

YEAR IN REVIEW

NEWSLETTER #10



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Message from the Co-Chairs



Co-Chair, Sarah Bromley

Clinical Manager, Slaight Centre Early Intervention Service, Centre for Addiction and Mental Health



Co-Chair, Shannel Butt

Coordinator & Clinician/MSW Student Placement Program. Prevention and Early Intervention for Psychosis Program (PEPP), Canadian Mental Health Association, Elgin County

Reflections on 2021

2021 was another year that challenged us personally and professionally, with the pandemic continuing to impact healthcare systems on an unprecedented scale. Evidence is pointing to a related mental health and addictions epidemic and increased need for support – all while in-person clinical service has been limited.

In May, we hosted a **one-year retrospective discussion on how the pandemic has impacted EPI teams** and the people they serve. Here is what we heard:

Challenges



Silver linings



Impacts of prolonged isolation for clients and their family members/caregivers

Less social pressure felt by some clients regarding different activities (slower, quieter pace)

Summary

We are inspired by the continued resiliency of our members, clients, family members and caregivers. Your dedication to the people we serve and to quality care is always at the forefront. We will continue to check in with programs about evolving dynamics related to the pandemic throughout 2022.

EPI teams being stretched thin due to burnout or self-isolation

Team resilience, flexibility and creativity

Missed opportunities for connecting dots through casual hallway chats, in-person visits with hospital and community partners More work/life balance and flex time: for example, less driving and rushing between meetings

Some people are experiencing Zoom fatigue and virtual care does not work for all clients

Videoconferencing solutions have opened up lots of creative possibilities, including for group activities

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New Opportunities and Warm Welcomes

This year we were sad to see some of our EPION leaders move on to new opportunities, but excited to welcome others onboard.

Our Interim **Membership Chair**, Matt Harrigan joined in 2020 as an OT with the 1st Step program, and left to take on a new position managing the Flexible Assertive Community Treatment Team (FACTT) in Kitchener. Matt was initially brought on to cover the remainder of Maya Gupta's leave. Maya decided not to return to the role after transitioning from PEPP London to private practice and family life.

Ilyas Khamis, departed EPION and the Cleghorn Early Intervention Program to pursue studies in social work. Ilyas is succeeded by two new EPION Peer Worker Community of Practice (CoP) Co-chairs:



Kyle Bulstrode, Peer Practice Lead for CMHA Waterloo Wellington (formerly a Peer Coach with 1st Step)



Allison Dyer, a Peer Researcher at UofT Scarborough Department of Psychology

We were lucky to welcome our new Membership Chair, Kaely Danahy – also an OT with the 1st Step program. Many of you might have already met Kaely in her targeted outreach to individual program reps.

Kaely Danahy

Two long-standing team members and close colleagues also moved on to other opportunities:

Carole Lem

Communications Coordinator Assumed a full-time job leading communications and stakeholder management for the District of Thunder Bay Social Services Administration Board.

Nina Obrecht

Graphic and Web Design Specialist Decided to focus on other projects and priorities, including growing her own business and supporting NorthBEAT.



Brian Cooper

Finally, we are also excited to announce that Brian Cooper has graciously offered to step into the **EPION Co-Chair** role after several years supporting the network. Brian will be covering for Shannel for approximately 12-18 months while she is on parental leave. A big thank you to Brian for taking this on.

2021 in Numbers



AC

Average attendance at virtual General Network Meetings



4

New research projects supported



6

Number of languages that PEAK info sheets are available in



3

Discovery and Engagement sessions with WeUsThem



13

EPI Peer Workers from 9 programs trained and certified



5

EPI programs implementing new policies and procedures for client discharge, disengagement and reengagement



50

Editions of the EPION e-digest

Summary of Priorities and Accomplishments for 2021

EPION Strategic Plan - Year 1

EPION's new three-year Strategic Plan was released in January 2021. Much of the work you will read about in this report is based on feedback from membership in our 2020 Strategic Plan focus groups. The plan includes four main pillars:



01

Improving service access and promoting health equity



02

Standardizing and supporting quality improvement



03

Incorporating lived experience at every stage of care



04

Building awareness about substance use and psychosis and working with partners to strengthen service integration



You can learn more about the strategic plan by visiting: https://help4psychosis.ca/2021/02/12/strategic-plan-2021-2024/

Modernizing EPION's Online Presence

Building on 2020 findings from two client and family focus groups and a clinician survey about the website, our new consultants, WeUsThem, met with key EPION leaders and partners and conducted a back-end technical assessment, which resulted in recommendations for how to **enhance EPION's online presence**.

