



Psychiatry  
UNIVERSITY OF TORONTO

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## Postgraduate Education

# Integrated Mental Health Care Core Experiences •2018-2019•

## Preamble

Dear Residents,

We are pleased to send you this summary of training experiences in Integrated Mental Health Care.

The University of Toronto is a national leader in developing training in Integrated Mental Health Care (formerly known as shared or collaborative mental health care). All PGY-5 residents will have a longitudinal training experience relevant to your career interests, where you will consolidate your learning by acting as a junior consultant to a community agency or primary care team. These unique training experiences emphasize the Collaborator, Leader, and Health Advocate roles in the CanMEDS 2015 framework.

Integrated Mental Health Care training experiences afford unique perspectives on our health care system, including understanding the needs of people receiving care outside of the psychiatric system (e.g. before, after, or instead of receiving psychiatric care), and appreciating what support their health care and social service providers need from us as physicians and psychiatric specialists. Through this training, you will gain a better understanding of community needs, and have an experience of consulting to a team and organization to meet the mental health and addictions needs of a defined population.

As a result of this training experience you will better understand the continuum of acute and community-based services; increase your awareness of organizational and team dynamics; form collaborative interprofessional relationships to support co-management of patients and knowledge exchange, and; contribute to health system sustainability through resource stewardship, and through assisting in care coordination and system navigation. You will learn from and contribute to educating other providers, and you may contribute to program consultation, quality improvement, and/or inter-organizational collaboration.

The Integrated Mental Health Care experience is a key component of our Department's Strategic Plan and represents our effort to respond to the needs of our community, build capacity for improved access and quality of mental health care, and prepare future psychiatrists for practicing and leading in a rapidly evolving health care system.

Regards,

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Associate Scientist, Li Ka Shing Knowledge Institute  
Lead, Integrated Mental Health Care Education and Assistant Professor  
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Psychiatrist, University of Toronto, Health & Wellness Centre  
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Integrated Mental Health Care Education

## Table of Contents

This document contains a complete and final listing of training experiences available for 2018-2019. Descriptions listed in the following pages are in alphabetical order. We encourage you to read through all the detailed descriptions, including 'fine print' regarding site and supervisor availability – there may be certain restrictions or conversely more flexibility than is indicated in the table below and on the next page, which is provided for quick reference.

Site	Supervisor	Main Hospital affiliation	Primary Care/ Community Agency	Day(s) available	page #
Access Alliance Community Health Centre <i>(Available January 2019)</i>	Dr. Martin Svihra	UHN	PC	TUE	4
Crossroads Refugee Clinic	Dr. Abby Hershler	WCH	PC	MON	4
Davenport Perth Community Health Centre	Dr. Martin Svihra	UHN	PC	TUE	4
East End Community Health Centre	Dr. Monica Choi	CAMH	PC	FRI	4
Forensic Early Intervention Service (FEIS) and Mental Health Court	Dr. Kiran Patel Dr. Mitesh Patel (optional, secondary)	CAMH	PC	MON, TUE, THU, FRI	5
HIV Collaborative Care <i>(Available Sept. 2018)</i>	Dr. Adriana Carvalhal	SMH	CA	THU	5
Hong Fook	Dr. Ken Fung	UHN	CA	TUE	5
ICHA at the Canadian Centre for Victims of Torture	Dr. Clare Pain & Dr. Lisa Andermann	SMH	CA	THU	6
ICHA at Coordinated Access to Care for the Homeless (CATCH)	Dr. Dorian Deshauer	SMH	CA	THU	6
ICHA at Covenant House*	Dr. John Langley	SMH	CA	MON, TUE, THU, FRI	6
ICHA at Evangeline Residence Available January 2019	Dr. Sabeena Chopra	SMH	CA	MON, TUE, THU, FRI	7
<del>ICHA at Eva's Satellite – N/A 2018-19</del>	<del>TBD</del>	<del>SMH</del>	<del>CA</del>	<del>THU PM</del>	<del>7</del>
ICHA at Sistering	Dr. Deb Pink	SMH	CA	TUE	8
<del>ICHA at Women's Residence – N/A 2018-19</del>	<del>TBD</del>	<del>SMH</del>	<del>CA</del>		<del>8</del>
ICHA at LOFT Transitional Age Youth Program* <i>(Available Jan 2019)</i>	Dr. Sharon Zikman, Hanna Klein	SMH		THU	8
Jean Tweed	Dr. Leslie Buckley	UHN	CA	TUE, THU	9
Jewish Family and Child Services*	Dr. Jan Malat	CAMH	CA	MON, TUE	9
Kensington Hospice	Dr. Gary Rodin	UHN	CA	MON, TUE, THU, FRI	9
The Mood Disorders Association of Ontario <i>[assigned to resident returning from leave]</i>	Dr. Rosalie Steinberg	Sunnybrook	CA	MON (can be negotiated other days with offsite supervision)	9
Mt. Sinai Family Health Team §	Dr. Mark Halman	MSH	PC	MON, TUE	10
Native Child and Family Services of Toronto	Dr. Jim Deutsch	Youthdale	CA	MON, WED(possibility) THU	10
Northern Psychiatry Outreach and Telepsychiatry at CAMH (NPOP-C) § Available January 2019	Dr. D.J. Rodie & Dr. Allison Crawford	CAMH	PC	TUE, WED, THU	11
Ontario College of Art and Design	Dr. Greg Chandler	MSH	CA	MON, TUE, THU, FRI	11
Parkdale Community Health Centre	Dr. Sabeena Chopra	SMH	PC	FRI	11
Ryerson University Centre for Student Development and Counseling§	Dr. Matt Levy & Dr. Sabeena Chopra	SMH	CA	MON, TUE	12
Sherbourne Health Community Health Centre	Dr. Arielle Salama	SMH	PC	TUE	12
SPRINT Seniors Care	Dr. Carole Cohen	Sunnybrook	CA	TUE	12
St. Joseph's Health Centre Family Health Team	Dr. Crystal Pinto &	SJHC	PC	MON, TUE, THU, FRI	12

