



EPION 2026

Shaping the Future of Early Psychosis Care:
Innovation, Inclusion and Lived Experience



Conference Syllabus

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Our Sponsors

Support for this conference provided in part by the following companies through educational grants:

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Message from the Co-Chairs

On behalf of the EPION Board of Directors and the 2026 EPION Conference Organizing Committee, we are very pleased to welcome you to the 2026 EPION Provincial EPI Conference: **Shaping the Future of Early Psychosis Care: Innovation, Inclusion and Lived Experience.**

A very appropriate theme as it has been almost 7 years since our last provincial conference! During this time our network of 50 different EPI program providers, with over 550 individual staff members, has had to both innovate and adapt to COVID, changes in our funding structure as a network, the implementation of the new provincial EPI Coordinated Specialty Care model, and developing trends in psychosis and early intervention services.

Our members continue to demonstrate how crucial it is for early intervention services to be inclusive in nature, and to reflect people's cultural differences and unique characteristics. Perhaps most importantly of all, we look to the future of EPI service delivery where not only are people with lived and living experience an embedded part of early intervention service delivery, but are an essential part of EPI and mental health program design.

In conclusion, we wish to extend our thanks to our sponsors, Myelin & Associates, our speakers and workshop presenters, and our 2026 Conference Organizing Committee for making this long overdue conference a reality. We hope you enjoy this opportunity to learn and network over the next two days.

David Haw

Co-Chair

Manager of LYNX Early Psychosis Intervention
Canadian Mental Health Association

Tara Shuster, MSW RSW

Co-Chair

Clinical Team Lead/Family Clinician
Early Psychosis Intervention (EPI) Program

Agenda

DAY 1: Thursday, October 1st

Time	Presentation Topic	Speaker(s)	Location
10:30am	Registration Opens		Lobby
11:00am	Lunch (served until 11:50am)		Oak C
12:00pm	Welcome Address	EPION Leadership	Oak A/B
12:10pm	Through My Lens: Bipolar Disorder, Storytelling, and Finding Strength Through Art	Luke Galati	
12:55pm	Not Just Another Clinician: The History, Movement & Impact of Peer Support on an EPI Team	Meera Jhaveri	
1:40pm	Break		Exhibit Area
2:10pm CONCURRENT WORKSHOPS	Intellectual and Developmental Disabilities (IDD) within EPI	Dr Alexandra Paventi Douglas & Team	Oak A
	A Novel Sexual and Reproductive Health Module for EPI: Early Findings from the Pilot Project	Dr Lucy Barker & Team	Oak B
	Implementation of an Anti-Racist Mental Healthcare Training in a First Episode Psychosis setting	Christabel Akinyode Kaywana Malcolm	Oak C
2:55pm	Workshop rotation		
3:05pm CONCURRENT WORKSHOPS	Community Integration as a Gateway to Success: A Collaborative OT-RT Model for Functional Recovery in FEP	Sean Dellaire Erin Rivers	Oak A
	Transitions in Care in Early Psychosis: Evaluating a Strengths and Needs Assessment Tool	Dr Crystal Baluyut	Oak B
	Engaging the Unengaged: Practical Strategies for Hard-to-Reach Clients	Annie Huynh	Oak C
3:50pm	Workshop rotation		
4:00pm CONCURRENT WORKSHOPS	Duration of Untreated Psychosis: A Clinician's Comparative Observation of Montreal and Ottawa's First Episode Services	Christabel Akinyode Julie Wong	Oak A
	Community Roots, Family Strength: Culturally Responsive Engagement of South Asian Families in Early Psychosis Care	Taranjot Bath Deepinder Singh	Oak B
	Connection in EPI: The Role of Peer Support	Kayleigh Robertson	Oak C
4:45pm	Poster Viewing & Break		Foyer
5:15pm	Clinician Perspectives on Addressing Social Determinants of Health in Early Psychosis Using the NAVIGATE model	Charlotte Ebsary, Ruth Yilma & Team	Oak A/B
6:00pm	Reception (runs until 7:00pm)		Exhibit Area

DAY 2: Friday, October 2nd

Time	Presentation Topic	Speaker(s)	Location
7:45am	Breakfast (served until 8:35am)		Oak C
8:45am	Cannabis Use and First Episode Psychosis: Innovative Digital Approaches to Supporting Black and Racialized Youth	Dr Suzanne Archie	Oak A/B
9:30am	NAVIGATE in Ontario: Early Implementation Insights from the Field	Multidisciplinary Panel	
10:15am	Break		Exhibit Area
10:45am CONCURRENT WORKSHOPS	Treatment Resistance in the Early Psychosis Population	Dr Michal Sapieha & Team	Oak A
	Integrating Peer and Family Peer Support in EIS Services for Psychosis: Lessons from PAIRPEP, an LHS Approach in QC	Dr Manuela Ferrari & Team	Oak B
	Service Engagement in EPI: Challenges and Solutions	Dr Nicole Kozloff & Team	Oak C
11:30am	Workshop rotation		
11:40am CONCURRENT WORKSHOPS	How do we build capacity to support youth with neurodevelopmental disabilities in EPI programs?	Asees Dhinsa Dr Nicole Kozloff Dr Avra Selick	Oak A
	Hearing Jinn: Supporting Muslim Youth with Psychosis	Haneefa Merchant Dr Saadia Sediqzadah	Oak B
12:25pm	Lunch (served until 1:15pm)		Oak C
1:25pm	CBT for Psychosis within EPI Programs	Dr Michael Best	Oak A/B
2:10pm	Closing Remarks & Raffle Draw	EPION Leadership	



Poster Viewing Session

Innovation on display, conversation encouraged

Join us in the Foyer, Day 1 at 4:45 pm

Discover the latest research, program innovations, and quality improvement work from early psychosis teams across Ontario. Browse the posters, meet the presenters, and leave with practical ideas for your own practice.

