



ABSTRACTS

Conference Abstracts / Résumés de conférence

1 Improving Narrative Feedback: The Effects of Evaluation Form Design Changes
Poster | Affiche**Dr. Sara Courtis**

Co-Author(s): Dr. Sara Courtis, MD; Dr. Christen Rachul, PhD; Dr. Sarah Fotti, MD; Dr. Wil Fleisher, MD.

Introduction: This research explores the effect of a formatting change (i.e. relocating the comment section from the bottom of a form to the top) on resident's oral presentation evaluation forms and in particular if this affects the quality and quantity of narrative feedback provided by evaluators.

Methods: A feedback scoring system based on the theory of deliberate practice, was used to assess the quality of written feedback provided to residents on academic rounds evaluations forms before and after implementing a form design change. Other form variables including word count, presence of any comment and Likert numerical ratings were also assessed. Additionally, evaluators were surveyed to explore their subjective experience of this formatting change.

Results: When the comment section was placed at the top of the evaluation form there were significantly more comments present ($\chi^2(1) = 6.54, p=0.011$) as well as a significant increase in the specificity related to the deliberate practice component of task, or what was done well ($\chi^2(3) = 20.12, p<.0001$). The formatting change did not have a significant effect on evaluators' subjective experience, with the most commonly identified barriers to providing narrative feedback were time constraints and concern about potential harm to learners.

Conclusion: Placing the narrative feedback section more prominently on evaluation forms may help to increase both the quality and quantity of feedback delivered to learners. Medical educators might improve the value of learner feedback by incorporating more deliberate practice components in their written feedback in a time efficient manner.

2 Comparison of Shame in Adolescents With ADHD and Without ADHD
Poster | Affiche**Dr. Caitlin Yee, Queen's Psychiatry Residency Program**

Co-Author(s): Dr. Caitlin Yee, Resident Physician, Department of Psychiatry, Queen's University, Member-in-Training; Dr. Nasreen Roberts, Attending Child and Adolescent Psychiatrist, Department of Psychiatry, Queen's University, Full Membership.

Introduction: Our aim is to examine the prevalence of Shame in youth diagnosed with ADHD, and to compare results of the shame questionnaire in ADHD with Non-ADHD youth from an urgent consult clinic. Adult literature shows an association between shame and ADHD; we expect to find similar results in our youth.;

Methods: Adolescents ≥ 13 years routinely complete the ADHD questionnaire (SNAP-26) and the Brief Shame and Guilt Questionnaire (BSGQ) at their initial assessment in the clinic. At the end of each assessment the forms will be marked ADHD or other (any other diagnosis). This is all secondary data, where identifying information on the questionnaires will be removed, except for age, gender and diagnosis. These questionnaires will be reviewed only at the end of the study period. Data analysis will be conducted using frequencies, percentages, means and standard deviations to describe age, gender and Diagnosis. Chi square and OR will be used for Group comparison.

Results: We expect to have data from at least 60 patients with ADHD and an equal number for other diagnoses. We will report the prevalence of Shame amongst ADHD group by gender. Further results from the comparison of shame questionnaire scores between ADHD with Non ADHD will be reported.

Conclusion: The results of this pilot study will inform the development of a larger longer length prospective study on Shame as a variable in Adolescents presenting with different

mental health disorders, being a potential factor to address to improve treatment compliance.

10 Time to repeat ED visit for pediatric mental health concerns Poster | Affiche

Dr. Tea Rosic

Co-Author(s): Dr. Tea Rosic, Resident; Dr. Laura Duncan; Dr. Jinhui Ma; Dr. Mohamed Eltorki; Dr. Kathryn Bennett; Ms. Lawna Brotherston; Dr. Paulo Pires; Dr. Olabode Akintan; Dr. Roberto Sassi; Dr. Ellen Lipman.

Introduction: Pediatric mental health concerns (MHCs) are associated with increases in emergency department (ED) visit rates(1) and perceived need for professional intervention(2). This study explores factors associated with time to repeat ED visits for MHCs.

Methods: We used prospective hospital administrative data for 9,018 ED visits for MHCs to McMaster Children's Hospital from January 2013-December 2017. We used Cox regression to identify characteristics at the first ED visit associated with shorter time to repeat visits for MHCs. The time origin was the date of first ED visit for a MHC, and time to repeat visit was defined as days since the first ED visit. Patients were censored at the end of the study or at age 18.

Results: ED visits were made by 4,974 patients (61% female, mean age=14 years, standard deviation=2.7); 33% of patients had repeat visits (n=1,656). Median time to first repeat visit was 88 days (minimum=0, maximum=1,759). Factors present at the first visit associated with increased hazard of repeat were female sex (HR [Hazard Ratio]=1.26, 95% CI 1.14-1.40), overnight presentation (HR=1.11, 95% CI 1.01-1.22), hospital admission (HR=1.29, 95% CI 1.16-1.43), and discharge diagnosis of depression (HR=1.18, 95% CI 1.07-1.31) or behavioral problem (HR=1.44, 95% CI 1.05-1.98). For females, diagnosis of self-harm was associated with a decreased hazard of return (HR=0.79, 95% CI 0.65-0.97).

Conclusion: Given shorter time to repeat visits for patients presenting overnight or diagnosed with depression or behavioral problem, differential clinical management may be needed. Future studies are required to assess interventions in higher-risk groups.

13 Psychopharmacological Treatment of Pediatric PTSD: A Systematic Scoping Review Poster | Affiche

Dr. David Carlone, Queen's University

Co-Author(s): Dr. David Carlone, Resident, Queen's University Dept. of Psychiatry; Dr. Reinhard Dolp, Resident, Queen's University Dept. of Psychiatry; Dr. Nasreen Roberts, Professor, Queen's University Dept. of Psychiatry.

Introduction: Despite an estimated 30% of Canadian children being subjected to abuse, the evidence for the treatment of pediatric patients with post-traumatic stress disorder (PTSD) is limited. Guidelines for pharmacotherapy exist, but their recommendations are based on a small number of studies mostly consisting of case reports. The aim of this scoping review was to identify all available literature regarding psychopharmacological treatment in children and adolescents suffering from PTSD.