	Dr. Michael Neszt				
St. Michael's Family Health Team at 80 Bond	Dr. Nadiya Sunderji	SMH	PC	MON, TUE, FRI	13
St. Michael's Family Health Team at 410 Sherbourne and Sumac Creek	TBD	SMH	PC	THU	13
St. Michael's Family Health Team at St Jamestown ( <i>Available as of Oct. 2018</i> )	Dr. Shane McInerney	SMH	PC	FRI	13
Summerville Family Health Team	Dr. Don Head	Trillium	PC	MON, THU	14
Sunnybrook Family Health Team §	Dr. Nik Grujich	Sunnybrook	PC	MON, TUE, THU	14
Taddle Creek Family Health Team ^	Dr. Kar Ming Lee	--	PC	THU	14
Toronto Western Hospital Family Health Team§	Dr. Martin Svihra	UHN	PC	MON, FRI	14
TRE-ADD (Treatment and Research in Autism and Developmental Disabilities)-N/A 2018-19	Dr. Vikram Dua	Surrey Place	PC	MON, TUE, WED, THU, FRI	14
University of Toronto Student Health & Wellness Centre	Dr. Andrea Levinson, Dr. Natasha Snelgrove, Dr. Christopher Bentley, Dr. Soraya Mumtaz, Dr. Ming Lee & Dr. Rachelle Guttman	CAMH	PC	MON, TUE	15
Village Family Health Team§	Dr. D.J. Rodie & Dr. Karen Ng	CAMH	PC	THU, FRI	15
Women's Health in Women's Hands	Dr. Alpa Munshi	CAMH	PC	THU	16
Woodgreen Community Social Services	Dr. Mark Lachmann	MSH	CA	THU	16
YouthCan Danforth Integrated Care Hub	Dr. Krista Lemke	MGH	CA	TUE, WED pm, THU	16
YouthCan Impact Hubs in Yonge and Eglinton	Dr. Amy Cheung	Sunnybrook	CA	MON, TUE, WED, THU, FRI	16

### Legend

\* Half day only. These experiences require pairing with another rotation to achieve the full day requirement. (Many of the full day experiences can be reduced to half-day to accommodate this pairing.)

§ Additional capacity for senior selectives

^ All residents eligible to rank this site (regardless of base hospital for senior selectives)

Child and Adolescent Psychiatry site. Anyone may rank, however, CAP subspecialty residents have priority.

### Note about Inner City Health Associates (ICHA)

ICHA is a group of more than 60 family physicians, internists and psychiatrists working in 40+ shelters and drop-ins across the Greater Toronto Area. You can learn more here: <http://www.icha-toronto.ca/>

### Note about senior selectives

All residents will do a core IMHC rotation, which will be assigned through the internal match process in Spring 2018, like other core rotations. Residents who wish to do additional senior selectives in IMHC over and above the core requirement may arrange this in Fall 2017, like other senior selectives. Core rotations will be reserved for the match and cannot be assigned as senior selectives. However, residents can do senior selectives at sites that have additional capacity over and above the space they have reserved for a core rotation. Residents opting to do senior selectives in IMHC will still rank and be assigned to a core rotation as well. Residents are welcome to inquire with postgraduate coordinators regarding availability of senior selectives; some core settings have already identified such 'extra' capacity and are noted above with this symbol §, and additionally there are some IMHC senior selectives that aren't listed here because they are only available as senior selectives and not as core rotations.

**Access Alliance Community Health Centre (Dr. Martin Svihra, UHN) – Available January 2019**

Access Alliance is a primary care team serving primarily a newcomer (immigrant and refugee) population. The resident will collaborate with family physicians, nurse practitioners and social workers via direct patient care, formal and informal case consultations with team members, and didactic teaching sessions. There are several primary care team sites so some communication is via telephone rather than in-person. The team is interested in further developing the integrated care model to incorporate evidence-informed interventions and the resident may have an opportunity to participate in the process of improvement. This experience may be well-suited for a resident who is interested in working with immigrants and refugees, and is comfortable working with two supervisors on alternate weeks. This experience is available on Tuesdays with on-site supervision weekly.

**Crossroads Refugee Clinic (Dr. Abby Hershler, WCH)**

The Crossroads clinic serves the refugee population of Toronto, supporting patients who commonly experience barriers to accessing care including immigration status, language, culture, and poverty. Many patients have survived trauma and are living in social isolation, as well as struggling with symptoms of depression, anxiety, and complicated loss/bereavement. Psychiatrists and residents collaborate with family medicine physicians and residents, nurse practitioners, and administrative staff, in a positive, engaged and politicized milieu to provide medical care to refugees within the first 2 years of their arrival in Canada. The clinic also has formal or informal connections with Sojourn House Shelter, Canadian Centre for Victims of Torture, and WCH's Sexual Assault and Domestic Violence Support Centre. Residents will provide direct patient care and enhance their knowledge about mental health community resources, the refugee immigration process, diverse countries of origin, and working with translators. Residents will also examine the mental health needs of a refugee population, determine most useful approach to understanding and supporting mental health problems that arise at different stages of the immigration experience, and provide increased mental health education and guidance to primary care colleagues. A typical day involves one new assessment (two hours), one to three follow ups (an hour each), and indirect care and supervision time. This experience may be particularly well suited for a resident who is interested in cross-cultural psychiatry, developing skills in working with marginalized populations, trauma-focused and trauma-informed care, and developing their capacity for effective patient advocacy.

**Davenport Perth Community Health Centre (Dr. Martin Svihra, UHN)**

Davenport Perth CHC is a primary care team located at Davenport near Caledonia Park Road and serves a diverse population including many immigrants and people with lower income. The resident will collaborate with family physicians, nurses, social workers, and counselors, providing direct patient care as well as formal or informal case consultation, and educational interventions geared toward improving the team's knowledge and skills to manage mental illness and addictions. There will be 2-3 direct patient visits (usually new consultations) on a typical day. This experience is available on Tuesdays with supervision on-site or by telephone on alternate weeks.

**East End Community Health Centre (Dr. Monica Choi, CAMH)**

East End Community Health Centre provides multidisciplinary primary care and health promotion services to a marginalized population in southeast Toronto who may have difficulty accessing health care due to factors such as language and cultural barriers, poverty, or immigration status / lack of health insurance. The CHC sees men and women of all ages, and psychiatry residents gain a broad exposure to a variety of general psychiatric problems. Psychiatry residents work closely with primary care providers and provide a combination of direct patient care and formal and informal education to the interprofessional care team. Opportunities exist for involvement in program development (e.g. analyzing patient satisfaction, or promoting staff and organizational capacity to manage agitated patients in a primary care setting). The clinic is located at Queen and Coxwell. This experience is a great opportunity for a resident to consolidate their

clinical expertise and work with a wealth and diversity of interprofessional health care providers (e.g. in addition to family physicians and nurse practitioners there are community health workers who provide outreach and case management, as well as a dietician, pharmacist, chiropractor, physiotherapist and respiratory therapist). This experience is available on Fridays with on-site supervision.

**Forensic Mental Health (Dr. Kiran Patel and/or Dr. Mitesh Patel, CAMH)**

This rotation will take place at two sites, in two different programs. One half-day per week will be with the Forensic Early Intervention Service (FEIS) at a correctional centre (Toronto South Detention Centre (TSDC) or Vanier Centre for Women) and one half-day per week will be at Mental Health Court.