We are working on more consistent branding across online channels, improved accessibility, and an overarching goal to **make browsing more responsive to the needs of our main users**. We look forward to launching these new features in the coming months and hearing your feedback.

Over the next two years, WeUsThem will continue to provide expertise on EPION's branding, graphic design, and website design/development.

Work with the New Mental Health and Addictions Centre of Excellence

Colleagues from the Mental Health and Addictions Centre of Excellence joined our fall General Network Meeting to provide an overview of their work, hear from programs about their priorities, and explore opportunities to work together.

Guided by the **government's <u>Roadmap to Wellness</u>** plan for mental health and addictions, the Centre is responsible for system management, coordination of services, and driving quality improvements across the province.

It was clear from the network meeting discussion that there is a strong interest across the network in using provincial data to:

- Focus on reporting what is most meaningful and rationalizing the current list of indicators being collected
- O2 Highlight true service needs (who requires EPI) and allocate resources accordingly
- O3 Accurately reflect the complexity of care pathways and connections to other services

Together with CAMH's Provincial System Support Program (PSSP), we look forward to striking a partnership with the Centre to help build a learning health system infrastructure for the EPI sector. As a mature network of standardized service providers, EPION is well positioned to be a provincial leader in this area.



Standards Implementation Steering Committee (SISC)



Chair, Gord Langill

Director of Programs and Services, Lynx Network, Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge

SISC continues to provide interested programs with **fidelity assessments**, which are critical for understanding the extent to which service models align with the 2011 provincial standards for EPI, and identifying quality improvement (QI) initiatives to improve services for clients and families.



01

We have been actively encouraging programs to sign up, as our provincial funding partners are in the process of ramping up infrastructure for outcome monitoring and performance management.



02

In partnership with the Evidence Exchange Network, we also continue to support a Community of Interest (CoI) on routine fidelity monitoring. The Col includes colleagues from other mental health and addictions sectors: ACTT, Housing First, Intensive Case Management and AMHO EQIP (Addictions and Mental Health Ontario Excellence though Quality Improvement Project). We have developed a 2021-22 webinar series with participation from fidelity experts across the province.



03

Findings from our 2020 network survey on Ql activities revealed that many programs are collecting data but they currently lack the necessary resources to use data to inform clinical care. In response to these challenges, the SISC is partnering with EPION's Research Working Group – to build on previous work to identify standardized outcome measures that are relevant, valid and reliable for EPI. More details about the new joint Measurement-based Care project follow below.

Measurement-Based Care



Co-Chair, Dr. Chris Bowie

Professor, Queen's University and Head Consulting Psychologist, Head's UP Early Psychosis Intervention Program



Co-Chair, Gord Langill

Director of Programs and Services, Lynx Network, Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge



2018-2019

The Research Working Group conducted a review of approximately 30 outcome measures of potential relevance for EPI programs. The review revealed that many of these measures would be impractical to implement for a number of reasons, such as the need for specialized training and the amount of time to administer. We decided to narrow the list down to a **recommended core set of measures that could potentially be implemented across the province**.



2020-2021

A small group of Research Working Group and SISC members, the Executive team and a few program representatives conducted exploratory work and developed the following overarching principles for the project:

- Have clear usability for clinicians, clients and family members
- Be statistically valid, reliable, sensitive to change
- Be low burden and only minimum data elements to meet measurement objectives
- Be supported by adequate training and other supports to clinicians and programs to effectively use the data for client care and program planning



Present

The group is more closely investigating the <u>International Consortium for Health Outcomes</u> <u>Measurement (ICHOM) standard set for psychotic disorders</u>, which includes several patient-led measures across multiple domains of relevance to EPI: treatment, symptoms, recovery and functioning. The standard set has been endorsed by international experts with experience in EPI.



