap, and promotes early identification and treatment of YCD.

III) MIRRORING VOICES IN ANOREXIA NERVOSA: MOTHER, DAUGHTER, AND THERAPIST NARRATIVES

Karhryn Weaver RN, PhD, Alberta Heritage Foundation for Medical Research; University of Alberta, Judith Spiers RN, PhD, Kristine Martin-McDonald RN, PhD, University of Alberta, Erin Sharpe RA, Medicine Hat Community College

Objective

Importance of the Problem. Anorexia Nervosa (AN) is a significant health problem because of its associated morbidity, mortality, and high cost of treatment. The complexity and health consequences of AN can be overwhelming, thus it is critical that the perspectives of those most affected be represented in clinical and academic discourses.

Previous Research and Short Statement of the Objective. Prior clinical research has reduced understanding of eating disorders to single elements (e.g., growth and development measures) or has ascribed their development to social forces (e.g., cultural and media ideals) which do not account for why some but not all persons succumb. The research purpose was to understand the meaning of women's experiences with AN with the ultimate goal of developing knowledge for improved clinical intervention.

Design and Methods

In this study, researchers were given an unprecedented opportunity to examine interpersonal relationships between an adolescent with AN, her mother, and her therapist. Using narrative principles, we analyzed data in greeting cards and daily letters written by the mother, the daughter's diaries and drawings, and the therapist's reflections for elements of space, temporality, and relationship. We identified key ideas that threaded through the texts and produced a core story. Threads were retained based on recurrence, repetition, and grab of ideas. The story and threads were rechecked by returning them to the participants for validation.

Results

The core story, mirroring voices, reflects a reciprocal processing of values, attitudes, and behaviors between the mother and daughter and their use of similar strategies to manage the AN. Threads include being there for each other, writing gives us voice, centering on ourselves, measuring up, confronting the "Anorexic Bitch," and pain has a name.

Conclusions

The combined perspectives of mother, daughter, and therapist offer a more comprehensive rendering than that conveyed in available individual accounts of eating disorders and recovery. The adolescent's AN was eventually resisted by recasting it as an objective external identity, an enemy requiring unified team effort.

Implications for Practice or Policy

This analysis revealed that the mother-daughter interaction may provide a critical piece of the puzzle of AN and recovery. Practitioners and policy makers might better understand and support individuals and families by hearing their stories.

II2) REGIONAL EPIDEMIOLOGY OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS

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Introduction

This paper describes the use of data from a centralized regional intake and access system for regional child and adolescent mental health and psychiatry services and provincial data to describe the epidemiology and clinical characteristics of those referred with ADHD.

Method

Annual data collected in the regional CAMHP information system from 2002-2006 was used to compare clinical and epidemiological characteristics of those with and without a provisional diagnosis of ADHD. Analyses included descriptive statistics, (e.g. population-based rates and frequencies), logistic regression analysis, Chi Square analysis

Results

Compared to all others, being diagnosed provisionally with ADHD was associated ($p < .00001$) with the following:

1. Longer Length of Stay (156 Days, $n = 484$ vs. 93 days, $n = 3364$)
2. Longer Wait time for service (70 days, $n = 566$ vs. 40 days, $n = 3893$)
3. Lower Urgency (WCWL-CMH-PCS: Mean 29, $n = 932$ vs. 34, $n = 5350$)
4. Global function on admission or discharge did not distinguish those with and without ADHD.
5. May more children are diagnosed with ADHD by physicians in the community than in tertiary care settings.

Conclusions

1. Many more children are seen in the community than in tertiary care services.
2. The level of severity of those seen by physicians in community settings is unknown.
3. The level of fidelity to evidence-based treatment practices by practitioners in the community is unknown.
4. Assessment of community physician skills in relation to ADHD treatment is necessary.

II3) BODY IMAGE AND SIZE DISSATISFACTION IN FIRST NATIONS CHILDREN

Noreen Willows PhD, Denise Ridley RD, Kim Raine PhD, RD, Dru Marshall PhD, University of Alberta

Objective

First Nations children have high rates of obesity. Obese children are at risk for poor emotional and social development, in addition to being at increased risk for diseases such as diabetes. First Nations cultural values may protect children with excess weight from poor body image; however, research is limited concerning First Nations children's perceptions of their body size. To develop culturally sensitive interventions to prevent obesity in First Nations, the associations between body weight and body image must be understood. For this reason, we investigated body image and size dissatisfaction in 203 Cree children in grades 4-6 in northern Quebec, taking into consideration body weight class.

Design and Methods

Children's weight classes (normal, overweight, obese) were derived from measured heights and weights using the international task force cut-offs. Body size dissatisfaction was evaluated using silhouettes of Aboriginal children ranging in size from thin to obese. Dissatisfaction existed if the silhouettes that children chose to represent their perceived and desired body sizes differed. Questions were also asked: "What do you think of your body size?" (too big, too small, just right) and "I like the way I look now" (yes, no).