With FEIS, residents will provide assessments and follow up regarding forensic psychiatry issues in a correctional setting as part of a multi-disciplinary team. At Mental Health Court, residents will conduct assessments of fitness to stand trial and provide expert testimony to the Court.

Liaison and collaboration with corrections officers, corrections mental health workers and physicians, Court workers, lawyers, judges, FEIS nurses, social workers, and occupational therapists will be a part of both indirect and direct patient care. Psychiatric and social issues such as psychosis, substance use, personality disorder, housing issues, legal issues, and financial issues will be addressed in a highly marginalized and stigmatized population with over-representation of immigrant and Indigenous populations.

Residents will work under close staff supervision and receive weekly feedback on their collaboration with the team, interview techniques, written documentation, and testimony. They will present cases to the FEIS team weekly and receive regular input and feedback.

Dr. Kiran Patel is available at FEIS (TSDC) Monday pm and Thursday am and pm, FEIS (Vanier) Friday am, and Mental Health Court Tuesday pm. Dr. Mitesh Patel is available Thursday am, Mental Health Court Friday pm, and CAS at variable times.

\*Residents will require a car for travel between sites.

\*Residents require a Vulnerable Sector Screen prior to beginning the rotation. This requires 2-3 months to process prior to the rotation start date.

**HIV Positive Integrated Care at Casey House, Fife House & McEwan House (Dr. Adriana Carvalhal, SMH) – Available September 2018**

This program provides psychiatric care to HIV-positive patients in a variety of settings including inpatient (Casey House), community-based (Fife House and McEwan House), and home visits (Fife House). In this population there is a high prevalence of substance use and cognitive disorders, as well as other mental illnesses. Psychiatry collaborates with many other providers including family physicians, infectious disease specialists, nurse practitioners and nurses, social workers, occupational therapists, and physiotherapists. In addition to direct patient care the psychiatry resident will contribute to multidisciplinary case rounds, education to promote capacity for high quality mental health care within the community teams, and inter-organizational care coordination between primary and tertiary care settings. This experience may be a particularly good fit for a resident interested in complex medical disorders, and the role of community partnerships in caring for a defined population. Additionally, the supervisor is a researcher and there may be an option for an interested resident to engage in scholarly work. This experience is available on Thursdays with on-site supervision.

**Hong Fook Mental Health Association (Dr. Kenneth Fung, UHN)**

Hong Fook (HF) is a community mental health agency that provides culturally responsive services for the

Asian community (Cambodian, Cantonese, Korean, Mandarin, Vietnamese) throughout Toronto, in partnership with other agencies, hospitals, and housing providers. HF provides counseling, case management, advocacy, youth outreach, educational workshops and peer support groups, housing support, community education and health promotion, and nurse practitioner-led integrated primary care and mental health care. The psychiatry resident will be based at the downtown office (Dundas and Bay) and will primarily collaborate with mental health case management workers to provide direct patient care, case consultation to the case managers and team leaders, staff training (face to face or via OTN) and/or program consultation (e.g. regarding organizational policies, planning for future service needs). Hong Fook leads a biennial Diversity Conference of community mental health and addictions agencies in Toronto, and an interested resident could contribute to the planning committee if they wish. This experience may be particularly good for a resident who is interested in providing culturally competent care for the East/Southeast Asian communities, is willing to work regularly with interpreters, and is flexible regarding how they will gain exposure to 'indirect care' (i.e. aspects of integrated care that go beyond direct patient care). This experience is available on Tuesdays with on-site supervision.

**ICHA at the Canadian Centre for Victims of Torture (Drs. Clare Pain and Lisa Andermann, MSH, SMH)**  
ASSIGNED TO RESIDENT RETURNING FROM LEAVE

CCVT supports refugees who are generally very new to Canada and who have experienced torture in their home countries. Psychiatry works closely with counsellors and lawyers to provide psychiatric assessment and prepare reports for refugee hearings. Additional collaborators include a policy facilitator who assists in advocacy around complex patients, as well as family physicians (largely off site). There are opportunities to provide education to CCVT counsellors and volunteers, optionally to participate in a monthly course on the basics of working with trauma, and a clinical and business meeting every 1-2 months for the providers and management who work at CCVT. Residents gain skills in taking a trauma history, interviewing skills in the face of language barriers, dissociation, etc., and formulating treatments plans for refugees (i.e. beyond or instead of psychopharmacology and psychotherapy). While there is a high volume of documentation on fairly short timelines, ample time can be built into the resident's day to complete this, and it is a valuable skill for practice. This experience may be particularly good for a resident interested in trauma, and immigrant and new comer mental health. This is a great opportunity to witness resilience in a remarkable group of people from all over the world, appreciate that trauma frequently does not result in mental disorder, and assist refugees with settlement and integration. This experience is available on Thursdays.

**ICHA at Coordinated Access to Care for the Homeless (CATCH) (Dr. Dorian Deshauer, SMH)**

CATCH is located at the Good Shepherd shelter, and is a dynamic collaboration involving two psychiatrists, a family doctor, the shelter nurse, 3 case managers, and other community organizations (e.g. AAPRICOT provides addictions care onsite) in order to meet the needs of a homeless population with serious mental illness and addictions problems. Residents provide time-limited clinical care and interprofessional consultation in a clinically intensive rotation. Every second week the team begins the day with a half our interdisciplinary team meeting. The resident would be responsible for seeing one new consult per week, and follow-ups as needed. This experience may be particularly interesting to a resident seeking opportunities to become expert in homeless healthcare, to consider current social theory related to biomedicine, to work with a very marginalized population, and to explore the methodological challenges inherent to interdisciplinary work.

**ICHA at Covenant House (Dr. John Langley, SMH)**

Covenant House serves transitional age youth (ages 16-24) who are generally not well served by mental health services, either child and adolescent agencies or general adult services, and often fall through the cracks in our system. Many youth are homeless and struggle with past trauma, addictions, and severe mental illness. However, they are a unique and rewarding population to work with and the possibilities for

hope and real change are great. The Covenant House health clinic includes nurses and nurse practitioners, child and youth workers, social workers, and family physicians, as well as psychiatric consultation. The resident will provide direct clinical care and some consultation to the interprofessional team. This experience would be particularly good for a resident who is interested in working with transitional age youth and who is comfortable working independently and as part of a team. The resident can work at the site Monday or Tuesday. This experience will be for a half day per week and thus requires pairing with another half-day experience in order for a resident to meet the training requirement. It is suggested, however, not strictly required, that this experience is paired with LOFT.

