Keynote Plenary  
Saturday, Oct. 21  
09:00 – 10:30 (1.5 hr)  
Meeting Room: Grand Ballroom  
Joshua Rosenblat, MD, FRCPC; Sarah Hales, MD, PhD, FRCPC; Shannon Dames, RN, MPH, EdD

Symposium  
S14 - BC Provincial Obsessive–Compulsive Disorder Program Research Update: Towards Biomarker Development in Childhood Onset  
Saturday, Oct. 21  
10:45 - 11:45 (1 hr)  
Meeting Room: TBC  
S. Evelyn Stewart*, MD; Elise Ewing, BSc; Clara Westwell-Roper, MD PhD

CanMEDS Roles:  
1. Scholar  
2. Medical Expert  
3. Health Advocate

At the end of this session, participants will be able to:  
1) Define the potential types and prognostic use of biomarkers in childhood-onset obsessive–compulsive disorder (OCD);  
2) Describe relations between medical conditions and OCD symptoms in children and youth, focusing on the recent characterization of immune-related comorbidities; and  
3) Explain the potential role of epigenetic biomarkers to improve our understanding and treatment of childhood-onset OCD.

Obsessive–compulsive disorder (OCD) is a common neuropsychiatric condition affecting 1% to 2% of children and youth. Although cognitive-behavioural therapy (CBT) and serotonin reuptake inhibitors are effective treatments, nonresponse is common and symptoms often persist into adulthood. Additional strategies are needed to identify subgroups of people who may benefit from targeted treatment approaches.

In this research symposium, we introduce biomarkers in mental health and their potential use in OCD, highlighting novel findings of three provincial research initiatives.

First, we present analyses of salivary immune markers in pediatric OCD, highlighting variables to consider when measuring analytes in the oral compartment and associations between pro-inflammatory cytokine levels and symptom severity. Second, we discuss the importance of medical comorbidities for both clinical management and biomarker development, focusing on the characterization of immune-related comorbidities in youth with OCD compared to those attending other psychiatric outpatient clinics. These data expand on our previous findings from an international multisite study in adults. Finally, we present findings from an epigenome-wide association study examining DNA methylation in buccal swabs from OCD-affected youth, compared to control subjects, before and after a course of CBT. We describe potential functions of co-methylated regions showing significant differential methylation, including annotation to genes with overlapping roles in neuronal development and immune function.
Taken together, these findings suggest novel approaches to combined clinical and laboratory phenotyping that will inform larger-scale studies characterizing the complex interplay between genetic and environmental factors that impact OCD symptoms and treatment response.

Symposium
S15 - Treatment-Resistant Bipolar Disorder: Underlying Mechanisms and Novel Treatments
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Cynthia Calkin*, MD, CCFP, FRCPC; KN Roy Chengappa, MD; Jessica Gannon, MD

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Understand the importance of recognizing and treating insulin resistance (IR) in treatment-resistant bipolar depression (TRBD); 2) Review potential mechanisms underlying TRBD associated with IR; and 3) Discuss the measurement of IR and the clinical predictive models to predict IR reversal with metformin in patients with TRBD.

Treatment-resistant bipolar depression (TRBD) remains highly recalcitrant to pharmacological and somatic interventions. The first speaker will review recent definitions and economic costs of TRBD and introduce an intriguing mechanism that may underlie TRBD in a significant proportion of patients (i.e., insulin resistance [IR]). He will then review how the development of IR and diabetes changes a responsive bipolar illness course to one of poor clinical outcomes and is further complicated by comorbidities and treatment resistance. Our second speaker will present the results of a 26-week, proof-of-concept, quadruple-blind randomized placebo-controlled clinical trial, using adjunctive metformin as an insulin sensitizer in TRBD patients who also met predefined IR resistance criteria. She will review the two-step hypothesis that underscored the study design, the rationale for using metformin, and present data showing improvements in depression and general functioning among those who converted (i.e., switched from IR to insulin sensitive). She will provide suggestive evidence for why improvements in blood-brain barrier disruptions may underlie these positive clinical outcomes. Our third speaker will address improvements noted among converters in anxiety, clinical global impressions, and lack of emergence of suicidality or mania. She will then discuss how front-line psychiatrists might screen for IR in TRBD patients and use office-based clinical and laboratory tools at their disposal to predict which of their TRBD patients might respond to metformin. Finally, future clinical directions, including the use of alternative insulin sensitizers (e.g., semaglutide), and mechanistic underpinnings will be reviewed with the audience.

Workshop
W24 - Cancer and Severe Mental Illness: Navigating the Syndemic Challenges
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Jenna Nensi*, MD (2025); Oyedeji Ayonrinde, MD, MBA; Sara Mohamed, BS

CanMEDS Roles:

1. Health Advocate
2. Scholar
3. Collaborator

At the end of this session, participants will be able to: 1) Identify specific challenges or limitations to equitable cancer care for people with severe mental illness; 2) Recognize ethical challenges associated with the elimination of barriers; and 3) Critically review psychiatric aspects of oncology guidelines for common cancers.
Cancer is one of Canada’s most common noncommunicable diseases. Cancer screening, treatment, and monitoring can be challenging for people with severe mental illness (SMI), including schizophrenia and bipolar disorder. This is demonstrated as people with SMI experience a substantial disparity in cancer mortality compared to those without SMI. (Kisely et al, 2013) Our study aims to close this gap by identifying specific SMI and equity diversity inclusion (EDI) barriers that affect screening, early diagnosis, and treatment of common cancers, including lung, breast, cervical, and colorectal cancers. Provincial guidelines for common cancers were reviewed by an intersectoral team, including psychiatrists and professionals with lived expertise, to gain insight into the real-life barriers, health inequities, and challenges that may contribute to disparate health outcomes among people with SMI. Specific barriers were identified, highlighting the limitations of cancer care guidelines and practices that potentially impact cancer morbidity and mortality among this population. In this workshop, participants will work through vignettes of patients with an SMI and participate in discussions about the potential barriers these patients may face during cancer screening, treatment, and follow up. Participants will also be faced with ethical considerations regarding the cancer care of people with SMI, such as obtaining informed consent. It is anticipated that participants will gain insight into the real-life barriers, health inequities, and challenges that may contribute to disparate health outcomes among people with SMI.