Methods: MEDLINE, EMBASE, Cochrane and PsycINFO databases were searched for articles describing the pharmacological treatment of patients younger than 18 years old with PTSD. Studies included were primary forms of evidence i.e. case studies, case series, observational and interventional trials.

Results: The search yielded 6126 references which were evaluated by two independent reviewers. After abstract screening, 69 articles had their full text reviewed and 30 articles met criteria for inclusion. Of these, 21 were case reports or series, three were randomized controlled trials and the remainder open trials or chart reviews. With seven articles each, prazosin and SSRI antidepressants were the most widely examined treatments. Most studies did not include comparison groups, and in those that did, the results were less favourable for medication.

Conclusion: Our review suggests that 30 articles comprise the published primary literature on the pharmacological treatment of pediatric PTSD. A majority of the records were case reports or uncontrolled trials. Overall, there is a lack of high-quality evidence for pharmacological treatment of pediatric PTSD and more rigorous studies are needed to support current clinical practice.

14 Psychiatric Pharmacogenetics Research Program for Children & Adolescents Poster | Affiche

Mrs. Laina McAusland, University Of Calgary
Co-Author(s): Laina McAusland, Research Nurse Coordinator; Dr. Abdullah Al Maruf, Research Associate; Dr. Paul D. Arnold, Professor; Dr. Chad A. Bousman, Assistant Professor.

Introduction: Psychiatric medications are often used to treat child and adolescent mental health concerns. Efficacy and tolerability vary from child to child, in part due to the interaction of interindividual differences in genes and medications. Numerous gene-drug interactions have been identified but evidence for many is preliminary or requires real-world evaluation. The Pharmacogenetics of Antidepressant-Induced Disinhibition (PGx-AID) and Pharmacogenetic Supported Prescribing in Kids (PGx-SPaRK) studies are part of a psychiatric pharmacogenetics research program aiming to evaluate: (1) How genes contribute to adverse effects of antidepressants in children and adolescents and (2) Implementation of pharmacogenetic testing in real-world child and adolescent mental health settings.

Methods: PGx-AID is a case-control study of youth with depression, anxiety, or obsessive-compulsive disorder, who have (n=60) or have not (n=60) experienced tolerability issues on a selective serotonin reuptake inhibitor. PGx-SPaRK is a six-month, prospective, open label, single arm trial. Clinicians identify those starting or changing psychiatric medication who may benefit from pharmacogenetic testing. Results will be provided to assist with prescribing decisions. Process (turnaround times), outcome (e.g., adverse drug events, healthcare utilization), and economic (i.e., cost-effectiveness) indicators will be assessed.

Results: Details related to recruitment, inclusion/exclusion criteria and study procedures will be presented.

Conclusion: PGx-AID and PGx-SPaRK aim to uncover clinically-useful genomic markers for antidepressant-induced adverse events and evaluate pharmacogenetic testing in child and adolescent mental health care. The results will facilitate the implementation of Canada's first evidence-based testing service in child mental health and contribute to ongoing efforts to improve mental health outcomes in Alberta.

15 Psychiatric Comorbidity and Resilience in Children with Chronic Pain Poster | Affiche

Dr. Megan Young, Department Of Psychiatry, University Of Manitoba

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Introduction: Chronic pain compromises child and adolescent well-being and development (1,2). This study aims to identify resiliency and potential risk factors for children and adolescents with chronic pain. We hypothesize pediatric chronic pain patients will report greater prevalence of mental health disorders than the general population and those demonstrating greater resilience will demonstrate less psychiatric comorbidity.

Methods: A retrospective chart review was conducted for all pediatric patients attending a chronic pain clinic in Manitoba, from 2015-2019 (N = 114). Patients' demographic information and psychiatric illness burden were compared to provincial epidemiological data using a Chi-Square test. Pain sites, family history, psychiatric illness, psychosocial functioning, treatment history and treatment recommendations were recorded.

Results: The sample was predominantly female (74%; N = 114); 68% of patients reporting a family history of chronic pain. 37% of the patients (vs. 14.0% anticipated) reported diagnosed mental health disorder, $\chi^2(1, N = 114) = 53.00, p < .001$. 32% reported diagnosis of mood and/or anxiety disorder (vs. 7.3%), $\chi^2(1, N = 114) = 99.34, p < .001$. Children and youth demonstrating higher levels of resilience reported fewer psychiatric symptoms ($r_s = -.292, N = 114, p = .002$, Spearman's correlation).

Conclusions: This data demonstrates gender and family history of chronic pain as probable risk factors for the development of chronic pain. Mental health disorders are more prevalent in patients attending chronic pain clinic than in the general population. Approaching chronic pain from a mind-body perspective while building on patients' strengths is central in informing treatment.

18 Improving Outcomes for Children Exposed to Intimate Partner Violence Poster | Affiche

Ms. Rosalie Paquette, University of Lethbridge

Co-Author(s): Ms. Rosalie Paquette, M.Ed. (Counseling Psychology) Supervised Thesis Student.

Introduction: Childhood exposure to intimate partner violence (IPV) is known to be a risk factor for a host of physical, psychological, and socioemotional difficulties (e.g., Howell et al., 2016) as well as the intergenerational transmission of violence (Kimber et al., 2018). However, less is known about how to mitigate these disastrous effects.

There is currently no empirical research on the risks and benefits of using family therapy for cases of child exposure to IPV. As such, little information exists on whether therapists should engage families together when family violence is the presenting problem.

I will put forth the thesis that emotionally focused family therapy (EFFT)—an experiential, attachment-based therapeutic approach (Furrow et al., 2019)—may hold the key to improving outcomes for children impacted by family violence.

Method: The basis for this poster presentation stems from an extensive supervised international research study where we are confirming the contextual factors emotionally focused therapists believe to be the most important when considering using EFFT in cases involving IPV, as well as identifying what they perceive are the risks and benefits associated with reducing family violence using EFFT.

Results: Using data from over 200 therapists, I will identify several rationales for and against providing EFFT in cases of IPV as well as outline current literature on therapeutic interventions for exposure to IPV and the application of EFFT in cases of IPV.

Conclusions: An extensive handout will be provided outlining the conclusions of this study and the implications for training, supervision, practice, and future research.

