

Ontario Shores' 8th Annual Mental Health Conference

Research and Innovation in Mental Health Across the Lifespan: Empower, Engage, Educate

Ontario Shores Centre for Mental Health Sciences,
The Conference Place, Main Entrance
700 Gordon Street, Whitby, ON L1N 5S9

Keynotes:



Heather Stuart, PhD

Dr. Stuart is a Full Professor in the Departments of Public Health Sciences, Psychiatry, and the School of Rehabilitation Therapy at Queen's University. She also holds the Bell Canada Mental Health and Anti-stigma Research Chair at Queen's. Dr. Stuart is also the Senior Consultant to the Mental Health Commission of Canada's Opening Minds, Anti-stigma initiative and the past Chair of the World Psychiatric Association's Stigma and Mental Health Scientific Section. Dr. Stuart's research focuses on mental health services evaluation with a specific focus on the destigmatization of mental illnesses. She has contributed to the peer reviewed scientific literature in the areas of mental health needs assessments; suicide and suicide prevention; stigma and stigma reduction; and workplace mental health and is the co-author of several books. Her most recent book deals with anti-stigma programming and human rights legislation.



Mayor Dan Carter

Mayor Carter is serving his first term as Mayor of Oshawa after serving as a City and Regional Councilor from 2014-2018. The Mayor is an ex-officio member of all City Standing Committees. At the Region of Durham, he currently serves as a member of the Health and Social Services Committee and President of the Durham Region Non-Profit Housing Corporation. Active in community development initiatives, Mayor Carter lends his time to many philanthropic endeavours and has a deep commitment to making a difference to those in need.

Conference Overview

7:30 am – 8:30 am	Registration, poster board set up and light breakfast
8:30 am – 8:35 am	Opening Remarks
8:35 am – 9:35 am	Keynote: Dr. Heather Stuart - Lecture Theatre
9:40 am – 10:40 am	Concurrent Session A - Conference Room A - Conference Room B - Conference Room D/E - Lecture Theatre
10:40 am – 11:00 am	Break, poster viewing and exhibitor displays
11:00 am – 12:00 pm	Concurrent Session B - Conference Room A - Conference Room B - Conference Room D/E
12:00 pm – 1:00 pm	Lunch, poster viewing and exhibitor displays
12:10 pm – 12:50 pm	Recovery Story (Optional) Lori Lane-Murphy, Ambassador of Hope - Lecture Theatre
12:15 pm – 12:45 pm	Ontario Shores Tour (Optional) - Meet in front of the Info Desk
1:00 pm – 2:00 pm	Concurrent Session C - Conference Room A - Conference Room B - Conference Room D/E
2:00 pm – 2:30 pm	Break, poster viewing and exhibitor displays
2:30 pm – 3:30 pm	Concurrent Session D - Conference Room A - Conference Room B - Conference Room D/E
3:35 pm – 4:35 pm	Keynote: Dan Carter Lecture Theatre
4:35 pm – 4:45 pm	Closing Remarks

TUESDAY, FEBRUARY 26, 2019

7:30 AM

POSTER SET-UP

8:00 am Registration & Breakfast

8:30 – 8:35 am Welcome & Opening Remarks **Room: Lecture Theatre**
Sanaz Riahi, Vice-President Professional Practice, Academics and Chief Nurse Executive,
Ontario Shores Centre for Mental Health Sciences

8:35 – 9:35 am ***“Across the Lifespan”***
Dr. Heather Stuart

Room: Lecture Theatre

9:40 – 10:40 am

CONCURRENT SESSION A

Room: Conference Room A

1. **Help-Seeking Behaviour of Police Staff: Incentives and Challenges**

Krystle Martin (Ontario Shores Centre for Mental Health Sciences), Rose Ricciardelli, Holly Britton, Alifa Siddiqui

First responders regularly face occupational stressors that put them at high risk to develop mental health issues. However, help seeking behaviour continues to be stigmatized. We conducted surveys and focus groups with police staff in our community to explore these issues. This presentation will highlight who policing members are most likely to turn to for support regarding their mental health, why – or why not – staff might access services from an institution such as Ontario Shores, and several barriers – some typical of most individuals and some unique to the police population – that prevent them from doing so.