References:


Workshop

W25 - Opioid Use Disorder: Addiction Medicine Review for Psychiatrists
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Wiplove Lamba*, MD, FRCPC; Valerie Primeau, MD FRCPC

At the end of this session, participants will be able to: 1) Describe the impact of the opioid epidemic on patients presenting to their psychiatric practice; 2) Describe the main treatments for opioid use disorders including harm reduction approaches, opiate agonist treatment, and psychosocial interventions. 3) Develop a learning plan to improve proficiency in these treatments and strategies on integrating it in their practice.

Canada is the midst of an opioid epidemic where prescribing of opioids is increasing along with accidental overdose deaths of opioids. In fact, during COVID, the accidental overdose death rates due to opioids have doubles throughout the country. Some of the causes are iatrogenic in terms of opioid prescribing over the past 20 years while others are related to illicit opiate availability. Psychiatrists have an opportunity to assess and treat these patients in their outpatient practice, as well as in the emergency or inpatient environment. Given their comfort level with mental health issues, psychiatrist can also offer treatment for co-morbid mental illnesses. Here we will cover the basics of an opioid assessment, risks and benefits of different treatments, harm reduction approaches, as well as how to initiate someone on buprenorphine/naloxone in an outpatient setting. Attendees will receive a nonindustry booklet on the assessment and treatment of opioid use disorder. This workshop will cover novel approaches to opioid use disorder including microdosing, macrodosing, and injectable buprenorphine.

References:

Workshop
W26 - In Process: Lessons learned from developing an antiracism process-based curriculum for psychiatry residents
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Xin Qiang Yang*, MD, MSc; Catherine Ouellet; Sarah Hanafi, MD; Laurence Ducharme; Miranda Sanokho; Zoe Thomas; Nabila Boudef; Amanda Sky Domingues-Udovicic
Supported by the Structural Racism and Discrimination Task Force

CanMEDS Roles:
1. Health Advocate
2. Professional
3. Communicator

At the end of this session, participants will be able to: Describe the negative mental health outcomes associated with implicit racist bias and explain the role of process-based learning in antiracism education. List educational techniques used in process-based antiracism education. Identify preliminary steps towards integrating elements of antiracism education in their respective settings.

In response to resident feedback about the dearth of antiracism education, the McGill University Psychiatry Program piloted an antiracism process workshop for residents which was first offered in the fall of 2022. Resident feedback was collected in order to evaluate the workshop and disseminate findings.

This CPA workshop will initially highlight the importance of process-based antiracism education, reviewing the literature around negative health outcomes associated with implicit bias and pitfalls associated with purely didactic equity training. The workshop will then describe how the McGill process curriculum was developed, outlining practical steps taken. The workshop will provide an overview of the four sessions, including specific pedagogical techniques that were used, such as self-reflection, case discussion, role play and mindfulness. We will also share resident feedback, in order to underscore successful aspects of the curriculum and areas for improvement. Our preliminary results suggest positive experience in the antiracism curriculum, due to the creation of a safe, non-judgemental space within which to develop awareness of one’s own cultural identity and biases, and their influences on clinical practice. Logistics, however, proved challenging.

The final 20 minutes of the workshop will be devoted to participant self-reflection and discussion around the pertinence, as well as the feasibility, of implementing a similar antiracist educational initiative in their local setting.

References:

Workshop
W27 - Are Mental Disorders Brain Disorders?
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Joseph Burley*, M.D; Casimiro Cabrera Abreu, M.D.

CanMEDS Roles:
1. Communicator
2. Medical Expert  
3. Collaborator

**At the end of this session, participants will be able to:** 1) Discuss evidence related to the question, "Are mental disorders brain disorders?"; 2) Understand and be able to discuss the difference, similarities, and relation between brain and mind; and 3) Understand a working model of the mind, which applies to clinical practice.

There is no doubt the brain is necessary for the emergence of consciousness and mental disorders. Over the last two decades there have been recurring calls to classify mental disorders as brain disorders, based on the theory that all mental disorders originate from neurobiological pathology. There have been significant advances in understanding the brain, its anatomy, neurobiology, and pathology; however, few of our presently classified mental disorders. It is theorized that with further research we will eventually be able to make the correlation. It is possible that the problem lies with our diagnostic classification system?

The question that remains is "is understanding the brain enough to understand and get to the root causes and most effective treatments of mental disorders? Is it possible that other factors are required to answer this question? Is it possible that the brain and mind are not the same phenomena?

This workshop will briefly present pro and con arguments for these questions as a platform to generate discussion. It is hoped that the discussion amongst participants will generate ideas and concepts relevant to clinical practice and psychiatric research and questions of diagnostic classification.

**Workshop**  
**W28 - Lessons for Young Therapists: Getting Started and Staying on Track in Your Psychotherapy Practice**  
Saturday, Oct. 21  
10:45 - 11:45 (1 hr)  
Meeting Room: TBC  
Vincenzo Di Nicola*, MD PhD FRCPC FCAHS

**CanMEDS Roles:**

1. Professional  
2. Collaborator  
3. Communicator

**At the end of this session, participants will be able to:** 1) Discern the patterns in psychotherapeutic practice based on a survey of the evolution and current practices of psychotherapy; 2) Answer such basic questions as to what to read and how to begin therapy and what motivates both the patient and therapist; and 3) Avoid theoretical riddles and practical traps and focus on the therapeutic relationship and its ethical conduct.