Welcome Reception

Where Ideas and Introductions Begin

Day 1 at 6:00 PM

Join us following the Day 1 sessions for our Welcome Reception! Enjoy light snacks, connect with fellow attendees, visit our sponsors and exhibitors, and unwind with a live performance from a musician with lived experience.

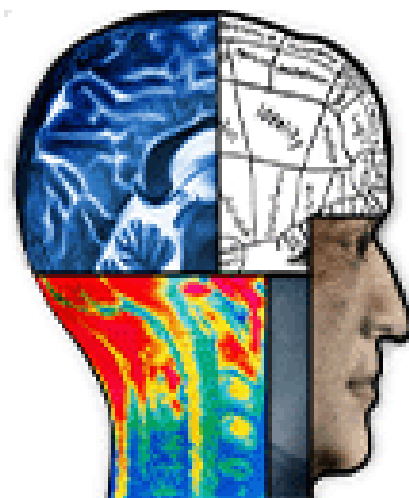
A cash bar will be available (credit/debit only; no cash accepted). The reception will run for approximately one hour.

Caversham Bookseller

North America's largest mental health bookstore

We're pleased to welcome Caversham Booksellers to this year's conference. Be sure to stop by their book display and explore a selection of titles related to mental health, psychiatry, psychotherapy, neuroscience, and more.

While you're connecting with colleagues and taking in two days of learning at EPION 2026, make some time to browse their collection and discover a new resource for your practice or reading list.



The Art of Lived Experience

Turning Lived Experience Into Art



Trevor James (Adoniram)

Performing live at the Welcome Reception

Trevor James, who performs as Adoniram, is a Peterborough, Ontario musician whose story is one of survival and recovery. After years of psychosis, self-medication, and a long road back that included five years of treatment and rebuilding, he calls himself “very lucky” to be alive.

His debut album, Rougarou, is now available to stream on Spotify, Apple Music, and YouTube Music.

[Listen Now](#)



Cris Ramirez

Showcasing work in the Front Foyer

About this piece: This was my first painting of my hallucinations and also first commission.

I am a schizophrenic artist and I paint my hallucinations, feelings, and experience with schizophrenia and other mental health issues.

Follow my work on TikTok [@itscrisramirez](#) and Instagram [@mybraindeadlife](#).



Luke Galati

Independent journalist and documentary filmmaker

Bachelor of Journalism,
Toronto Metropolitan University

Master's of Fine Arts,
Documentary Media, Toronto Metropolitan University

Winner - Mindset Award for Reporting on the Mental
Health of Young People

Keynote: Oak A/B – Day One: 12:10 pm

Through My Lens: Bipolar Disorder, Storytelling, and Finding Strength Through Art

Luke Galati has experienced psychosis first-hand.

Galati hopes to explain what living with bipolar is truly like through his journalism.

In his career, he has utilized the tool of documentaries on the topic of mental health to tell his story and highlight other peoples' experiences.

Galati has created an award-winning radio documentary with CBC on the topic of what a hospitalization in a psych ward is like. Through Galati's documentary filmmaking, he has also highlighted the need for alternatives, other than police responding, for people experiencing a mental health crisis.

He focuses on advocacy, change, and having conversations that publicly don't always happen.

Before creating documentary projects on the topic of psychosis and mental health, it was challenging for Galati to find someone who also felt comfortable with sharing their lived experience of psychosis.

Since creating these projects, he has learned about other people's stories and aspires to help represent a community and condition that many people have, but don't always feel comfortable with sharing.

In this presentation, Galati will share his experience engaging with the medical system in relation to psychosis. Drawing on his experiences, he will also offer suggestions for improvement from a patient perspective.



Meera Jhaveri

Peer Support Worker

Early Psychosis Intervention (EPI) Program & Psychosis Spectrum Clinic

Trillium Health Partners

Plenary: Oak A/B – Day One: 12:55 pm

Not Just Another Clinician: The History, Movement and Impact of Peer Support on an EPI Team

As EPI programs across Ontario adopt the NAVIGATE model, many will be welcoming a peer support worker for the first time. This presentation considers the implications of what it means to bring this non-clinical role onto a highly clinical team by first examining the history of mental health survivor movements alongside the deliberate choice to build peer support outside the system altogether. The case will be made that while this merger between peer support and the clinical EPI environment carries real benefits, its value still lies in that same non-clinical design: the very source of the role's purpose and impact. Drawing on both lived and professional experience, the session will also highlight the specific effect this role has on an EPI team, along with some predictable challenges the whole team may face. It will close with practical strategies peers and teams can use to help the role succeed and prevent its erosion into just another clinician.