2. **Trauma among Psychiatric Workers: Results of a Multi-Site Survey**

Elke Ham (Waypoint Centre for Mental Health Care), Zoe Hilton

Workplace violence is prevalent in health care settings and staff exposed to traumatic events can experience post-traumatic stress disorder (PTSD). Post-traumatic stress can lead to compassion fatigue, lower healthcare quality, and lost work time. Our survey of more than 750 health care workers at two Ontario psychiatric hospitals showed that 15% scored over the cut-off for probable PTSD on a self-report measure and 8% met additional criteria for PTSD. Almost 60% reported being physically assaulted at work, almost 25% with physical injury. Potentially traumatic events (PTE) and exposure to chronic stressors contributed independently to PTSD symptoms. This presentation will identify workplace factors contributing to PTSD symptoms among psychiatric workers.

Room: Conference Room B

1. **Exploring the Role of Technology at Work among People with Dementia or Mild Cognitive Impairment**

Parminder Flora (Ontario Shores Centre for Mental Health Sciences), Arlene Astell, Jennifer Boger, Louise Nygard, Anna Maki Petaja Leinonen

Many individuals with dementia and mild cognitive impairment (MCI) are in the workforce and symptoms may impact workplace performance and functioning. While technology may be a work barrier and facilitator, the role of technology as it relates to the experience of dementia in the workplace has not been systematically investigated. The purpose of this study is to explore the experiences of people with dementia/MCI, their families, and their employers. We are conducting a multidisciplinary, international study to qualitatively explore the experiences of people with dementia/MCI as they relate to technology within the workplace. This work addresses a gap in the current understanding about technology.

Continued Conference Room B

2. Electroconvulsive Therapy for Behavioural and Psychological Symptoms of Dementia: A Prospective, Open-Label, Observational Study

Robyn Waxman (Ontario Shores Centre for Mental Health Sciences), Sarah Elmi, Ilan Fischler

Behavioural and Psychological Symptoms of Dementia (BPSD) encompass abnormalities in psychomotor activity, behaviour, affect, and reality testing including agitation and aggression which are associated with an increased risk of institutionalization, psychotropic medication use, caregiver burden, and mortality. Safe and effective treatments for BPSD are lacking. We collected data before and after a course of electroconvulsive therapy (ECT) on 16 inpatients at Ontario Shores who were offered this treatment to enhance the research base looking at the benefits and risks of ECT for this indication.

Room: Conference Room D/E

1. Co-design with Transitional Aged Youths: Collaboratively Exploring Their Unique Needs in an Outpatient Anxiety and Mood Disorder Program

Chantal Wong (Ontario Shores Centre for Mental Health Sciences), Ahil Nageswaran, Taylor Wright

Transitional aged youth (TAY), aged 16-25 years, require different services compared to the adolescent and adult populations. This co-design study aims to identify the unique needs of TAY clients in an outpatient anxiety and mood (AMD) clinic through the following objectives: 1) Identify and analyze the unique needs of the TAY AMD population by conducting 1:1 interviews and focus groups for clients, parents/caregivers, and staff; 2) Create collaborative goals through a co-design event with TAY AMD clients, parents/caregivers and staff; 3) Apply changes and measure outcomes from the co-design event to address unique needs identified for the TAY AMD program.

2. Caring for Clients with a Mental Illness and a Life Limiting Illness

Mary-Lou Martin (St. Joseph's Health Care Hamilton)

This presentation will describe caring for clients with a mental illness and a life limiting illness. Clients with mental health issues need palliative care to be introduced earlier in their care experience. The myths about palliative care will be debunked. Proposed trajectories of dying will be explained. The phases of palliative care and early identification using a prognostic indicator guide will be described. Evidenced-based tools will be introduced. Providing a palliative care approach to clients with mental illness who have life limiting illnesses translates to better coordinated care and improved quality of life for clients and their families.