In these seven lessons for young therapists, a practising psychiatrist and psychotherapist with more than 40 years’ experience surveys what therapy is about and how it works, from behaviour therapy and family therapy to psychodynamic psychotherapy. Ranging from what to read and how to begin therapy, the lessons cover therapeutic temperaments and technique, the myth of independence and individual psychology, the nature of change, the evolution of therapy, the search for meaning and relational ethics, and finally, when therapy is over.

**Overview:**

1. People come into therapy in order not to change – When does therapy begin?  
2. Therapeutic temperaments – Who conducts therapy and why?  
3. The family as a unique culture – Relational psychology and relational therapy.  
4. Changing the subject – How does therapy work?
5. One hundred years of invisibility – The evolution of therapy from the 19th-century discovery of the unconscious to the 21st-century values of diversity, decolonization and change.
7. And on the seventh day, the Lord rested – When therapy is over: The myth of closure, flow, and slowness in therapy.

This workshop integrates the author’s model of working with families across cultures presented in "A Stranger in the Family: Families, Culture, and Therapy" (1997) and elaborated in his "Letters to a Young Therapist" (2011) with more recent work on trauma-informed therapy in "Trauma and Transcendence" (Capretto & Boynton, eds., 2018), and his "Slow thought manifesto" (2019).

References:


Workshop
W29 - Models of Holistic Mental Health Care on the Streets
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Deborah Pink*, MD, FRCPC; Michaela Beder, MD, FRCPC

CanMEDS Roles:

1. Collaborator
2. Health Advocate
3. Medical Expert

At the end of this session, participants will be able to: 1) Understand the complexity of homelessness and the various models of care that serve this population; 2) Understand the intersection between homelessness and health; and 3) Gain skills related to providing health care to people experiencing homelessness including street homelessness.

Homelessness impacts over 235,000 in Canada every year. In our difficult economic times, and especially in light of the upheaval of the COVID-19 pandemic, there are many paths to homelessness. For some people, job loss leads to loss of homes, while for others mental illness and substance use, coupled with insufficient access to care and social supports leads to years on the streets, in shelters, and in and out of jails.

Psychiatrists often encounter people who are homeless in emergency and inpatient settings, but there is an increasing number of clinicians who work in settings with people during episodes of homelessness. These psychiatrists have developed a clinical approach, as well as an understanding of larger systems issues and health inequities, and have a unique perspective on how to best provide treatment and services for people who are experiencing homelessness and who struggle to access psychiatric and medical care in traditional settings. In this interactive workshop, two psychiatrists working with innovative organizations will provide an overview of evidence-based practises in homelessness mental health care, as well as pearls from their clinical experience.

Access to mental health care remains challenging for many people who are homeless, disconnected from supports, struggling with psychosis and/or substance use, the effects of trauma, and cognitive challenges. Using an interactive case, we will discuss how to enhance health equity for clients who are experiencing homelessness, including a review of clinical pearls, evidence-based practices, models of care, ways of increasing access, and pharmacologic management.
Workshop
W30 - Using Ethno-Psychopharmacology Concepts for Best Practices in Clozapine Prescribing
Saturday, Oct. 21
10:45 - 11:45 (1 hr)
Meeting Room: TBC
Reza Rafizadeh*, BPharm, ACPR, BCPP; Reza Rafizadeh, BPharm, ACPR, BCPP; Harish Neelakant, MD, FRCPC; Randall White, MD, FRCPC

CanMEDS Roles:
1. Collaborator
2. Health Advocate
3. Medical Expert

At the end of this session, participants will be able to:
1) Perform risk stratification analysis at baseline for personalized dosing of clozapine; 2) Recognize and manage major drug-disease and drug-drug interactions that can contribute to clozapine toxicity; and 3) Describe a model for community-based treatment optimization for patients with complex and chronic psychotic disorders.

Clozapine is the only registered treatment for treatment-resistant schizophrenia (TRS), psychosis in Parkinson disease, and, in the United States, suicidality in schizophrenia and schizoaffective disorder. Lack of adequate training in the initiation and optimization of clozapine treatment is identified as a barrier in systematic reviews on widespread underuse of clozapine. Practitioners have identified difficulty selecting suitable patients, inadequate knowledge or experience in the use of clozapine, fear of side effects, ignorance of clozapine side effects, and unclear guidance on clozapine monitoring as major contributors to poor clozapine prescribing. Underuse of clozapine in BC has long been recognized and, in Vancouver, an effort is underway to increase community clozapine initiation across publicly administered mental health teams. In this workshop, we will describe the creation and implementation of various clinical tools and practice supports for treatment optimization of psychosis.

With regard to ethno-pharmacological variations among people with TRS, safer and more individualized prescribing of clozapine is now possible, thanks to advances in our understanding of its pharmacokinetic/dynamic properties. Familiarity with these guidelines for safer clozapine prescribing can help Canadian prescribers gain confidence and promote best practices around initiation and optimization of clozapine treatment. This presentation will illustrate principles of treatment optimization and individualized clozapine prescribing with a combination of evidence review, case reports, and aggregate outcome metrics.

References:
Networking Break
Saturday, Oct. 21
13:30 – 14:15 (.75 hr)
Meeting Room: Pavilion Ballroom Foyer (3rd floor, North Tower)

Course
C12 - Motivational Interviewing Primer: A Beginner to Advanced Experience
Saturday, Oct. 21
14:30 - 15:30 (1 hr)
Meeting Room: TBC
Wiplove Lamba*, MD, FRCPC; Mary Preisman, MD FRCPC

At the end of this session, participants will be able to: 1) Describe, list, and explain the key components of motivational interviewing; 2) Engage in real-play activities where they will demonstrate and get feedback on using open-ended questions, affirmations, and summaries; and 3) Observe and give feedback on an interviewer's use of motivational interviewing principles, using a standardized scoring system.