About the Speaker:

Meera Jhaveri is a Peer Support Worker with the Early Psychosis Intervention program at Trillium Health Partners. With over 5 years in EPI peer work, she has served as long-time chair of EPION's Peer Support Community of Practice and contributed to the NAVIGATE rollout in Ontario as a member of the provincial task group and co-contributor to the NAVIGATE Peer Support Manual. She is a Coordinated Specialty Care provincial trainer with CAMH, facilitating training for peer support workers starting the NAVIGATE model, and a Peer Support Trainer with "Robyn Priest Live Your Truth", delivering basic peer support training and workshops on topics such as being the only peer on a multidisciplinary team.

This fall, she began a Master of Health Science in Bioethics at the University of Toronto's Dalla Lana School of Public Health. Her work sits at the intersection of clinical systems change, and the conviction that true systemic change can only occur when people with lived experience are involved at all levels.

Questions? Email: admin@epiontario.org

Workshop: Oak A – Day One: 2:10 pm

Intellectual and Development Disabilities (IDD) within EPI

This presentation explores Intellectual and Developmental Disabilities (IDD), including Autism, within early psychosis intervention (EPI). People with IDD are at higher risk for developing psychotic disorders but are often excluded or underserved in EPI programs. The session will discuss practical approaches for engaging and supporting individuals with IDD, focusing on how to adapt assessments and interventions to better meet their needs.

Key areas covered include how to recognize psychosis in people with IDD, understanding the epidemiology and increased risk in this group, and addressing the equity gaps that can lead to delayed diagnosis and limited access to care. The session will highlight common barriers such as diagnostic overshadowing, communication challenges, and systemic biases, and offer strategies to address them.

The session aligns with ongoing efforts in Ontario to provide evidenced-based, inclusive, and equitable care within EPI services. By building capacity among EPI teams to recognize and address the needs of individuals with IDD, we can help close service gaps and reduce disparities. Improving capacity ensures that everyone at risk for psychosis, regardless of cognitive or developmental differences, receives timely and appropriate care, which is essential for improving outcomes and advancing the success of EPI programs across the province.



Alexandra Paventi Douglas, MD, FRCPC

Psychiatrist, CMHA First Place Clinic, Thunder Bay

Dr. Allie Douglas is a psychiatrist working in Northern Ontario with a practice focused on early psychosis and chronic mental illness. She works with Early Psychosis Intervention (EPI) teams in Parry Sound and Thunder Bay, as well as Assertive Community Treatment Teams (ACTT) in Parry Sound and Kenora. Dr. Douglas is clinical faculty at the Northern Ontario School of Medicine, where she serves as an undergraduate lecturer, ethics and OSCE committee member, and at the postgraduate level as a lecturer, clinical supervisor, and co-academic coordinator for the psychiatry residency program. She is involved in the delivery of NAVIGATE-informed care and contributes to training initiatives focused on evidence-based prescribing and team-based approaches.

Questions? Email: admin@epiontario.org



Matthew Dirks

Supported Employment and Education Clinician, CMHA First Place Clinic, Thunder Bay

Matthew Dirks is a child and youth mental health worker of 15 years with experience working in the school, hospital, corrections, treatment and group home settings.

Matt has worked at CMHA Thunder Bay since 2014, starting as a crisis response worker before moving to First Place Clinic to fill a recovery care coordinator position in 2015.

Workshop: Oak B – Day One: 2:10 pm

A Novel Sexual and Reproductive Health Module for Early Psychosis Intervention: Early Findings from the Pilot Project

Relevance: Youth with psychosis are at risk for adverse sexual and reproductive health (SRH) experiences, and for receiving suboptimal SRH care. Early psychosis intervention (EPI) programs offer an opportunity to integrate SRH early in the illness course, yet SRH is not currently part of standard EPI care.

Innovation: Our team recently developed a SRH module for women, transgender, and nonbinary individuals. Module development followed a co-design process in which a working group (clinicians, youth with lived experience, researchers) met regularly over ~10 months to collaboratively develop content and materials. The module covers 5 topics: (1) relationships, (2) sexual health, (3) reproductive health, (4) sexual orientation and gender identity, and (5) interpersonal violence. Based on the NAVIGATE format, each topic includes client-facing materials and clinician-facing materials, and we developed a complementary clinician training protocol. The module is currently being piloted through the Slight Centre Early Psychosis Intervention Services (SCEIS) at the Centre for Addiction and Mental Health (pilot launch March 2025).

Impact: 17 clinicians and 22 service users (women, non-binary, and gender-diverse youth who receive EPI care at SCEIS) have enrolled in the pilot. Based on early feedback, we made several changes to the module and incorporated additional clinician training. Early data suggests that clinicians and services have overall positive feelings towards the SRH module. Ongoing data collection will continue to examine module acceptability, feasibility, and adoption and protocol adherence. Future directions include module adaptation for male service users and eventual scaling up to serve the needs of youth across EPI programs.