#### **ICHA at Evangeline Residence (Dr. Sabeena Chopra, SMH) – Available January 2019**

Evangeline Residence is a 90 bed shelter for homeless women run by the Salvation Army. Women are able to stay there for up to 6 months (but occasionally in exceptional circumstances may stay longer), and commonly experience difficulties with trauma, addictions, severe mental illness (psychosis and bipolar disorder), and a broad range of other mental health concerns. Each client is assigned one of two counsellors, and additionally there is a housing worker, a community support worker, and addictions counsellors, and there will soon be a nurse again. Residents would provide a combination of direct patient care (including assessment and follow up) and case discussions; all clients are discussed in advance of referral, and frequently afterward as well, and the psychiatrist also assists with system navigation and identification of suitable resources. There are opportunities to expand the 'indirect care' to include education (e.g. of the clients and workers) and/or more proactive and systematic identification of resources to reduce isolation of the clients and the organization. The staff and supervisor are very welcoming of opportunities for knowledge exchange with the resident. This experience may be particularly good for a resident interested in working with women with complex mental health needs, especially trauma and addictions, without the support of a hospital, and in understanding this complexity beyond the diagnostic approach (e.g. in the context of homelessness, poverty, immigration, and other social determinants of health). The women come from around the world and have stories and experiences to share that psychiatrists might not otherwise encounter. This experience is available on Thursdays with on-site supervision.

#### **ICHA at Eva's Satellite (supervisor TBD, SMH) Site N/A 2018-19**

~~Eva's Satellite is a shelter serving homeless youth aged 17-25 with multiple psychiatric co-morbidities and complex social determinants of health (e.g. ongoing early trauma history, multiple foster placements, substance use, mood disorders, personality disorders, psychotic disorders, and developmental delay). The resident will collaborate with child and youth workers, case managers, and a family physician, spending approximately half of their time in case discussions and case conferences. Collaboration with psychiatry aims to increase shelter staff knowledge to implement concrete recommendations for working with youth with complex mental health needs, and instill a cohesive approach (e.g. reducing staff splitting in caring for youth with personality disorders). Shelter staff are eager to learn and resident involvement would enable increased provision of education and collaborative problem solving. There are also opportunities in program development and quality improvement for interested residents. A typical afternoon would include seeing 1-3 youth and discussing 1-4 cases with the family physician and case manager(s). This experience is well-suited for a resident who works enjoys the challenges of working with complex patients, enjoys teaching non-medical staff and problem solving, and/or is interested in transitional age youth, addictions, or marginalized populations. This experience will be available on Thursday afternoons with off site supervision to be negotiated with the supervisor. Note this experience is available for a half day per week only, and thus requires pairing with another half day experience.~~

#### **ICHA at Sistering (Dr. Deb Pink)**



Sistering is a 24-hour drop-in serving women who face many adversities including homelessness, lack of legal status in Canada, and addictions and/or serious mental illness. The organization has a strong feminist political philosophy and consumer involvement in the organization, and is devoted to the empowerment of participants no matter how impaired. The team includes family physicians, a nurse, social workers, case managers and housing workers, who are strong advocates of social justice and adopt a client-centred non-judgmental stance. Some patients may have an anti-psychiatry bias. In addition to clinical care, the psychiatrists provide case consultation and problem solving with Sistering staff, education to staff and patients, with a view to collaboratively building capacity within the agency. In a typical day, residents will see patients for 3 hours, meet with staff for a half hour, consult with family physicians via electronic health record messages regarding medications and referral resources, and have supervision. There are also partnerships with Jean Tweed, and other organizations serving immigrant women, women with addictions, etc. This experience may be particularly good for a resident interested in working with women and understanding social determinants of health as well as harm reduction. This experience is available on Mondays with off-site supervision, or Tuesdays or Thursdays with on-site supervision.

#### **ICHA at Women's Residence** (supervisor TBD, SMH)

~~Women's Res is the largest women's shelter in the city, which is supported by interprofessional staffing that includes counsellors (mostly social workers), some nurses and family physicians, though the robustness of staffing has been variable over time. Psychiatrists and residents collaborate with these staff and others involved in clients' care (e.g. CAS, case managers and family physicians). There is great variety, and the rotation is an excellent opportunity to understand the paths to homelessness and addictions and the variety of mental health challenges of homeless women, as well as to be able to do good work for people with great need. The emphasis is on crisis intervention, brief psychiatric care for transient individuals, and supporting clients in their instrumental needs (e.g. for ODSP); there is some provision of formal education to the Women's Res staff, as well as clinical care coordination/liaison. We typically see several women a day and consult with counsellors about follow-up and collateral. This experience would be particularly good for a resident interested in severe mental illness, homelessness, and emergency psychiatry (e.g. understanding shelter-based crisis and transitional care as an alternative to the emergency department and walk-in clinics). This site is suitable for a half day or full day per week experience, with flexibility as to which day of the week. The specific day or half days for the rotation can be negotiated and flexible throughout the year, and can at least partially coincide with the supervisor's.~~

#### **ICHA at LOFT Transitional Age Youth Program** (Dr. Sharon Zikman, SMH)

The LOFT Transitional Age Youth Program (TAY), located at Bloor and Christie, serves about 200 at-risk youth a year, both male and female, aged 16 to 26. LOFT TAY offers support and case management for youth mental health and addictions issues, and assists homeless youth in finding safe and affordable housing. There are drop-in, individual, and group supports, and each youth has an assigned case manager. The resident will provide direct clinical care and some consultation to the interprofessional team, and may be able to participate in group programming. This experience would be particularly good for a resident who is interested in working with transitional age youth and who is comfortable working independently and as part of a team. The resident can work at the site any day of the week and will be supervised off-site (e.g. at SMH). This experience will be for a half day per week and thus requires pairing with another half-day experience in order for a resident to meet the training requirement. It is suggested, however, not strictly required, that this experience is paired with Covenant House.

**Jean Tweed** (Dr. Leslie Buckley, UHN)

Jean Tweed provides addictions care to women who face many social adversities impacting their health, including childhood abuse and other trauma, CAS involvement, low socioeconomic status and education, and other causes of social marginalization. The psychiatrist and resident collaborate with social workers providing individual and group services, addictions workers, and a nurse practitioner. There is a high degree of integration between Jean Tweed and the Addictions Service based at TWH, thus aiding in smooth transitions between various levels of care. The resident will provide direct clinical care as well as some case consultation and knowledge exchange, within a program whose overall goal is to build capacity for patient-centered, efficient, and well-coordinated care for a vulnerable population. Much time is dedicated to formulation, appreciating the social determinants of health. This experience would be ideal for a resident who wants to improve their ability to manage addictions to prepare for their future practice regardless of sub-specialty. You do not need to have any expertise in addictions or plan to go into this field. This experience is available on Tuesdays or Thursdays with Dr. Buckley on site at Toronto Western with visits to monthly case conferences off-site at the Jean Tweed Centre. (At TWH the resident will be seeing Jean Tweed clients and communicating with Jean Tweed staff.)