Substance use rates for alcohol and opiates went up dramatically during the COVID pandemic, as have accidental overdoses and harms related to substance use. In addition to harm reduction, motivational interviewing is one of the most effective tools to engage people who use drugs into treatment. Motivational interviewing has also been shown to increase treatment retention and long-term outcomes in cognitive-behavioural therapy. Although most psychiatrists can describe what motivational interviewing is and have attended lectures, not many have engaged in the experiential exercises.

This will be a highly interactive session for attendees who are just starting or quite familiar with motivational interviewing. The session will cover basic OARS skills (open-ended reflections, affirmations, reflections, and summaries), eliciting change talk versus sustain talk, learning how to score observed interviews, and a discussion around strategies for developing a local community of practice to allow for sustained knowledge translation. Attendees will have hands-on experience being observed interviewing and giving and receiving feedback using motivational interviewing treatment integrity.

References:

Research Paper
PS03a - Prevalence of Mental Disorders Among People with Opioid Use Disorder in British Columbia: 1996 to 2021
Saturday, Oct. 21
14:30 - 15:30 (N/A)
Meeting Room: TBC
Angela Russolillo*, PhD; Fahmida Homayra, MSc; Kristen Morin, PhD; David Marsh, MD; Bohdan Nosyk, PhD

CanMEDS Roles:

1. Scholar

At the end of this session, participants will be able to: 1) Describe the temporal change in prevalence of mental disorders among people with an opioid use disorder (OUD) in British Columbia; 2) Identify demographic characteristics of people with OUD and concurrent mental disorders; and 3) Discuss the importance of access to mental disorder treatment among people with an OUD.

Opioid use is a major public health issue and is robustly associated with a broad range of comorbid psychiatric disorders. For people with opioid use disorder (OUD), psychiatric comorbidities have been associated with worse clinical outcomes. Although the lifetime prevalence of psychiatric disorders among people with an OUD is generally high, there is considerable variability in reported rates across studies. Therefore, we estimate the prevalence of specific mental disorders among people with an OUD using population-level administrative data spanning over two decades in BC.

Using linked population-level administrative health data, we estimated the annual prevalence and temporal trends for mental disorders among people with an OUD between January 1, 1996, and August 31, 2021. Individuals were followed from their first indication of OUD until censoring (death, administrative loss to follow up, or August 31, 2021).

Among people aged 18 years and over with an OUD (n = 109,372; period prevalence), 75.8% indicated a concurrent mental disorder during the observation period. People with an OUD and any other mental illness were predominately male (60.3%), with a median age of 37 (interquartile range [IQR] 28, 49) years. Of these 82,905 dually diagnosed people, 19,237 (23.2%), 10,093 (12.2%), and 7,121 (8.6%) had indications of major depression, schizophrenia, and bipolar disorder, respectively.

Our findings demonstrate a high prevalence of concurrent mental illness and emphasize the need for access to mental disorder treatment among people with an OUD. Estimating specific mental disorder prevalence is a pragmatic step toward informing clinical guidelines, service needs, and health system planning.

References:


Research Paper
PS03b - Treatment Approaches and Efficacy for Post-Traumatic Stress Disorder in Military Populations: A Meta-Analysis
Saturday, Oct. 21
14:30 - 15:30 (N/A)
Meeting Room: TBC
Jenny Liu*, PhD; Anthony Nazarov, PhD; Bethany Easterbrook, MSc; J. Don Richardson, MD
Supported by the Military and Veterans Section
CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Identify the steps towards conducting a meta-analysis exploring treatment efficacy in military and veteran populations; 2) Determine the relative effectiveness of psychological, pharmacological, alternative, and emerging treatments for military-related post-traumatic stress disorder; and 3) Explore factors that might affect treatment use and efficacy.

Data estimate that up to one in five veterans are diagnosed with post-traumatic stress disorder (PTSD) in their lifetime. Given the high rates of PTSD in military and veteran populations, providing care with consideration for the characteristics of the population and treatments are of critical importance. This presentation will overview initial findings from a meta-analysis that evaluates the relative effectiveness of treatment approaches for PTSD in military and veteran populations. The pre-registered review is conducted per PRISMA and Cochrane guidelines. A search was conducted with PsycINFO, MEDLINE, Embase, Cinahl, and ProQuest dissertations and theses. After removing duplicates, we screened 12,002 studies for inclusion. The final sample includes data from over 400 studies providing psychotherapy, pharmacotherapy, and alternative/emerging therapies to treat PTSD. Meta-analytic findings indicate significant heterogeneities in the literature and found that pharmacotherapies and psychotherapies were comparable overall. Finally, results indicate that combining psychotherapy and pharmacotherapy contributed significantly more significant effects than psychotherapy or pharmacotherapy alone. Results confirm the diversity of available treatments for military-related PTSD and the comparability of various treatments and underscore the additive effects of combination therapies. Our work provides a snapshot of current evidence on treatment approaches in military-related PTSD while identifying factors that may influence treatment outcomes. These findings will better inform clinical decision making for service providers and service users and suggest future directions in treatment development and practice recommendations to better support the well-being of military and veteran populations.

References:


Research Paper
PS03c - Exploring the Value of Pharmacogenomic-Guided Treatment for Major Depression: A Model-Based Economic Analysis
Saturday, Oct. 21
14:30 - 15:30 (N/A)
Meeting Room: TBC
Shahzad Ghanbarian*, PhD; Gavin Wong, PhD; Mary Bunka, BA; Louisa Edwards, PhD; Sonya Cressman, PhD MBA; Tania Conte, MSc; Morgan Price, MD PhD; Linda Riches, MSc; Ginny Landry, BSc; Kimberlyn McGrail, PhD; Jehannine Austin, PhD; Stirling Bryan, PhD

CanMEDS Roles:

1. Collaborator
2. Professional

At the end of this session, participants will be able to: 1) Learn about pharmacogenomic testing to improve antidepressant prescribing for major depressive disorder; 2) Summarize the best available evidence of pharmacogenomic-guided prescribing for major depression from existing randomized
controlled trials; and 3) Share our evaluation of the effectiveness and cost effectiveness of pharmacogenomic testing for major depression as a routine component of depression care in BC.