20 Evaluating Child and Adolescent Psychiatry sub-specialty program using rapid-cycle approach Poster | Affiche

Dr. Sarosh Khalid-khan, Kingston Health Sciences Centre; Queen's University

Co-Author(s): Dr. Sarosh Khalid-Khan, Chair, Division Of Child And Youth Mental Health;; Ms. Heather Braund,, PhD student; Ms. Jennifer Dare, MSc, Education consultant, Dept of Psychiatry; Ms. Jennifer Turnridge, PhD student; Dr. Nancy Dalgarno, PhD, Education/Researcher Consultant.

Background: Queen's University launched competency-based medical education (CBME) in July 2017. Due to the small size of the Child and Adolescent psychiatry (CAP) program, the ability to iteratively respond to programmatic needs has been limited. This study aims to evaluate CBME implementation for the CAP program at Queen's University. **Summary of work:** Using a case study approach, a qualitative rapid-cycle program evaluation is being conducted during the 2019-2020 academic year with two evaluation cycles (Fall 2019 and Spring 2020). Twelve front-line program stakeholders (e.g. allied health professionals, frontline faculty, and program leaders) participated in semi-structured focus groups/interviews to share experiences following CBME implementation and identify areas for improvement. All data were analyzed thematically. **Summary of Results:** The first cycle resulted in nine recommendations for program improvement. Participants identified time commitment and refinement of assessment tools as key concerns. Program leaders highlighted challenges operationalizing the various CBME roles due to their small program size. Residents described multiple benefits of CBME, including enhanced feedback. Findings illustrated the importance of supportive leaders and learning from interdisciplinary stakeholders groups with CBME experience. Areas of refinement included clarifying CBME expectations, integration with allied health staff, and the interpretation of assessments. **Discussion and Conclusions:** Findings highlighted stakeholders' experiences with the transition to CBME and offered insight into barriers and facilitators for CBME implementation. Take-home message: The use of program evaluation has resulted in timely feedback and collaboratively designed interventions which will be used to improve program delivery.

21 Risk factors associated with suicidal ideation following adolescent outpatient care.

Poster | Affiche

Dr. Smita Thatte, Royal Ottawa Hospital

Co-Author(s): Dr. Smita Thatte, Staff Psychiatrist; Mr Nathan Parker, Research coordinator; mrs Rebekah Ranger, Program Evaluation Coordinator; Dr Judy Makinen, Clinical Psychologist.

Risk of suicidal ideation increases during adolescence and young adulthood and an earlier age of onset is associated with greater risk of suicide. Over the past six years in the Royal Youth Psychiatry Program, 57% of all 15-18 years olds reported suicidal ideation at admission existing research has found associations between risk-taking behaviours, cannabis use, sexual trauma, and suicidal ideation.

393 youth (ages 15-18) receiving tertiary psychiatric outpatient care completed measures of risk-taking behaviours, drug use, sexual trauma, anxiety, depression, and suicidal ideation before and after treatment. Excluding trauma, each scale was assessed for change post-treatment, and then placed in a multilinear regression model to assess their relative influence on post-treatment suicidal ideation.

Anxiety ($n=79$) $t(78) = 6.659$, $p = .000$, depression ($n=75$) $t(73) = 5.885$, $p = .000$, and suicidal ideation ($n=81$) $t(80) = 6.840$, $p = .000$ significantly decreased as a result of treatment, while cannabis use and risk-taking behaviours remained unchanged. The multilinear regression model accounted for 64% of variance ($F(5, 67) = 24.504$, $p < .000$, $R^2 = .646$) in reported sexual trauma, post-treatment suicidal ideation, with depression, cannabis use, and risk-taking behaviours exhibiting significant partial effects.

Anxiety, depression, and suicidal ideation significantly decreased as a result of treatment, while cannabis use and risk-taking behaviour remained unchanged. Depression, cannabis use and risk-taking are significantly associated with changes in suicidal ideation post-treatment for a sample of adolescents. More research is needed on these associations in order to improve quality of care and better treatment outcomes.

24 Conceptualizing, measuring, implementing, and evaluating trauma-informed care in practice: A protocol

Poster | Affiche

Ms. Yehudis Stokes

Co-Author(s): Ms. Yehudis Stokes; Dr. Dhiraj Aggarwal, Ms. Paula Cloutier; Dr. Krystina B. Lewis; Dr. Jean-Daniel Jacob; Dr. Erin Hambrick; Dr. Andrea C. Tricco; Dr. Ian Graham.

Introduction: Trauma-informed care (TIC) is an emerging concept that involves addressing needs of those with histories of trauma¹. While interest in TIC has grown, the evidence supporting TIC interventions remains undeveloped^{2,3}. This project is conceptualized in two phases, and will involve multiple methods at various stages. The objectives of Phase 1 are to: 1) systematically identify and analyze TIC interventions used in pediatric mental health settings in Canada and abroad, 2) identify and analyze strategies used to implement the TIC interventions identified in Part 1, 3) determine how the TIC interventions in Part 1 have been evaluated and to synthesize the results of these evaluations, and 4) systematically identify outcome measures used in evaluation TIC interventions, and analyze their psychometric properties. Phase 2 aims to 1) co-develop with the Children's Hospital of Eastern Ontario (CHEO) a TIC intervention plan and 2) co-develop an implementation plan and evaluation protocol. Guided by principles of integrated knowledge translation, an approach that brings together researchers and other stakeholders⁴, an advisory committee composed of clinicians, leaders, and researchers at CHEO will provide guidance throughout the project to ensure practical relevance of the research and facilitate its implementation in practice.

Methods: We will conduct a two-phased multi-methods study. Phase 1: A four-part systematic environmental scan of Canadian publicly funded settings and systematic review of the global literature. Phase 2: Triangulation of results from Phase 1, followed by focus groups with leadership, staff, and family representatives at CHEO to select and tailor the specific TIC intervention(s), implementation strategies, and outcome measures to evaluate. Co-development of an implementation plan and evaluation protocol.

Results: The protocol and study status be presented and discussed in the context of CHEO's ongoing efforts to integrate TIC into clinical practice and policy.

25 Ecological Momentary Assessment for Adolescents with Anorexia and their Parents/ Caregivers

Poster | Affiche

Ms. Manya Singh, University Of Calgary

Co-Author(s): Ms. Manya Singh, Research Coordinator; Dr. David Lindenbach, Research Associate; Mr. Tom Lange, Research Assistant; Mrs. Gisele Marcoux-Louie, Analyst; Dr. Gina Dimitropoulos, Principal Investigator.