Room: Lecture Theatre

1. The Evolution of Mental Health and Addictions at the Central East LHIN

Lauren Chitra (Central East Local Integration Network), Alison Pickles, Shannon Gesualdo, Christine Fung, Kevin McGowan

The Central East Local Health Integration Network (Central East LHIN) continues to provide support for people to achieve an optimal level of mental health and live healthier at home. This presentation will provide an overview and background of the Central East LHIN, its mission, vision and values and its priorities. Specifically, it will highlight the evolution of the Mental Health and Addiction portfolio, over the years.

Continued Lecture Theatre

2. The creation of a Clinical Demonstration Unit, a collaboration between Ontario Shores Centre for Mental Health Sciences and The University of Ontario Institute of Technology.

Andra Duff-Woskosky (Ontario Shores Centre for Mental Health Sciences), Dr. Wally J. Bartfay

In 2018, Ontario Shores Centre for Mental Health Sciences (OS) and The University of Ontario Institute of Technology (UOIT) embarked on a journey to co-create a Clinical Demonstration Unit (CDU). This unit will transform the Geriatric Dementia Unit (GDU) at Ontario Shores into a place of cutting edge practice, improved patient quality of life and recovery and allow clinicians to practice to their full scope. This presentation will walk the viewer through our collaboration thus far, including the creation of the vision and goal statements and the methodology being utilized to co-create this groundbreaking patient care milieu. The presenters will facilitate a generative discussion to solicit examples from experts in the audience on how innovation and technology have been utilized to improve mental health care, and in particular, dementia care.

10:40 – 11:00 am

Break & Poster Viewing

11:00 am – 12:00 pm

CONCURRENT SESSION B

Room: Conference Room A

1. Improved Follow-Up for Patients with Mental Health and Addictions

Matthew LeDuc (OntarioMD)

Health Report Manager (HRM) is a digital health service enabling clinicians using a certified Electronic Medical Record (EMR) to securely receive patient reports electronically from hospitals and specialty clinics. Patients receive faster, better coordinated care, and sensitive information is handled securely. Recently, this service integrated five mental health hospitals, including Ontario Shores Centre for Mental Health Sciences, meaning benefits reach patients with mental health and addiction issues, realizing improved care transitions among institutions and into the community.

This session will explore HRM adoption and future plans, the value proposition to mental health treatment, and benefits for healthcare across the province.

2. Use Business Intelligence Tools to Help Reduce Wait Times

Viola Zhou (Ontario Shores Centre for Mental Health Sciences)

Wait time is a key measurement for patient access in healthcare and is a focus of Ontario Shores. In our attempts to reduce wait times and using Business Intelligence reports and other related tools was one of our approaches in recent years. Decision Support team collaborated with other teams including clinical, CI and HIM, to develop numerous reports as well as tools to prevent/correct data quality issues, monitor long wait times as well as manage wait times at various levels such as manager or particular roles of staff. Our goal is to provide complete solution from data perspective.

In the last 12 months, our data quality has significant improved. Wait time is a complex matter as there are many external factors impacting it but was also starting to show improvement.

Room: Conference Room B

1. The Restrictiveness of Forensic Care: Measuring Patient Experience

Jack Tomlin (University of Nottingham), Peter Bartlett, Birgit Vollm, Vincent Egan

Forensic psychiatric care is often practiced in closed institutions. These highly regulated, secure and proscription environments can reduce autonomy, self-expression and personhood. The consequences of experiences of restrictiveness have not been explored empirically. This study aimed to develop a psychometrically-valid measure of experiences of restrictiveness. This paper presents the piloting of the Forensic Restrictiveness Questionnaire (FRQ). One-hundred and thirty-five patients in low, medium and high secure forensic hospitals in England completed the pilot FRQ. The data indicate that a final 15-item FRQ is a valid and reliable measure. The FRQ offers a novel and simple measure of an important phenomenon in forensic settings.