Pharmacogenomics (PGx) testing, one of the most promising recent genomic advances, can guide prescribing in search of enhanced efficacy and fewer side effects. People with major depressive disorder (MDD) often receive pharmacological treatment, but finding an effective medication can be a lengthy trial-and-error process. Response to antidepressants partly reflects variation in genes that influence medication metabolism. PGx testing potentially represents a significant therapeutic advance. We sought to establish the cost-effectiveness of PGx for MDD patients.

Methods: We developed a microsimulation Markov model of MDD care pathways in BC to evaluate the effectiveness and cost effectiveness of PGx testing from the public payer’s perspective over 20 years. The model includes unique patient characteristics (e.g., metabolizer phenotypes) and uses estimates derived from systematic reviews, administrative data analyses, and expert judgements. We estimated incremental costs, life-years (LYs), and quality-adjusted life-years (QALYs) for a representative MDD patient cohort. We conducted a partial probabilistic analysis and several deterministic sensitivity analyses.

Results: If PGx testing is implemented in BC for adult patients with moderate to severe MDD, it is predicted to save the health system Can$848 million and bring health gains of 11,160 LYs and 63,696 QALYs over 20 years. These savings are mainly driven by slowing or avoiding the transition to refractory (treatment-resistant) depression. PGx-guided care is associated with 47% fewer refractory patients over 20 years. All sensitivity analyses supported the robustness of these findings.

Probabilistic analysis revealed that the PGx-guided treatment dominated the current standard of care for most (96%) simulations.

References:


Symposium
S16 - Perinatal Mental Health: Evidence-Based Insights on Assessment and Treatment from the BC Reproductive Mental Health Program

Saturday, Oct. 21
14:30 - 15:30 (1 hr)
Meeting Room: TBC
Prescilla Carrion, MSc; Katarina Tabi, PhD; Barbara Shulman, MD; Catriona Hippman*, PhD; Gabrielle Bossé-Chartier, MD; Deirdre Ryan, MD

CanMEDS Roles:

1. Scholar
2. Medical Expert
3. Communicator

At the end of this session, participants will be able to: 1) Describe the "creating comfort in choice" theory of prenatal antidepressant decision making; 2) List benefits of mindfulness-based interventions for postpartum mental illness; and 3) Summarize current evidence regarding the use of medications for attention-deficit hyperactivity disorder during pregnancy and breastfeeding.

At the end of this session, participants will be able to: 1) Describe the "creating comfort in choice" theory of prenatal antidepressant decision making; 2) List benefits of mindfulness-based interventions for postpartum mental illness; and 3) Summarize current evidence regarding the use of medications for attention-deficit hyperactivity disorder during pregnancy and breastfeeding.

Mental illness affects approximately 20% of birthing people in the perinatal period, and untreated perinatal mental illness can increase risks for obstetric complications, such as preterm birth, and can negatively impact parent-infant bonding and infant development. Notably, there are treatment options...
for perinatal mental illnesses, and many treatments effective outside the perinatal period can be beneficial, potentially with some modifications or sensitivities for this context. The BC Reproductive Mental Health Program is a provincial service providing care at more than 5,000 patient visits a year. The service supports patients with perinatal mental illness through an interdisciplinary model employing pharmacotherapy and diverse psychotherapeutic interventions. In this symposium, we will share results from our research team, including 1) the “creating comfort in choice” theory of antidepressant decision making in pregnancy and its translation into an animated video, 2) exploring the impact of mindfulness-based group interventions for patients and their families, and 3) the latest addition to the BC reproductive mental health guidelines on managing perinatal attention-deficit hyperactivity disorder.

References:


Symposium
S18 - A Life Course Perspective of Stressors in Mental Health
Saturday, Oct. 21
14:30 - 15:30 (1 hr)
Meeting Room: TBC
Xiangfei Meng*, PhD; Yingying Su, PhD; Muzi Li, PhD

CanMEDS Roles:

1. Health Advocate
2. Professional
3. Scholar

At the end of this session, participants will be able to: 1) Demonstrate the complex relations between stressors across different stages of life and common mental disorders; 2) Identify key psychological and social factors in the relations between stressors and common mental disorders; and 3) Understand the roles of biological, psychological, and social factors in the relations between stressors and mental disorders.

Stress has a profound impact on the mind and body. Exposure to a specific stressor (such as childhood maltreatment) or cumulative stressors across the lifespan increases the risk of such mental disorders as major depression and anxiety. Stress has proximal and distal impacts that can last for decades. For instance, people with pre-existing stressors before the pandemic could have increased vulnerability and sensitivity to additional stressors, such as COVID-19-related stressors, transforming predisposition into the presence of psychopathology. Existing health inequalities intensify the potential for COVID-19-related stress susceptibility. Minorities, immigrants, and people of low socioeconomic status have experienced more health and economic consequences of the pandemic, including a higher rate of SARS-Cov-2 virus infection; death; decreased access to health care; and increased food insecurity. This symposium provides a comprehensive overview of the relationships between stressors across the lifespan and mental health outcomes. It articulates the roles of biological, psychological, and social factors in the relationships between stressors and mental health outcomes.