**Lucy Barker,
MD PhD FRCPC**

Psychiatrist and Scientist
(Early Career), Women's College Hospital
Assistant Professor,
Department of Psychiatry,
University of Toronto
Collaborator Scientist,
Centre for Addiction and Mental Health



**Hannah Kearney,
MSc MD FRCPC**

Psychiatrist,
Centre for Addiction and Mental Health
Assistant Professor,
Department of Psychiatry,
University of Toronto



Erin Butler, BSc

Research Analyst,
Centre for Addiction and Mental Health



Augustina Ampofo, BA

Program Engagement Co-Facilitator,
Centre for Addiction and Mental Health

Workshop: Oak C – Day One: 2:10 pm

Implementing Anti-Racist Mental Health Care Training: Lessons from the V-TRAC Initiative in an Early Psychosis Intervention Program

Racialized communities continue to experience significant inequities in mental health care access, engagement, and outcomes. Systemic racism and racial trauma can influence presentations, treatment experiences, and recovery trajectories, underscoring the need for culturally responsive and anti-racist approaches to care. This presentation describes the implementation, evaluation of the V-TRAC Anti-Racist Mental Healthcare training within the OnTrack Early Psychosis Intervention Program at the Ottawa Hospital.

In 2025, Nineteen interdisciplinary clinician participated in approximately ten hours of self-paced learning, reflective exercises, surveys and knowledge application activities. The implementation strategy incorporated leadership endorsement, flexible educational delivery, and structured opportunity for reflection. Key barriers included competing clinical priorities, limited protected learning time, summer staffing challenges, and emotional fatigue. Facilitators of success included strong senior leadership support, relevance to clinical practice, psychological safety, and a shared commitment to equity-focused care.

Training outcomes demonstrated increased clinician understanding of systemic racism, racial trauma, intersectionality, cultural humility, and bias recognition. Participants reported greater confidence in exploring patients' cultural identities, experience of discrimination, immigration histories, faith, and community supports as part of comprehensive mental health assessment and care planning. Staff also identified movement in therapeutic relationship patient advocacy empathy and culturally responsive practices

This session will share practical lessons learned, implementation strategies, and recommendations for sustaining anti-racing education initiative as mental health settings. Attendees will leave with actionable approaches to advancing equity, fostering, culturally responsive care, and supporting lasting organizational changes.



Kaywana Malcolm,
MN-HSLA, BScN, R.N,
CPMHN(C)

Primary Clinician, The Ottawa Hospital
On Track, Champlain District Regional
First Episode Psychosis Program
(The Ottawa Hospital)



Christabel Akinyode,
MBA

Credentialed Evaluator,
OnTrack - The Ottawa Hospital

Workshop: Oak A – Day One: 3:05 pm

Community Integration as a Gateway to Success: A Collaborative OT-RT Model for Functional Recovery in FEP

Our presentation explores how a structured, drop-in community-based integration group, rotating through domains of leisure, can serve as an effective gateway to engagement and functional recovery for individuals experiencing first episode psychosis (FEP). Early psychosis intervention programs often face challenges related to client motivation and participation. Leisure-based community activities offer a flexible, non-clinical entry point that reduces stigma while supporting real-world functioning. Delivered collaboratively by Recreation Therapy (RT) and Occupational Therapy (OT), this model leverages socialization and peer collaboration experiences in low pressure settings to promote recovery-oriented outcomes.

The group rotates across multiple leisure domains—aimed at improving clients' physical, cognitive, emotional, social, and spiritual wellbeing, and allows participants to access various community settings with support, with the aim of increased independence long term. Activities are intentionally selected and graded to align with participant interests, symptom presentation, sensory tolerances, and social readiness. Clients have opportunities to suggest and choose group activities, further increasing their motivation. This group approach supports the development of functional skills such as community navigation, social communication, routine building, energy management, assertiveness, and executive functioning, and can be a gateway to developing readiness and motivation for education and employment goals.

Innovation lies in reframing leisure not simply as diversion, but as a therapeutic vehicle for functional skill assessment and practice, identity rebuilding, and confidence development. The interdisciplinary RT–OT collaboration ensures activities are both meaningful and purposeful, blending engagement, adaptation, and skill transfer to real-world contexts such as school, work, and independent leisure engagements.

The impact of this model includes improved client attendance, increased community participation, enhanced functional independence, and stronger therapeutic rapport. This session will be particularly relevant for clinicians, RTs, OTs, and program developers seeking creative, recovery-oriented strategies to support early and sustained engagement in FEP services.



Sean Dellaire,
MS (Candidate), BRLS,
CTRS, R/TRO

Recreation Therapist
OnTrack - The Ottawa Hospital



Erin Rivers,
MSc OT, OT Reg (ont)

Occupational Therapist
OnTrack - The Ottawa Hospital

Workshop: Oak B – Day One: 3:05 pm

Transition of Care in Early Psychosis: Evaluating a Strengths and Needs Assessment Tool

The Slight Centre Early Intervention Service (SCEIS) is a key provider of Early Psychosis Intervention (EPI) services in Ontario, delivering time-limited, integrated medical and psychosocial care to young adults experiencing psychosis. As youth transition from specialized EPI services, they may face challenges accessing new care settings and maintaining continuity of support. In response, the SCEIS Transitions in Care Project Team was established in July 2025 to strengthen transition planning by identifying patients' strengths and needs during this critical stage of care.

A central component of the project is evaluating the Strengths Needs Assessment (SNA) Tool, developed by Dr. Janet Durbin and colleagues at CAMH (Durbin et al., 2025). The SNA was developed following a literature review that identified a lack of brief, quantitative, early psychosis-specific measures to support transitions in care. The project received approval from the CAMH Quality Projects Ethics Review Committee in May 2026.