We hope to work more closely with the Centre of Excellence to determine how this might complement their work on core services and minimum provincial datasets. Thanks to our partners at the Centre: Dr. Paul Kurdyak, Danyal Martin, and Marg Millward.

Research Working Group



Chair, Dr. Chris Bowie

Professor, Queen's University and Head Consulting Psychologist, Head's UP Early Psychosis Intervention Program

After completing two rounds of our EPI COVID experiences survey and analysis in 2020, the Research Working Group shifted its focus to refreshing its mandate.

EPION is currently a knowledge user and supporter for over a dozen research initiatives happening across the network. 1/3 are new projects in 2021.

We refreshed our membership and clarified **priority activities and goals for the group**, which are:



Disseminating research findings, including through lay summaries of articles



Approving external requests: for example, support with participant recruitment and grant proposals



Exploring opportunities to generate/support more "home grown" internal research

To support and streamline these activities, we have developed a **standardized intake**, **review and tracking process** which we will continue to test and refine throughout 2022.

We also launched a Call for Letters of Interest for a **new pilot that aims to build research infrastructure** in programs that have limited experience conducting and publishing research and applying for grants.

Transitions in Care (TiC)



Co-Chair, Brian Cooper

Program Manager, Cleghorn Early Intervention Clinic & SCIS Inpatient Rehab Team, St. Joseph's Healthcare Hamilton



Co-Chair, Milinda Alexander

Clinical Director, Hamilton Program for Schizophrenia and President, Ontario Society of Occupational Therapists

Dating back to the initial Transitions in Care consultation work and 2018 report, we have been testing new policy and procedure templates for two domains: Discharge Planning and Disengagement / Reengagement.

Throughout 2021, five pilot sites worked on tailoring the templates based on local needs and business practices. We also interviewed sites to better understand current practices:



Areas of consistency included:

01

Fostering and maintaining engagement – through assertive outreach and family connections

02

Involving EPI team members in decision-making, including for discharge planning

03

Warm hand-offs and transitions to other services



Areas of inconsistency included:

01

The definition of "disengagement"

02

Length of program/treatment

03

Criteria for discharge, including readiness

Before further implementation, we hope to focus more on discharge planning. We recently worked with colleagues in PSSP-CAMH to submit an application for a Canadian Institutes of Health Research (CIHR) catalyst grant that would help us develop a **package of discharge resources**: a discharge level of care tool, discharge planning tool, discharge destination list and implementation protocol. The tools will complement the ongoing implementation of provincial standards for EPI, and will help lay the groundwork for an eventual standards refresh.

Peer Worker Community of Practice and Task Team



Co-Chair, Allison Dyer

Peer Researcher, University of Toronto Scarborough, Department of Psychology



Co-Chair, Kyle Bulstrode

Peer Practice Lead, Canadian Mental Health Association, Waterloo Wellington

The CoP includes peer workers from all across the province. The group comes together regularly to network, share information and insights, talk about strengths and challenges in the unique role we play in EPI teams—and simply say hello. In 2021, 13 Peer Workers from 9 EPI programs participated in comprehensive, certified Peer Worker training. A post-training survey revealed that participants were very satisfied with the course content and virtual learning approach.

There is growing interest in the group to build evidence for peer work in more EPI programs and demonstrate the value that peers bring to multi-disciplinary teams by intentionally bringing their lived experience and non-clinical perspective on behalf of program participants and their families.

We struck a task team in the summer to work on a few concurrent projects:



A slide presentation on peer work in the EPI context for use with community partners



A **review of job descriptions** from select EPI programs – to compare and contrast and develop a suggested template for programs as they develop new peer roles



A proposal for a **new research initiative**

This work may also inform the development of a metric for Peer Work, similar to metrics for other EPI professions. We hope to be able to secure the support of a Peer Researcher to support this exciting work in 2022.