References:

Workshop
W31 - Combining Virtual Psychotherapy with Innovative Monitoring Techniques: Using an Interdisciplinary Approach to a Multi-Level Problem
Saturday, Oct. 21
14:30 - 15:30 (1 hr)
Meeting Room: TBC
Nazanin Alavi*, MD, FRCPC; Jasleen Jagayat, BSc; Jazmin Eadie, BA; Callum Stephenson, BScH MSc; Sarah Zhu, BScH Student; Mohsen Omrani, MD PhD; Georgina Layzell, BBP

CanMEDS Roles:
1. Health Advocate
2. Medical Expert
3. Scholar

At the end of this session, participants will be able to: 1) Understand the accessibility and scalability benefits associated with virtual psychotherapy; 2) Learn to incorporate techniques into their virtual psychotherapy delivery to assist with patient monitoring and improve outcomes; and 3) Understand how to tailor virtual psychotherapy programs to specific population subsets to make content more relatable and digestible.

With an increasing demand for mental health treatments, we are reaching a tipping point in the healthcare system. The gold standard treatment for various mental health disorders is psychotherapy, however, it is often inaccessible, ineffective, and time-consuming. Many have turned to virtually-delivered psychotherapy (e-psychotherapy). While great promise has been shown, additional steps are needed to help e-psychotherapy reach its full potential. The Queen’s University Online Psychotherapy Lab has developed online treatments for many mental health disorders through the Online Psychotherapy Tool (OPTT), a secure, web-based, psychotherapy platform. Through our programs, we can provide geographically and temporally accessible personalized treatments to patients. Through this workshop, Dr. Nazanin Alavi will moderate instruction on several ways we have successfully implemented additional techniques to push the capabilities of e-psychotherapy even further. Jasleen Jagayat will discuss the use of artificial intelligence in patient monitoring and prediction of treatment adherence, as well as using a stepped-care intensity depending on patient needs. Jazmin Eadie and Georgina Layzell will discuss how to tailor e-psychotherapy programs to a specific population subset, specifically oncology and palliative care patients. Callum Stephenson will discuss how neuroimaging can provide further insight into treatment outcomes in e-psychotherapy for OCD patients. Finally, Sarah Zhu will discuss how fitness trackers can be implemented into e-psychotherapy programs for monitoring treatment outcomes, specifically in patients with insomnia. Using these techniques, the capabilities of e-psychotherapy can be augmented, helping to further relieve the overwhelming burden placed on the healthcare system in Canada.

Workshop
W32 - Have We Brought Joy Back to Medicine? Using Informatics and Data to Examine Physician Wellness Initiatives and Strategies
Saturday, Oct. 21
14:30 - 15:30 (1 hr)
Meeting Room: TBC
Treena Wilkie*, MD; Tania Tajirian, MD; Julie Maggi, MD; Brian Lo, MHI; Sanjeev Sockalingam, MD

CanMEDS Roles:
1. Health Advocate
2. Collaborator
3. Leader

At the end of this session, participants will be able to: 1) Explain the opportunities for integrating evidence and data to examine physician wellness and related initiatives and strategies; 2) Identify how a mental health organization leveraged data and informatics tools to look at physician wellness;
and 3) Develop an approach for identifying relevant metrics and data sources to evaluate physician wellness and related initiatives at their organizations.

Physician burnout is at an all-time high and has been attributed to a number of factors, including extensive work hours and high clerical workload. Although many health care organizations have developed wellness committees and strategies to combat physician burnout, there have been limited data-driven approaches for evaluating physician wellness and developing effective targeted initiatives to address the core issues. At this juncture, there is a pressing need to evaluate whether an intervention is effective and to tailor strategies to the varying needs of an organization. To address these gaps, there has been growing interest to identify and examine metrics relevant to physician wellness. As a follow up to the physician wellness workshop held at the Canadian Psychiatric Association 2020 Annual Conference, this one-hour interactive workshop will provide a practical overview of the opportunities, promises, and approaches for embedding metrics in examining physician wellness. Using a rapid-fire approach, the first half of the workshop will outline examples where metrics were used to measure physician wellness and evaluate the impact of initiatives and strategies. Based on the discussion, an interactive exercise will be held for the second part of the workshop, where participants will work in small groups to build out a plan for using metrics to look at physician wellness at their own organizations. In addition to equipping participants with the necessary skills for taking a data-driven approach to physician wellness, this workshop will foster the development of a network of leaders interested in using data to improve physician wellness.

References:


Course
C10 - Integrating Cognitive-Behavioural Therapy into Your Psychiatry Practice: Brief Interventions for Habit Disorders, Illness Anxiety, and Trauma
Saturday, Oct. 21
14:30 - 16:30 (2 hrs)
Meeting Room: TBC
Jesse Renaud*, PhD; Jean-Philippe Gagne, PhD; Gail Myhr, MD, CM, MSc

CanMEDS Roles:

1. Scholar
2. Communicator
3. Medical Expert

At the end of this session, participants will be able to: 1) Use stimulus control and habit reversal to treat habit disorders effectively; 2) Know the "dos and don’ts" of dealing with illness anxiety; and 3) Apply psychological first aid and teach emotion-regulation strategies to help patients tolerate distress associated with traumatic experiences.

Cognitive-behavioural therapy (CBT) is the first-line psychological intervention for most psychiatric disorders; however, long waitlists and systemic barriers can lead to delays or inability to accessing care. For many patients, receiving low-intensity CBT interventions during routine appointments can be a fast and effective way of gaining access to care. The effective integration of CBT theory and interventions in routine practice can also prevent reliance on as-needed medications and prolonged medical leaves that may inadvertently contribute to the persistence of some disorders.