This Quality Improvement project will gather feedback from clinicians, physicians, service-users, and families to assess the SNA's clinical utility and integration into practice. To date, we have received extensive input from clinicians, family members, and service users to inform study preparations, including the administration of the SNA tool and the design of survey and interview questions. Initial piloting is underway, with preliminary feedback collected. Clinic implementation has not yet commenced.

Ultimately, the project aims to facilitate smoother transitions, strengthen continuity of care, and support sustained recovery and improved outcomes for youth and their families.



**Crystal Baluyut,
MD, FRCPC**

Psychiatrist,
Quality Lead Schizophrenia Division

Slight Centre Early Intervention Service,
Centre for Addiction and Mental Health

Workshop: Oak C – Day One: 3:05 pm

Engaging the Unengaged: Practical Strategies for Hard-to-Reach Clients

This workshop explores practical, innovative strategies to engage individuals who are hesitant or resistant to treatment. Drawing on clinical experience across hospital and community settings, the session will focus on building trust and reducing barriers to care, with attention to the social determinants of health.

Evidence-based approaches will be highlighted, including Individual Resiliency Training (IRT), motivational interviewing, and recovery-oriented care. These approaches will be integrated with creative, community-based and activity-focused strategies meeting the unique needs of our client population.

Participants will gain practical tools to enhance engagement and support sustained recovery in early psychosis.



Annie Huynh, MSW, RSW

Social Worker - Early Psychosis
Intervention (EPI) Program
Trillium Health Partners

Annie Huynh is an IRT Clinician with the EPI Team at Trillium Health Partners. She previously worked with the EPI Team at St. Michael's Hospital and brings over a decade of experience supporting individuals experiencing psychosis across clinical and community settings. She holds a Master of Social Work with a specialization in Mental Health.

Annie is passionate about reducing barriers to mental health care and advancing equitable, recovery-oriented services. She is committed to ensuring that individuals from diverse backgrounds have timely access to inclusive, person-centered support.

Workshop: Oak A – Day One: 4:00 pm

Duration of Untreated Psychosis: A Clinician's Comparative Observation of Montreal and Ottawa's First Episode Services

This presentation will review access to Early Psychosis Intervention and compare the Duration of Untreated Psychosis (DUP) in individuals living in Ottawa, Ontario and Montreal, Quebec through the lens of an Intake Nurse. This clinician provides a comparative analysis of her experiences in both settings, practical insights, lessons learned, and honest reflections from her work.

This topic provides honest reflections on the differences between a Montreal clinic – one of nine clinics within the Montreal area that serves over 2 million residents – and one Ottawa clinic that serves over 1 million residents. The reflections will speak to the ways within which the structure and number of clinics in Ottawa and Montreal shape Early Psychosis Intervention using DUP, hospitalizations, cost to the province, proximity to behavioural activation and response to medication.

The speaker will explain methods that the Ottawa team has utilized to improve wait times, access to care and reduce barriers to Early Psychosis Intervention and the impact of this on Clinical care and moral injury. The speaker will proffer solutions that work within an Ottawa perspective extracting lessons learned from both cities.



Julie Wong, BScN, RN,
OnTrack - The Ottawa Hospital



Christabel Akinyode, MBA
Credentialed Evaluator,
OnTrack - The Ottawa Hospital

Workshop: Oak B – Day One: 4:00 pm

Community Roots, Family Strength: Culturally Responsive Engagement of South Asian Families in Early Psychosis Care

Early Psychosis Intervention (EPI) programs increasingly serve diverse communities, yet family engagement approaches often reflect dominant cultural assumptions that may not fully align with the lived realities of racialized families. Drawing on experience within an EPI program serving South Asian communities, this presentation explores culturally responsive strategies for engaging families in early psychosis care and strengthening pathways to treatment and recovery.

South Asian families may face unique barriers to engagement, including stigma related to mental illness, language differences, culturally specific understandings of psychosis, and strong expectations surrounding family roles, hierarchy, and collective decision-making. These factors can influence help-seeking behaviours, participation in treatment, and long-term recovery outcomes for youth experiencing psychosis.

This presentation will examine practical approaches to culturally responsive family engagement, including trust-building, culturally attuned psychoeducation, flexible definitions of family involvement, and strategies for balancing family participation with youth autonomy. Participants will also be encouraged to reflect on how cultural assumptions, service structures, and communication practices can influence engagement and therapeutic relationships.

Through real-world practice examples and interactive discussion, attendees will gain concrete, transferable strategies that can be applied across diverse communities. The session highlights how culturally responsive family engagement can reduce service disengagement, strengthen therapeutic alliances, and support more equitable, accessible, and effective early psychosis services while maintaining fidelity to evidence-informed EPI principles.



**Deepinder Singh, B.A.
(Soc), RPN**

Manager,
Sahara Mental Health Programs
Punjabi Community Health Services
(PCHS)



Taranjot Bath, C.Y.C

Case Manager, Early Psychosis
Intervention Program
Punjabi Community Health Services
(PCHS)

Workshop: Oak C – Day One: 4:00 pm

Connection in Early Psychosis Intervention: The Role of Peer Support

Early psychosis often disrupts a young person's sense of identity, trust, and connection during a developmental period when these foundations are still emerging. While Early Psychosis Intervention (EPI) programs provide comprehensive clinical care, sustained engagement frequently depends on whether young people feel understood, safe, and connected throughout their recovery journey.