2. Increasing Recovery Based Activities for Patients on a Secure Forensic Unit Through Staff Training in Cognitive Behavioural Therapy

Roland Jones (Centre for Addiction and Mental Health), Shawna Balsingham, Talitha Dykstra, Faraaz Khan, Suraya Faziluddin

The Medium Secure Forensic Unit at CAMH embarked on a quality improvement initiative aimed at increasing the number of recovery based activities patients partake in. Staff were trained in the behavioral principles of Cognitive Behaviour Therapy and encouraged to utilize these practices in their 1:1 interactions with clients, as a way to motivate patients to participate in activities. Preliminary data indicates that the increase in staff capacity has allowed for an increase in patient recovery as seen with 1) increase in the hours of recovery based activities patients partake in and 2) increased positive ward atmosphere.

Room: Conference Room D/E

1. Implementing Tablet Computers in Specialized Dementia Care

Rebecca Fisico (Ontario Shores Centre for Mental Health Sciences), Morgan Steele, Alexandra Hernandez, Arlene Astell

Opportunities for meaningful and engaging activities are reduced for people with dementia (PwD) living in long-term care. Touchscreen tablets can be used as innovative tools to provide stimulating activities within facilities to aid in addressing this problem. In Phase 1 of this project, results showed that PwD respond positively to tablet games during co-play with staff. However, in Phase 2 it was found that facilities lack the knowledge of how to implement touchscreen tablet programs. Phase 3 is currently investigating the impacts and successes of offering touchscreen tablet games as part of an organized program in long-term care settings.

2. Staff and Volunteer Perspectives of Introducing Group Tablet Activities for People with Dementia

Erica Dove (Ontario Shores Centre for Mental Health Sciences), Arlene Astell, Stephanie Alipanopoulos, Rebecca Fisico

People with dementia are at a greater risk of feeling socially isolated than other populations. Touchscreen technologies can be used with people with dementia as an innovative tool to facilitate meaningful engagement with others, fostering meaningful social connections. Over a 4-week period, participants with dementia and staff will play touchscreen tablet games together in adult day program settings. Pre- and post-measures will be conducted for later analysis. This research will elucidate the impacts of implementing staff and volunteer-facilitated touchscreen tablet programs in adult day centres for people with dementia.

12:00 – 1:00 pm	Lunch Break & Poster Viewing Sponsored by Lundbeck Canada	Room: The Conference Place
12:10 – 12:50 pm	Recovery Story (Optional) Lori Lane-Murphy, Ambassador of Hope	Room: Lecture Theatre
12:15 – 12:45 PM	Tour of Ontario Shores (Optional)	Meet at the Info Desk

1:00 – 2:00 pm

CONCURRENT SESSION C

Room: Conference Room A

- 1. Living With Mental Health Issues in the Workplace: Wellbeing and Impact of Workplace Stigma on Recovery**
Raha Moradhasel (Wilfred Laurier University), Simon Coulombe, Sophie Meunier, Kendra Hardy, Charlie Davis

Mental health stigma in the workplace has been under-researched. The study aimed to 1) compare workplace wellbeing indicators between workers with mental health issues and other workers, and 2) to explore the role of stigma in disparities. Using online survey data from 308 workers, we found that workers with mental health issues reported lower workplace wellbeing. Among workers living with mental health issues, more perceived stigma at work was negatively related to wellbeing. The findings highlight the need for workplace interventions to promote more inclusive climates, as well as policies to address the structural conditions perpetuating stigma.

- 2. Healthy Workers: Canadian Workers Tell Us What is Most Important to Them**
Kim Slade (Public Services Health and Safety Association)

It is important that we not only provide safe environments for workers each day but that we also promote holistic health and wellbeing for all workers. This session reviews PSHSA's healthy worker survey results, and other Canadian research which explore key aspects of work-life-family balance such as caregiving, rates of physical activity, stress at work, quality of life measures, fatigue and the ability to find health and wellness information. It seeks to answer - What is a healthy worker? How does this relate to safe environments at work? And what are Canadian workers perspectives on work, family, and personal wellbeing?