This course is aimed at practitioners who wish to improve patient outcomes by integrating evidence-based CBT interventions into their practice. We will review guidelines for the effective implementation of brief interventions for habit disorders, illness anxiety, and trauma. Participants will learn foundational behavioural interventions (e.g., habit reversal and stimulus control), the importance of
recognizing avoidance and other safety behaviours that contribute to the maintenance of illness anxiety, psychological first aid, and skills to help patients regulate emotional arousal and distress. We will provide recommendations for patient resources, including popular apps and self-help readings, to help engage patients and maximize practitioner time. Demonstrations and interactive exercises will allow participants to increase their skill level using key interventions.

References:


Course
C11 - Interventional Psychiatry for Members in Training: Theory and Practice
Saturday, Oct. 21
14:30 - 16:30 (2 hrs)
Meeting Room: TBC
Peter Giacobbe*, MD MSc FRCPC; Amer Burhan, MD FRCPC; Robyn Waxman, MD FRCPC; Joshua Rosenblat, MD FRCPC

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Scholar

At the end of this session, participants will be able to: 1) Review neurophysiological principles of brain stimulation as applied to the treatment of psychiatric disorders; 2) Increase knowledge of the rationale and evidence for electroconvulsive therapy, repetitive transcranial magnetic stimulation, and ketamine in the treatment of psychiatric disorders; and 3) Appreciate the key role of postgraduate medical education in continued development of interventional psychiatry.

The last two decades have seen dramatic growth in the application of procedurally based interventions for treating refractory psychiatric conditions, leading to interest in developing the foundations for the subspecialty of “interventional psychiatry.” However, there is concern that the expansion rate of knowledge in this field may be outpacing the ability of postgraduate curricula to provide sufficient exposure to and teaching and supervision in these treatments. The paucity of adequately trained practitioners in interventional psychiatry in this country further exacerbates inequities in the ability of eligible patients to access and benefit from these approaches.

It is imperative that innovations in pedagogical approaches are needed to increase the current low rates of competency in the delivery of these treatments and can facilitate the more rapid dissemination of interventional psychiatry approaches and neurotechnologies, such as electroconvulsive therapy, repetitive transcranial magnetic stimulation, intravenous ketamine, intranasal esketamine, deep brain stimulation, and focused ultrasound.

This course will provide members in training with an overview of this area. Attendees will receive both didactic teaching in the rationale, known clinical therapeutic effects and side-effects of a wide variety of interventional psychiatry approaches, and a guided hands-on experience in the mode of delivery of these techniques from recognized experts in the area.

References:


Workshop
Saturday, Oct. 21
15:45 - 16:45 (1 hr)
Meeting Room: TBC
Oyedeji (Deji) Ayonrinde*, MBChB, FCPA, FRCPC; Jaswant Guzder, MD; Nikhita Singhal, MD; Mark Hamson, MD; Eric Jarvis, MD; Polina Anang, MD; Shabbir Amanullah, MD; Rahel Wolde-Giorgis, MD; Gary Chaimowitz, MD
Supported by the Structural Racism and Discrimination Task Force

CanMEDS Roles:

1. Health Advocate
2. Leader
3. Professional

At the end of this session, participants will be able to: 1) Have a better understanding of the insidious effects of racism and discrimination, 2) Consider the intersectional impact of mental illness and racism/discrimination on patients and colleagues, 3) Be aware of the opportunities and strategies to address racism and discrimination in psychiatric practice.

The Canadian Psychiatric Association (CPA) created the Structural Racism and Discrimination Task Force to provide leadership and expert advice to the CPA on matters related to current state, indigeneity, social justice, equity, diversity, inclusion and decolonization. This interactive workshop will be an opportunity to hear about the work of the task force and hear from members about what the CPA can do to move this important agenda forward.

Despite a clear call and roadmap to address structural racism in American psychiatry, published in the American Journal of Psychiatry in 1970, this work has been slow. While we know that is more widely accepted now, the negative effects of racism and discrimination have permeated society and our professional organizations. The CPA, in step with other national professional psychiatric associations, has taken steps to address this, but there is much more work to do, especially as the impact of racism and discrimination can be insidious. We will address this within our organization but also have a responsibility of advocacy and allyship, to both speak up and act on behalf of these values. As psychiatrists, we are especially committed to address the profound impact of intersectional impact of racism, discrimination and stigma on the mental health of patients and colleagues.

We will discuss our work to date, including our commitment to updating our policies and procedures, beginning to create a living literature as a repository and raising awareness. We also seek from our members as to next steps.

References:


Workshop
W34 - The Braiding of Indigenous Healing Practices with Contemporary Mental Health Services: Transforming Treatment to Improve Outcomes in Recovery-Oriented Care in Severe and Persistent Mental Illness
Saturday, Oct. 21
15:45 - 16:45 (1 hr)
Meeting Room: TBC
Varinder Dua*, MBBS, FRCPC; Sujata Ojha, MBBS, DMCH, FRANZCP; Ro'nikonkatste (Bill) Hill, RPN, BSW, MSW, RSW

CanMEDS Roles:

1. Collaborator
2. Health Advocate
3. Leader

At the end of this session, participants will be able to: 1) Demonstrate an understanding of the challenges and complexities of intergenerational trauma and mental health in Indigenous peoples; 2) Develop awareness and knowledge about Indigenous healing practices; and 3) Apply the emerging evidence related to using a two-eyed seeing approach, which uses Indigenous knowledge combined with Western medicine that paves the pathway, resulting in holistic health outcomes for Indigenous populations.

The history of Indigenous peoples in Canada is marred by oppression, loss of identity, racism, loss of culture, and loss of language, which has culminated in centuries of intergenerational trauma. This in turn has predisposed them to developing severe mental health and addiction challenges and other social determinants of health that adversely impact quality of life. This has led to a lack of trust and fear of reprisal, discrimination, and maltreatment by the very systems that have been set up to provide care. Hence, there is significant underuse and high rates of attrition with respect to the contemporary mental health services and treatments offered.