Drawing on both lived experience of psychosis and professional experience as a Certified Peer Support Specialist within an EPI program, this presentation explores the unique role of peer support within multidisciplinary teams. While peer support is often described through the language of hope and motivation, this session argues that its greatest contribution extends beyond inspiration. Peer support contributes a distinct form of professional expertise within multidisciplinary teams by drawing upon experiential knowledge to foster trust, strengthen therapeutic relationships, and support sustained engagement.

Through practical examples, participants will explore how shared lived experience, intentional storytelling, and authentic “me too” moments create opportunities for connection that complement clinical care. These relationships can strengthen therapeutic alliance, encourage meaningful disclosure, reduce isolation, and support continued participation in services during periods of uncertainty. Although peer support may not be the preferred approach for every individual, routinely offering access to peer services creates additional opportunities for engagement and recovery across diverse pathways.

The session concludes with practical strategies for integrating peer support throughout the EPI journey, including treatment planning, family engagement, service transitions, and multidisciplinary collaboration. No discipline can replace another. Peer support is valuable not because it does the same work differently, but because it contributes a form of experiential expertise no one else on the team possesses.



Kayleigh Robertson,
Hons. BA., CPS

Certified Peer Support Specialist,
Phoenix Program (FEP)

Halton Healthcare, Oakville Trafalgar
Memorial Hospital

Plenary: Oak A/B – Day One: 5:15 pm

Clinician Perspectives on Addressing Social Determinants of Health in Early Psychosis Using the NAVIGATE Model

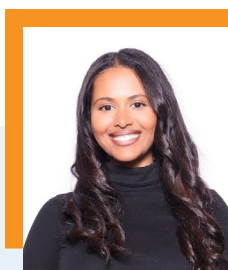
Early Psychosis Intervention (EPI) programs are recognized as the gold standard for early psychosis care. In Toronto, the NAVIGATE model of coordinated specialty care has been adopted by two of Canada's largest urban EPI programs, CAMH's Slaight Centre Early Intervention Service and CMHA's MOD Program, serving populations with significant cultural, racial, and socioeconomic diversity. Social determinants of health (SDOH), including income, race, and immigration status, impact access and outcomes in early psychosis care, particularly in urban centres (Rotenberg et al., 2022). Through a partnership between hospital-based (CAMH) and community-based (CMHA) programs, this study examines how NAVIGATE addresses SDOH and potential enhancements. This is part of a larger project incorporating youth and family perspectives.

This presentation focuses on qualitative analysis of focus groups and individual interviews with 20 clinicians, highlighting two objectives: (1) examining how SDOH are addressed in NAVIGATE care delivery and (2) exploring how clinician training supports culturally responsive and equity-oriented practice. Five preliminary themes were generated from the analysis: 1) NAVIGATE materials are not often used to directly address SDOH; 2) opportunity for enhancement of NAVIGATE delivery to address immigration, food security, poverty and trauma; 3) establishing and utilizing partnerships with community-based organizations; 4) collaborative and in-person training; and 5) leveraging tools and resources external to NAVIGATE to support clinicians. Clinicians identified SDOH as important to EPI care and highlighted opportunities to strengthen NAVIGATE's response to social and structural barriers. Alongside youth and family perspectives, this work aims to inform equitable care, reduce disparities, and strengthen community partnerships.



Charlotte Ebsary

CAMH Research Analyst at Slaight Centre, MScOT, PhD Student, Rehabilitation Science, Queen's University



Ruth Yilma

CAMH Research Analyst at Slaight Centre, HBSc, PhD Student, Department of Psychology, University of Toronto



Cynthia Grant, BSc, BScN, RN, CPMHN (C)

Interim Associate Director of Nursing at CMHA



Suzanne Archie, MD, FRCPC

Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University

Peter Boris Centre Addictions Research, McMaster University

Former Chair of Research, EPION and Former Clinical Director of Cleghorn Early Intervention in Psychosis Program

Psychiatrist, Community Psychiatry Clinic, West 5th Campus, St. Joseph's Healthcare Hamilton

Keynote: Oak A/B – Day Two: 8:45 am

Cannabis Use and First Episode Psychosis: Innovative Digital Approaches to Supporting Black and Racialized Youth

Black and racialized populations exposed to cannabis may face disproportionately adverse health outcomes, particularly among youth experiencing a first episode of psychosis, due to intersecting disparities in access to care and stigma. Few studies have explored what youth understand about the cannabis-psychosis relationship. Currently, no formally evaluated knowledge translation (KT) strategies exist to disseminate research on cannabis, psychosis, and pathways to care for young people with emerging psychosis from Black and racialized backgrounds. The use of video games – the Back to Reality Series – represents a potentially innovative KT approach to addressing these issues.