Introduction: Family Based Treatment (FBT) is the most effective treatment for adolescents with Anorexia Nervosa (AN), emphasizing parental involvement in addressing disordered eating [1]. The best predictor of remission at the end of treatment is rapid weight gain of 2.3kg by the 4th week of FBT [2]; however, research on the mechanisms facilitating early weight gain is limited, and existing studies rely on retrospective recall of family interactions during meals. Ecological Momentary Assessment (EMA) is a tool which allows participants to report on interactions in real-time. The current study aimed to test the feasibility and acceptability of EMA during the first 4 weeks of FBT.

Methods: Five families (adolescents, parents/caregivers) in an eating disorder program received text/e-mail prompts to their mobile device daily for the first 4 weeks of FBT, where they completed assessments detailing family interactions during meals. A qualitative interview was conducted weekly to obtain data about the challenges of employing EMA. Compliance was tracked for the first 4 weeks of FBT, and interviews were analyzed using thematic analysis [3].

Results: Participants completed a majority of the assessments with no change in likelihood to complete overtime. The interviews revealed three major themes, including the barriers, facilitators and recommendations for change in the completion of EMA. While participants found EMA easy to use, they noted challenges with completion during schedule interruptions.

Conclusions: Overall, EMA is feasible and acceptable to use for adolescents with AN and their families, and can be used to track family interactions during meals in real-time.

27 Association between psychiatric symptoms and academic performance among adolescent students

Poster | Affiche

Ms. Asmita Bhattarai, University of Calgary

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Background: There are limited studies on the impact of psychiatric symptoms on students' academic performance, mostly focused on anxiety (1,2). However, depression is also common in adolescents and may contribute to academic difficulties (3). Hence, this study examines the association between depression, anxiety; and academic grades among Grade-9 students.

Methods: Data from a survey of 216 grade nine students from two Calgary area high schools are analyzed. Self-administered Revised Childhood Anxiety and Depression Scale (RCADS) is used to measure depression and anxiety symptoms. Self-report standardized questionnaires are used to measure the covariates namely sex, resilience, general self-efficacy, life events, stigmatising attitudes; parental education, income, employment status, size of household; and school environment. Information on academic grades is provided by School Boards (<75% vs >=75% grades). The association between psychiatric symptoms and academic grades is examined using logistic regression.

Results: At the time of survey, 43.3% of the students performed poor/average (<75% grades). None of the covariates modify the association between psychiatric symptoms and academic grades. Depression is significantly associated with poor/average grades; crude OR being 3.72 (95% CI 1.38-10.02) which remained significant when further adjusted for general self-efficacy, resilience, gender, parental education and school environment. Anxiety is not significantly associated with poor/average grades; crude OR being 0.73 (95% CI 0.21-2.61) and remained non-significant when adjusted for gender, resilience, stigmatizing attitude, parental education and marital status of parents.

Conclusion: Addressing the issue of depression through early identification and intervention is critical to promote academic performance and long-term psychosocial functioning of adolescents.

29 Interdisciplinary teams and children-in-care: advancements through psychiatric assessments and interventions

Poster | Affiche

Ms. Maria Berseneva, University Of Toronto
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Introduction: Youth in care (YIC) often suffer from un-addressed mental health issues due to significant traumatic early life experiences. Research indicates mental health concerns affect up to 80% of YIC, about four times the rate in the general paediatric population. At the Children's Aid Society of Toronto (CAST), there is an interdisciplinary assessment team consisting of a child protective worker, paediatrician, general practitioner, and child and adolescent psychiatrist established to support the unique needs of YIC. Psychiatric assessments are completed to provide recommendations to referring physicians regarding therapeutic interventions and inform care pathways and placement planning.

Methods: Here we present demographic, diagnostic, and treatment recommendation follow-up data of assessments pertaining to youth seen through this model over a two-year

period. Our aim is to complete a gap analysis regarding barriers to service delivery.

Results: In total, 210 cases were seen and a file review was conducted in 168 of these youth. In 100 cases (60%), treatment recommendations led to interventions and changes in case management. The majority of untreated youth were female, 16 to 18 years of age, and in the continued care and support for youth program (CCSY). Untreated youth had a mean of 2.88 psychiatric diagnoses. Barriers to following through with treatment recommendation included lack of awareness in child protective workers, youth reluctance, and systemic barriers.

Conclusion: It is possible to provide care in an interdisciplinary model to YIC. Certain barriers may exist but in the majority of cases, psychiatric assessments directly impacted care plans for YIC.

30 Health System Transitions for Adolescents with Eating Disorders

Poster | Affiche

Ms. Ajantha Nadarajah, McMaster University
Co-Author(s): Ms. Ajantha Nadarajah; Dr. Jennifer Couturier.

Introduction: Transitions in care in the field of mental health are risky periods for negative outcomes, including treatment dropout, worsening of symptoms, and suicide(1). Specifically, transitions from pediatric health systems to adult health systems can cause increased levels of anxiety for patients and families(2). There is a dearth of research that identifies pediatric-to-adult health system transition practices that yield positive outcomes for young people with eating disorders. The purpose of this study was to understand adolescent and caregiver perspectives of: a) barriers and facilitators of a successful transition; and b) interventions for a successful transition.

Methods: We recruited five adolescents with eating disorders who were about to be transferred out of pediatric care as well as five caregivers. We conducted semi-structured interviews in accordance with the principles of interpretive description. Thematic content analysis identified participants' perceptions of barriers, facilitators, and interventions regarding a successful pediatric-to-adult health system transition.

Results: From preliminary analyses, the following themes were identified as challenges during the transition process: lack of knowledge of available adult services, uncertainty surrounding parental involvement, and difficulties managing the demands of current treatment plans in addition to navigating transitions to adult services. Both young adults

and caregivers expressed that parental involvement, early education about the transition, and a Transition Coordinator would be helpful in facilitating a seamless transition.

Conclusions: These findings demonstrate a significant gap in the system. The themes that emerged from this study can inform the development of interventions to facilitate a coordinated transition for adolescents with eating disorders.