There is mounting evidence that braiding traditional Indigenous healing practices with care provided at hospitals has been more meaningful and improved Indigenous peoples' experiences with mental health care and addictions. Validating and using their knowledge in tandem creates a sense of cultural safety and belonging in the community.

To deliver robust and effective care for severe and persistent mental illness, including addictions, evidence shows the need for Indigenous-led mental health services within hospital systems in Canada. This will result in Indigenous communities trusting services from hospitals because they are being treated by their own people, with culture and identity included in tandem with services from the hospital. Intergenerational trauma will require intergenerational healing; this can be achieved by including traditional Indigenous knowledge in the care being provided.

References:


Workshop
W35 - Treating and Evaluating Healthcare Providers: Safety-Sensitive Situations
Saturday, Oct. 21
15:45 - 16:45 (1 hr)
Meeting Room: TBC
Jon Novick*, MDCM FRCPC; Bruce Ballon, MD ESP(C) FRCPC FCPA

CanMEDS Roles:

1. Collaborator
2. Health Advocate
3. Professional

At the end of this session, participants will be able to: describe key concepts when assessing, treating, and/or monitoring patients in safety-sensitive occupations including healthcare providers
practice as an effective member of the interprofessional team (that may include Professionals Health Program, the workplace, and other treaters.) value the importance of challenging stigma and barriers to successful engagement, recovery and stability of healthcare professionals

Psychiatrists caring for healthcare workers (such as physicians and nurses) play a pivotal role in their assessment, treatment, recovery, management, and reintegration to training or work. There are many rewarding and joyful aspects to caring for patients in your own profession including the implicit shared knowledge, the opportunity to challenge stigma and reduce barriers, and being a part of your peer’s career transformation. In addition to these opportunities, treating fellow safety sensitive workers also introduces unique challenges and opportunities for the psychiatrist. When caring for a health care professional with a mental health condition or substance use disorder, you may wonder: What if I am criticized or compared to colleagues? Will I have to consider permissive or mandated reporting duties? And what does it mean to the therapeutic alliance if my healthcare provider patient is undergoing monitoring and requests my involvement with their case managers? The medical directors for both the Physician Health Program and Nurses Health Program in Ontario will guide attendees through an interactive exploration of these important questions. Following a brief overview of the main themes in treating, assessing, and monitoring health care professionals, the presenters will lead an interactive discussion that draws on typical cases from the presenters’ and attendees’ experiences. Participating in this workshop will provide attendees with a forum to critically reflect on and learn about the essential role psychiatrists play as members of the inter-professional team supporting safety sensitive workers through each stage of their recovery.

References:


Workshop
W36 - Strategies for Early Identification of Bipolar Disorder
Saturday, Oct. 21
15:45 - 16:45 (1 hr)
Meeting Room: TBC
Kamyar Keramatian*, MD, MSc, FRCPC; Alexander Levit, MD, PhD

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Scholar

At the end of this session, participants will be able to: 1) Learn about current evidence on the duration of untreated illness in bipolar disorder (BD); 2) Understand pathways to treating youth with BD and factors that influence the time taken for each stage of these pathways; and 3) Understand potential facilitators and barriers to early identification of BD, as well as implications for future research.

Bipolar disorder (BD) affects over two percent of Canadians and is the fourth leading cause of disability among people aged 10 to 24 years. However, despite its high prevalence and significant disability burden, BD often goes unrecognized for several years. A recently published Canadian multicentre naturalistic study showed that the median delay between the first mood episode and the accurate diagnosis of BD in Canada is eight years. Even more concerning was the median delay of 15 years for pediatric-onset BD. Such prolonged diagnostic delays usually result in a subsequent delay in appropriate treatment initiation, which is linked to poor clinical and functional outcomes. This interactive workshop will begin by exploring participants’ perspectives on the controversy surrounding overdiagnosis versus underdiagnosis of BD – especially among youth – and review current evidence on the duration of untreated illness in BD. We will then provide a multidimensional
conceptual framework to explore various components of delay in diagnosing and treating youth with BD and identify patient, disease, and health care system or provider factors influencing each part. We conclude the workshop by discussing potential facilitators and barriers to early identification of BD and implications for future research and public policy.

References:


Workshop
W37 - My Psychiatrist is a Quack! Whether and How to Respond to Online Physician Reviews
Saturday, Oct. 21
15:45 - 16:45 (1 hr)
Meeting Room: TBC
Harry Karlinsky*, MD, MSc, FRCPC

CanMEDS Roles:

1. Professional
2. Communicator

At the end of this session, participants will be able to: 1) Distinguish online defamatory reviews from those who represent fair comment; 2) Employ potential strategies that may remedy inaccurate or malicious online physician reviews; and 3) Minimize the occurrence of negative online reviews.

Online physician reviews, such as those found on physician-rating websites like RateMDs, continue to increase and can have significant consequences for physicians. Although most reviews are positive, negative online reviews can damage a physician’s professional reputation and emotional well-being and influence care decisions made by prospective and existing patients and physicians. This workshop will examine the content and determinants of online reviews, their correlation to other physician performance metrics, and the significant limitations of physician-rating websites. Psychiatrists may be particularly vulnerable to negative online reviews given their involvement with involuntary patients and patients with challenging personality disorders, the need to limit access to addictive medications, and the obligatory ‘duty to report’ clinical scenarios. For psychiatrists confronted with online reviews they consider inaccurate or malicious, a range of potential responses will be presented, including possible legal remedies. Proactive measures to minimize the likelihood of negative online reviews will also be described. Throughout the workshop, attendees will be encouraged to share their experiences with online reviews and their management strategies. Sample online reviews and polling questions will be included in the workshop to stimulate discussion.

References:


President's Dinner and Awards Gala
Saturday, Oct. 21
18:00 – 23:00
Meeting Room: Grand Ballroom (ticket required)