Room: Conference Room B

- 1. Understanding Interactions of People With Dementia With Mixed Reality Technologies: An Observational Study**
Shital Desai (Ontario Shores Centre for Mental Health Sciences), Arlene Astell

This talk will describe a feasibility study that was carried out to understand how people with dementia interact with Mixed Reality technologies. These emerging technologies have ability to support people with dementia to independently carry out everyday tasks by generating appropriate prompts. The presentation will introduce the audience to Mixed Reality technologies, discuss the research design and findings from the study. The presenters will finally present the implications of the study in design to indicate the research impact of the study.

Continued Conference Room B

2. Exploring the Impacts of Staff-Facilitated Motion-Based Activities for People with Advanced Dementia

Erica Dove (Ontario Shores Centre for Mental Health Sciences), Arlene Astell

Motion-based technologies (MBT) can be used to provide cognitive, physical and leisure activities to people with dementia. However, the use of MBT with people in the advanced stages of dementia has not yet been explored. Patients from the Geriatric Dementia Unit at Ontario Shores are currently participating in a 20-session Xbox-Kinect bowling program, led by trained staff from the unit. All sessions are video-recorded to capture patient learning and engagement. Video recorded data will be examined to gain a better understanding of impacts of staff-led, group MBT programs for people with advanced dementia.

Room: Conference Room D/E

1. Experience Based Design in Quality Improvement Projects: Improving Community-Based Mental Health and Addiction Services with Clients and Family Members

Jenna Hitchcox (Canadian Mental Health Association), Michael Dunn, Debbie Bang

The Excellence through Quality Improvement Project (E-QIP) is a partnership (AMHO, CMHA Ontario & HQO) program aimed at advancing the quality improvement (QI) movement in Ontario's community mental health and addiction (MH&A) sector through training, improvement project coaching, and other learning opportunities. E-QIP has experienced the benefits of adopting "Experience Based Design" (NHS, 2005) tools throughout the 3 cohorts of QI projects (50+ initiatives) they have supported. In this presentation, learn from the E-QIP team's experiences using the EBD approach and the value that hearing from clients and staff has on improvement work from diagnosing the issue to developing solutions.

2. Mobile Crisis Intervention Team: Supporting our Community Members Mental Health

Andrew Reynolds (Canadian Mental Health Association – Haliburton, Kawartha, Pine Ridge), Scott Thompson

A Mobile Crisis Intervention Team (MCIT) was developed with the Ontario Provincial Police (OPP) and Canadian Mental Health Association (CMHA) in Peterborough County to respond to mental health calls to the police. Since the start of the program we have seen a decline in the number of mental health calls from certain community members. Officers are also referring more people for mental health follow up and are taking fewer people to hospital voluntarily. MCIT has been effective at saving officer time, supporting officers with calls, and supporting the diversion of people to more appropriate services.

2:00 – 2:30 pm

Refreshments & Poster Viewing

2:30 – 3:30 pm

CONCURRENT SESSION D

Room: Conference Room A

1. Getting Engaged: Examining the Association Between Employee Engagement and Patient Recovery in Mental Health Care

Amber Smith (Ontario Shores Centre for Mental Health Sciences), Simone Arbour

Engaged employees are the organization's most desirable employees because they go above and beyond their job description for the benefit of their patients. At Ontario Shores Centre for Mental Health Sciences, which is a tertiary mental health hospital, the completion of, and information from, the Recovery Assessment Scale

(RAS) is used to assess the level at which a patient has achieved meaningful change in their recovery from mental illness. Join this presentation to examine the importance of employee engagement in mental healthcare, not only for the benefit of the employees, but also as a likely driving factor in patient outcomes.