32 Environmental and Subjective Factors Linked with Adolescent Substance Use Poster | Affiche

Dr. Spencer Haze,

Co-Author(s): Dr. Spencer Haze, PGY3; Dr. David Carbone, PGY3; Dr. Nasreen Roberts, Child and Adolescent Psychiatrist; Dr. Dianne Groll, Research Director

Introduction: Alcohol and marijuana are the two most common substances used among Canadian adolescents¹, and both substances are linked with poorer mental health outcomes^{2,3}. The self-medication theory posits that substances are used to diminish the symptoms of mental health disorders, and this appears to be common amongst those with depression and anxiety⁴. Unfortunately, most studies to date have focused on adults. Studies looking at self-medicating for sleep difficulties have focused on narrow populations⁵, and subjective effects of substances on concentration have been virtually ignored. The present study sought to examine environmental and subjective factors linked with increased substance use.

Methods: Patients at the child and adolescent urgent consult psychiatry clinic in Kingston, Ontario between October 2018 and March 2019 were administered a self-report survey. Data was collected on: use of alcohol and marijuana; subjective awareness of the use of these substances among family members and peers; and subjective effects of both substances on concentration, mood, sleep, and anxiety.

Results: The majority of adolescents reported positive effects from marijuana on mood, anxiety, and sleep. For alcohol, this was true only for mood. The relationship between adolescents' report of familial and peer use and their own alcohol and marijuana use is significant. Alcohol and marijuana's perceived effects on adolescents' mood and anxiety were related to their frequency of use.

Conclusions: Family or peer use of substances and subjective effects of the substance are related to adolescents' self-reported substance use. Targeting these areas may help when working with teens to decrease substance use.

34 Factors influencing residents' decisions to pursue subspecialty training in psychiatry Poster | Affiche

Dr. Liisa Johnston

Co-Author(s): Dr. Liisa Johnston; Dr. Leanna Isserlin; Ms. Paula Cloutier.

Introduction: It is estimated that Canada has only a third of the required child and adolescent (CAP) and a fifth of the required geriatric psychiatrists. These shortages warrant further study. This study addresses the limited data available on the factors influencing a residents' decision to pursue subspecialty training.

Methods: Seventy-nine residents enrolled in Psychiatry training at the University of Ottawa were asked to participate in an online survey of 106 items including quantitative and qualitative questions. Descriptive data was analyzed with SPSS and comparisons of proportions were made with G*POWER.

Results: The survey uptake was 48% (n=38), the majority were not planning for subspecialty training in CAP or geriatrics. No differences were found between proportions of residents reporting enjoying working with each patient population. Despite no statistically significant differences in the barriers to pursuing either subspecialty, higher endorsement for not pursuing CAP were evident for the following: challenging treatments, lower salary, fewer job opportunities and poor mentorship during training. Open ended questions showed a perception that financial compensation is not adequate for the added complexity of care.

Conclusions: The number of residents interested in pursuing subspecialty training in CAP or geriatrics remains low. Perceived barriers related to the patient population, employability and financial compensation should be explored further with qualitative methods. Identifying barriers to residents' choice to pursue subspecialty training and career opportunities are important and can be used to direct changes to the curriculum which would optimize flow into subspecialty practice for psychiatry residents.

37 Evaluation of PBL in the Child Psychiatry Subspecialty Program Poster | Affiche

Dr. Laura Rosato

Co-Author(s): Dr. Laura Rosato; Dr. Jennifer Couturier.

Introduction: The McMaster Child and Adolescent Psychiatry Subspecialty Program has implemented a novel inter-professional PBL curriculum in the PGY 6 year, which

involves child psychology residents as well. We endeavored to evaluate the resident experience of this curriculum.

Method: Individual semi-structured qualitative interviews were completed with three learners at end of the 2018/19 curriculum to gather feedback about PBL process, and resident experience in learning discussions. These interviews were recorded, transcribed and coded to examine themes arising.

Results: Learners identified that the PBL model allowed for a more tailored learning approach, with group learning enhancing the experience. Critical appraisal was often woven into discussion without being a specific learning objective. Learners who came from a didactic teaching background, initially struggled with the self-directed learning format, and tended to prefer tutors who were content experts and more directive with their facilitation style. Balancing clinical duties with preparation for sessions was a limitation. The interdisciplinary learning experience enriched the resident experience with opportunities to learn about others' role, and offer specific expertise, with suggestion for further diversity of health roles.

Conclusion: Overall the PBL learning format was viewed as a positive process to consolidate knowledge and set learning objectives around complex cases that enabled higher level discussion. Competing priorities in a busy residency year is a possible limiting factor to fulsome discussion and differs between programs. This PBL model could be adapted to various medical specialties and has potential to enhance interdisciplinary connections and core competencies as residents transition to practice.

38 Considerations in Assessing Pharmacogenetic Tests Relevant to Psychiatry in Canada Poster | Affiche

Dr. Abdullah Al Maruf, University of Calgary
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Introduction: Given the exponential growth in the evidence base and favourable perceptions of pharmacogenetic testing among clinicians, patients and the general public, increases in both the supply of and demand for testing in the future is anticipated. As such, psychiatrists and other

healthcare providers will undoubtedly be tasked with deciding which test, if any, best suits the needs of their patients. Hence, we identified and assessed pharmacogenetic testing options relevant to psychiatry in Canada.

Method: Searches of published literature, websites, and Standard Council of Canada's Laboratory Directory were conducted to identify pharmacogenetic tests available in Canada. Identified tests were assessed on seven key questions related to analytical validity, accessibility, test ordering, delivery of test results, turnaround time, cost, and gene/allele content.

Results: A total of 13 pharmacogenetic tests relevant to psychiatry in Canada were identified. All tests were highly accessible and most were conducted in accredited laboratories. Both direct-to-consumer and clinician-gated testing was identified, with turnaround times and cost ranging from 2 - 40 days and \$199 - \$2310 CAD, respectively. All tests met minimum gene and allele panel recommendations for psychiatry but no two panels were identical. No test was unequivocally superior to all other tests.

Conclusions: Pharmacogenetic testing in Canada is readily available but highly variable in terms of ordering procedures, delivery of results, turnaround times, cost, and gene/allele content. As such, it is important for psychiatrists and other healthcare providers to understand the differences between the available tests to ensure appropriate selection and implementation within their practice.