**Jewish Family and Child Services** (Dr. Jan Malat, CAMH)

Jewish Family and Child Services serves a complex population with frequent co-morbid trauma, addictions, and mental illness. This experience involves consultation regarding the care of adults, though in some cases CAS is also involved. The resident will collaborate with social workers and community counselors, providing a mix of direct patient care, supervision and other forms of knowledge exchange, and potentially contributing to program development, in order to enhance the team's capacity to care for complex patients using a biopsychosocial approach. This experience will be available on Mondays or Tuesdays with off-site supervision to be negotiated with the supervisor. Note this experience is available for a half day per week only, and thus requires pairing with another half-day experience.

**Kensington Hospice** (Dr. Gary Rodin, UHN)

Kensington Hospice works in partnership with the Princess Margaret Cancer Centre Department of Supportive Care and the Kensington Health Centre to provide residential care for patients and family members facing recurrence or progression of cancer at the end-of-life. Common foci for psychiatric care include biopsychosocial assessment, formulation and management, with particular attention to coping with life threatening illness, the effect of attachment style on patient experience, and biological (cancer-related) causes of psychiatric presentations. The resident will collaborate with social workers, other interprofessional health care providers, and palliative care physicians and nurses to provide direct patient care and consultation to the health care team and other caregivers, with the overall objective of promoting integration between psychiatric, geriatric, palliative and spiritual care services. This experience may be particularly appealing to a resident who is interested in individual and family issues related to end-of-life care. This experience is available on Mondays, Tuesdays, Thursdays or Fridays, with off-site supervision to be negotiated with the supervisor.

**The Mood Disorders Association of Ontario (MDAO)** (Dr. Rosalie Steinberg, Sunnybrook) – Assigned to residents returning from leave.

This is a community agency, in partnership with Sunnybrook Department of Psychiatry, which offers a wide range of mental health services including peer support, counselling and group programming for clients and family struggling with a variety of mental health challenges, but with a stronger focus on mood and anxiety disorders. The MDAO resident will be a part of the Family Matters Counselling team which supports families and clients ranging from 15-69. While majority of clients suffer from mood disorders, there is also a first episode program focused on support for clients with early psychosis or bipolar disorders as well as a transitional aged youth program. Often this will be the first contact with a psychiatrist for the majority of

clients. All clients are registered as Sunnybrook patients as part of this Hospital-community partnership. Sunnybrook Mood and Anxiety Program patients are also seen at the MDAO based on need and availability. This integrated mental health care opportunity offers a unique blend of direct and indirect service with about 60% of the time focused on direct care/consultation of MDAO clients and 40% focused on indirect support and capacity building for the Family Matters Program counselling team. (Approximately 1 new assessment/week). The resident will participate in weekly collaborative care case conferences (MONDAYS) with the counselling staff to review shared clients and offer teaching and support to the team as needed. Additional opportunities include provision of formal teaching to the MDAO staff and on various mental health topics as well as the opportunity to co-facilitate groups (e.g. CBT, Mindfulness or psychoeducation) based on interest. Residents can also choose to follow clients longitudinally for management of episodes of care based on interest as this is not a consult heavy service. Group and IPT supervision is also available. The supervisor, Dr. Rosalie Steinberg, is present on Monday's alongside the resident and is able to offer direct and real-time supervision as needed. However, residents wishing to participate on other days may be able to arrange off-site supervision with Dr. Steinberg. This rotation is also available as a senior selective opportunity for residents wishing to do a half-day or develop group programming.

#### **Mt. Sinai Family Health Team (Dr. Mark Halman, MSH)**

The Mt. Sinai FHT provides care to a broad based primary care population. This is a well-resourced interprofessional team including dedicated mental health clinicians, a chronic pain service and a CCAC coordinator for vulnerable seniors, as well as family physicians, family medicine residents and nurse practitioners. Residents provide direct patient care for a range of patients with a primary focus on depression, anxiety, bipolar and trauma related disorders. Participation in indirect care is through participation in case conferences for complex patients, chart review rounds with family medicine residents, a 'buddy system' with family medicine residents, and teaching in the family medicine resident curriculum. A typical day would include 1-2 new assessments (90 minutes each), follow up appointments of medication management and short term interventions (20 or 50 minutes), indirect care as above, and participation in chart review rounds with family medicine residents (at either 12- 1245 or 5-545). This experience would be good for a resident who is interested in interprofessional collaboration within a well-established and enthusiastic primary care team. This program was awarded the 2016 College of Family Physicians of Canada/Canadian Psychiatric Association Collaborative Mental Health Care Award. This experience is available on Mondays or Tuesdays.

#### **Native Child and Family Services of Toronto (Dr. Jim Deutsch, Youthdale)**

This site has provided cultural and social supports to the Indigenous community in Toronto since 1986. In 2004, NCFST was mandated to provide Child Protection services to urban Indigenous people residing in the city of Toronto. Case complexity and complex social situations challenge staff to work in a culturally safe manner with clients who are identified or self-identify as Indigenous. NCFST provides culturally specific mental health and social services to infants, children, youth, and families from four sites in the greater Toronto area. The main building at 30 College houses most child protection staff with some clinical staff. An additional site at 489 College houses the new Mooka'am Program, NCFST's culturally based mental health and support service, and a youth drop-in is located at Bloor and Christie. There is flexibility as to which site the resident will be based at, depending upon their interests and availability (note: 489 College Street Site not available on Mondays).

Issues include intergenerational trauma, and residual effects of colonization including domestic violence, substance dependence, chronic and pervasive developmental trauma, untreated mental health conditions, due to both lack of trust in the health system and barriers to accessing care, and there are many children with suggested Fetal Alcohol Spectrum Disorder or other Intellectual Disabilities. Social determinants include poverty, food insecurity, and overcrowding. Youth have higher rates of youth criminal justice involvement,

and the sex trade. The resident has a number of options: Age range from prenatal to transitional age, and clinical consultation as well as participating in team approaches. There is also the opportunity to observe typical stresses and strains in an evolving, multilayered organisation. Depending on the residents schedule, supervision can be on-site or off site.