Research Interests

Evaluate any cultural or other shifts on teams as a result of Peer Work or barriers to implementing Peer Work in teams

Gauge program participants' satisfaction with Peer Work

Understand what Peer Work looks like on EPI teams, including which Peer tools/methods are currently being used and their effectiveness

Highlight Peer Workers' perspectives and experiences in the role and compare to the perspectives and experiences of participants and teammates

Partnerships, Education, Access and Knowledge Translation (PEAK)



Chair, Brian Cooper

Program Manager, Cleghorn Early Intervention Clinic & SCIS Inpatient Rehab Team, St. Joseph's Healthcare Hamilton

PEAK is excited to be working with early intervention partners on three new exiting education and outreach initiatives:



In partnership with the Canadian Consortium for Early Intervention in Psychosis (CCEIP) and the Schizophrenia Society of Canada, we are developing a **three-part podcast about stages of psychosis**. The podcast will feature young people from diverse backgrounds who have been involved with early psychosis care and are on their path to recovery, as well as family members and medical experts.



Also in partnership with the CCEIP, we helped developed an **accredited Group Learning program for GPs** which is certified by the College of Family Physicians of Canada (CFPC) and their Ontario Chapter.



We are consulting experts in the community, including those with lived experience, on advice for **how we can better serve BIPOC populations** (Black, Indigenous, People of Colour) and support more inclusive, welcoming care to EPI clients and their families.

Other examples of ongoing outreach and work with community partners includes:

01

Making new <u>one-page info sheets</u> on medications 101, accessing services, and family guidance available in six languages: English, French, Punjabi, Italian, Spanish and Simplified Chinese.

02

Developing practical interpretative guidance about the Mental Health Act, which will be featured on EPION's website.

03

Sharing evidence-based 'standard presentations' to be used as needed by clinics across Ontario.

04

Presentations with the Centre for Innovation in Campus Mental Health

05

Surveying media resources on early intervention from around the world to share on EPION's website.

PEAK experienced a **transition in leadership** as I stepped down as PEAK Chair to ramp up new activities as interim EPION CoChair. Josette Morin and Leanne Needham have kindly offered to carry the PEAK torch as new joint Co-chairs. It has been a pleasure chairing this group over the years. I know it is in great hands under Josette and Leanne's leadership.

Thank You

We would like to sincerely thank Maya Gupta, Matt Harrison, Ilyas Khamis, Carole Lem and Nina Obrecht for their leadership and wish them all the very best in their future endeavours!

A huge THANK YOU to all of our working group Chairs: Gord Langill, Brian Cooper, Chris Bowie, Kyle Bulstrode, Allison Dyer, Milinda Alexander; our Past Chair, Heather Hobbs; all working group members; our EPION Coordinator and Administrative Secretary, Lindsay Turner and Shiromie Muthunayagam; new partners at WeUsThem (who designed this report); and our partners in CAMH-PSSP. With your help, we have been able to drive the priorities and initiatives mentioned throughout this report. We are grateful for your time and contributions to this network.

SISC and Fidelity COI

Gord Langill, Avra Selick, Janet Durbin, Sandy Brooks, and Rossana Coriandoli.

Measurement-based Care

Sarah Bromley, Shannel Butt, Avra Selick, Janet Durbin, Lindsay Sandi Johnson, Tim Heath, and David Haw; with special thanks to Dr. Don Addington, Professor of Psychiatry at the University of Calgary.

Research Working Group

Chris Bowie, Sarah Bromley, Mike Best, Elham Sadeh, Elmar Gardizi, Allison Dyer, Julie Dumoulin and Nikki Kozloff.

Transitions in Care

Shannel Butt, Matt Harrigan, Michael Weyman, Selina Buesnick, Al Cudmore, Sandy Brooks, Avra Selick, Janet Durbin, Josette Morin, Dalete Karst-Yaacov, Rebecca Oliveira, Jennifer Jackson, Claire Kislinsky, Kayla Nicholls, Nicole Kozloff, Andrea D'Souza, Crystal Baluyut, Carrie Kelly, Tallan Alexander, David Haw, Jill Yeo, Jill Lynch, Colleen De Vos and Michelle Cloutier.

Peer Work CoP

Allison Dyer, Kyle Bulstrode, and all of the other Peer Work CoP members and Fiona Wilson at St. Joseph's Healthcare Hamilton.

PEAK

Brian Cooper, Leanne Needham, Josette Morin, Sarah Bromley, Angela Yip, Shiromie Muthunayagam, Crystal Morris, Alessandra Czepit, and Sharon Smikle.





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