41 Patterns of diagnosis of comorbidities in patients with Attention-Deficit/Hyperactivity Disorder Poster | Affiche

Mr. Philippe Hwang

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Introduction: Attention-Deficit / Hyperactivity Disorder (ADHD) may present with psychiatric comorbidity rates as high as 77% (1), resulting in significant morbidity (2). A recent review suggested that comorbidities of ADHD are often missed (3). Our objective is to characterize the comorbidity diagnostic and treatment patterns of patients with ADHD by family physicians and pediatricians in a community-based clinic.

Methods: This study is a retrospective cross-sectional review of patients diagnosed with ADHD between 2010 and 2019 at a community clinic in Montreal, Canada. 276 patients' charts were reviewed for information regarding the diagnosis and management of ADHD, as well as psychiatric comorbidities before, at the same time as, and after their diagnosis of ADHD.

Results: Prevalence of comorbidities was 53% with 15% diagnosed with 2 or more comorbidities. 48% of patients with ADHD were diagnosed with a comorbidity before or at the time of diagnosis of ADHD and 25% subsequently. The most common conditions initially picked up were learning disorders (LD) (37%), anxiety disorders (AD) (21%), and oppositional-defiant disorder (ODD) (21%). The most common disorders missed initially were ODD (38%), LD (25%), and AD and tic disorders (13%). Notably, similar disorders were present in both categories albeit with different frequencies, and ODD and tic disorders were missed more frequently than picked up initially.

Conclusions: Our study highlights the high prevalence of comorbidities in the diagnosis of ADHD. There is therefore a need for increased vigilance to detect and address these comorbidities to mitigate adverse outcomes in patients.

45 Get in the Lupe: A Psychiatrist's Need-to-Know about Pediatric NP-SLE Poster | Affiche

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Introduction: Systemic lupus erythematosus (SLE) is a complex auto-immune disease with effects on many organ systems, including the brain. Up to 70% of pediatric patients demonstrate neuropsychiatric symptoms prior to systemic symptoms. Clinicians ongoingly seek knowledge and exchange on this topic given symptom prevalence, presentation range, diagnostic intricacy, multi-system involvement, and missed-care potential. This poster examines complexities and challenges of Psychiatric consultation and care of pediatric patients with Neuropsychiatric Systemic Lupus Erythematosus (NP-SLE).

Methods: A literature review and detailed chart review of cases illustrate key diagnostic and treatment principles of pediatric SLE.

Results: The range of NP-SLE presentations reflects CNS involvement at all levels. Investigation of possible NP-SLE is essential in patients with acute onset neuropsychiatric symptoms with or without neurologic symptoms. Psychiatric manifestations may include psychotic, mood, anxiety, delirium, and cognitive symptoms. Diagnosis is challenging as certain medications (e.g. steroids) may induce mood and psychotic symptoms. The severe multi-system disease burden may heighten psychological impacts. Collaborative care interventions may include use of steroids, chemotherapy, or monoclonal antibody agents, and antipsychotic, antidepressant, or anxiolytic agents. Multifaceted care approaches involve environmental/supportive interventions and include parents/family as indispensable participants.

Conclusions: Care of patients with CNS SLE welcomes CAP expertise and involvement, particularly regarding the neuropsychiatric signs and symptoms. Improved patient outcomes depend on rapid diagnosis and collaborative treatment approaches. Adequate control of neuropsychiatric symptoms is achieved using both non-pharmacological and pharmacological strategies. Empirical and clinical knowledge gaps persist regarding NP-SLE treatment and outcomes.

47 Genetic variants and imaging endophenotypes of obsessive-compulsive behaviors Poster | Affiche

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Introduction: Obsessive-compulsive disorder (OCD) is a common mental health disorder that involves persistent

intrusive thoughts and/or repetitive behaviors. Obsessive-compulsive behaviors (OCB) are the core features of OCD. We focus on OCB using the Child-Behavior Checklist Obsessive-Compulsive Subscale (CBCL-OCS) which are highly heritable based on pediatric twin studies[1]. Moreover, functional neuroimaging studies show hyperactivity in different brain regions in OCD subjects[2]. The overall goal is to identify genetic variants associated with imaging endophenotypes and OCB and determine the relationship between brain activity and childhood OCB within the Research-Domain Criteria(RDoC) [3].

Methods: Genotyping analysis is performed on 1547 subjects, including clinical cases and controls, and their family members. GWAS and quality control (QC) analysis are carried out using the PLINK software package[4]. Cortical thickness (CT) is considered as neuroimaging endophenotype for OCB. Structural Magnetic Resonance Imaging scans were collected, and CT was acquired via FreeSurfer software[5].

Results: After the QC thresholds, 1335(85%) subjects remained for further analyses. 863 samples were clinically diagnosed cases(551) and controls(312). 350 probands out of 863 samples have available pedigree data for family studies. The genotyping arrays used here have more than 2 million markers, out of which 70% passed QC thresholds. Analyses are in progress; at time of presentation we will identify and present significant genetic associations.

Conclusion: We have deep phenotype-genotype-imaging data for both family and unrelated case-control subjects. This is a unique study that will be the largest to date to report genetic markers, and imaging endophenotypes of susceptibility to OC traits in pediatric-clinic-based population.

57 Latency-age Externalizing Disorders: Community vs. ED Referrals to Urgent Psychiatry. Poster | Affiche

Dr. Marcelo Crespin, Queen's

Co-Author(s): Dr. Marcelo Crespin; Dr. Nasreen Roberts.

Objectives: 1) Examine referrals (2016-2019) to an academic centre's urgent pediatric psychiatry clinic for externalizing disorders. 2) Determine clinical features associated with ADHD presentations, including differentiators of Emergency Department (ED) vs. community referrals.