**Northern Psychiatry Outreach and Telepsychiatry at CAMH (NPOP-C) (Drs. D.J. Rodie and Allison Crawford, CAMH) - Available January 2019**

NPOP-C provides general adult and youth mental health care in primary care settings, with a focus on Family Health Teams and Aboriginal Health Access Centres. Psychiatrists provide a combination of direct patient care and other collaboration with interprofessional health care providers at FHTs throughout Ontario. For this rotation, the resident and supervisor are partnered with the Georgian Bay Family Health Team. While stationed on site at CAMH, direct + indirect patient care and interprofessional team support and education are provided via videoconferencing, EMR and phone. This experience is particularly good for a resident interested in outreach to rural and remote communities, using technology, and addressing the health needs of First Nations, Inuit, and Métis people and communities. The core of the resident training experience will be working with the Georgian Bay FHT on Thursdays, with supervision provided by Dr. Rodie on-site at CAMH. Optionally, there is also opportunity to be a participant-observer in the ECHO project on Tuesday afternoons. The new ECHO Ontario Mental Health project involves several psychiatrists jointly providing case-based education to multiple primary care sites to promote capacity for high quality mental health care throughout many of Ontario's communities. A typical day will consist of seeing 2-3 patients directly via videoconferencing technology, reviewing and responding to referrals and messages within Georgian Bay's EMR, and having indirect patient discussions with FHT members via videoconferencing and telephone. Starting in Jan 2018 ECHO First Nations, Inuit and Metis Wellness is Wednesday afternoon.

**Ontario College of Art and Design (Dr. Greg Chandler, MSH)**

Psychiatry at OCAD supports transitional age youth who experience a range of mental disorders, most commonly mood and anxiety disorders, personality disorders and ADHD. In addition to direct patient care, residents will provide case consultation to approximately five mental health counsellors and the on-site Family Physician. The students are often quite insightful and reflective, with a strong willingness to solicit and accept help. The counsellors appreciate support in caring for complicated patients and are very enthusiastic about collaboration. This experience is particularly suited for a resident interested in working with a highly-engaged population. This experience is available on Tuesdays, Thursdays or Fridays with off-site supervision, or on Mondays with on-site supervision. Residents interested to learn more about this rotation can contact [greg.chandler@sinaihealthsystem.on.ca](mailto:greg.chandler@sinaihealthsystem.on.ca)

**Parkdale Community Health Centre (Dr. Sabeena Chopra, SMH)**

Parkdale CHC is a primary care team serving a marginalized population including immigrants, refugees, and people who are unstably housed. The resident will collaborate with family physicians, nurse practitioners, social workers, mindfulness therapists, and other providers, who are very committed to advocating for the needs of this complex population. The resident will provide direct patient consultation and have opportunities to educate and support the primary care team through formal teaching (e.g. rounds) and informal methods (e.g. case consultation). The staff and supervisor welcome resident involvement as an opportunity to increase the breadth of activities promoting integration and collaboration in this strong team. This experience may be of particular interest to a resident interested in inner city mental health, immigrant and refugee populations, and other marginalized individuals with complex healthcare needs. This experience will be available on Fridays with on-site supervision.

**Ryerson University Centre for Student Development and Counseling** (Dr. Matt Levy and Dr. Sabeena Chopra, SMH)

The Ryerson University Centre for Student Development and Counseling serves a diverse university student population, typically ages 18-30, and predominantly with mood and anxiety disorders. The resident will collaborate with the counsellors, psychologists, and occasionally family physicians, providing direct patient care as well as case consultation and continuing support to the team. The team formerly held quarterly educational events including the family physicians, and the supervisor would be interested in resuming these events with resident participation. This experience may be of particular interest to a resident who is interested in working with a university student or transitional age youth population. This experience is available on Mondays, with a mix of on-site and off-site supervision (i.e. on alternate weeks).

**Sherbourne Health Community Health Centre** (Dr. Arielle Salama, SMH)

Sherbourne Health provides interprofessional primary care to marginalized populations such as newcomers, the LGBT community, and inner city/homeless/unstably housed patients, as well as other patients not experiencing these specific barriers to accessing care. Psychiatric problems are frequent and complex, and the primary care providers have a high level of knowledge and comfort managing mental health problems, such that psychiatry is involved with quite complex patients. The resident will contribute to weekly rounds for case discussions, and formal and informal education, for which there is a strong appetite within the team. This experience would be ideal for a resident wishing to explore a career interest in working with marginalized populations (e.g. LGBT especially transgender patients, or newcomers), or to gain exposure to implementing interprofessional treatment plans with complex patients in a community setting. This experience is available on Tuesdays.

**SPRINT Senior Care** (Dr. Carole Cohen, Sunnybrook)

SPRINT Senior Care is a not for profit community support service agency serving seniors with responsive behaviours, dementia, and other mental health and addictions problems. SPRINT is affiliated with other organizations providing seniors care in North Toronto, e.g. the Anne Johnston Health Station, CCAC, Geriatric Medicine team from Sunnybrook, and the House Calls primary care team. The psychiatry resident will mainly collaborate with social workers, and additionally may interface with other services such as adult day care, transportation, Meals on Wheels, etc. In addition to direct patient care the resident will attend social work team meetings, and provide 'indirect' patient consultation and education to social workers and other care providers. While SPRINT and the geriatric psychiatry team at Sunnybrook have been working closely together for many years, there is potential to further refine the model of integrated care, and the resident will have the opportunity to be a participant-observer in this process. This experience may be a particularly good fit for a resident interested in working with seniors, learning about the community support sector (i.e. outside of a medical setting), teaching other health and social service providers, and working with some independence. This experience is available on Tuesdays, with off-site supervision.

**St Joseph's Health Centre Family Health Team** (Drs. Crystal Pinto and Michael Neszt, SJHC)

This academic FHT is located onsite at SJHC and on Roncesvalles Ave. It has a large number of Family Medicine residents and staff well-versed and experienced in using collaborative care approaches in their day-to-day practice, with an established focus on resident education. The FHT serves a stimulating inner city population with severe comorbidity, including addictions and mental health. The team involves residents in their developed and integrated Addiction Medicine Service, as well as the T-CUP Program (Toronto Centre For Substance Use in Pregnancy). Operationally, the emphasis is on indirect and shared consultation with providers, allowing the resident to focus on the interaction and collaboration with the interprofessional team. It is also possible for residents to spend time under the same staff supervisors at **Four Villages Community Health Centre** (Bloor & Parkside). Interested residents should contact the SJHC Postgraduate Education Coordinator, Dr. Erin Carter ([ECarter@stjoestoronto.ca](mailto:ECarter@stjoestoronto.ca)).