2. Examining the Gap between Knowing and Doing: Improving Recovery-Oriented Practice in Mental Health Hospitals

Amber Smith (Ontario Shores Centre for Mental Health Sciences)

Wondering what might help bridge the gap between knowing the principles of recovery-oriented practice, and implementing recovery-oriented practice? Discover the organizational supports that are conducive to improving recovery-oriented practice among clinical providers in the context of a mental health care. Themes that will be broadly covered include education and training; organizational culture; leadership practices; and power relations.

Room: Conference Room B/C

1. Shared Risk Formulation in Forensic Psychiatry – A Narrative Review

Ipsita Ray (Centre for Addiction and Mental Health), Alexander Simpson

A patient's understanding of their own risk is important to inform risk assessment and the chances of successful rehabilitation. This presentation is a review of literature related to shared-decision making approaches as applied to shared risk assessment. Two hundred and forty-five articles were identified in the search of three major databases and five of them met the inclusion criteria. This review found a small but significant literature of structured approaches to including patient's voice into risk assessment and management in forensic mental health care. There is consensus across the studies of the significance of user involvement in risk management.

2. Digital Therapy for Substance Misuse for Criminal Justice-Involved Persons: Lessons Learned During the Development and Implementation of Breaking Free Online

John Weekes (Waypoint Centre for Mental Health Care), Sarah Elison-Davies, Glyn Davies

Breaking Free Online (BFO) is a computer-assisted therapy treatment and recovery program for substance-involved offenders, which was delivered in a through care initiative supporting offenders' transition from prison to the community. Qualitative interviews explored implementation of BFO and clinical outcomes were examined via repeated-measures psychometric assessments. Qualitative data revealed barriers to implementation including access to IT, and facilitators such as peer mentor support in delivering BFO. Significant improvements were found in psychometric measures of quality of life, substance dependence and recovery progression. BFO has potential to provide treatment for substance-involved offenders and delivered continuity of care between correctional and community settings.

Room: Conference Room D/E

1. It's the Thought that Counts: Belief in Suicide as an Escape Moderates the Relationship between Emotion Dysregulation and Suicidal Ideation

Nadia Al-Dajani (University of Toronto), Amanda Uliazek, Kevin Hamdullahpur

We explored whether beliefs in the functions of suicide (escaping emotional pain, problem solving) moderated the relationship between emotion dysregulation (ED) and suicidal ideation (SI) cross-sectionally and longitudinally. 101 participants with borderline personality traits completed questionnaires examining ED, SI, and beliefs in the functions of suicide. Greater endorsement of the belief that suicide is an escape resulted in a stronger relationship between ED and SI cross-sectionally and longitudinally. This belief also moderated the relationship between two ED subscales and baseline SI and baseline Lack of Emotional Clarity and 6-month SI.

These findings underscore the importance of addressing underlying beliefs about suicide.

2. The Development of a Suicide Risk Management Protocol for Online Research with Transition-Aged Youth.

Elisa Hollenberg (Centre for Addiction and Mental Health), David Wiljer, Andrew Johnson, Alexxa Abi-Jaoude, Vivetha Thambinathan

A suicide risk management protocol (SRP) suitable for online studies was developed using an established framework and consultation with project stakeholders. The SRP will be presented and outcomes of its use, discussed for the “Bridging the Gap” study. This randomized control trial tests the impact of Thought Spot, a co-created mHealth and online intervention upon help-seeking intentions, behaviours and self-efficacy for post-secondary students aged 17-29. Consistent with the use of a digital intervention, the majority of contact with study participants is through phone and e-mail. The SRP outlines the best course of action to ensure the safety of participants for this study.