Methods: This 36-month retrospective study examined gender, reason for referral, referral source and diagnosis. All children under 13 years of age, diagnosed with externalizing disorders (ADHD, Autism Spectrum Disorder,

Oppositional Defiant Disorder, Conduct Disorder, Disruptive Behaviour Disorder), were included. Main comparison group included same-age patients lacking these diagnoses. Sub-group comparison of ADHD vs. non-ADHD patients, assessed within first 24 months of study, as well as ADHD referrals from ED vs. community, was carried out. Descriptive and Chi-square statistics were used. Statistical significance was set at $p < 0.05$. **Results:** Among 349 assessed children, 61% were male, 69% were referred from the ED. The most frequent referrals were for anger/aggression (30%) and behaviour (24%). Externalizing disorders were diagnosed in 67.9%. ADHD was diagnosed in 57.4% of 230 patients assessed within the first 24 months of study. ADHD referrals were significantly associated with male gender, anger/aggression, externalizing behaviour, lack of suicidal ideation and lack of self-harm. ED ADHD referrals were significantly associated with older age (9-12 years) and externalizing behaviour. Community ADHD referrals were significantly associated with younger age and anger/aggression. **Conclusions:** Latency-age children with externalizing disorders (particularly ADHD) are frequently referred to urgent psychiatry clinics in the absence of acute safety risks. Younger children with ADHD tend to be referred from community/primary care, older children from the ED.

60 Suicidal Ideation in the Emergency Department: A Discharge Safety Plan Poster | Affiche

Dr. Julien Blacklock, University Of Toronto

Co-Author(s): Dr. Julien Blacklock; Dr Alvin Keng; Dr Samah Al Khawashki; Dr Sarah Smith; Dr Nicola Keyhan; Dr Seena Grewal; Dr Daniel Gorman; Dr Suneeta Monga.

Introduction: Suicide is the second leading cause of death among individuals 10 to 24 years of age. Safety planning interventions in the adult population have shown positive results in reducing recurrence of suicidal behaviours and improving treatment engagement. Unfortunately, the literature for use of safety planning interventions in the area of Child and Adolescent Psychiatry is sparse. Thoughts of self-harm can be overwhelming and impair children and adolescents' abilities to rationalize through helpful coping strategies and interventions.

Objectives: (1) To summarize the current literature available on safety planning interventions, with a focus on children and adolescents, and (2) to create, implement and present our experience at SickKids Hospital using a structured Discharge Safety Plan designed for use at discharge from the Emergency Department.

Methods: We performed a literature search as well as reviewed other safety planning intervention tools. We produced the SickKids Discharge Safety Plan through expert consensus.

Results: This safety tool promotes a step-wise process starting with safety proofing the household, followed by identifying early warning signs, then implementing coping strategies, identifying adult supports and finally bringing awareness to auxiliary supports.

Conclusions: Greater standardization around approaches to managing children and adolescents with suicidal behaviors is clearly needed to ensure the safety of these children and adolescents. Future steps will also be to evaluate the feasibility, and efficacy of the SickKids Discharge Safety Plan.

62 Emergency Diversion Clinic: Lessons from Southwestern Ontario's Pandemic Response Poster | Affiche

Dr. Javeed Sukhera

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Introduction: The COVID-19 pandemic has catalyzed unprecedented change in the delivery of child and youth mental health services in Canada. In response to the need to limit in person attendance at emergency departments, we implemented an emergency diversion clinic (EDC) at Children's Hospital in London, Ontario, Canada and report on findings.

Methods: A new pathway to access virtual emergency psychiatric consultation was established for patients across Southwestern Ontario. The pathway was designed for urgent and emergent emergency department presentations that did not require an inpatient level of care. The clinic was designed to provide psychiatric consultation within 48 hours of emergency department presentation.

Results: Although the evaluation of the clinic is in progress, thus far the EDC has served 65 youth. Preliminary data suggests that this represents 60% of all youth who presented to the ER. Patients presented with serious problems that would have normally precipitated hospital admission and the option of rapid follow up served to successfully divert these patients from inpatient admission to ambulatory care. 55% of the patient were referred after serious suicidal or

self-injurious behaviour. After EDC assessment, 56% of the patients were connected with community mental health supports.

Conclusion: The EDC was successful at diverting patients from emergency/inpatient care and lowered admission rates while helping patient feel more confidence in their safety skills in order to follow up with community providers. An emergency diversion clinic may serve as a useful model to divert and prevent inpatient admissions and rapidly link patients to timely ambulatory care.

64 Pandemic Parenting Playbook: Webinar Series to Support Parents during COVID Poster | Affiche

Dr. Michael Cheng

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Introduction: The COVID pandemic has led to unprecedented levels of stress in parents and families (Ipsos Annual Mental Health Index Survey, 2020).

Methods: To support parents through COVID, a team of parent leaders from PLEO (Parents' Lifeline of Eastern Ontario) and an interdisciplinary team of mental health (MH) professionals jointly created and co-hosted a two-session webinar series. Using principles of family engagement (Ontario Centre of Excellence for Child and Youth Mental Health, Oct 2019), the first half of each webinar was a powerpoint didactic on practical strategies for adaptive parenting during COVID. The second half was an opportunity for parents to ask the interdisciplinary panel experts (including peer support parents) questions about strengthening child and youth MH. At the conclusion of each session, the webinar recording, PDFs of slides and a transcript of the Questions and Answers were posted online for free, permanent access.

Results: Participants (n=380) completed online surveys after the webinars. Feedback was overwhelmingly positive with satisfaction 90-95% for content, topics and panel discussion. Top strengths: 1) session content; 2) suggestions and recommendations; 3) session panel. Top suggestions for improvement: 1) more time for questions and answers; 2) having the powerpoint slides available in advance; 3) more in-depth topics.

Conclusions: Parents and professionals co-developed and co-facilitated a two-session webinar to support 380 parents across Ontario. Feedback was overwhelmingly positive. The co-development / co-facilitation model is a promising practice. Further steps will explore how to fund and run future sessions, and expand the range of topics.

65 A brief, online intervention providing psychological support during the pandemic Poster | Affiche

Dr. Gina Dimitropoulos, University Of Calgary

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Introduction: The aim of this current study is to assess the feasibility, acceptability and tolerability of a brief telehealth intervention for young adults targeting emotional distress related to the pandemic and its social and economic consequences. The brief intervention is an abbreviated version of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (Barlow et al., 2017; Ehrenreich-May et al., 2017; Kennedy et al., 2019).