This presentation will address the following questions:

1. What is the association between heavy cannabis use and psychosis risk among youth?
2. What factors contribute to the need for more targeted psychosis risk and cannabis use education for Black youth in Canada compared to other ethnic and racialized groups?
3. What are the frequency, potency, and types of cannabis products used among Black and racialized youth experiencing a first episode of psychosis and cannabis use disorder?
4. What are the perceptions regarding the mental health effects of cannabis on psychosis among youth with a first episode of psychosis and cannabis use disorder from Black and racialized communities?
5. What is the impact of the KT product, the Back to Reality Series, on knowledge about cannabis and psychosis among youth?
6. What are the perspectives of Black and racialized youth with a first episode of psychosis on the use of the Back to Reality Series?

Questions? Email: admin@epiontario.org

Plenary: Oak A/B – Day Two: 9:30 am

NAVIGATE in Ontario: Early Implementation Insights from the Field

This panel brings together EPI professionals from across Ontario who are at varying stages of implementing and delivering the NAVIGATE model. Panelists will share practical insights from their experiences, including successes, challenges, and organizational, geographic and client factors that have shaped implementation in their settings. The session will highlight how NAVIGATE is being adapted and applied across different EPI programs and provide an opportunity for audience questions and discussion.



Courtney Quigg, O.T. Reg (Ont.)

Occupational Therapist,
Niagara Region Mental Health



Karyn Makela, RN

Clinical Lead,
Psychosocial Rehabilitation
Health Sciences North



Richa Puri, RN, MN, CPMHN

Clinical Manager,
Hennick Humber Hospital



Diane Richardson, RN, BScN

Case Manager,
Health Sciences North



Scott Grant, MSW., RSW

Social Worker, First Step Early
Psychosis Intervention,
Waterloo & Wellington Region



Julie Carr, Reg. N.

North Bay Regional Health Centre



Kelly Smirle, MSW., RSW

Clinical Manager,
North Bay Regional Health Centre

Workshop: Oak A – Day Two: 10:45 am

Treatment Resistant Schizophrenia in an Early Psychosis Population

Treatment resistant schizophrenia (TRS) affects a meaningful number of patients in early psychosis intervention (EPI) programs, yet recognition is often delayed and management is complicated by clinician, medication, and cultural factors. This session draws on the experience of the EPI program at Trillium Health Partners, to examine how TRS is identified and managed in a first-episode population.

We begin by defining TRS and presenting program data, including the proportion of patients in our program on clozapine. We discuss several composite cases based on our experience with TRS and discuss strategies for approaching these cases in the community setting.

The session closes on barriers and system-level gaps: underinvestment in allied health and peer support, the neglect of negative symptoms in both the TRS definition and the research, and the undervaluing of recovery-oriented care. Practical recommendations for clinical, family, and system-level change are offered.

Learning Objectives:

1. Define and review treatment resistant schizophrenia
2. Understand treatment support and options for patients with TRS
3. Identify barriers to treatment and areas for improvement



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Mariam Arain, MD, FRCPC

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Matthew Martorana, MSW, RSW

Social Worker, Early Psychosis Intervention Program,
Trillium Health Partners

Workshop: Oak B – Day Two: 10:45 am

Integrating Peer and Family Peer Support in Early Intervention Services for Psychosis: Lessons from PAIRPEP, a Learning Health System Approach in Quebec

Peer support emerged as a response to traditionally medicalized approaches to mental health care, recognizing that expertise may be grounded not only in professional training but also in lived experience. People with lived experience (PWLE) of mental health challenges and family members who have supported loved ones through recovery offer unique knowledge, hope, and support. While peer and family peer support align closely with the recovery-oriented philosophy of Early Psychosis Intervention (EPI) services and are recommended by EPI clinical guidelines (e.g., Council of Australian Government Health Council 2017; Health Education England 2017; WHO 2021; NAVIGATE/RAISE-ETP/EPI-NET network, USA), their availability remains inconsistent across Canadian and international programs. EPI care in Quebec have identified peer and family peer support as essential components of recovery-oriented services, yet they remain under-implemented.

This interactive workshop will present PAIRPEP (“PAIR-Aidance pour les Premiers Episodes Psychotiques”), an innovative province-wide initiative embedded within Quebec’s Rapid Learning Health System for Early Psychosis Services (SARPEP). PAIRPEP has supported implementation of peer and family peer support across 12 EPI programs through partnerships among PWLE, family members, community organizations, clinicians, researchers, managers, and policymakers for over three years. The initiative combines strategic planning and consultation with local and international partners, implementation resources and tools, training and capacity-building activities, mentorship and support for newly hired peer support workers, and continuous feedback mechanisms to facilitate the sustainable integration of peer roles within EPI services.

Co-led by peer support workers, researchers, and PAIRPEP implementation staff, the workshop will explore opportunities and challenges related to integrating peer support in specialized early psychosis services. Participants will learn how co-design, participatory approaches, and learning health systems can accelerate implementation, enhance service responsiveness, and strengthen recovery-oriented care for youth experiencing psychosis and their families. Practical lessons and transferable strategies for youth mental health settings will be highlighted.



Manuela Ferrari

Associate Professor,
Department of Psychiatry,
McGill University

Researcher,
Douglas Hospital
Research Centre



Julie Marguerite Deschênes, Ph.D.