3:35 – 4:35 pm *“Hope, Understanding and Victory”*
Mayor Dan Carter

Room: Lecture Theatre

4:35 – 4:45 pm **Closing comments & poster winner announcement**
Sanaz Riahi, Vice-President, Professional Practice, Academics, and Chief Nurse Executive,
Ontario Shores Centre for Mental Health Sciences

POSTERS

- 1. *The Role of Nurse Practitioners in Outpatient Mental Health Care: A Case Series.***
Melanie Kant (Ontario Shores Centre for Mental Health Sciences), Melanie Stuckey, Cindy Pritchard, Carole Gionet
- 2. *Comparing Individual and Group Transdiagnostic Therapy Outcomes with a Focus on Recovery***
Lindsay Slater (Ontario Shores Centre for Mental Health Sciences), Jane Mizevich
- 3. *Ventral Penile Erosion in an End Stage Dementia Patient – A Complication of Urinary Retention Management with an Indwelling Catheter***
David McNeill (Ontario Shores Centre for Mental Health Sciences), Chan Myae, Vijitha Mahalingam
- 4. *Developing an Equity-Based Health Promotion Framework for Racialized Mothers of Children with Disabilities: A Community-Based Study***
Nazilla Khanlou (York University)
- 5. *Translating Self-Management Support into Interdisciplinary Mental Health Case Management Services***
Mary-Lou Martin (St. Joseph’s Health Care Hamilton), Susan Strong, Heather McNeely, Lori Lett, Alycia Gillespie
- 6. *Designing Experiences with Technology Products for People with Dementia***
Nasya Jebanseau (Ontario Shores Centre for Mental Health Sciences), Shital Desai, Arlene Astell
- 7. *Occupational Therapy Practice in Adolescent Eating Disorders: A Canadian Perspective***
Cheryl Fiske (Ontario Shores Centre for Mental Health Sciences), Rama Arora-Persaud

POSTERS CONTINUED

- 8. *Caregiver Experiences of Introducing Tablet Games to People with Dementia at Home***
Erica Dove (Ontario Shores Centre for Mental Health Sciences), Arlene Astell, Stephanie Alipanopoulos, Rebecca Fisico
- 9. *Does the End of History Illusion Apply to How Individuals Perceive Their Life Satisfaction as Unfolding Over Time?***
Holly Harris (Ontario Shores Centre for Mental Health Sciences), Michael Busseri
- 10. *Loneliness in the Cognitively Impaired on Inpatient Geriatric Units***
Alexandra Hernandez (Ontario Shores Centre for Mental Health Sciences), Sarah Elmi, Melanie Stuckey, Francesco Kment, Brian McCormack
- 11. *Exploring the Impacts of Motion-Based Technology Programs for People with Advanced Dementia on Staff Perspectives***
Erica Dove (Ontario Shores Centre for Mental Health Sciences), Deanna Persaud, Arlene Astell
- 12. *Technology-Enabled Collaborative Care for Youth (TECC-Y): A Feasibility Study***
Dr. Osnat Melamed (CAMH), Dr. Laura Lachanc,, Dr. Rebecca Carriere, Rosa Dragonetti, Dr. Elizabeth Dettmer, Dr. George Foussias, Dr. Seena Grewal, Dr. Margaret Hahn, Dr. John Haltigan, Dr. Sean Kidd, Dr. Sara Ahola Kohut, Dr. Daphne Korczak, Dr. Benoit Mulsant, Athina Perivolaris, Dr. Trisha Tulloch, Dr. Aristotle Voineskos. Dr. Ian Zenlea, Dr. Peter Selby
- 13. *DataDay: Daily Support for People with Dementia***
Felicia Martins (Ontario Shores Centre for Mental Health Sciences), Chris Morland, Steve Donovan, Parminder Flora, Erica Dove, Arlene Astell
- 14. *Touchscreen Game Play in Mandarin-Speaking Persons Living with Dementia***
Arlene Astell (Ontario Shores Centre for Mental Health Sciences), Chen Xiong, Yuhan Pan, Alexandra Hernandez, Phillip Joddrell
- 15. *Correlation Between Healthcare Workers Knowledge of Influenza Vaccine and Vaccine Receipt***
Safire Dhanji (University of Ontario Institute of Technology)