**St. Michael's Family Health Team at 80 Bond St.** (Dr. Nadiya Sunderji, SMH)

The St. Michael's Academic Family Health Team serves a diverse inner city population. The primary care team is experienced and comfortable managing many psychiatric issues, such that specialist involvement is typically around fairly complex patients. Psychiatry works closely with social work and, uniquely, with a psychologist and psychology interns from Ryerson, and plays a liaison role with the hospital department. In addition to direct patient consultation and provider-to-provider consultation / support, the site and supervisor welcome resident involvement in a rich variety of collaborative care activities that can be tailored according to resident interest, for example: a) weekly peer supervision with social work and psychology, b) program evaluation of the collaborative care program to identify opportunities to enhance care, and c) quality improvement initiatives, e.g. using collaborative care and psychiatric support to facilitate de-prescribing of non-evidence-based pharmacotherapies highlighted by Choosing Wisely Canada. Residents may also participate in teaching of family medicine residents if they wish. A typical day would involve three new patients (or two new patients and two follow ups), indirect consultations via EMR or in person, and other collaborative activities as described above. Although an interested resident need not have this focus in mind, this experience would be particularly good for someone interested in quality improvement and/or program development and evaluation, particularly as the supervisor is co-leading a funded project to develop a quality framework and quality measures specifically for collaborative mental health care. This experience is available on Mondays, Tuesdays or Fridays, with off-site supervision.

**St. Michael's Family Health Team at 410 Sherbourne and Sumac Creek** (supervisor TBD, SMH)

The SMH FHT 410 Sherbourne and Sumac sites serve a diverse inner city population varying from unstably housed and other marginalized populations to higher income families and those living in downtown Toronto. At 410 there is a particular effort to serve transgender patients. The teams are well resourced with respect to nursing, social work, psychologists, and dietitians, though some services may be challenging to access at times. The resident will provide direct general psychiatric care to a broad population, case consultations in person and via email, and case conferences and formal educational rounds. Thus, with supervision residents can build their sense of safety and competency around the valuable skill of being involved in care without directly seeing the patient. There are ample opportunities to contribute to program development and quality improvement (e.g. to address patient satisfaction or accessibility of care) for interested residents, particularly as the FHT is engaged in a funded project to develop a quality framework and quality measures specifically for collaborative mental health care. This experience is a particularly good fit for a resident wanting broad exposure to a varied practice and/or interested in transgender health. This experience is available on Thursdays with on-site supervision.

**St. Michael's Family Health Team at St Jamestown** (Dr. Shane McInerney, SMH) - Available October 2018

St. Jamestown (located at Sherbourne and Carlton) is a primary care setting serving a diverse population. Dr McInerney specializes in mood disorders and therefore the focus of assessments here are for depression and bipolar related illnesses. The resident at this clinic would be exposed to evidenced-based treatments for these and other mental-health conditions under his supervision. Collaboration is with family physicians, and social work and nurses. There are numerous opportunities for 'indirect care' through case consultations (in person and electronically), monthly case conferences, and formal education, which are highly valued by the team and illuminating for all. There are also opportunities in quality improvement, particularly as the FHT is engaged in a funded project to develop a quality framework and quality measures specifically for collaborative mental health care. This experience is available on Fridays with on-site supervision or on other days with off-site supervision.

**Summerville Family Health Team** (Dr. Don Head, Trillium)

Summerville Family Health Team is a five-site network in Mississauga providing primary care to a high-needs population that includes many seniors, immigrants, and young families. Psychiatry residents will work at one

or at most two sites, gain broad exposure to a variety of general psychiatric problems, and provide direct patient care and 'indirect care' in the form of teaching family medicine residents, contributing to program development, and providing indirect consultation (e.g. via telephone or interprofessional care rounds). Collaboration takes place with a wide array of primary care providers including family physicians, nurse practitioners, nurses, social workers, pharmacists, child psychologists (off-site), dietitians and physiotherapists. This experience is a great opportunity for a resident who resides near or can commute to Mississauga, who is interested in education and program development, and who desires to explore a community hospital-affiliated setting. This experience is available on Mondays or Thursdays with on-site supervision in the afternoon; there is some further flexibility in scheduling, which should be discussed with the supervisor directly.

**Sunnybrook Family Health Team (Dr. Nik Grujich, Sunnybrook)**

The Sunnybrook FHT serves a broad population living in its geographical catchment area, and the psychiatric consultants see a wide variety of mental health presentations across the life span. There is a rich interprofessional team, although psychiatry mainly interfaces with family physicians and family medicine residents. In addition to direct patient care residents can provide formal and informal education, participate in the IMPACT Plus and TIP clinics (respectively, in person and urban telemedicine interprofessional case conferencing regarding complex medically patients). There is a recently completed program evaluation regarding educational opportunities between primary care and psychiatry, and residents may contribute to implementing recommendations; thus, this may be a particularly good experience for a resident interested in education. This experience is available on Mondays, Tuesdays and Thursdays.

**Taddle Creek Family Health Team (Dr. Ming Lee, CAMH)**

The Taddle Creek FHT, located at College & Bay with a satellite site at Bloor & Christie, serves a heterogeneous population living or working in downtown Toronto. The resident will work with a highly collaborative team of family physicians, nurse practitioners, physician assistants, nurses, social workers, dietitians, pharmacists, an internist, and CCAC workers. Each month there are team-based consultation for complex patients with medical-psychiatric co-morbidities that are conducted in-person. As well, the team also uses its wealth of interprofessional resources to support solo family physicians in the care of complex patients through an urban telemedicine team-based consultation initiative. The resident will: provide direct patient care, and engage in peer supervision and program consultation in a regular bi-weekly mental health team meeting. This experience is available on Thursdays with on-site supervision.

**Toronto Western Hospital Family Health Team (Dr. Martin Svihra, UHN)**

The TWH FHT is a primary care team serving a broad population with respect to socioeconomic class, cultural affiliation, and general psychiatric and addictions problems. The team is staffed by family physicians, family medicine residents, social workers, pharmacists, nurse practitioners, and nurses; the resident will primarily collaborate with family physicians and residents. In addition to direct patient care the resident will provide informal case consultations (in person or via email), and interdisciplinary case reviews. There will be 2-3 direct patient visits (usually new consultations) on a typical day. This experience may be particularly interesting for a resident seeking opportunities to connect with co-learners in family medicine. This experience is available on Mondays or Fridays with on-site supervision.

**TRE-ADD (Treatment and Research in Autism and Developmental Disabilities) (Dr. Vikram Dua, Surrey Pl.)**

~~TRE-ADD is a "Section 23" school-based intensive day treatment program for children and youth with Autism Spectrum Disorder (ASD) and intellectual disabilities (ID), who exhibit severe aggressive, self-injurious, and/or disruptive behaviours. TRE-ADD has 6 classrooms throughout the GTA between Scarborough and Mississauga. Each classroom has a capacity of between 4-6 students, who are typically enrolled between 1 and 2 academic years with the program. The treatment model is based on principals of Applied Behaviour~~

Analysis (ABA) in the context of multidisciplinary medical and developmental interventions. The behavioural team works in an integrated fashion with other health professionals including a child psychiatrist, pediatrician, psychologist, registered nurse, social worker. In this placement, the resident works under supervision of the Clinical Director of the program, a child and adolescent psychiatrist, and will participate in assessment and formulation and direct psychopharmacological treatment for TRE-ADD clients. Much of the clinical work is conducted in the classrooms. There are also regular school-based interdisciplinary conferences and case formulation. The resident will obtain a unique exposure to some of the most complex youth with developmental disabilities, and a world-class treatment program. The experience is available Monday through Friday and can be done as 2 half days.