Results

Many children were overweight (30.9%) or obese (33.8%). The majority of normal weight children (72.2%) felt that their body size was "just right" as compared to 67.7% of overweight and 40.6% of obese children. Twice as many normal weight than obese children liked the way they looked (86.1% vs. 42.0%). Only 24.5% of children chose the same silhouette to represent their perceived and desired body size. As weight class increased, so did size dissatisfaction with 59.7%, 76.2% and 91.3% of normal weight, overweight and obese children, respectively, choosing different figures for perceived and desired. Of normal weight children who were dissatisfied, 48.8% desired to be bigger and 51.2% desired to be smaller. In contrast, 96.4% of overweight or obese children with dissatisfaction chose a smaller silhouette as more desirable than their perceived silhouette.

Conclusions

Many children had body size dissatisfaction, in particular, children who were overweight or obese.

Implications for Practice

Psychosocial considerations must be an important aspect of interventions to promote healthy weights in First Nations children.

114) ENCULTURING ABORIGINAL TRADITIONS: HEALTHY LIVING AND BEING PARTNERSHIP PROJECT

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Purpose

This project, entering its second of three years, helps to improve the level of knowledge of Aboriginal people to promote health through varied education-based group series provided to Aboriginal children, youth and families affiliated with the partner community. The intent of the groups is to strengthen healthy relational and self-nurturing behaviors in individuals and families in order to build resiliency.

Importance of The Problem

Many reports and studies have identified the disproportionate statistics concerning health indicators such as teen pregnancies, single parenthood, substance abuse and suicide in Aboriginal populations in Alberta and Canada. Mental health service delivery plans at both regional and provincial levels have identified the need for risk reduction and capacity building strategies with Aboriginal people. There is evidence from Canadian and American studies that resiliency in the face of stress can be increased by a sense of good family and social support and preservation of culture.

Description of the Initiative

Since implementation in summer 2005, the project has delivered: four summer day camps, each two weeks in length, for Aboriginal children aged 7-12, for social skills enhancement; an eighteen week Aboriginal Girls Self Awareness Group for 12-15 year olds; an eight part Aboriginal Boys Social Skills Enhancement Group for 8-11 year olds; and summer Healthy Cooking Camps for girls or boys aged 12-15. Programming involves topics supported by videos, discussions, crafts and recreation geared to the age and gender of participants. Examples of group content include developing a vocabulary for feelings, communication skills, anger management, bullying, peer pressure, family roles, and personal values.

These are delivered from an Aboriginal perspective, and the Elder provides spiritual teachings and shares related stories, traditions and personal or historical events. Skills identified in videos are reinforced during cultural activities or recreation, according to the program.

Key Findings

Topic-specific videos and discussion are consistently reported by both children and Aboriginal support staff to be a helpful way to increase understanding, self awareness and social skills. Culturally based crafts and activities and Elder-led spiritual practice and teachings are enjoyable and provide an additional forum for discussion and learning. Expressed satisfaction of the participants in each of the initiatives, Elder support, and visibility of the partner members helps build trust at the community level and increase participation.

Conclusions

Participants enjoy and learn from these group-based initiatives. Additionally, the formal partnership agreement assures consistent staffing, materials and joint planning needed for successful programming, mentoring and capacity building.

Practice Implications

Second year programming will be refined, and a parenting series will be added to help reinforce learnings.

115) HOSPITAL READMISSION FOR MENTAL ILLNESS IN ACUTE CARE IN CANADA

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Objective

To investigate readmission among inpatients admitted for a mental illness, comparing to those among inpatients admitted for a non-mental illness

Design and Methods

Using de-identified Hospital Morbidity Database (HMDB) data, patients admitted to acute care hospitals in fiscal years 2002-2003 were tracked until 2003-2004. Patient episodes of hospitalization and readmissions in 2002-2003 and 2003-2004 were identified. Person-time incidence rates for readmission were calculated for patients admitted for a mental illness and for patients admitted for a non-mental illness. Cox proportional hazard models were used to investigate the impact of mental illness on readmission.

Results

Overall, 103,573 patients with a mental illness and 1,838,332 patients with a non-mental illness in the first episode of hospitalization were included, and the incidence rates of readmission were 40.5 cases/100 person-year and 27.8 cases/100 person-year, respectively. Overall, the adjusted hazard ratio of readmission for patients with a mental illness was 1.35 (95% CI: 1.34, 1.37), adjusting for age, gender and length of stay in the first episode of hospitalization. The hazard ratios were higher for patients aged 0-44 (HR: 1.63 (95% CI: 1.61, 1.66)) and lower for those aged 45-64 (HR: 1.24 (95% CI: 1.22, 1.27)). However, the hazard ratio was reversed for those over 65 (0.86 (95% CI: 0.85, 0.88)).

Conclusion

Patients admitted for a mental illness exhibit higher incidence rates of hospital readmission than patients admitted for a non-mental illness. Individuals between 0 and 64 years with mental health separation diagnoses were more likely to be readmitted than those with non-mental health separation diagnoses. For individuals 65 years of age and over, the opposite was observed.

Implications for Practice or Policy

A readmission to hospital may suggest issues with the process or system of managing a mental illness. It may also suggest a recurrence of the disease's most severe phase.

Future Directions

Further investigation of the conditions that raise the risk of readmissions among those hospitalized for a mental illness, including comorbid conditions and specific disease types, to assess the potential burden on medical and other services.