Researcher, Social
worker

Research team for the
SARPEP-PAIRPEP-
SARAH projects

Centre de recherche
du CHUM (CRCHUM)



Gabriel Julien

Peer Support Worker
JAP Montreal/SARPEP

Workshop: Oak C – Day Two: 10:45 am

Service Engagement in Early Psychosis Intervention: Challenges and Solutions

Service engagement is a key focus for early psychosis intervention (EPI) programs. At the Centre for Addiction in Mental Health (CAMH) in Toronto, we have examined this issue through a series of studies. The first study assessed factors associated with disengagement among a cohort of EPI service users based on electronic medical record (EMR) data and surveyed patients and families early in their care to explore perceived facilitators and barriers to EPI service use. The second study used EMR data to examine pathways to care and factors associated with different referral pathways, as well as early engagement in EPI as measured through attendance at the first consultation appointment. The final study, which was only recently completed, was a pragmatic randomized-controlled trial of a text messaging intervention designed to support engagement with EPI services among people referred from the emergency department and other acute settings. This session will draw on these examples to review what is known about service engagement, disengagement and re-engagement and potential solutions to improve service engagement. It is anticipated that through improved understanding of risk factors for and potential solutions to disengagement and consideration of clinician, patient, and family perspectives, we can ensure that service users are getting the most out of their EPI experience.



Nicole Kozloff, MD, SM, FRCPC

Scientist, Psychiatrist, and Director, Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health, Centre for Addiction and Mental Health (CAMH) and Associate Professor, Department of Psychiatry, Institute of Health Policy, Management and Evaluation and Institute of Medical Science, University of Toronto



Alexa Polillo, PhD

CAMH and Assistant Professor, Department of Psychiatry and Dalla Lana School of Public Health, University of Toronto



Augustina Ampofo

Youth Advisor, CAMH



Lillian Duda

Family Advisor, CAMH

Workshop: Oak A – Day Two: 11:40 am

How Do We Build Capacity to Support Youth with Neurodevelopmental Disabilities in EPI Programs

Youth with neurodevelopmental disabilities (NDDs) are at higher risk for psychosis but can be perceived as a challenging population to treat within psychiatric programs and, as a result, historically they were excluded from many Ontario EPI programs. However, the current provincial guidelines state that all youth with psychosis, including youth with NDD, must be admitted to EPI programs. This interactive presentation will review current evidence on how youth with NDD access EPI services and how their experience of care may differ from other youth, including findings from a recent study based at CAMH. We will also collectively explore the challenges and opportunities to support youth with NDD and identify the resources and supports that might be needed to build capacity to care for this group within Ontario EPI programs.



Avra Selick, PhD

Scientist, CAMH



Asees Dhinsa, MPH

Research Analyst, CAMH



Nicole Kozloff, MD, MSc

Scientist, Psychiatrist, and Director,
Margaret and Wallace McCain Centre for
Child, Youth and Family Mental Health,
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Mental Health (CAMH) and Associate
Professor, Department of Psychiatry,
Institute of Health Policy,
Management and Evaluation and
Institute of Medical Science,
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Workshop: Oak B – Day Two: 11:40 am

Hearing Jinn: Supporting Muslim Youth with Psychosis

Experiences with psychosis can be influenced by cultural and religious beliefs. For Muslim youth with early phase psychosis, this can be experienced as believing one is possessed by Jinn, including hearing Jinn. Their recovery may also include spiritual dimensions including prayer and counseling from religious clerics. The presenter is an EPI psychiatrist who identifies as Muslim herself and whose clinic is based out of Regent Park, a neighbourhood with a significant Muslim population. In the presentation, Dr. Sediqzadah will summarize the literature on Muslim youth experiences of psychosis, as well as share clinical pearls on how to support Muslim early phase psychosis populations.



**Saadia Sediqzadah,
MD, SM, FRCPC**

Psychiatrist at St. Michael's Hospital,
Unity Health Toronto.
Scientist, Upstream Lab, MAP
Centre for Urban Health Solutions,
Li Ka Shing Knowledge Institute



**Haneefa Merchant,
B.A M.Sc.**

Junior Research Assistant,
Montreal Neurological Institute
(McGill University)
Founding Fellow, International
Institute of Geopsychiatry



Michael Best, PhD

Psychologist, CAMH
Professor, University of Toronto

Plenary: Oak A/B – Day Two: 1:25 pm

CBT for Psychosis within EPI Programs

Cognitive Behavioural Therapy for psychosis (CBTp) is an evidence-based psychological treatment designed to help individuals better understand and manage distressing experiences such as hallucinations, unusual beliefs, paranoia, and negative symptoms. This presentation will introduce the core principles of CBTp, including collaborative formulation, normalization, cognitive and behavioural strategies, and the importance of working with beliefs rather than directly challenging them. Practical examples will demonstrate how clinicians can reduce distress, improve coping, and support recovery while maintaining a respectful, person-centred approach. The presentation will also review the research supporting CBTp and discuss how it can be integrated alongside medication and other psychosocial interventions.

About the Speaker:

Dr. Michael Best is a clinical psychologist and Director of the Canadian Centre for Cognitive Behavioural Therapy. Dr. Best's research focuses on cognitive behavioural therapy and cognitive remediation for psychosis. He has been awarded over \$4 million in research funding to improve psychosocial treatments for psychosis and has published over 75 peer reviewed research articles and book chapters. Dr. Best is a leading trainer in CBT for psychosis and has trained over 700 clinicians across 7 countries in CBT for psychosis.

Shaping the Future of Early Psychosis Care: Innovation, Inclusion and Lived Experience