**University of Toronto Student Health & Wellness Centre** (Drs. Andrea Levinson, Natasha Snelgrove, Christopher Bentley, Ming Lee, Rachelle Guttman, Soraya Mumtaz, CAMH).

The U of T Health & Wellness Centre provides primary care for students at the University of Toronto, many of whom are transitional age youth and a few of whom are in their 30s and 40s. The collaborating psychiatrists see a wide range of general psychiatric conditions, commonly anxiety, depression, trauma, concurrent disorders, ADHD, and first presentations of bipolar and psychotic disorders. The overall focus is on promoting academic and global functioning, with some natural variability in student needs throughout the academic year. The service has been substantially and thoughtfully reorganized recently, introducing a stepped care model whereby treatment intensity and type is matched to the student's needs and involves non-healthcare providers as appropriate (e.g. accessibility services). The team includes numerous family physicians, nurses, psychologists, social workers / counsellors. In addition to seeing patients the psychiatrists and resident provide case consultation and case conferencing, formal and informal education around clinical topics, and if interested may participate in program evaluation (e.g. of effectiveness and/or provider satisfaction with the service). The resident will receive weekly supervision with their primary supervisor, and an additional hour every 3-4 weeks with Dr. Levinson as the lead for the overall service. This experience may be particularly a good fit for a resident interested in working with students, developing their confidence as a specialist and teacher, and learning about program development. This experience will be available on Mondays and Tuesdays.

**Village Family Health Team** (Drs. D.J. Rodie and Karen Ng, CAMH)

Village FHT is located in Liberty Village; due its rapidly gentrifying neighborhood the team serves a mixed population with many young professionals as well as people of lower socioeconomic status. Mood, anxiety and substance use disorders are prevalent. The team has a relationship with CAMH and an ongoing focus on providing continuing support to patients with serious mental illness who are transitioning out of specialty care. The resident will collaborate with family physicians (who have varied experience and confidence in managing mental illness and addictions), nurse practitioners, nurses and social workers. In addition to direct patient care the resident will provide informal consultation to primary care providers (orally or electronically), and meet regularly with the family physicians regarding patients they have previously referred, thus creating opportunities for knowledge exchange. A typical day will involve seeing 2-3 patients directly, reviewing EMR referrals and messaging, and meeting with the team's social worker and other interdisciplinary team members. Interested residents may gain exposure to innovation and research in models of integrated and collaborative care, including care pathways and models promoting measurement-based treat-to-remission care. This experience may be well-suited for a resident interested in working in a relatively newer integrated care program and contributing to evidence-informed program development. This experience will be available preferably on Thursdays or Fridays with on-site supervision; other days may be possible if off-site supervision can be negotiated.



**Women's Health in Women's Hands (Dr. Alpa Munshi, CAMH)**

WHIWH is a community health centre that services racialized women living in Toronto, particularly women from African, Caribbean, Latin American and South Asian communities including women who are refugees or undocumented. They have expertise in working with women with HIV, women who identify as LGBTQ, women of colour and women with significant trauma histories. A wide range of mental disorders are prevalent (e.g. mood, anxiety, psychosis, addiction, personality), as well as frequent co-morbid or primary trauma. There is a robust interprofessional clinical team including family physicians, nurse practitioners, social workers and therapists, dieticians, health promotion workers and community outreach workers, as well as administrative staff. The psychiatry resident will consolidate their broad general psychiatric skills in pharmacologic and psychotherapeutic modalities, as well as provide team based teaching or one on one "supervision" of the interdisciplinary team members. Additionally, there are opportunities for the resident to contribute to quality improvement (e.g. of the referral/intake process) and/or program development of services related to trauma and distress tolerance skills for clients and the team. This experience may be particularly good for a resident interested in providing culturally competent trauma-informed psychiatric care to women from racialized groups who face many social adversities, and developing advocacy and leadership skills in an interdisciplinary team setting. This experience is available on Thursdays with off-site supervision (potentially by telephone).

**Woodgreen Community Social Services (Dr. Mark Lachmann, MSH)**

Woodgreen is a community agency serving a diverse population over the age of 55, many of whom are socially isolated and may have complex socioeconomic and housing needs. Team members include social workers, nurse practitioners, personal support workers, and a housing worker, and there are close relationships with primary care. The psychiatrist and resident provide clinical care, case management and clinical supervision, and will do some home and community visits, requiring some flexibility yet also presenting a rich opportunity to appreciate the full psychosocial context of patients' lives. This experience may be particularly good for a resident interested in community based mental health care and capacity building within the organization. This experience is available on Thursdays.

**The YouthCan Danforth Integrated Care Hub (Dr. Krista Lemke, Michael Garron Hospital)**

This site serves children and youth up to age 29, who are experiencing a broad range of mental health issues. Service is accessed through a walk-in model, available Tuesday to Thursday, 2 to 5pm, and Saturday, 10am to 1pm. The service team includes two mental health clinicians from East Metro Youth Services (EMYS), LOFT community outreach and peer support workers, a consultant psychiatrist from the Michael Garron Hospital, a nurse practitioner, and a psychologist available to consult to the team. The initial walk-in service offers brief, solution-focused therapy by the EMYS clinicians. Referral to psychiatry can then be made, as needed, according to specified criteria. This can include assessment, recommendations, medication monitoring and brief treatment. The latter two can also be transferred to the nurse practitioner, who can provide additional medical follow-up. Additional services, such as DBT skills groups, parent groups, community outreach and peers support are offered, as needed. Residents can be involved in all aspects of the service, though the primary focus will be on providing psychiatric consultation within an integrated care model.

Note: Supervision at the site is ½ day Wednesday afternoons. It could be available other days at MGH.

**The Youthcan Impact Hubs in Yonge and Eglinton (Dr. Amy Cheung, Sunnybrook)**

The youthcan integrated care hub teams include psychiatry, nurse practitioners and community mental health clinicians. The hubs are walk-in store fronts, open 6 days a week that serve youth with mental health concerns. Youth who present are initially triaged and complete a trial of brief therapy delivered by the hub clinicians. The hubs provide primary care, mental health care as well as peer support. Residents can be

involved in all aspects of care including peer support, DBT skills groups for youth and families, youth engagement, and psychiatric assessments and treatment. Age range for youth are from 12 to 25 with the average age being 14-17 years of age. Contact [amy.cheung@sunnybrook.ca](mailto:amy.cheung@sunnybrook.ca) for more information.