Methods: Youth and young adults (age 13-24) as well as caregivers (with children age 0-17) are being recruited from Alberta Health Services and community-based organizations. Standardized instruments assessing emotional regulation, mental health and psychosocial distress are being administered at baseline, end-of-treatment and 3 months post-intervention. We are also conducting weekly qualitative interviews to obtain the perspective of participants and key stakeholders including the study therapists regarding the content, method of delivery (Zoom and group context) and dose of intervention (5-weeks, 90-minute sessions). We will further assess fidelity and adherence to the intervention.

Results: The first cohort of participants (n=8) is ongoing as of the abstract deadline. Preliminary qualitative interviews suggest that youth find the psychoeducation content applicable to their current struggles. Participants further shared appreciating the opportunity to connect with others

experiencing similar emotional and interpersonal challenges during the pandemic. Therapist impressions suggest that smaller breakout rooms are better for promoting disclosures and discussion among participants than the larger group format.

Conclusions: Online psychotherapy focused on emotional distress in youth is a promising intervention in the context of a stepped care model of service delivery.

67 From PandemictoProgression: Framework for VirtualMentalHealthcare for Children & Youth in Response toCovid-19 Poster | Affiche

Dr. Chetana Kulkarni

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Covid-19 has necessitated child/youth mental health providers virtually delivering services to patients' homes. In contrast, traditional telepsychiatry is delivered to patients in medically and technologically optimized environments such as primary-care centres or emergency departments. The shift to direct to patient virtual mental healthcare is occurring quickly with scant guidance available for clinicians on how to address unique considerations for the virtual care of children and youth as they rapidly shift their practices away from in-person care. Therefore, we bridge this gap by discussing a six-pillar framework for delivering child and youth virtual mental healthcare that was necessitated by the Covid-19 pandemic. We also offer a discussion of the advantages, disadvantages, and future implications of such services as they are likely to continue even following the cessation of the Covid-19 pandemic.

68 Assessing and managing children with urgent psychiatric needs during COVID-19 Poster | Affiche

Dr. Reinhard Dolp, Queen's University

Co-Author(s): Dr. Reinhard Dolp, Resident Physician; Dawn Armstrong, Medical Student; Dr. Nasreen Roberts, MBBS, FRCPC Psych; Dr. Diane Groll, Phd.

Introduction: To reduce person-to-person transmission of COVID-19 Canada implemented restrictions at community and hospital levels. At Kingston Health-Science-Centre most outpatient psychiatric services, including the Child and Adolescent Mental Health Urgent Consult Clinic (CAMHUCC), were transitioned from in-person to virtual

clinics. The aim of this study is to examine changes in referrals to CAMHUCC and in management of youth referred for urgent psychiatric consult.

Methods: This retrospective study compares all patients <18years assessed by the CAMHUCC after the switch to the virtual clinic model (March to May 2020; COVID group), with patients who were assessed for the same time period in 2019 (Pre-COVID group). Groups are compared by their demographic and clinical characteristics.

Results: All patients agreed to the assessment through telepsychiatry. There are less referrals during the COVID than in the Pre-COVID period (63 vs. 84). Demographic and clinical characteristics between the two groups are without significant difference. In the COVID group there is a slightly higher number of indigenous children and patients diagnosed with adjustment disorder. There is no significant difference in recommendations between the groups. However, implementation of recommendations differs in that those in the COVID group requiring behavior intervention and or psychoeducational assessment, could not be provided the service as these were not feasible via OTN.

Conclusion: The pandemic-related restrictions and the switch to an online clinic model does not negatively impact urgent psychiatric assessment and management of youth but does affect available resources. Further research is warranted to evaluate the long-term effect of those changes.

72 A Virtual Rapid Response Pathway for Risk Management through COVID-19 Poster | Affiche

Dr. Marjorie Robb, CHEO

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Introduction: COVID-19 related restrictions made it necessary for mental health outpatient care to abruptly transition to virtual care. For some youth and families, multiple stresses related to isolation, loss of friend and family supports, school cancellation are exacerbated by financial stress, limited parenting skills and challenges with emotion regulation. Such situations put young people at risk for deteriorating mental health and conflictual family situations, which could lead to Emergency (ED) presentations, admission, and child protective service or police involvement.

At-risk young people include current outpatients, those who have been referred but not seen, and patients presenting to ED.

Methods: A system was developed for categorizing all patients as high, medium or low risk and an algorithm developed as to level of intervention required for each. All patients on the waitlist were triaged for risk level. A pathway was developed to have high risk patients referred from ED seen virtually within 3 days and other high risk patients monitored closely. Patient flow was adjusted to allow flexible matching of capacity to demand. Return visits to ED and evaluation of patient satisfaction with virtual care were used as outcome measures.

Results: Patients referred to the rapid response pathway were seen in a shorter time than had previously been the case. Fewer patients returned to the ED on multiple occasions.

Conclusions: Development of systems for categorizing patient risk levels, development of a virtual rapid response pathway, and flexing capacity to meet demand has enabled flexible rapid response to high needs patients.

74 Lessons Learned: Virtual DBT from Therapist and Client Perspectives Poster | Affiche

Dr. Marjorie Robb, Cheo

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Introduction: With the abrupt ramp-down of in-person mental health outpatient visits due to COVID-19, rapid adaptation was required to transform Dialectical Behaviour

Therapy (DBT) services for adolescents and their families to a virtual format. Within two weeks the DBT team changed both group and individual DBT therapy to an online platform. There is little literature regarding delivery of DBT in this way, Experience of patients, families and providers to this change was subsequently evaluated.

Methods: Delivery of group and individual DBT components was done via PHIPA compliant Zoom platform. A secure anonymous feedback survey was administered via RedCap to patients, families, and therapy providers. Focus group interviews were conducted to obtain qualitative feedback. Ongoing learning about technical challenges was shared regularly through the team and supported by the hospital's Virtual Care Working Group.

Results: After a steep learning curve, clients and families expressed satisfaction with the experience of Virtual Multifamily DBT, both in full DBT and “Lite” (skills groups only) formats. Time savings, cost savings, and ease of use were identified as positives. The learning experience was rated as positive. Providers and clients both expressed preference for in-person groups, but remained positive for the most part about the virtual experience. Both providers

and clients identified technical problems as the biggest challenge.

Conclusions: Dialectical Behaviour Therapy may successfully be offered to young people and their caregivers by videoconferencing platforms. Access to DBT can be increased by the removal of obstacles inherent to in-person group treatment